



Radio Medical Advice Form - Primary

Datum/Date: ____ . ____ . 20 ____ **Zeit/Time (UTC):** _____

Dringlichkeit (Level of urgency):

Lebensbedrohlich (danger of life) **additionally call +494721 78 5** **nicht-lebensbedrohlich** (routine)

| | | | | | | | |
|---|--|--|---|---|--|--|--|
| 1. Schiffsname (Name of ship) | | 2. Rufzeichen (Callsign) | | 3.1 Telefon | | 4. Lat./Long. N/S | |
| | | | | 3.2 E-mail | | W/E | |
| 5. Kapitän (Master) | | 6. Reederei (Owner) | | 7.1 Zielhafen (Port of destination) | | 7.2 ETA | |
| 8. Type of ship | | 9. Medikamentenliste (Druglist) <input type="checkbox"/> WHO Liste beilegen (please attach list to mail) <input type="checkbox"/> A1/2 <input type="checkbox"/> B <input type="checkbox"/> C1/C2 | | 10.1 Nothafen (Next possible [emergency] port) | | 10.2 ETA | |
| | | | | | | | |
| 11. Patient Name/Nationalität | | 12. Geschlecht (sex) <input type="checkbox"/> männlich (male) <input type="checkbox"/> weiblich (female) | 13. Alter (Age) | 13.1 Größe [cm] (height) | 13.2 Gewicht (bodyweight) [kg] | 14. Tropenaufenthalt (letzte 2 Monate) (visit to tropical area in the last 2 Month) <input type="checkbox"/> nein (No) <input type="checkbox"/> ja, bitte die Aufenthaltsorte als Anlage beifügen (yes, please attach whereabouts) | |
| 16. Basisbefunde (findings) | | | | <input type="checkbox"/> Befunde alle unauffällig (all findings within normal ranges) | | | |
| A | 16.1 Atmung (Airway/Breathing) | 16.1.1 Atemfrequenz (Breaths per Minute) _____/min. | 16.1.2 Atmet der Patient normal? (normal breathing?) <input type="checkbox"/> ja (yes) <input type="checkbox"/> nein (no), specify @ 17.1.1 | | 16.1.3 Atemnot? (Dyspnea) <input type="checkbox"/> nein (no) <input type="checkbox"/> ja (yes) | | |
| B | 16.2 Herz/Kreislauf (Circulation) | 16.2.1 Herzfrequenz (Heart rate) _____/min. 16.2.2 unregelmäßig (arrhythmic beating) <input type="checkbox"/> nein (no) <input type="checkbox"/> ja (yes) | 16.2.3 Blutdruck (Blood Pressure) _____ / _____ mmHg | | 16.2.4 Brustschmerzen (Chest Pain) <input type="checkbox"/> nein (no) <input type="checkbox"/> ja (yes) | | |
| D | 16.3 Bewusstsein (Consciousness) | 16.3.1 Patient ist (patient reacts to) <input type="checkbox"/> A lert <input type="checkbox"/> V erbal <input type="checkbox"/> P ain <input type="checkbox"/> U responsive | | 16.3.2 Extremitätenbewegung: (movement of extremities) <input type="checkbox"/> seitengleich (equal on both sides) <input type="checkbox"/> sonstiges: others specify @ 17.1.1 | | | |
| E | 16.4 Externes (Externals) | 16.4.1 Hautfarbe (skin appearance) <input type="checkbox"/> normal <input type="checkbox"/> blass (pale) <input type="checkbox"/> schweißig (sweaty) <input type="checkbox"/> specified @17.1.1 | 16.4.2 Temp. °C oral/axillar/rectal | | 16.4.3 Verletzungen (injuries) <input type="checkbox"/> nein (No) <input type="checkbox"/> ja (yes), specify @17.1.1 | | |
| 17. Angaben zum Ereignis/Erkrankung: (Details to incident/disease) | | | | | | | |
| 17.1 S ymptoms | | | | | | | |
| 17.1.1 | | | | | | 17.1.2 | |
| | | | | | | | |
| 17.2 A llergies | | | | | | | |
| 17.3 M edication (previous) | | | | | | | |
| 17.4 P ast Medical History | | | | | | | |
| 17.5 L ast oral Intake | | | | | | | |
| 17.6 E vents prior to Incident | | | | | | | |
| 18. Verdachtsdiagnose an Bord: (Suspected diagnosis) | | | | | | | |

Telemedical Maritime Assistance Service Germany

TMAS Germany - Medico Cuxhaven

Phone: + 49 4721 78 5

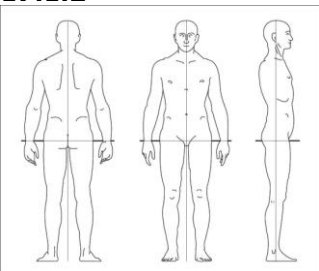
Fax.: + 49 4721 78 1520, E-mail: medico@tmas-germany.de



19. Bisherige Maßnahmen: (Treatment on board)



Radio Medical Advice Form – Follow Up

| | | | | | |
|---|---|--|---|---|--|
| F1. Ship | F2. Patient | F3. Date | F4. Time (UTC) | F5. No of Follow up | F5. Type Follow up <input type="checkbox"/> 1 hrs. <input type="checkbox"/> 12 hrs. <input type="checkbox"/> 24 hrs. <input type="checkbox"/> 48 hrs. |
| F6. Vitals | | | | | |
| A B | F6.1 Atmung (Airway/Breathing) | F6.1.1 Atemfrequenz (Breaths per Minute) ____/min. | F6.1.2 Atmet der Patient normal (normal breathing?) <input type="checkbox"/> ja (yes) <input type="checkbox"/> nein (no), specify @ F7.1.1 | | F6.1.3 Atemnot? (Dyspnea) <input type="checkbox"/> nein (no) <input type="checkbox"/> ja (yes) |
| C | F6.2 Herz/Kreislauf (Circulation) | F6.2.1 Herzfrequenz (Heart rate) ____/min. F6.2.2 unregelmäßig (arrhythmic beating) <input type="checkbox"/> nein (no) <input type="checkbox"/> ja (yes) | F6.2.3 Blutdruck (Blood Pressure) / mmHg | | F6.2.4 Brustschmerzen (Chest Pain) <input type="checkbox"/> nein (no) <input type="checkbox"/> ja (yes) |
| D | F6.3 Bewusstsein (Consciousness) | F6.3.1 Patient ist (patient reacts to) <input type="checkbox"/> A lert <input type="checkbox"/> V erbal <input type="checkbox"/> P ain <input type="checkbox"/> U responsive | | F6.3.2 Extremitätenbewegung: (movement of extremities) <input type="checkbox"/> seitengleich (equal on both sides) <input type="checkbox"/> sonstiges: specify @ F7.1.1 | |
| E | F6.4 Exterenes (Externals) | F6.4.1 Hautfarbe (skin appearance) <input type="checkbox"/> normal <input type="checkbox"/> blass (pale) <input type="checkbox"/> schweißig (sweaty) <input type="checkbox"/> specified @F7.1.1 | F6.4.2 Temp. °C oral/axillar/rectal | | 16.4.3 Verletzungen (injuries) <input type="checkbox"/> nein (No) <input type="checkbox"/> ja (yes), specify @F7.1.1 |
| F7. Angaben zum Verlauf: (Details to incident/disease) | | | | | |
| F7.1 S ymptoms | | | | | |
| F7.1.1 | | | | | 17.1.2  |
| F8. Behandlung: (Treatment on board) <input type="checkbox"/> as advised | | | | | |



Radio Medical Advice – Post advice questionnaire

In order to improve our service, we kindly ask you to fill in this questionnaire¹:

| | |
|--|--|
| P1. Patient's initials | P2. Patient's age |
| P3. How did treatment end? | <input type="checkbox"/> Patient fully recovered on board <input type="checkbox"/> Doctor's visit was arranged in the next port of call <input type="checkbox"/> Patient was admitted to hospital <input type="checkbox"/> Deviation was necessary <input type="checkbox"/> Patient underwent MEDEVAC <input type="checkbox"/> by Helicopter <input type="checkbox"/> by Speedboat <input type="checkbox"/> other (please specify): <input type="checkbox"/> Patient died on board |
| P4. Medical Diagnosis | If the patient had contact to the medical system ashore, please <input type="checkbox"/> send us the medical report of the patient by mail or <input type="checkbox"/> give us the diagnosis the doctor was telling the patient: 1. 2. 3. 4. |
| P5. How was your experience of our service? | Not helpful helpful |
| P6. How did you experience our time of reaction? | Very slow very fast |
| P7. Did you feel safe with the recommendations? | Not at all very safe |
| P8. How did you get into contact with us? | <input type="checkbox"/> Telephone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> others (please specify): |
| P9. Did you experience any problems contacting us? | <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify): |
| P10. Did you receive any other recommendation by another TMAS on the same case? | <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify the TMAS service you were additionally contacting, i.e. CIRM, TMAS France etc.): |
| P11. Do you have any comments to our service? | |

Thank you for taking your time to answer these questions.

All the best for you and your crew,

Kindly yours

Team TMAS Germany



¹ all information is for quality management purposes only.