ORCV Medical Incident Form

Patient Details

Family Name	**Other Names**		**DOB** / /
Allergies /Alerts			Weight kg ☐ Male ☐ Female
NOK name	**Contact details**		
Yacht Name	**Call Sign**	**Crew contact name**	
Position *Lat/Lon*		*Nearby*	
Mobile	**Satphone**	**HF freq**	**VHF ch**

IMT Contact Details

Duty Officer for medical incidents		**Location** *Lat/lon or nearby*	
Mobile	**Satphone**	**HF freq**	**VHF ch**

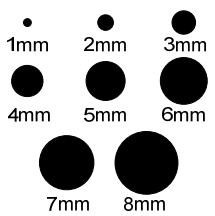
Accident Date	/ /	**Accident / Injury Notes** eg Mechanism and site of injury
Accident Time	: hrs	
First call	: hrs	
Follow up call	: hrs	
Completion Date & Time	/ / : hrs	☐ Treated onsite ☐ Treated after arrival onshore ☐ Emergency evacuation ☐ Hospitalised

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

Information Only: Modified Glascow Coma Scale (GCS)

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

Pupil Guide:



GCS: 8 or less = Severe head injury 9-12 = Moderate 13-15 = Minor *Watch for changes*

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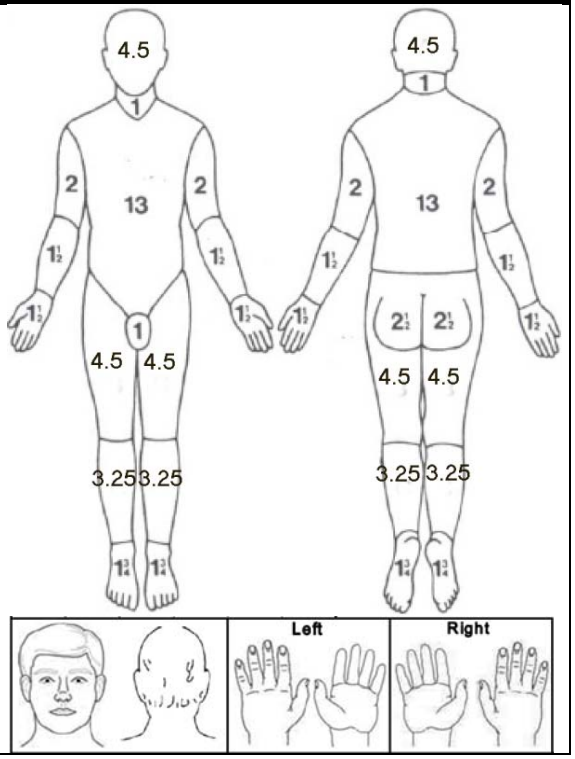
Patient…….....DOB……

Time : hrs	**Secondary Survey**	Mark all injuries/burns on the diagrams below

Head	☐ Normal ☐ Abrasion ☐ Laceration ☐ Swelling ☐ Pain
Neck	☐ Normal Notes:
Chest	☐ Symmetrical ☐ Asymmetrical ☐ Injury Sounds **R** _____ Sounds **L**
Abdomen	☐ Normal ☐ Soft ☐ Firm ☐ Distended ☐ Injury ☐ Pain
Back	☐ Normal ☐ Injury ☐ Pain ☐ LOG ROLL required

Extremities		**Movement**	**Sensation**	**Strength**	**Pulse**
Arm	**R**				
	L				
Leg	**R**				
	L				

Key for Notes:
A = Abrasion **B** = Burn **D** = Deformity **F** = Fracture **H** = Haematoma **L** = Laceration
N = Numbness **P** = Pain **S** = Swelling



Relevant History / Medical History

Examination

Possible Diagnosis:

Other Doctors Consulted:

Observations

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

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Patient…….....DOB……

Treatment / Drugs / Fluids/ Urine Output/ Medical Advice given				
Date Time		Dose/Vol (Fluid in / fluid out)	Route	Sign (initial)

Additional Notes:

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Patient…….....DOB……

Observations

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

Additional Notes: