



MEDICAL FORM FOR LEISURE NAVIGATION

For a medical maritime emergency, call french MRCC on phone at **196** or Radio **CANAL 16**

For a medical advice, call CCMM at **+33 5 34 39 33 33** - Mail : **ccmm@chu-toulouse.fr**

Date : __ / __ / ____

Hour : __ / __

SHIP	NAME :	Location :
	Type :	GPS coordinates :
	Phone number :	Nearest port and delay :

PATIENT	Last Name :	First Name :
	Date of birth : / /	Age :
	Surgical / Medical Problems :	
	Current treatment :	
Allergy <input type="checkbox"/> No <input type="checkbox"/> Yes, which medicines :		

ILLNESS FORM

Main complaint : **Temperature** : °C

Associated complaints :

Illness history (onset ? chronology...) : Given treatment ? :

..... No

..... Yes, which :

Pain :

- Location (plan below) :
- Intensity (scale from 0 to 10): ...

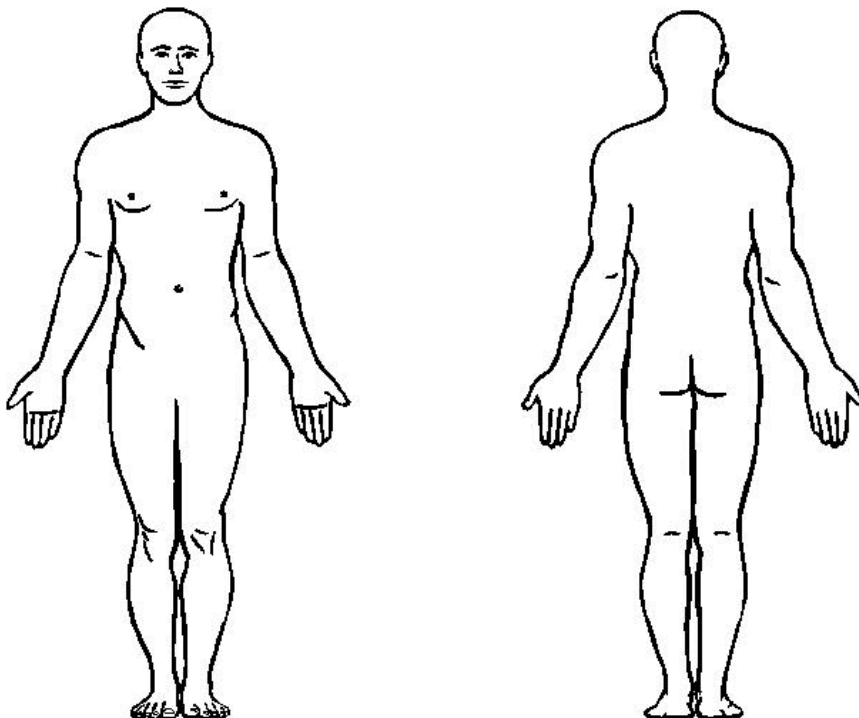
ACCIDENT FORM

Date and hour of the accident :

Location :

Circumstances and mechanism :

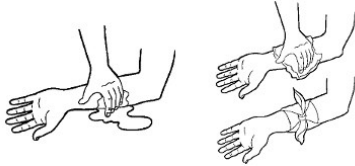
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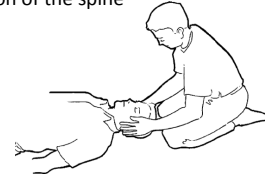
Define on the pattern above : Pain, Hematoma, Wound (bleeding ?), Deformation...

For an emergency : assess vital signs

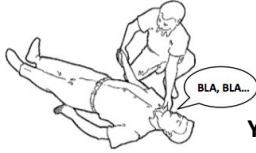
If several external bleeding :
Make a manual compression



If severe fall or head injury :
Maintain the alignment and immobilisation of the spine



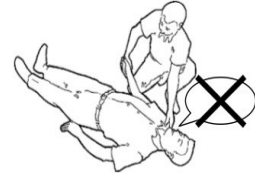
Evaluation of the STATE OF CONCIUSNESS



YES

« Open your eyes ? »
« Tight my hands ? »

NO



Evaluation of BREATHING

« Is it hard to breathe ? »
Abnormal breath sounds? Blue lips ?

NO

YES



Put in
half-sitting position

Is the victim breathing ?
Look for chest movement ? Feel for air on your cheek



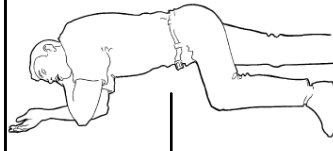
No chest
Mouvement
During 10 sec

YES

NO

Inconciuous who breathes

Put in Lateral Security
Position



HEART ATTACK

Start chest compressions
(100 compressions per minute)



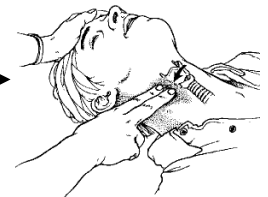
If drawing of child :
Start by 2 rescue breathes

Evaluation of CIRCULATION



Take the radial pulse at the wrist

If failure or misperception,
Take the carotid pulse



Measure the heart rate : beats /min

Is the victim pale ? Are the limbs cold ?

ILLNESS FORM
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ILL

Proceed to evaluation of the patient

INJURED

ACCIDENT FORM
(previous page)