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 :

VITAL SIGNS ASSESSMENT

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 opening	☐ 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)*

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

INJURY ASSESSMENT : Exam after injury or trauma

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

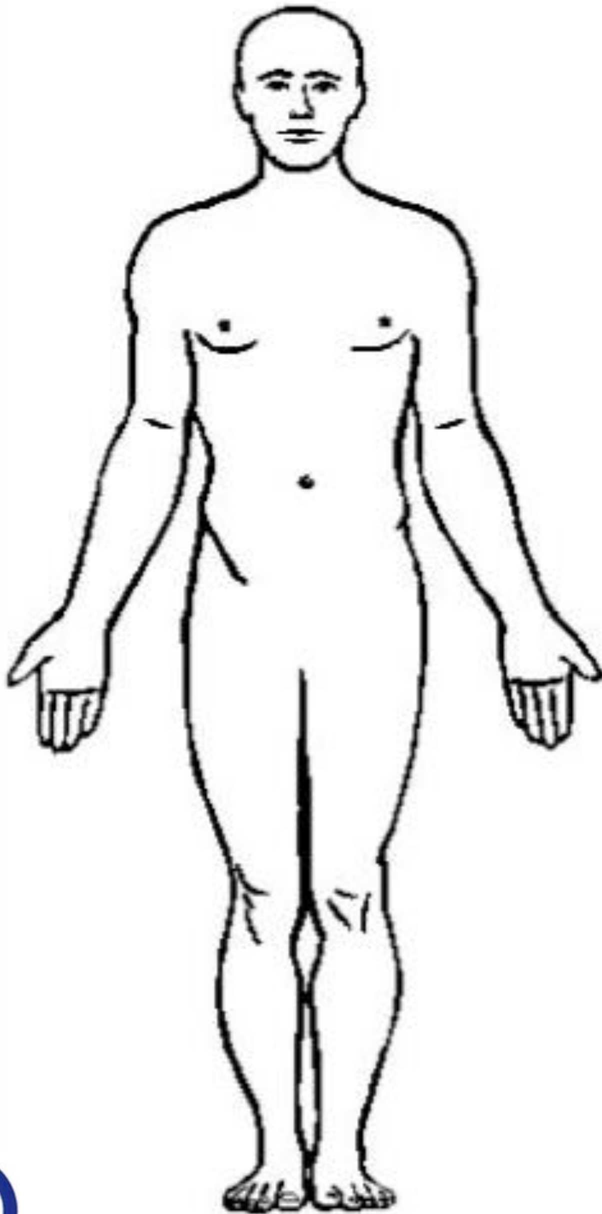
HEAD

"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	☐ 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**

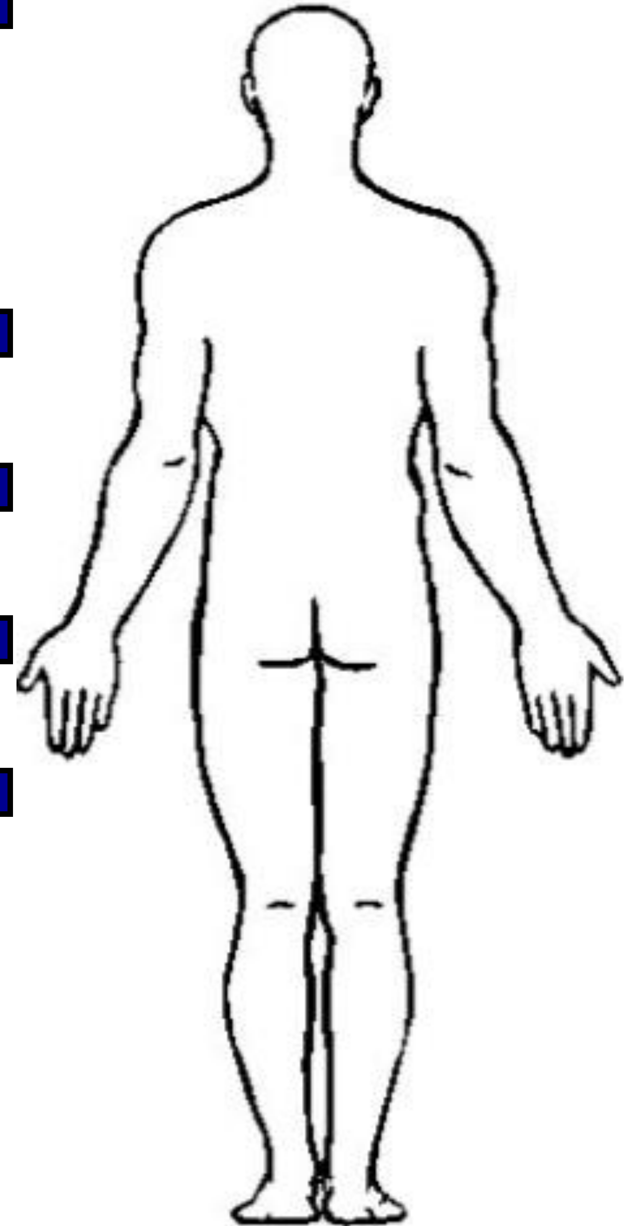
☐ **Burn**

☐ **Fracture** ☐ Opened ☐ Closed

☐ **Displacement / distorsion**

☐ **Bleeding wound** ☐ Effective compression

Time of tourniquet placement :



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 exercice ☐ Rest

Pain radiation : ☐ Arm ☐ Jaw ☐ Back ☐ Abdomen ☐ Other : ....

Severity signs : ☐ Pallor ☐ Sweating ☐ Fainting

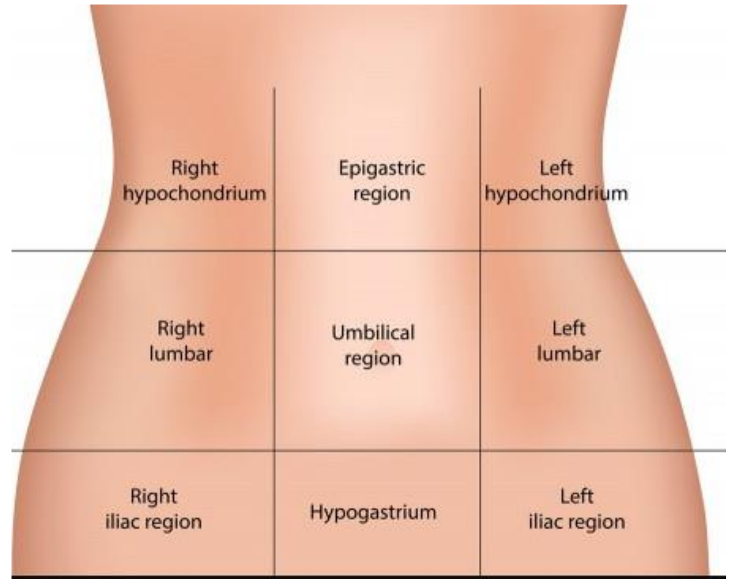
Other signs to check : ☐ Cough ☐ Expectoration ☐ Increased by cough or breathing
☐ Nausea ☐ Vomiting ☐ Sub-Q air

Risk factors : ☐ Smoking ☐ Diabete ☐ Obesity ☐ Hypertension ☐ Hypercholesterolemia

ABDOMINAL PAIN

Location of the pain :

☐



Pain type :
☐ Burn ☐ Cramp ☐ Spike
☐ Other : ....

Time of onset : ....

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

CLINICAL EXAM

MEDICAL TELECONSULTATION : Decision, prescriptions…

CONCLUSION

Diagnostic hypotheses

Mail sent to ccmm@chu-toulouse.fr :

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

PRESCRIPTIONS

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

MONITORING

-
-
-
-

PROCEDURES TO PERFORM

☐ EKG
☐ Pictures
☐ Urine dip
☐ Oxygen
☐ Malaria test
☐ Injection
☐ Wound dress
☐ Blood glucose level
☐ Stitches / Surgical staples
☐ Resuscitation (CPR)
☐ Immobilization
☐ 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) :** / **Pulse :** / min	**Respiratory rate (RR) :** /min **T° :** °c	**Pain scale (PS) :** / 10 **Blood glucose level (BGL) :** g/L
Time :			
Dr. :			
Decision ☐ Care on board ☐ Disembarkation ☐ Rerouting ☐ Medevac ☐ Advanced Medevac			
APPOINTMENT for next call :			

CALL N°3			
Date :	**BP :** / **Pulse :** / min	**RR :** / min **T° :** °c	**PS :** / 10 **BGL :** g/L
Time :			
Dr. :			
Decision ☐ Care on board ☐ Disembarkation ☐ Rerouting ☐ Medevac ☐ Advanced Medevac			
APPOINTMENT for next call :			

MEDICAL FOLLOW-UP

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

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

SURNAME :

FIRSTNAME :

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												