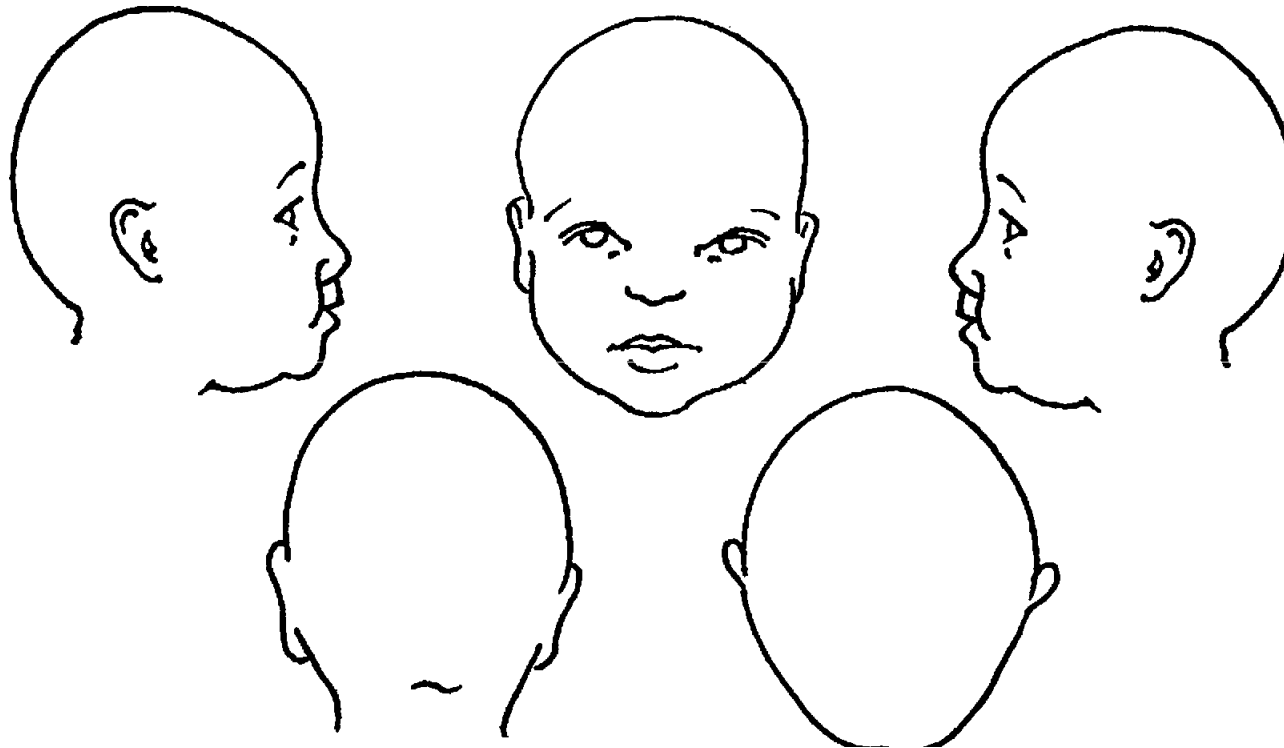


APPENDIX 2: BODY MAPS

Body Map: Baby / Toddler



When you notice an injury to a child, try to record the following information in respect of each mark:

- Exact site of injury on the body, e.g. upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, e.g. round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab? / any blistering? / any bleeding?
- Is the injury clean? or is there grit/fluff etc
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?

Child & Young Person Name..... Date of Birth.....

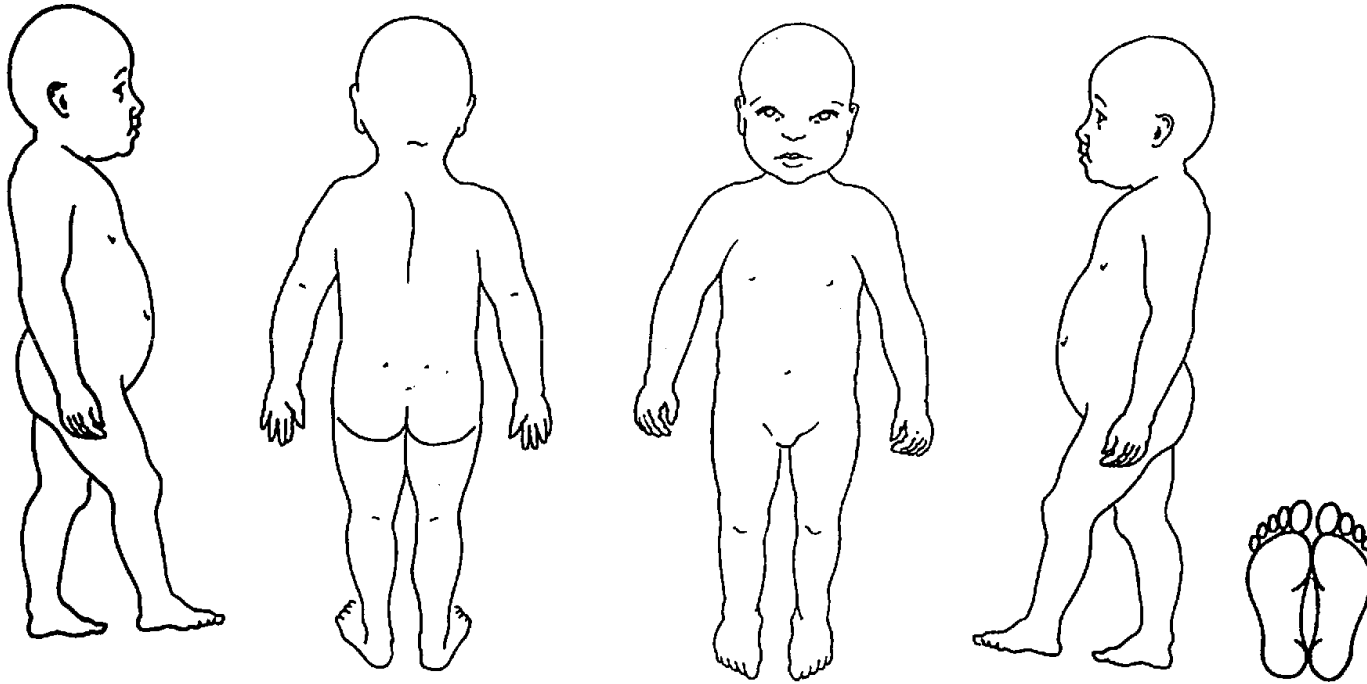
Date & Time Body Map Completed.....

Name of Person Completing Body Map..... (Please Print Name)

Signed.....Designation/Base..... Witnessed by..... (Please Print Name)

Signature.....

Body Map: Baby / Toddler



When you notice an injury to a child, try to record the following information in respect of each mark:

- Exact site of injury on the body, e.g. upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, e.g. round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere ?
- Is there a scab? / any blistering? / any bleeding?
- Is the injury clean? or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?

Child & Young Person Name..... Date of Birth.....

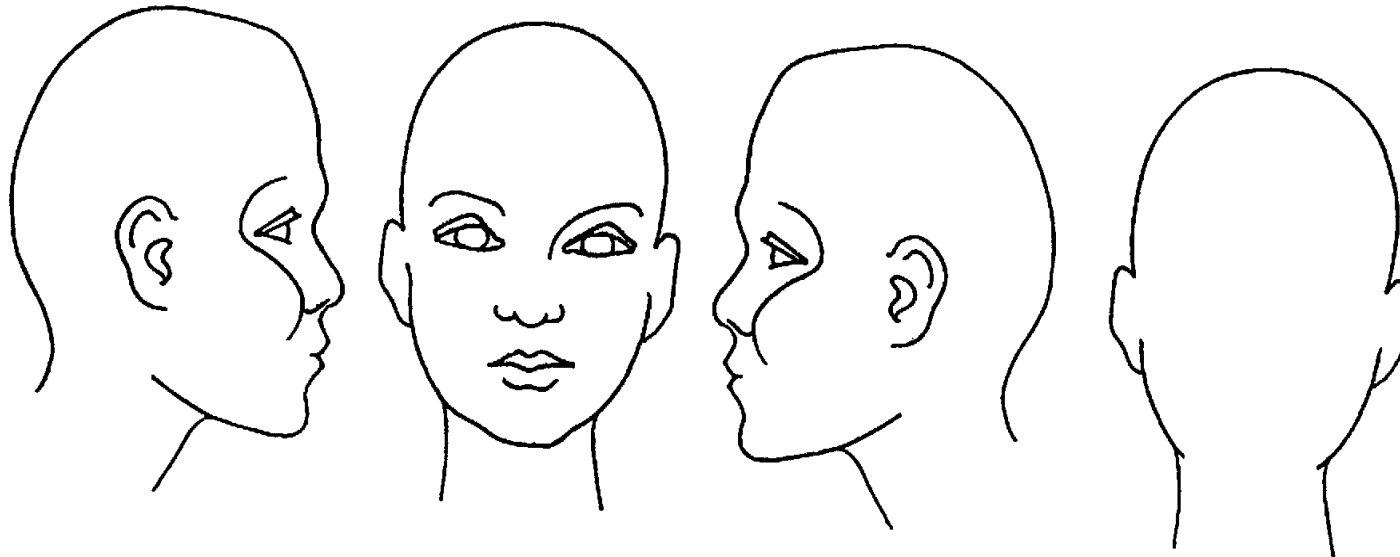
Date & Time Body Map Completed.....

Name of Person Completing Body Map..... (Please Print Name)

Signed..... Designation/Base.....

Witnessed by..... (Please Print Name) Signature.....

Body Map: Child



When you notice an injury to a child, try to record the following information in respect of each mark:

- Exact site of injury on the body, e.g. upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, e.g. round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab? / any blistering? / any bleeding?
- Is the injury clean? or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?

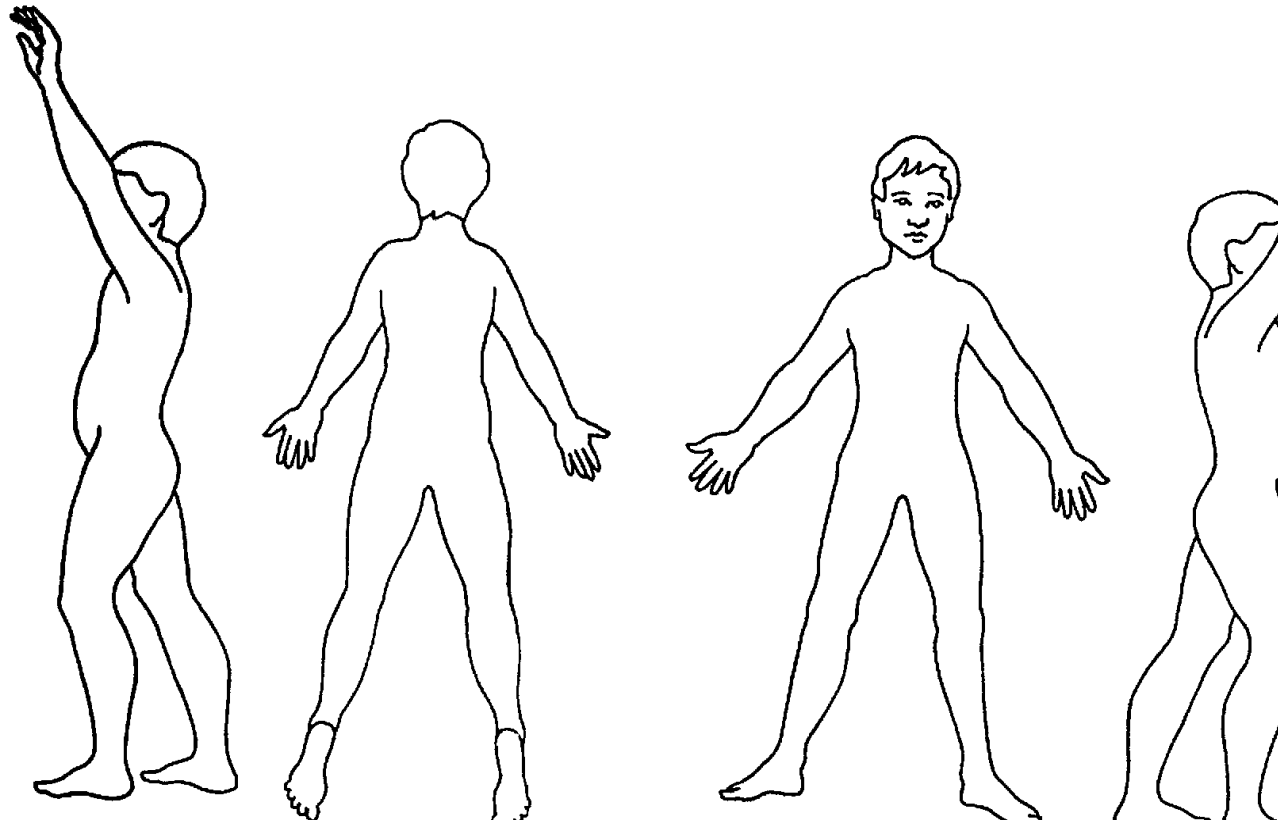
Child & Young Person Name..... Date of Birth.....

Date & Time Body Map Completed.....

Name of Person Completing Body Map..... (Please Print Name)

Signed..... Designation/Base.....

Witnessed by..... (Please Print Name) Signature



When you notice an injury to a child, try to record the following information in respect of each mark:

- Exact site of injury on the body, e.g. upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, e.g. round/square or straight line
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- Is there a scab? / any blistering? / any bleeding?
- Is the injury clean? or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?

Child & Young Person Name.....Date of Birth.....

Date & Time Body Map Completed.....

Name of Person Completing Body Map..... (Please Print Name)

Signed.....Designation / Base.....

Witnessed by.....(Please Print Name) Signature