

## 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  (Qualification)	Professional	Part I/Part II/Part III/Part IV/Other	
	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		D

**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

<b>PAIN</b> <span style="float:right">Time and Date of ONSET</span> <input type="checkbox"/> NONE	<b>SKIN</b> <span style="float:right">Time and Date of ONSET</span> <input type="checkbox"/> NONE
GIRDLE JOINT PAIN Shoulder      R L Elbow          R L Wrist           R L Hip             R L Knee            R L Ankle           R L Other (specify)	Itching Redness Marbling Other (specify)
	<b>LYMPHATIC</b> <span style="float:right">Time and Date of ONSET</span> <input type="checkbox"/> NONE Lymph Node    Enlarged/Painful Swelling

<b>NEUROLOGICAL</b> <span style="float:right">Time and Date of ONSET</span> <input type="checkbox"/> NONE
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

<b>PULMONARY</b> <span style="float:right">Time and Date of ONSET</span> <input type="checkbox"/> NONE Cough / SOB / Chest Pain / Haemoptysis / Cyanosis / Subcutaneous Emphysema / Voice Change / Pneumothorax
---

<b>CONSTITUTIONAL</b> <span style="float:right">Time and Date of ONSET</span> <input type="checkbox"/> NONE Anorexia / Excessive Fatigue / Malaise / Headache / Vomiting
--

**HISTORY**

NARRATIVE

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>	<i>19 Aug 2000-2200</i>	<i>PR</i>	<i>19 Aug 2200-2359</i>	<i>ST</i>	<i>20 Aug 0001-0200</i>	<i>SI</i>

**RELEVANT PAST MEDICAL HISTORY**

State details of any recent medical condition

For  
Telephone  
Consultations  
Only

Diagnosis:  
Referred to: Chamber / GP / Hospital  
Details:  
  
If reassured, advice given:

# 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
<b>Total</b>	<b>Best Motor Response</b>	Carries out request	Localises to pain	Withdraws to pain	Flexor response to pain	Extensor response to pain	No response to pain
	<b>Best Verbal Response</b>	Orientated		Confused	Inappropriate speech	Incomprehensible speech	None
	<b>Eye opening</b>			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

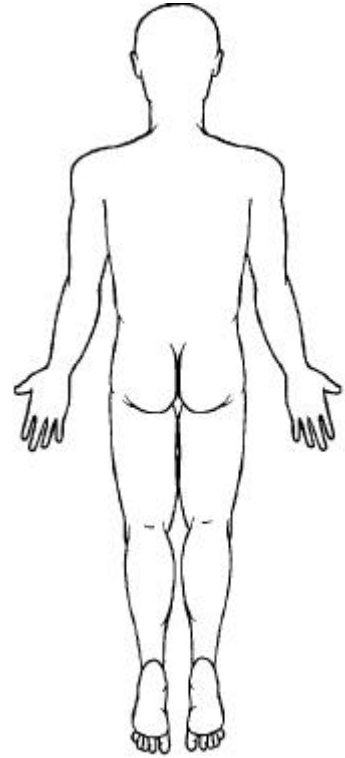
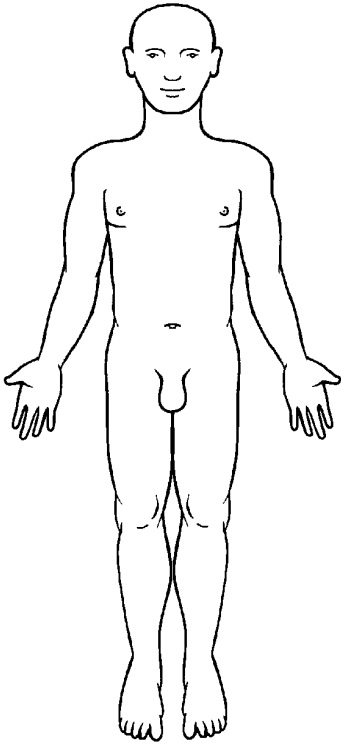
<b>II</b> Vision / Visual Fields	<b>VIII</b> Hearing
<b>III,IV,VI</b> Pupils / Eye Movements / Nystagmus	<b>IX</b> Mouth /Throat Sensation
<b>V</b> Facial Sensation	<b>X</b> Gag / Palate Movement
Corneal Reflex	<b>XI</b> Shoulder/Neck
<b>VII</b> Facial Expression	<b>XII</b> Tongue

## POWER

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

# 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.

# 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

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			

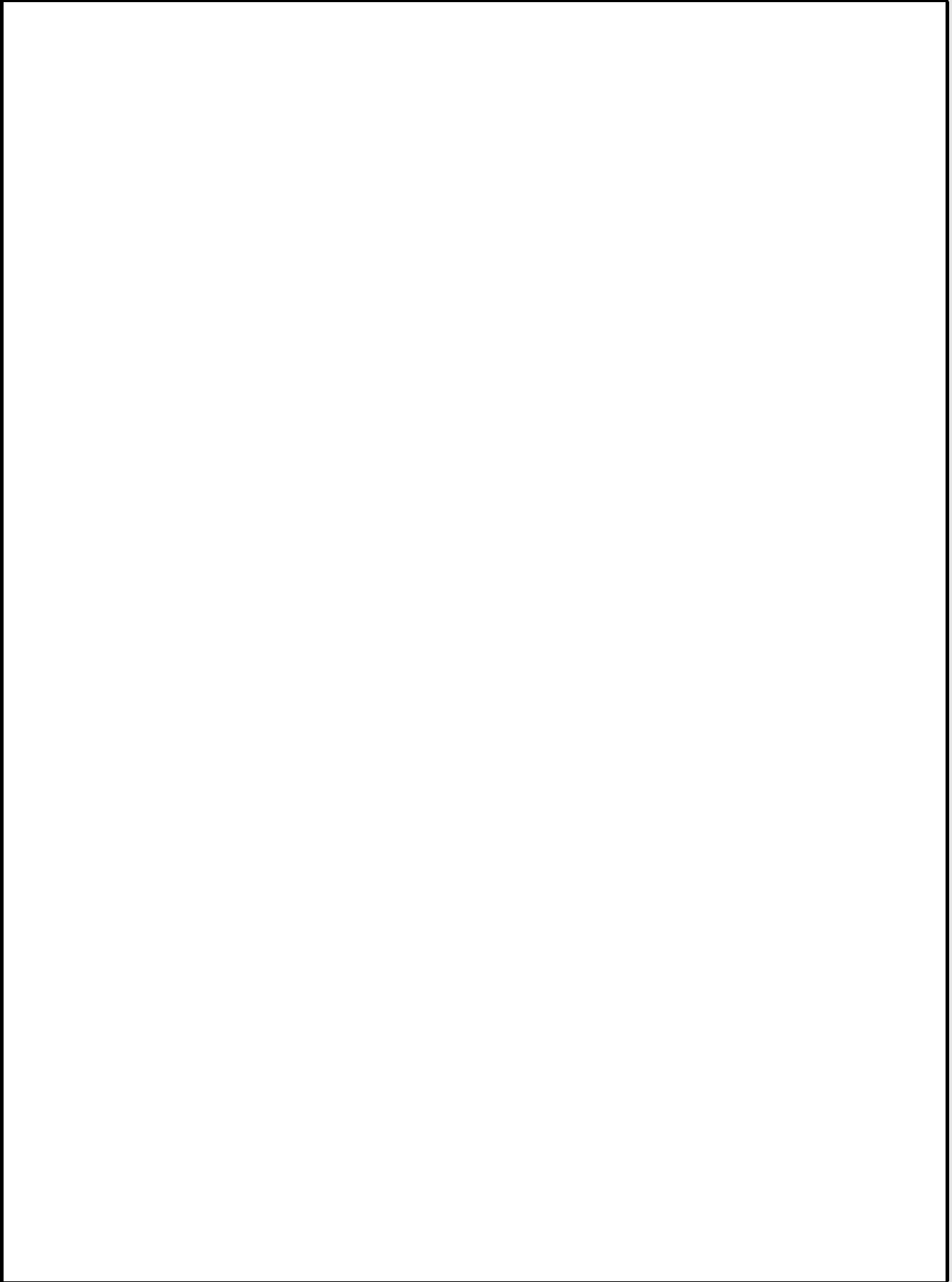
## MEDICATION

Drug Name	Dose	Route	Date/Time	Signed

## 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.



# 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.