



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 belegen (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 Exterenes (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

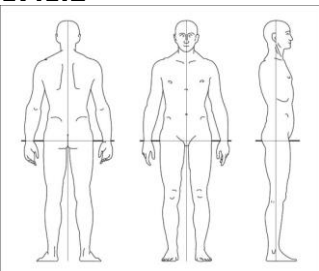
Fax.: + 49 4721 78 1520, E-mail: medico@tmas-germany.de



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.