MEDICAL FORM
TELECONSULTATION

Date :

Time of the call | Locale : h | ATU : h

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 : Télex :

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 :

MEDICAL FORM
VITAL SIGNS ASSESSMENT (VSA)

NEUROLOGICAL ASSESSMENT

VERBAL RESPONSE

- ☐ Oriented, converses normally
- ☐ Moaning
- ☐ Confused, disoriented
- ☐ None

EYE RESPONSE

Spontaneous opening	☐ Eyes opening spontaneously
Opening to speech and order	☐ « Open your eyes ! »
Reacting to pain stimulus / nail pressur	☐ Eye openin ☐ None

MOTOR RESPONSE

Spontaneous mouvement	☐ Mooves normally spontaneously
Obeys commands	☐ « Hold my hands ! »
Reacting to pain stimulus / nail pressur	☐ Relevant ☐ Inappropriate mouvements ☐ None

PUPILS

Reactive to light ?	☐ Yes	☐ No		
Equals ?	☐ Yes	☐ No		
Size (left pupil) :	☐ Constricted	☐ Medium	☐ Dilated	
Size (right pupil) :	☐ Constricted	☐ Medium	☐ Dilated	

RESPIRATORY

Respiratory rate (number of breaths for 1 min) : ☐ / **min** *(N : 12-20)*

Oxygen saturation : ☐ / **%** *(N : > 92%)*

Labored breathing	☐ Yes	☐ No
Sweating	☐ Yes	☐ No
Inability to speak	☐ Yes	☐ No
Abnormal breath sounds	☐ Yes	☐ No
Cyanosis (blue tint of lips or fingernails)	☐ Yes	☐ No

CIRCULATORY

Radial pulse (wrist following axis of the thumb) ☐ Easily palpable ☐ Barely palpable ☐ Absent

Heart rate : ☐ / **min** *(N : 60-100)*

Blood pressure : **Systolic** ☐ **mmHg**

Diastolic ☐ **mmHg**

Mottled skin	☐ Yes	☐ No
Pallor	☐ Yes	☐ No
Sweating	☐ Yes	☐ No
Cold skin (extremities)	☐ Yes	☐ No
Capillary Refill Time > 3 sec	☐ Yes	☐ No
Thirst	☐ Yes	☐ No

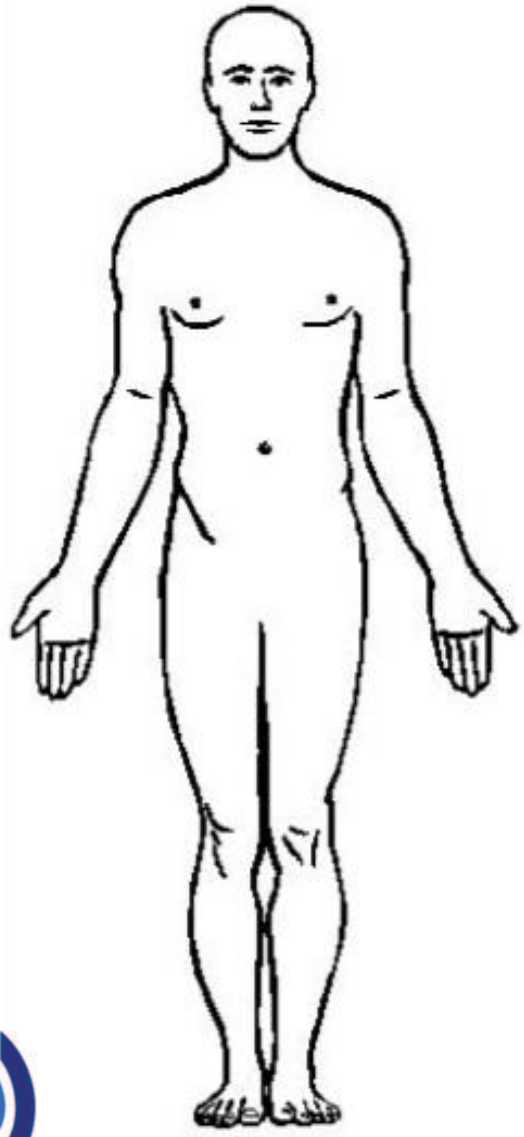
MEDICAL FORM

INJURY ASSESSMENT : EXAM AFTER INJURY OR TRAUMA

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

TÊTE	« Did you … »

« **…suffer head trauma ?** » ☐ Yes, head / skull trauma ☐ No « **... Loose consciousness ?** » ☐ Yes ☐ No « **Do you remember what happened ?** » ☐ Yes ☐ No



Mark up the diagram with wounds, burns, injuries, hematoma, fractures, painfull areas…

SPINE

Tenderness / pain	Cervical	☐ Yes	☐ No
	Thoracic	☐ Yes	☐ No
	Lumbar	☐ Yes	☐ No
« Can you moove your fingers, toes ? »		☐ Yes	☐ No
« Do you feel tingling of your feet, hands ? »		☐ Yes	☐ No
« Can you feel when I touch ? » ((legs, arms)		☐ Yes	☐ 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

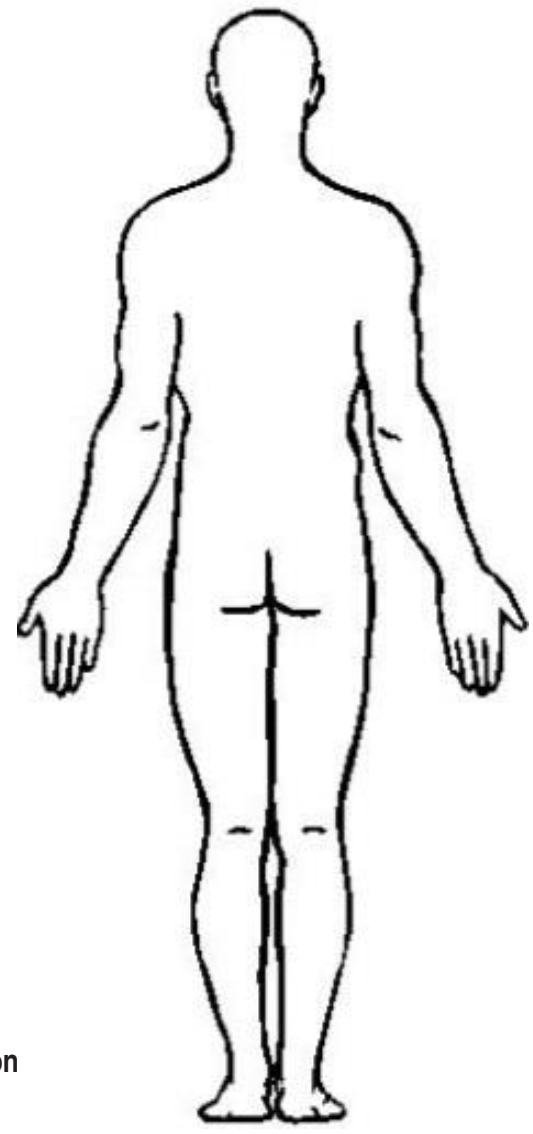
LIMBS

☐ **Pain** ☐ **Burn**

☐ **Fracture** ☐ Opened ☐ Closed ☐ **Displacement / distorsion**

☐ **Bleeding wound :** ☐ Effective compression

Time of tourniquet placement : h



Mark up the diagram with wounds, burns, injuries, hematoma, fractures, painfull areas…

MEDICAL FORM
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 exercice ☐ 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 : _____

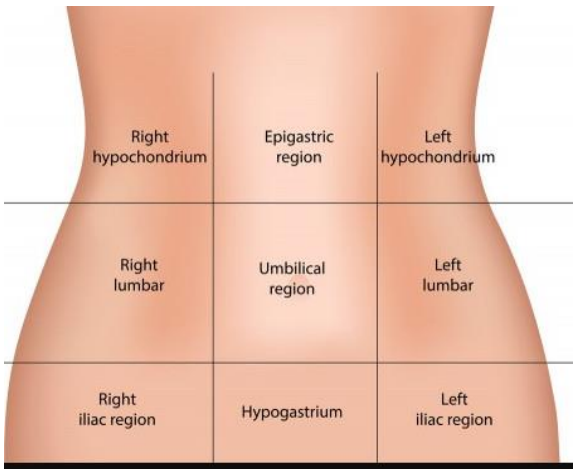
Pain type : ☐ Burn ☐ Cramp ☐ Spike

☐ Other :

Time of onset : h

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 : _____ min

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

MEDICAL FORM

MEDICAL ASSESSMENT

CLINICAL EXAM	

MEDICAL FORM

MEDICAL TELECONSULTATION : Decision, prescriptions…

CONCLUSION	DIAGNOSTIC HYPOTHESES

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
- ☐ Réanimation (RCP)
- ☐ Urine dip
- ☐ Wound dressin
- ☐ Immobilization
- ☐ Oxygen
- ☐ Blood glucose level
- ☐ Recovery position

DECISION

Date and time of decision : **Duration** : h

☐ **CARE ON BOARD** Call back within days

☐ **DISEMBARKATION AT PORT OF CALL**
☐ Ambulance at the pier

☐ **REROUTING**
☐ Local agent contacted

☐ **MEDEVAC**
☐ STD MEDEVAC
☐ ADVANCED MEDEVAC

☐ **EVACUATION OR DISEMBARKATION**

Port State /Country

CROSS (MRCC) Coordinating SAMU

Patient evacuated or disembarked at h le

MEDICAL FORM

MEDICAL FOLLOW-UP

CALL N°2

Date :

Time : h

Dr. :

Blood pressure (BP) : /	Respiratory rate (RR) : /min	Pain scale (PS) : /10
Pulse : /min	T° : °C	Blood glucose level (BGL) : g/L

Decision

- ☐ Care on board
- ☐ Disembarkation
- ☐ Rerouting
- ☐ Medevac
- ☐ Advanced Medevac

APPOINTMENT for next call : h

CALL N°3

Date :

Time : h

Dr. :

Blood pressure (BP) : /	Respiratory rate (RR) : /min	Pain scale (PS) : /10
Pulse : /min	T° : °C	Blood glucose level (BGL) : g/L

Decision

- ☐ Care on board
- ☐ Disembarkation
- ☐ Rerouting
- ☐ Medevac
- ☐ Advanced Medevac

APPOINTMENT for next call : h

MEDICAL FORM

MEDICAL FOLLOW-UP

CALL N°4

Date :

Time : h

Dr. :

Blood pressure (BP) : /	Respiratory rate (RR) : /min	Pain scale (PS) : /10
Pulse : /min	T° : °C	Blood glucose level (BGL) : g/L

Decision

- ☐ Care on board
- ☐ Disembarkation
- ☐ Rerouting
- ☐ Medevac
- ☐ Advanced Medevac

APPOINTMENT for next call : h

CALL N°5

Date :

Time : h

Dr. :

Blood pressure (BP) : /	Respiratory rate (RR) : /min	Pain scale (PS) : /10
Pulse : /min	T° : °C	Blood glucose level (BGL) : g/L

Decision

- ☐ Care on board
- ☐ Disembarkation
- ☐ Rerouting
- ☐ Medevac
- ☐ Advanced Medevac

APPOINTMENT for next call : h

SURNAME :

FIRSTNAME :

MEDICAL FORM

MEDICAL CHART

ALLERGY :	DATE											
	TIME											
PRESCRIPTIONS												
SURVEILLANCE												
BLOOD PRESSURE (mmHg)												
PULSE (/min)												
RESPIRATORY RATE (/min)												
TEMPERATURE (°C)												
PAIN SCALE (/10)												
BLOOD GLUCOSE LEVEL (g/L)												
URINE OUTPUT (ml)												
STOOL												
NURSING / DIAGNOSTIC TESTS												
WOUND DRESSING / DISINFECTION												
STITCHES / SURGICAL STAPLES												
INJECTION												
EKG												
URINE DIP												
MALARIA TEST												
PICTURES												
CONSULTATION/MEDICAL ADVICE												

SURNAME Caregiver :