DANISH MARITIME AUTHORITY

Radio Medical Record

Name / title:	Birthdate / cpr.	Gender:	Nationality:	Date: UTC:

Shipping company:	Ship name:	Ship e-mail:	Whatsapp:	Satellite call no.:	Call signal:

Coordinates:	Destination/ETA:	Nearest port and ETA:	Medicine chest:	Page 1 of:

Does the patient take any medicine?	**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 happened - where did it happen - when did it happen - what are the patient's symptoms)

A: Airway

Investigate	Action
Clear airways	Yes ( ) No ( ) If no: Jaw lift ( ) Suction applied ( ) Guedal® airway ( )
	If no breathing, or insufficient gasping for air, CPR initiated at:
Oxygen	Oxygen administered: l/min. Nasal cannula ≤ 5 l/min Hudsonmask >10l/min
Neck / back Suspicion of injury	Yes ( ) No ( )

B: Breathing

Investigate	Action
Breathing frequency and depth (See – listen – feel)	Description of breathing:
	Fast ( ) Slow ( ) Shallow ( ) Deep ( ) Normal ( ) Other:
	Number of breaths per min.: (normal 12 -16)
Oxygen saturation in %	Oxygen saturation in %: (normal: 95 - 100%)

C: Cirkulation

Investigate	Action
Capillary response	Number of seconds If more than 2 seconds: Venous cannula inserted: Yes ( ) No ( )
Skin color	Pale ( ) Reddish ( ) Bluish ( ) Normal ( )
Skin temperature and humidity	How does the skin feel:
Pulse	Pulse per. min.: (normal 60- 80) Measured at: the wrist ( ) the neck ( ) the groin ( )
Blood pressure	Blood pressure: / (normal 120 - 140 / 60 - 90)

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D: Disability

Investigate	Action
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 (Rectalt):

Performed actions not described above:

If possible, attach image(s) when sending mail.

If you gave any medication before contact to Radio Medical, please list here

Time.:	Time.:
Time.:	Time.:

The name and title of the Medical Officer

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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/rectalt						
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						
CRP Test						

How to code:

General condition

1=The patient is generally unaffected

2=The patient is slightly ill or not completely well

3=The patient is ill and generally affected

4=The patient is very ill and heavily affected

Level of consciousness

1= Awake, alert and well orientated

2= Unclear, but responds to questions

3= Does not respond to questions but responds to pain stimuli

4= Unconscious and unresponsive to pain stimuli

Pupil reaction

Normal reaction indicated by + / +

In case of abnormal reaction, describe your findings (eg. right pupil large, without light reaction)