



MEDICAL FORM

Teleconsultation

Date :

Time of the call

Local :

ATU :

CCMM doctor :

Caregiver :

SHIP

NAME :

Flag :

Type :

Medical equipment A / B / C

Shipping company :

Radio Call Sign / MMSI :

reduced B or C

On board phone number :

Sick bay phone number :

Fax :

E-Mail :

Telex :

GPS location : _ _ ' _ _ / _ _ ' _ _

Location :

Port of embarkation :

Date or Time frame :

Destination :

Date or Time frame :

Scheduled port of call :

Date or Time frame :

Possible port of call :

Date or Time frame :

PATIENT

LAST NAME / First name :

Date of birth :

Age :

Citizenship :

Gender : M F

Serial number :

Duty on board :

PAST MEDICAL HISTORY (former diseases or surgery) :

DRUG ALLERGY :

No Yes, specify :

Ongoing MEDICATION :

None Yes, specify :

History of present illness / Circumstances of trauma

Date of beginning or trauma :

Care and medications given before teleconsultation :

PAIN

Numeric scale (from 0 min to 10 max) = / 10

HEAD

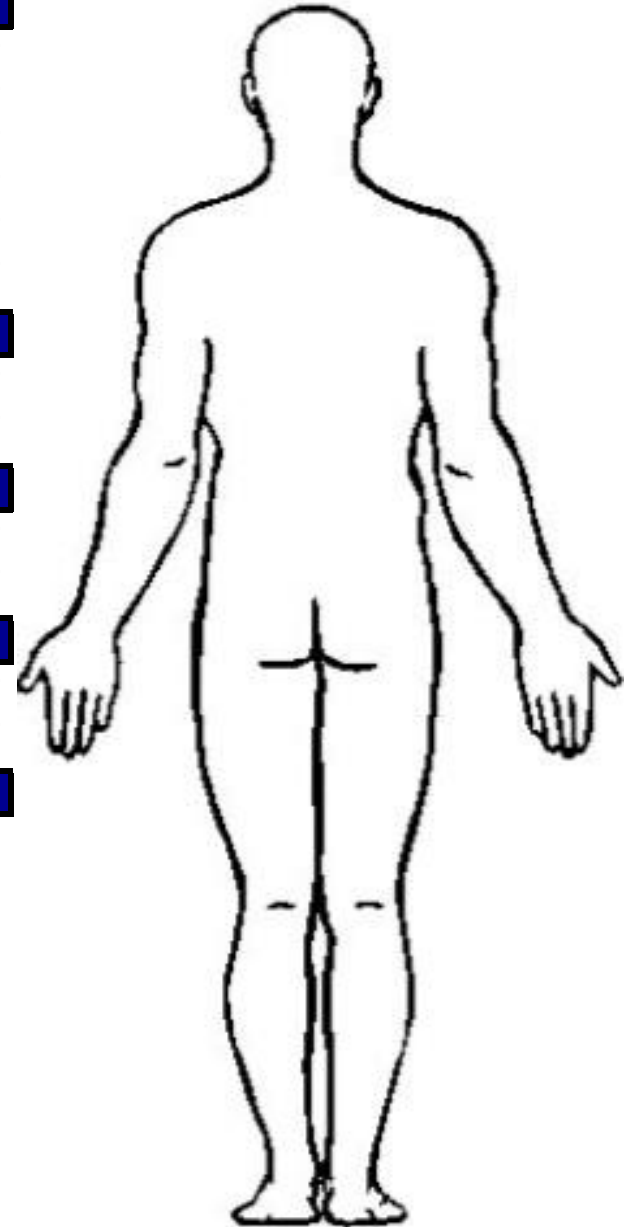
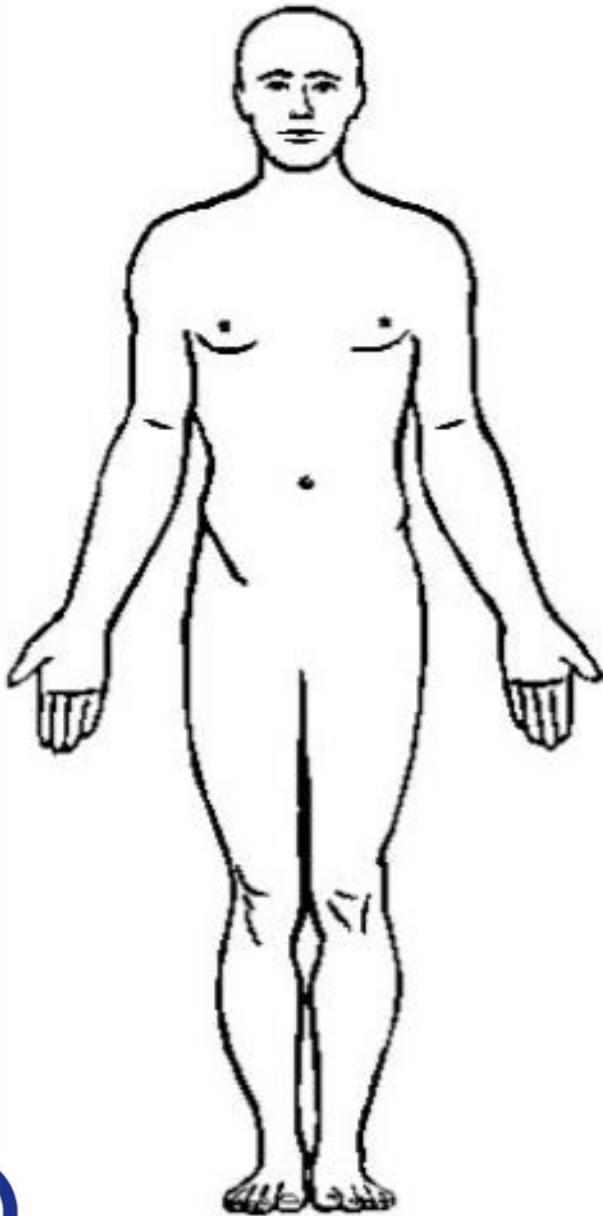
"Did you"

"...suffer head trauma ?"

Yes, head / skull trauma No

"... Loose consciousness ?" Yes No

"Do you remember what happened ?" Yes No



SPINE

Tenderness / pain	Cervical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Thoracic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lumbar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
"Can you move your fingers, toes ?"		<input type="checkbox"/> Yes	<input type="checkbox"/> No
"Do you feel tingling of your feet, hands ?"		<input type="checkbox"/> Yes	<input type="checkbox"/> No
"Can you feel when I touch ?" (legs, arms)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

THORAX

"Is forcefull breathing painfull ?" Yes No
 "Does it hurt when I touch the ribs ?" Yes No

ABDOMEN

"Do you have stomachache ?" Yes No
 Tenderness Yes No

PELVIS

Tenderness Yes No
 Genital hematoma Yes No

LIMBS

Pain
 Burn
 Fracture Opened Closed
 Displacement / distorsion
 Bleeding wound Effective compression
 Time of tourniquet placement :

MARK UP THE DIAGRAM WITH WOUNDS, BURNS, INJURIES, HEMATOMA, FRACTURES, PAINFULL AREAS...





MEDICAL ASSESSMENT :

GENERAL

Pain scale : / 10

Blood glucose level :

Temperature : °C

EKG : Yes No

CHEST PAIN

Location of pain :

Type of pain : Tightness Burn Cramp Other :

Duration : min **Ongoing ? :** Yes No

Onset : Acute Increasing During exercise Rest

Pain radiation : Arm Jaw Back Abdomen Other :

Severity signs : Pallor Sweating Fainting

Other signs to check : Cough Expectoration Increased by cough or breathing

Nausea Vomiting Sub-Q air

Risk factors : Smoking Diabete Obesity Hypertension Hypercholesterolemia

ABDOMINAL PAIN

Location of the pain :

Pain type :

Burn Cramp Spike

Other :

Time of onset :

Duration : min

Radiation of pain :

.....
.....

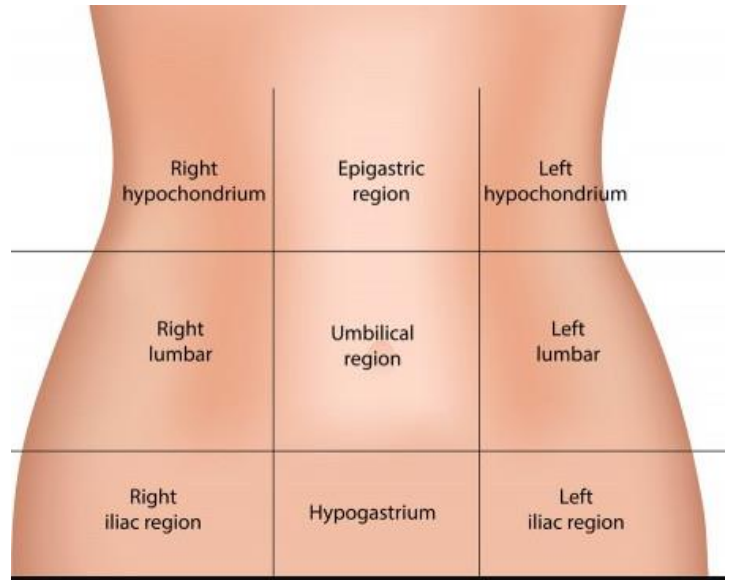
Other signs to check :

Urinary symptoms

Vomiting Nausea

Constipation Diarrhea Number of bowel movements per day :

Other signs : Last menstrual period :



COLLAPSE

Lost of consciousness : No Yes, duration

Inappropriate movements (seizure) ? : No Yes

Prodromal symptoms : "Have you felt anything before you collapsed ?"

None Headache When rising After a trauma Chest pain

Neurological signs : Speech impairment Does not use a limb Facial asymmetry

Seizure Loss of urine Tongue biting



CONCLUSION Diagnostic hypotheses

[Empty box for conclusion]

Mail sent to ccmm@chu-toulouse.fr :

- EKG
- Medical report
- Pictures
- Completed CCMM medical record

PRESCRIPTIONS

NAME (INN International Non-proprietary name) of the medication	Dosage	Dose	Duration (days)	Issue
/				
/				
/				
/				
/				
/				
/				
/				

MONITORING PROCEDURES TO PERFORM

- EKG
- Malaria test
- Stitches / Surgical staples
- Pictures
- Injection
- Resuscitation (CPR)
- Urine dip
- Wound dress
- Immobilization
- Oxygen
- Blood glucose level
- Recovery position

DECISION

Date and time of decision : [/ / 20] h

CARE ON BOARD Call back within [] days

- DISEMBARKATION at port of call
- REROUTING
- MEDEVAC :
 - STD MEDEVAC
 - ADVANCED MEDEVAC
- Ambulance at the pier
- Local agent contacted

EVACUATION or DISEMBARKATION :

Port [] State /Country []

CROSS (MRCC) [] Coordinating SAMU []

Patient evacuated or disembarked at [h] le [/ / 20]



MEDICAL FOLLOW-UP

CALL N°2			
Date :	Blood pressure (BP) : /	Respiratory rate (RR) : /min	Pain scale (PS) : / 10
	Pulse : / min	T° : °C	Blood glucose level (BGL) : g/L
Time :			
Dr. :			
Decision <input type="checkbox"/> Care on board <input type="checkbox"/> Disembarkation <input type="checkbox"/> Rerouting <input type="checkbox"/> Medevac <input type="checkbox"/> Advanced Medevac			
APPOINTMENT for next call :			

CALL N°3			
Date :	BP : /	RR : / min	PS : / 10
	Pulse : / min	T° : °C	BGL : g/L
Time :			
Dr. :			
Decision <input type="checkbox"/> Care on board <input type="checkbox"/> Disembarkation <input type="checkbox"/> Rerouting <input type="checkbox"/> Medevac <input type="checkbox"/> Advanced Medevac			
APPOINTMENT for next call :			



MEDICAL FOLLOW-UP

CALL N°4			
Date :	BP : /	RR : / min	PS : / 10
	Pulse : / min	T° : °c	BGL : g/L
Time :			
Dr. :			
Decision <input type="checkbox"/> Care on board <input type="checkbox"/> Disembarkation <input type="checkbox"/> Rerouting <input type="checkbox"/> Medevac <input type="checkbox"/> Advanced Medevac			
APPOINTMENT for next call :			

CALL N°5			
Date :	BP : /	RR : / min	PS : / 10
	Pulse : / min	T° : °c	BGL : g/L
Time :			
Dr. :			
Decision <input type="checkbox"/> Care on board <input type="checkbox"/> Disembarkation <input type="checkbox"/> Rerouting <input type="checkbox"/> Medevac <input type="checkbox"/> Advanced Medevac			
APPOINTMENT for next call :			

