

FOR QUERIES RING : DUTY DIVING MEDICAL OFFICER  
 INSTITUTE of NAVAL MEDICINE, HAMPSHIRE, U.K.  
 0044-7-831-151523

1 of 8

MEDICAL-IN-CONFIDENCE

Accident No.

## DIVING ACCIDENT CONSULTATION, EXAMINATION AND TREATMENT RECORD

DATE OF CALL  Time  :  PHONE (  )

NAME OF CALLER

LOCATION OF PATIENT

PATIENT NAME

OCCUPATION

SEX  M  F DATE OF BIRTH

DIVE STATUS  Professional Part I/Part II/Part III/Part IV/Other

(Qualification)  Amateur Novice/Sport Diver/Dive Leader/Advanced Diver/1<sup>st</sup> Class Diver/Instructor (BSAC)

Employer/Club

### DETAILS OF DIVES WITHIN LAST 72 HOURS

Date (D/M/Y)	Start Dive (Time)	Max. Depth (m)	Dive Duration (min)	Dive Profile (Mark)					Decompression Stops Depth (m), Time (min)								Surface Interval (Hours:Minutes)			
				▼	▼	■	▼	?	D	T	D	T	D	T	D	T				

Comments about the dive(s):

TABLE USED  BSAC88 / BSAC / RNPL / RN11 / USN / SAA / NONE / OTHER (NAME)

COMPUTER USED  AladinPro / Monitor2 / Suunto / Skinny Dipper / None / OTHER (NAME)

DECOMPRESSION BY  Table  Computer  Instinct

LOCATION OF DIVE(S)

# HISTORY

## HISTORY of the PRINCIPAL MANIFESTATIONS.

Circle the appropriate symptom(s) and note the TIME (24hr clock) and where necessary, the DATE of ONSET  
Where there is no history of a manifestation or symptom, circle NONE

PAIN	<input checked="" type="checkbox"/> NONE	Time and Date of ONSET
GIRDLE		
JOINT PAIN		
Shoulder	R L	
Elbow	R L	
Wrist	R L	
Hip	R L	
Knee	R L	
Ankle	R L	
Other (specify)		

SKIN	<input checked="" type="checkbox"/> NONE	Time and Date of ONSET
Itching		
Redness		
Marbling		
Other (specify)		
LYMPHATIC	<input checked="" type="checkbox"/> NONE	
Lymph Node	Enlarged/Painful	
Swelling		

NEUROLOGICAL	<input checked="" type="checkbox"/> NONE	Time and Date of ONSET
Level of Consciousness		
Higher Function	Aberration of thought / Loss of memory / Personality change / Dysphasia / Seizure	
Special Senses	Hearing loss / Vertigo / Tinnitus / Nystagmus / Visual impairment	
Strength		
Sensation	Numbness / Paraesthesiae	
Sphincter Function	Bladder / Bowel	

PULMONARY	<input checked="" type="checkbox"/> NONE	Time and Date of ONSET
Cough / SOB / Chest Pain / Haemoptysis / Cyanosis / Subcutaneous Emphysema / Voice Change / Pneumothorax		

CONSTITUTIONAL	<input checked="" type="checkbox"/> NONE	Time and Date of ONSET
Anorexia / Excessive Fatigue / Malaise / Headache / Vomiting		

(3)

**HISTORY**

**NARRATIVE**

[Empty space for narrative history]

**EVOLUTION:** From the history above, summarise the significant changes in each principal manifestation PRIOR TO RECOMPRESSION. These changes may be expressed as: unchanged in intensity (**STATIC**); getting worse (**PROGRESSIVE**); **SPONTANEOUSLY IMPROVING**, getting worse again after a period of substantial improvement (**RELAPSING**); or it may have disappeared completely (**RESOLVED**). If no time interval is specified, it will be assumed that the evolution term used applies to the entire period prior to recompression.

Note the **TIME INTERVAL** (including dates where necessary) of any change.

MANIFESTATION	Time Interval	Evolution	Time Interval	Evolution	Time Interval	Evolution
<i>Example: SKIN</i>	19 Aug 2000-2200	PR	19 Aug 2200-2359	ST	20 Aug 0001-0200	SI

**RELEVANT PAST MEDICAL HISTORY**

State details of any recent medical condition

[Empty space for relevant past medical history]

For Telephone Consultations Only

Diagnosis:  
 Referred to: Chamber / GP / Hospital  
 Details:

If reassured, advice given:

(4)

**EXAMINATION**

Patient examined by

**GENERAL SYSTEMS EXAMINATION**

ENT

Cardiovascular System

Pulmonary System

GI system

Skin

Lymphatic System

**NEUROLOGICAL ASSESSMENT**

Mental Status - Orientation in time / space / memory / mood / cognitive function  
(If abnormal use Mini Mental State Examination shown at Appendix D of INM R97066)

Glasgow Coma Scale Score -		6	5	4	3	2	1
Total	Best Motor Response	Carries out request	Localises to pain	Withdraws to pain	Flexor response to pain	Extensor response to pain	No response to pain
	Best Verbal Response	Orientated		Confused	Inappropriate speech	Incomprehensible speech	None
	Eye opening			Spontaneous	In response to speech	In response to pain	None

**COORDINATION**

Gait Finger/nose

Heel-to-toe Walk Rapid movement

Heel shin slide Romberg

**REFLEXES (Normal, Brisk, Sluggish, Absent)**

Biceps	R	L	Knee	R	L
Triceps	R	L	Ankle	R	L
Supinator	R	L	Plantar	R	L
Abdominal	R	L	Cremaster	R	L

**CRANIAL NERVES**

<b>II</b> Vision / Visual Fields	<b>VIII</b> Hearing
<b>III,IV,VI</b> Pupils / Eye Movements / Nystagmus	<b>IX</b> Mouth /Throat Sensation
<b>V</b> Facial Sensation	<b>X</b> Gag / Palate Movement
Corneal Reflex	<b>XI</b> Shoulder/Neck
<b>VII</b> Facial Expression	<b>XII</b> Tongue

**POWER**

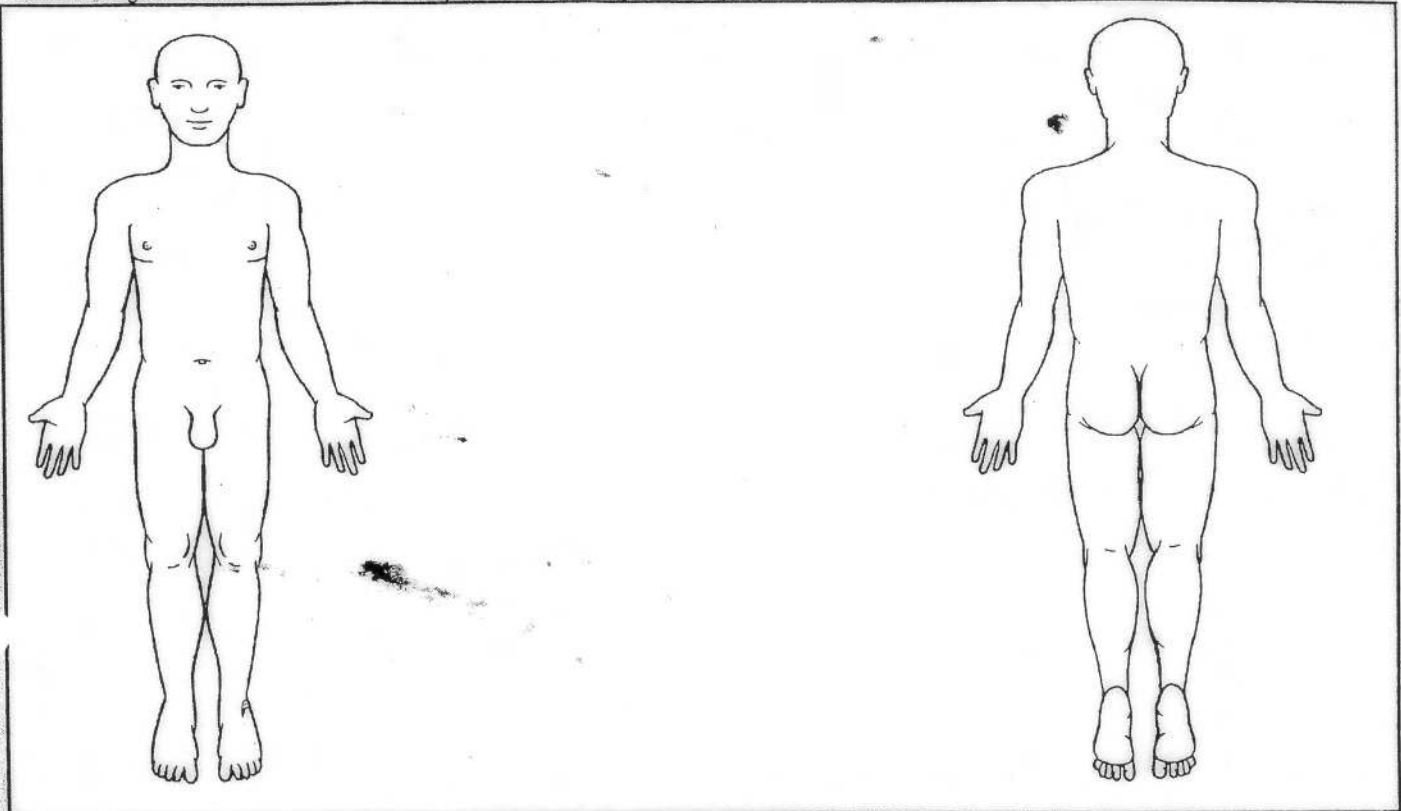
JOINT	R/L	MOVEMENTS (see key)	POWER (see scale) Record Tone as appropriate	MOVEMENT KEY
Shoulder				FLEXion EXTension ABduction ADduction ROTation  <b>POWER SCALE</b>  0 No movement possible 1 A flicker of movement 2 Muscle contracts but can't overcome gravity 3 Can overcome gravity but not the examiner 4 Slight weakness 5 Normal
Elbow				
Wrist				
Fingers				
Hip				
Knee				
Ankle				
Toes				

(2)

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### EXAMINATION

Use the diagram to record location of sensory abnormalities – light touch, pin-prick, temperature sensation, vibration, proprioception etc.



### ADDITIONAL EXAMINATION NOTES

A large empty rectangular box intended for recording additional examination notes.

### DIAGNOSIS(ES)

A large empty rectangular box intended for recording the diagnosis(es).

(6)

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TREATMENT

TREATMENT PRIOR TO RECOMPRESSION

Fluids  None  IV  Oral Volume  ml Type

Oxygen  None Duration  min Inspired pO<sub>2</sub>  % Flow  l/min

Means of Delivery  Oronasal Mask / Nasal Cannulae / Demand System / ET Tube / Other

Drugs: Name, Dose, Route

Transport to Chamber  Air  Road  Sea Date/Time of Arrival at Chamber

Chamber Used

RECOMPRESSION ( Record ALL Recompression Treatments for this incident )

Date	Start Time	Table Description / Profile	Outcome
		RN62 / RN61 / Other (Specify) Extensions 18m x0 x1 x2 Max Depth 9m x0 x1 x2 Duration	Recovered / Improved / Unchanged / Worse / Dead
		RN62 / RN61 / Other (Specify) Extensions 18m x0 x1 x2 Max Depth 9m x0 x1 x2 Duration	Recovered / Improved / Unchanged / Worse / Dead
		RN62 / RN61 / Other (Specify) Extensions 18m x0 x1 x2 Max Depth 9m x0 x1 x2 Duration	Recovered / Improved / Unchanged / Worse / Dead
			Recovered / Improved / Unchanged / Worse / Dead
			Recovered / Improved / Unchanged / Worse / Dead
			Recovered / Improved / Unchanged / Worse / Dead
			Recovered / Improved / Unchanged / Worse / Dead

FLUID BALANCE

Fluid Given	Route	Date/Time	Volume (ml)	Running Total	Fluid Out	Date / Time	Volume (ml)	Running Total
TOTAL IN					TOTAL OUT			

MEDICATION

Drug Name	Dose	Route	Date/Time	Signed

(7)

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TREATMENT

TREATMENT NARRATIVE

Include time to relief of symptoms / signs and whether complete or partial; any problems during treatment, including details of any transfer to alternative tables; the patient's condition at the end of the initial treatment and progress during any retreatment.

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MEDICAL-IN-CONFIDENCE

B7



# SUMMARY

## INVESTIGATIONS

This space is to be used for reporting the results of any investigations

PATIENT DISCHARGED TO

HOME/HOSPITAL/OTHER

PATIENT'S HOME ADDRESS

POST CODE

PHONE

PATIENT'S GENERAL PRACTITIONER

NAME

Unknown

ADDRESS

POST CODE

LETTER SENT TO GP: NO

YES

DATE SENT:

FINAL DIAGNOSIS(ES)

NAME OF DOCTOR

SIGNATURE

DATE

## REVIEW

This space should be used for reporting the patient's condition at subsequent review.