

### Radio Medical Record

Name / title:		Birthdate / cpr.	Gender:	Nationality:	Date: UTC:
Shipping company:	Ship name:	Ship e-mail:		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:     liters pr. min.
Neck / back Suspicion of injury	Yes ( ) No ( )                   Fitted neck collar: 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)

**Radio Medical Record**

**D: Disability**

Investigate	Action
Level of consciousness	<input type="checkbox"/> 1. Awake, alert and well orientated <input type="checkbox"/> 2. Unclear, but responds to questions <input type="checkbox"/> 3. Does not respond to questions but to pain stimuli <input type="checkbox"/> 4. Unconscious and unresponsive to pain stimuli  Convulsions: Yes <input type="checkbox"/> No <input type="checkbox"/> Paralysis: Yes <input type="checkbox"/> No <input type="checkbox"/>
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 recognized under A-B-C-D	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe any symptoms / findings:
Signs of hypothermia or overheating	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe any symptoms / findings:
Temperature measurement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temperature (mouth):                      Temperature (measured alternatively):                      Where:

**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**



# DANISH MARITIME AUTHORITY

## Radio Medical record - continued documentation

**Time**

**Documentation of prescriptions and actions**

(Radio Medical's prescriptions must include: Medication name, strength, number and duration)

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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 (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:**

<b>General condition</b>	<b>Level of consciousness</b>	<b>Pupil reaction</b>
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	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	Normal reaction indicated by + / + In case of abnormal reaction, describe your findings (eg. right pupil large, without light reaction)



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



**Back**

**Front**



