

ORCV Medical Incident Form

Patient Details			
Family Name	Other Names		DOB / /
Allergies /Alerts		Weight	kg
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
NOK name	Contact details		
Yacht Name	Call Sign	Crew contact name	
Position <i>Lat/Lon</i>		<i>Nearby</i>	
Mobile	Satphone	HF freq	VHF ch

IMT Contact Details			
Duty Officer <small>for medical incidents</small>		Location <i>Lat/lon or nearby</i>	
Mobile	Satphone	HF freq	VHF ch

Accident Date		/ /		Accident / Injury Notes eg Mechanism and site of injury	
Accident Time	:	hrs			
First call	:	hrs			
Follow up call	:	hrs			
Completion Date & Time	/ /	:			
				<input type="checkbox"/> Treated onsite <input type="checkbox"/> Treated after arrival onshore <input type="checkbox"/> Emergency evacuation <input type="checkbox"/> Hospitalised	

Time : hrs		Primary Survey	
Airway	<input type="checkbox"/> Clear <input type="checkbox"/> Obstructed		
c-spine Collar	<input type="checkbox"/> Yes <input type="checkbox"/> No Other:		
Breathing	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Laboured <input type="checkbox"/> Absent <input type="checkbox"/> Stridor <input type="checkbox"/> Assisted		Resp Rate: /min
Circulation	<input type="checkbox"/> Pulse present <input type="checkbox"/> Pink <input type="checkbox"/> Cyanosed <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Sweaty		Pulse Rate: /min Pulse rhythm: <input type="checkbox"/> reg <input type="checkbox"/> irreg
Haemorrhage (Bleeding)	Controlled <input type="checkbox"/> Yes <input type="checkbox"/> No		
Disability (Neurological) <small>See below</small>	<input type="checkbox"/> Alert <input type="checkbox"/> Respond to Voice <input type="checkbox"/> Respond to pain <input type="checkbox"/> Unresponsive		R Pupil: Reacting? <input type="checkbox"/> Size mm L Pupil: Reacting? <input type="checkbox"/> Size mm
Exposure	<input type="checkbox"/> Expose for physical examination <input type="checkbox"/> Protect from environment - keep warm/cool Notes:		

Information Only: Modified Glasgow Coma Scale (GCS)			Pupil Guide:	
Eye Opening	Talking, knowing name	What movements can they do		
4 Opens eyes by themselves	5 Knows name, where they are, what happened	6 Does everything you ask		
3 Only if you ask them to	4 Not sure of name, place or what happened	5 Tries to avoid pain – push you away, keeps eyes shut		
2 Only when you pinch the person	3 Talking rubbish only	4 Pulls away the arm or leg you pinch		
1 Will not open their eyes at all	2 Making strange sound only	3 Bends (flexes) their arms or legs when pinched		
	1 Makes no sound at all	2 Straightens (extends) arms or legs when pinched		
		1 Does not move at all		
GCS: 8 or less = Severe head injury 9-12 = Moderate 13-15 = Minor			Watch for changes	

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Patient.....DOB.....

Observations									
Date Time	Pulse	Resp	GCS	L Pupil Size	React	R Pupil Size	React	Temp	Notes

Additional Notes: