The Diving Medical Advisory Committee

Aide Mémoire for Recording and Transmission of Medical Data to Shore

DMAC 01 – 1984

C O N F I D E N T I A L

This form has been designed in three parts to make it easier to use.

Part 1 is an aide mémoire to obtain essential information for transmission ashore in event of a medical emergency. This information will enable the onshore doctor to advise on immediate management of the casualty.

Part 2 collects more detailed information to provide a permanent record of the incident and to assist in accident analysis. Obviously in urgent cases **there must be no delay** in contacting medical assistance with the information in Part 1. Part 2 should be completed later.

The onshore doctor will frequently ask for some further examination to be carried out.

Part 3 provides a form for recording this information.

It is recognised that it will not be necessary to complete the form fully in most cases, and where a question (or section) is not applicable, 'N/A' should be entered. If you are uncertain of the meaning of a question, do not attempt to answer it, but ring the question number.

The views expressed in any guidance given are of a general nature and are volunteered without recourse or responsibility upon the part of the Diving Medical Advisory Committee, its members or officers. Any person who considers that such opinions are relevant to his circumstances should immediately consult his own advisers.

Essential Information For Transmission Ashore In Event Of An Emergency

Part 1 – Section A
GENERAL INFORMATION

1 Patient surname:..... Christian name:.....

2 Company:.....

3 Worksite:.....

4 Date of incident:..... Time: .....

5 Type of incident:.....

6 Is the general condition of the patient:

Good _____

Fair _____

Critical _____

Part 1 – Section B

INFORMATION ABOUT THE DIVE RELATED TO THE INCIDENT

(If the illness is not related to diving, skip to Section E)

7 Method: Scuba _____ Bell bounce _____

Surface supplied Saturation

Wet bell

8 Air mixture: Air _____ Nitrox _____

Heliox Trimix

9 Job: Diver _____ Other _____

Bellman Specify.....

10 Working depth: .....metres

11 Bell depth: .....metres

12 Storage depth (where relevant): .....metres

13 Time spent at working depth: ..... minutes

14 Decompression table selected: .....

Depth selected: .....metres

Bottom time selected: .....metres

Surface interval selected (repetitive dives): ..... hours ..... minutes

15 Type of work performed: .....

.....

.....

.....

16 Adverse conditions, if any (e.g. sea state, tidal stream, temperature, fouling, disorderly ascent, hard work, etc.):

.....

.....

.....

17 Did the incident begin: in the water _____ in the deck chamber _____

in the bell _____ other? _____

Specify? .....

18 At the onset of symptoms, was the patient:

descending _____ ascending _____

on the bottom _____ on the surface _____

Part 1 – Section C

COMPRESSION/DECOMPRESSION INCIDENT

(If the illness is not related to diving, skip to Section E)

19 Incident during or immediately following compression: | YES | | NO

20 Incident during normal decompression: | YES | | NO

21 Incident after surfacing following normal decompression: | YES | | NO

End of decompression at: ..... hours ..... minutes

22 Incident following excursion from saturation: | YES | | NO |

Time of outset after decompression: ..... hours ..... minutes

23 Incident following blow-up/drop in pressure | YES | | NO |

From: depth: .....metres time: .....hours ..... minutes

To: depth: .....metres time: .....hours ..... minutes

24 In other circumstances: YES | NO

Specify:.....

.....

.....

.....

25 Onset of first symptom at:

depth: .....metres time: .....hours ..... minutes

26 Niggles: YES | NO

27 Pain in joints: YES | NO

State location: .....

28 Pain in muscles: YES | NO

State location: .....

29 Pins and needles: YES | NO

State location: .....

30 Patches of numbness or tingling, or altered sensation: YES | NO

State location: .....

31 Muscle weakness or paralysis: YES | NO

State location: .....

32 Difficulty in urinating: YES | NO

33 Pain in the lumbar region, around waist, or in the abdomen: YES | NO

34 Standing upright difficult or impossible: YES | NO

35 Nausea: YES | NO

36	Vomiting:	YES	NO
37	Vertigo, loss of balance:	YES	NO
38	Deafness, hearing problems:	YES	NO
39	Speech problems:	YES	NO
40	Visual problems:	YES	NO
41	Drowsiness, confusion:	YES	NO
	Specify:.....		
42	Loss of consciousness:	YES	NO
43	Paleness, anxiety, sweating, collapse:	YES	NO
	Specify:.....		
44	Cyanosis, blue skin:	YES	NO
45	Breathlessness, painful breathing, chokes:	YES	NO
	Specify:.....		
46	Blood-stained froth in airways:	YES	NO
47	Respiratory distress worsening with decompression:	YES	NO
42	Others (specify below):	YES	NO

.....

.....

.....

Part 1 – Section D

PREVIOUS DIVE

(If ended less than 24 hours before the accident)

49	Method:	Scuba		Bell bounce		
		Surface supplied		Saturation		
		Wet bell		Excursion from saturation		
50	Air mixture:			Nitrox		
		Heliox		Trimix		

51 Depth: .....metres

52 Bottom time (where relevant): ..... minutes

53 Table selected: .....

Depth selected: .....metres

Time selected: .....metres

54 Normal decompression: | YES | | NO |

55 End of decompression:

Date: ...../..... time: .....hours ..... minutes

56 If saturation, back to storage depth from last working dive:

Date: ...../..... time: .....hours ..... minutes

Part 1 – Section E

ACCIDENT OR ILLNESS NOT RELATED TO DECOMPRESSION

57 Nature of Accident or Illness: .....

.....

.....

.....

58 Does he have difficulty or pain with breathing? _____ YES _____ NO

59 Is he bleeding? _____ YES _____ NO

60 If yes, is bleeding controlled? _____ YES _____ NO

61 State of consciousness:

_____ Fully alert and orientated

_____ Drowsy

_____ Confused

_____ Unconscious but responds to stimuli

_____ Unconscious and unresponsive

62 Details symptoms:.....

.....

.....

.....

63 Treatment given: .....

.....

.....

.....

Additional Information for Record Purposes

*NB Do **not** delay transmission of Part 1 in order to complete this part of the form*

Part 2 – Section A
GENERAL INFORMATION

1 Name of patient: .....

2 Date of birth: .....

3 Date of last medical examination: .....

4 Where medical records are held:.....

.....

5 Details of previous decompression sickness:.....

.....

.....

.....

6 Any significant past or recent medical history:.....

.....

.....

.....

7 Name of diving supervisor: .....

8 Name of medical attendant:.....

9 Time of transmission of Part 1:..... GMT Date.....

10 Addressee:.....

.....

11 Copied to:.....

.....

12 Telex confirmation sent at:..... GMT Date.....

13 Time message acknowledged: ..... GMT Date.....

14 Reason for contacting shore doctor:

Assistance required urgently _____

Assistance required as soon as possible _____

Assistance required when practicable _____

Assistance required when patient gets ashore _____

For information only

Part 2 – Section B

Brief statement of the problem: .....

.....

.....

.....

.....

.....

.....

.....

.....

Part 2 – Section C

Summary of advice/instructions received from ashore: .....

.....

.....

.....

.....

.....

.....

.....

.....

Part 2 – Section D

Details of treatment given (including therapeutic tables by number as well as depth, duration and gases, and all supplementary therapy). State also times of implementation: .....

.....

.....

.....

.....

.....

.....

.....

.....

Part 2 – Section E

Record of progress. Summary of history of the condition, times of significant changes: .....

.....

.....

.....

.....

.....

.....

.....

.....

Part 2 – Section F

Final outcome (e.g. fully recovered, transferred ashore under pressure, etc.): .....

.....

.....

.....

.....

.....

.....

.....

.....

Record of Medical Examination

All or part of this examination may be carried out at the request of the onshore doctor. Results should be recorded in the appropriate section and the questions which are not relevant to the particular incident left blank.

Part 3 – Section A
EXAMINATION/GENERAL

1 Is the patient in pain? YES NO

If 'yes', specify site, intensity and any factors which exacerbate or relieve it: .....

.....

.....

.....

2 Has he any major injury? YES NO

If 'yes', name the site and describe briefly. If there is bleeding give an estimate of blood loss: .....

.....

.....

.....

3 What is his temperature? .....°C

4 Has he any skin rashes? YES NO

If 'yes', describe appearance and site: .....

.....

.....

.....

Part 3 – Section B

CARDIORESPIRATORY SYSTEMS

5 Is his colour: Normal _____

Pale _____

Cyanosed (blue) _____

6 Is he sweating? YES NO

7 What is his: (i) pulse ..... per minute

(ii) blood pressure .....Syst. .....Diast.

(iii) respiratory rate ..... per minute

8 Does he have difficulty with breathing? YES NO

9 Does he have pain on breathing? YES NO

If 'yes', describe: .....

.....

.....

.....

10 Has he a cough? YES NO

If 'yes', has he coughed blood? YES NO

11 Is he short of breath? YES NO

If 'yes', has this been affected by:

(i) increase of pressure YES NO

(ii) decrease of pressure YES NO

12 Is the trachea (windpipe) central (i.e. normal)? YES NO

13 Is the apex (cardiac impulse) beat of the heart within 1" of the mid-clavicular line? YES NO

14 Are breath sounds audible equally on both sides of the chest? YES NO

15 Is there any subcutaneous emphysema (crackling sensation in tissues)? YES NO

Part 3 – Section C

ABDOMEN

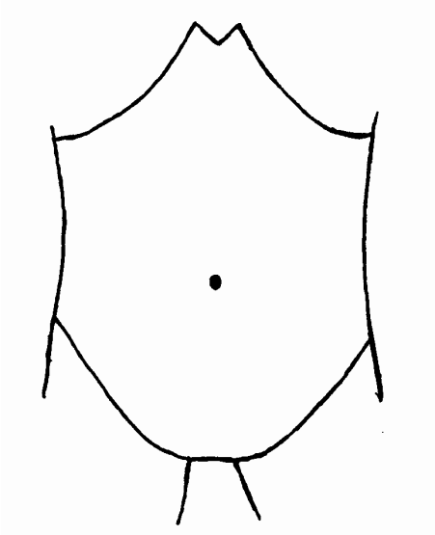
16 Does the patient have abdominal pain? YES NO

If 'yes', specify site by writing 16 on chart, and character: .....

.....

.....

.....



17 Does the patient have diarrhoea? YES NO

18 Has the patient vomited? YES NO

If 'yes', specify:

a) When did the patient last vomit?..... GMT

b) If he is still vomiting, specify frequency and character: .....

.....

.....

19 Has he vomited blood?? YES NO

20 Can the patient pass urine without difficulty? YES NO

21 Is the urine clear † or blood stained †

22 Is urinating painful? YES NO

23 Is the abdomen soft to palpation? YES NO

If 'no', specify the site by writing 23 on chart

24 Are there any swellings in the abdomen? YES NO

If 'yes', specify site (by writing 24 on chart), size and consistency:

.....

.....

.....

25 Can you hear bowel sounds? YES NO

Part 3 – Section D

NERVOUS SYSTEM

26 Has he any visual disturbance? YES NO

If 'yes', specify: .....

.....

.....

.....

27 Has he a headache? YES NO

28 State of consciousness:

- Fully alert and orientated
- Confused
- Drowsy
- Unconscious but responds to stimuli
- Unconscious and unresponsive

29 Are pupils equal and normal in response to light? YES NO

If 'no', amplify: .....

.....

.....

30 Is the corneal (blink) reflex normal? YES NO

31 Does the patient have vertigo (dizziness)? YES NO

32 Does the patient have nystagmus (eye flickering)? YES NO

33 Is hearing equal and normal in both ears? YES NO

If 'no', specify: .....

.....

.....

.....

34 Are the remainder of the cranial nerves normal?

Eye movements	YES	NO		Swallowing reflex	YES	NO	
Facial sensation	YES	NO		Tongue movement	YES	NO	
Facial movements	YES	NO		Soft palate movement	YES	NO	
Shrugging of shoulders	YES	NO					

35 Can the patient voluntarily move his:

R. Shoulder	YES	NO	L. Shoulder	YES	NO
R. Elbow	YES	NO	L. Elbow	YES	NO
R. Wrist	YES	NO	L. Wrist	YES	NO
R. Fingers	YES	NO	L. Fingers	YES	NO
R. Hip	YES	NO	L. Hip	YES	NO
R. Knee	YES	NO	L. Knee	YES	NO
R. Ankle	YES	NO	L. Ankle	YES	NO
R. Toes	YES	NO	L. Toes	YES	NO

36 Has he any weakness? YES NO

If 'yes', specify: .....

.....

.....

.....

37 Are reflexes (tendon jerks)

		Normal	Increased	Absent	?
Triceps:	R.				
	L.				
Biceps:	R.				
	L.				
Knee	R.				
	L.				
Ankle:	R.				
	L.				

38 Is the plantar response:

	↑ R.	↑ L.	
OR	↓ R.	↓ L.	
or not clear	R.	L.	

39 Does he have 'pins and needles'? YES NO

If 'yes', specify: .....

.....

40 Is there a normal sensory response to pinprick? YES NO

If 'no', specify: .....

.....

Can you detect a level of sensory change? YES NO

41 Can he pass urine? YES NO

Part 3 – Section E

ANY OTHER RELEVANT FINDINGS NOT LISTED ABOVE

.....

.....

.....

.....

.....

.....

.....