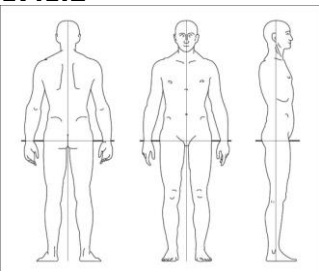




## Radio Medical Advice Form – Follow Up

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