

# MEDICO-VORDRUCK

Weitere Informationen finden Sie im Buch:

**Medizin auf See**  
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**B. 3.4.3.**

**Vordruck Radio Medical Advice Form - Primary der BG**



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**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)

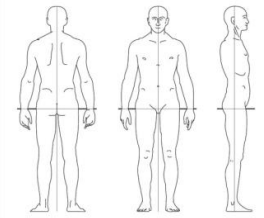
<b>1. Schiffsname</b> (Name of ship)		<b>2. Rufzeichen</b> (Callsign)		<b>3.1 Telefon</b>		<b>4. Lat./Long. N/S</b>	
				<b>3.2 E-mail</b>		<b>W/E</b>	
<b>5. Kapitän</b> (Master)		<b>6. Reederei</b> (Owner)		<b>7.1 Zielhafen</b> (Port of destination)		<b>7.2 ETA</b>	
<b>8. Type of ship</b>		<b>9. Medikamentenliste</b> (Druglist) <input type="checkbox"/> WHO <small>liste belegen (please attach list to mail)</small> <input type="checkbox"/> A1/2 <input type="checkbox"/> B <input type="checkbox"/> C1/C2		<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>B</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>C</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"/> A lert <input type="checkbox"/> V erbal <input type="checkbox"/> P ain <input type="checkbox"/> U 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. °C</b> oral/axillar/rectal		<b>16.4.3 Verletzungen</b> (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 Symptoms**

**17.1.1**

**17.1.2**



**17.2 Allergies**

**17.3 Medication (previous)**

**17.4 Past Medical History**

**17.5 Last oral Intake**

**17.6 Events prior to Incident**

**18. Verdachtsdiagnose an Bord:** (Suspected diagnosis)

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