



DANISH MARITIME AUTHORITY

Radio Medical Record – First contact

Name/titel:	Date of birth/cpr:	Sex:	Nationality:	Date: UTC:
Company:	Name of the ship:	Ship's e-mail:	Satellite call no.:	Call sign:
Position:	Port of destination / ETA:	Nearest port / ETA:	Medicine chest:	Page 1 of:

Does the patient take any medicine?	Is the patient known to suffer from any allergies?
If yes, which:	If yes, which:
No Don't know:	No Don't know:

Course of events – Please describe what has happened

Problem:

Symptoms:

A: Airway

Examine	Observation	Action
Free airways	Yes () No ()	If no: -> Jaw lifting () Use of suction () Tongue depressor () - Unconscious and no breathing/ gasping breathing: CPR has been initiated at: hours
Oxygen has been given	Yes () No ()	Administered oxygen: litre / min.
Back of head / spine		
Suspected injury:	Yes () No ()	Neck collar applied: Yes () No ()

B: Breathing

Examine	Observation	Action
Breathing frequency and depth (See–listen–feel)		Description of breathing: Rapid () Superficial () Slow () Rattling () Other:
Saturation (oxygen percentage in blood)		Number of breaths / min.: Saturation in %:

C: Circulation

Examine	Observation	Action
Capillary response	<2 sec () >2 sec ()	If more than 2 sec. IV - needle set: Yes () No ()
Colour of skin		Which colour: Pale () Red () Bluish ()
Temperature humidity of the skin		If no, how does the skin feel:
Pulse	Pulse beat / min.	Pulse beat recorded: wrist () neck ()
Blood pressure	Recorded blood pressure	Systolic (high): / Diastolic (Low)



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D: Disability

Examine	Observation	Action
Consciousness		Level of consciousness: () 1. Awake, conscious and well-oriented () 2. Confused, but reacts when spoken to () 3. Confused, but reacts to pain stimuli () 4. No reaction to pain stimuli Cramps: Yes () No () Paralysis: Yes () No ()
Pupil reaction	Normal: Yes () No ()	"Yes" – describes uniform contraction of both pupils If no, Please describe what you see:

E: Expose

Examine	Observation	Action
Top to toe examination. Signs of injuries/ illness not identified under A-B-C-D	Yes () No ()	If yes, please describe the symptoms/actions:
Signs of Hypothermia or Hyperthermia	Yes () No ()	If yes, please describe the symptoms/actions:
Temperature measurement	Yes () No ()	Temperature measured in mouth: Alternative temperature measure: Where:

Actions taken, but not described:

If relevant / possible attach photo(s).

Medicine administered

Time:	Time:
Time:	Time:

Name/title of the person in charge of medical care:



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Radio Medical Record - Observation form

Name of patient / CPR number:

Date						
Time						
General condition (1 – 4)						
Level of consciousness (1 – 4)						
Oxygen litre / min.						
Breathing frequency / min. (12 - 16)						
Capillary response in sec. (<2 sec.)						
Oxygen saturation in % (100 - 95)						
Pulse beats / min. (60 - 80)						
Blood pressure (140-120/90-80)						
Temperature in the mouth (36,5)						
Pupil reaction (normal +/-)						
IV - needle inserted (yes / no)						
Fluid through drip, drips pr. min.						
Fluid intake						
24 - hour urine sample						
Dipstick						
Blood sugar						
Malaria test						

Assistance for establishing the level in the above table:

General condition	Level of consciousness	Pupil reaction
1 = The patient is not affected	1 = The patient is awake, conscious and well-oriented	Pupil reaction normal at light source: plus = (+/+)
2 = The patient is somewhat affected (e.g. pains) or the patient is a little ill	2 = The patient is confused, but reacts when spoken to	Any abnormal reaction describe: e.g. Righth pupil big without reaction to light
3 = The patient has pains or is ill	3 = The patient is confused, but reacts to pain	
4 = The patient has much pain or is very ill	4 = No reaction to pain stimuli	



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Mark on the picture focus of pain, injury or symptom



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