


Body Check

		Yes	No
Consciousness	<ul style="list-style-type: none"> • Can the person concerned answer questions about the name, date of birth, current date, residence and name of the ship as well as its shipping company? • Face: differences comparing sides (esp. eyelids/corners of the mouth)? • Speech disturbances? • Visual disturbances (double vision/partial loss of vision)? • Are the pupils the same size and reduce in size when exposed to light? • Are the pupils different sizes or do not react to light? 		
Head	<ul style="list-style-type: none"> • Bleeding, haematomas, swelling? • Place hands around the head: bleeding at the back of the head? • Paltpating: edges/deformations? Pain? • Seepage of fluids inside auditory canal or nose? 		
Chest	<ul style="list-style-type: none"> • Bleeding, haematomas, swelling, abrasions? • Palpating: shoulder girdle (collarbones): from the inside to the outside, ribs and sternum from top to bottom and lateral thorax compression: bones instabil? Pain? • Sounds of breathing (wheezing, rales)? • Chest movements similar on both sides? 		
Abdomen	<ul style="list-style-type: none"> • Bleeding, haematomas, swelling, abrasions? • Palpating: resistance tension? Pain? 		
Pelvis	<ul style="list-style-type: none"> • Bleeding, haematomas, swelling, abrasions? • Careful palpating: instability of the pelvis? • Blood from the urethra? • Genitalia: swelling? Haematomas? Pain? 		
Limbs	<ul style="list-style-type: none"> • Bleeding, haematomas, swelling, incorrect position, abrasions? • Palpating and bending: stability of the bones, pain/ spreading of pain? • Skin temperature locally particularly elevated? Redness? • Touch comparing the sides: inside and outside, form close to body to far from body, lift legs one after the other or let patient do it: same feeling on either side? • Hand shake: same strength on either side? 		

Name of the patient, date of birth

Body Check

		Yes	No
Skin	<ul style="list-style-type: none"> • pink • blue • pale • warm • cold sweat • cold fingers / warm trunk 		
	<ul style="list-style-type: none"> • Bleeding, haematomas, swelling? • Palpating / tapping: pain/spreading of pain? 		
<p>Vital parameter</p> <p>Pulse: _____ /min</p> <p>Blood pressure: _____ mmHg</p> <p>Temperature: _____ °C rectal / under the tongue / under the armpit</p> <p>Breath frequency: _____ /min</p>			
<p>Evaluating pain</p> <div style="display: flex; justify-content: space-around; align-items: center;">  </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <p>0</p> <p>No pain</p> </div> <div style="text-align: center;">2</div> <div style="text-align: center;">4</div> <div style="text-align: center;">6</div> <div style="text-align: center;">8</div> <div style="text-align: center;">10</div> <div style="text-align: center;"> <p>strongest pain</p> </div> </div>			
<p>Remarks</p>			
Date and time		Examiner	
		Signature	