



## Radio Medical Advice Form - Primary

**Datum/Date:** \_\_\_\_ . \_\_\_\_ . 20 \_\_\_\_      **Zeit/Time (UTC):** \_\_\_\_\_

**Dringlichkeit (Level of urgency):**

**Lebensbedrohlich** (life-threatening) **additionally call +49 4721 78 5**

**nicht-lebensbedrohlich** (non-life threatening)

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

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**19. Bisherige Maßnahmen:** (Treatment on board)