## **Body Check**

		Yes	No				
Consciousness	<ul> <li>Can the person concerned answer questions about the name, date of birth, current date, residence and name of the ship as well as shipping company?</li> <li>Face: Differences comparing sides (esp. eyelids/corners of the mouth)?</li> <li>Speech impairments?</li> <li>Visual impairments (double vision/partial loss of vision)?</li> <li>Are the pupils the same size and reduce in size when exposed to light?</li> <li>Are the pupils different sizes or do not respond to light?</li> </ul>						
Head	<ul> <li>Any bleeding, swelling?</li> <li>Place both hands around the head: Bleeding at the back of the head?</li> <li>Palpate: Edges/deformations? Any pain?</li> <li>Seepage of fluids inside auditory canal or nose?</li> </ul>						
Chest	<ul> <li>Any bleeding, bruising, swelling, abrasions?</li> <li>Palpate: Shoulder girdle (collarbones): From the inside to the outside, rips and sternum from the top to the bottom and lateral chest compression: Bones instabil? Any pain?</li> <li>Sounds of breathing (whistling, bubbling)?</li> <li>Chest movements the same on both sides?</li> </ul>						
Abdomen	<ul> <li>Any bleeding, bruising, swelling, abrasions?</li> <li>Palpate: Abdominal guarding? Any pain?</li> <li>Listen for bowel sounds (present, very few, quiet?)</li> </ul>						
Pelvis	<ul> <li>Any bleeding, bruising, swelling, abrasions?</li> <li>Palpate carefully: Instability of the pelvis?</li> <li>Any blood from the urethra?</li> <li>Genitalia: Any swelling? Haematomas? Any pain? Any redness/signs of infection?</li> </ul>						
Limbs	<ul> <li>Any bleeding, bruising, swelling, defective position, abrasions?</li> <li>Palpate and carefully move: stability of the bones, any pain/radiating of pain?</li> <li>Skin temperature locally particularly elevated? Redness?</li> <li>Touch comparing the sides: inside and outside, from close to the body to far from the body: same on either side?</li> <li>Strength comparing the sides? (Patient him-/herself or assisted) Lift arms and legs one after the other: Paralysis?</li> </ul>						

## **Body Check**

						Yes No
Васк	<ul><li>Any bleeding, bru</li><li>Palpate / tap: Any</li></ul>					
SKIn	<ul> <li>pink</li> <li>blue</li> <li>pale</li> <li>warm</li> <li>cold sweat</li> <li>cold fingers / war</li> </ul>	m torso				
	Vital parameter					
	Pulse:		/min			
	Blood pressure:		mmHg			
	Temperature:		°C rectal / und	er tongue / under	the armpit	
	Breathing frequency:		/min			
	Assessing pain					
		0 0	0 0	(ē ē)	(o o')	(0 o)
	0	2	4	6	8	10
	No pain	2	7	Ü	Ü	Strongest pain
L	Remarks					
	Date and time	 	Examiner		Signature	