

Radio Medical Record										
Name / title:		Birthdate / cpr.		Gen	Gender:		tionality:	Date:	UTC:	
Shipping company:	Ship name:		Ship e-mail:			Sa	tellite call no.:	Call signal:		
Coordinates:	Destination/ETA:		Nearest port	and E	TA:		Medicine chest:	Page 1 of:		
		,								
Does the	e patient take a	any m	edicine?		Does the patient have any allergies?					
If so, wich one(s):					If so, wich one(s):					
No () Don't know ()				No () Don't know ()					
Problem description	(what has happene	d - whe	ere did it happe	en - wł	nen did it happen - what	are t	the patient's sympto	oms)		
				A: A	irway					
Investigate	Action									
Clear airways	Yes () No () If n	o: Jaw lift ()	Suctio	on applied () Guedal® air	rway	()			
	If no breathing,	If no breathing, or insufficient gasping for air, CPR initiated at:								
Oxygen	Ovygon adminis	Ourse desiries and the literature of the same of the s								
	Oxygen adminis	Oxygen administered: liters pr. min.								
Neck / back Suspicion of injury	Yes () No ()	Fitted nec	k collar	r: Yes()No()					
Suspicion of injury					. , , , ,					
			:	3: Bre	eathing					
Investigate	Action									
Breathing frequency and		Description of breathing:								
depth (See - listen - feel)	Fast () Slow	Fast () Slow () Shallow () Deep () Normal () Other:								
	Number of breat	Number of breaths per min.: (normal 12 -16)								
Oxygen saturation in %	Oxygen saturation	n in %:	(normal: 95	5 - 100°	%)					
			C	: Cirl	kulation					
Investigate	Action									
Capillary response		Number of seconds								
Skin color	Pale () Rec						- , , ,			
Skin temperature and humidity	How does the sk									

(normal 60- 80) Measured at: the wrist () the neck () the groin ()

(normal 120 - 140 / 60 - 90)

Pulse

Blood pressure

Pulse per. min.:

Blood pressure:



Radio Medical Record

		D: Disability					
Investigate							
Level of consciousness	() 1. Awake, alert and well orientated () 2. Unclear, but responds to questions () 3. Does not respond to questions but to pain stimuli () 4. Unconscious and unresponsive to pain stimuli Convulsions: Yes () No () Paralysis: Yes () No ()						
Pupil reaction Normal: Yes (uniform contraction) No describe what you see:							
		E: Expose					
Investigate	Performed	Action					
Top to toe examination. Signs of injury / illness not recogniced under A- B-C-D	Yes () No ()	If yes, describe any symptoms / findings:					
Signs of hypothermia or overheating	Yes () No ()	If yes, describe any symptoms / findings:					
Temperature measurement	Yes () No ()	Temperature (mouth): Temperature (measured alternatively): Where:					
		Performed actions not described above:					
	If no	ssible, attach image(s) when sending mail.					
	·	ve any medication before contact to Radio Medical, please list here					
Time.:	gu	Time.:					

The name and title of the Medical Officer



	Radio Medical record - continued documentation					
me	Documentation of prescriptions and actions (Radio Medical's prescriptions must include: Medication name, strength, number and duration)					



Radio Medical Record - Observation Chart							
Patient's name:	Birthdate / CPR						
Date							
Time							
General condition (1 – 4)							
Level of consciousness (1 - 4)							
Oxygen liters/min							
Breathing frequency /min.(12-16)							
Oxygen saturation in % (95-100)							
Capillary response in sec. (< 2 sek.)							
Heart rate / min. (60-80)							
Blood pressure (120-140 / 60-90)	/						
Pupil reaction (Normal + / +)							
Temp. measured in the mouth (36,5)							
Venous cannula inserted (yes / no)							
Intravenous fluid, drops / min.							
Fluid intake / drink							
24-hour urine							
Urine sticks							
Blood sugar (4-7 mmol / liter)							
Malaria test							

How to code:

General condition	Level of consciousness	Pupil reaction	
1=The patient is generally unaffected	1= Awake, alert and well orientated	Normal reaction indicated by + / +	
2=The patient is sightly ill or not completely well	2= Unclear, but responds to questions	In case of abnormal reaction, describe	
3=The patient is slightly in or not completely well		your findings (eq. right pupil large,	
4=The patient is wery ill and heavily affected	3= Does not respond to questions but responds to pain stimuli 4= Unconscious and unresponsive to pain stimuli	without light reaction)	
4-The patient is very in and heavily affected	4= Official state of the state	without light reaction)	



Please, indicate in pictures below: Pain, injuries or symptoms







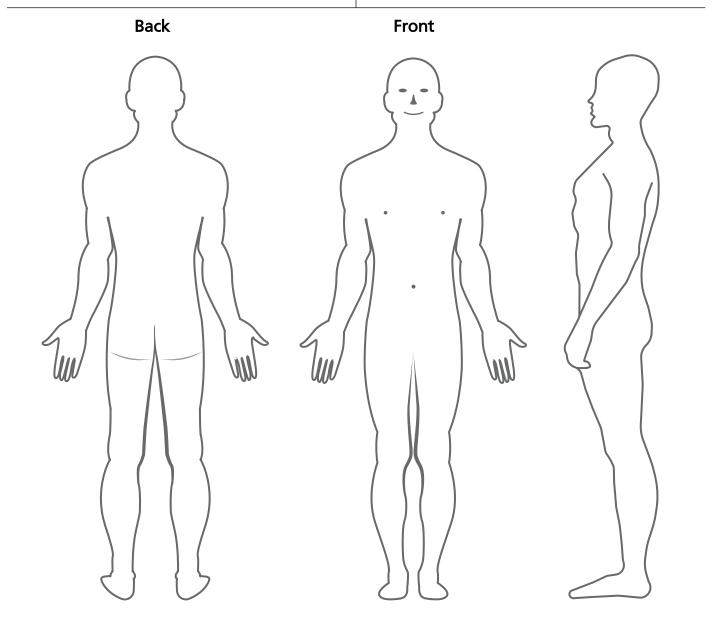




Table of fluids								
Time	Fluid intake	Time	Fluid output					
			Evaporation: 100	0ml				
Total fluid intake per 24 hours		Total flu	id output per 24 hours					