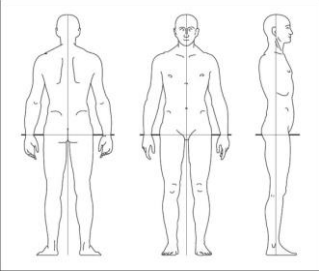




Radio Medical Advice Form – Follow Up

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 Externes (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					