

# RMA QUESTIONNAIRE

English, from the ship captain's medical guide

## GENERAL DATA

1. Ship's name, call letters.

2. Position, course, speed, date and time (UTC).

3. Destination, ETA (UTC).

4. Emergency port, ETA (UTC).

5. Medical equipment column A, B or C.

6. Surname of patient.

7. Nationality.

8. Date of birth, age and sex.

9. Job description on board.

10. General practitioner if in the Netherlands.

## ACCIDENT

1. When did the accident occur?

2. What has happened?

3. Is the victim conscious?

Yes                      No

4. Has the victim been unconscious?

Yes                      No

5. Is there any loss of blood?

Yes                      No

6. General impression: anxiety, pain, shortness of breath, sweating, complexion.

7. Pulse, blood pressure, number of respirations per minute, temperature.

8. Describe injuries very precisely. Examine the body from head to toe for possible trauma.

9. Is there a possibility of spinal or neck injury?

Yes                      No

10. What first aid measures have been taken?

11. Has any medication been administered?

Yes                      No

## **ILLNESS OR INJURY**

D.1 When did the complaints start? Did they start suddenly or gradually?

D.2 Has the patient been able to work or is he or she confined to bed?

D.3 Describe all complaints and symptoms in chronological order.

D.4.1 Fatigue, headache, dizziness?

D.4.2 Any disturbances in vision or hearing?

D.4.3 Chest pain? If yes: location, radiation? Pressing, burning or stabbing? Continuous or in episodes?

D.4.4 Palpitations?

D.4.5 Tingling in fingers or around the mouth?

D.4.6 Coughing? Mucus? Wheezing? Pain when breathing deeply?

D.4.7 Abdominal pain? If yes: location, radiation? Pressing, burning or stabbing? Continuous or in episodes?

D.4.8 Appetite? Nausea? Belching? Heartburn?

D.4.9 Vomiting? If yes: blood present?

D.4.10 Last bowel movement? Black? Clay-coloured?

D.4.11 Diarrhoea? If yes: blood? Mucus?

D.4.12 Frequent urination? Pain when urinating? Cloudy urine? Blood in urine?

D.4.13 Any possibility of pregnancy?

D.4.14 Back pain? Pain in arms, legs or joints?

D.4.15 Itching?

D.5 Previous illnesses, use of medication.

D.6 Relevant illnesses in the family.

D.7 Allergies.

D.8 When was the last visit to the tropics?

D.8.1 In which country or countries?

D.9 Does the patient use alcohol or drugs? Does he or she smoke?

D.10 List all medication used since the onset of the illness and the effects.

E.1 Pulse, blood pressure, number of respirations per minute, temperature.

E.2 General impression: ill, anxious, pain, shortness of breath, sweating, complexion, colour of the sclera.

E.3 Swollen glands in the neck, under the jaw, in the armpit or in the groin?

E.4 Describe in detail the examination of the lungs (stethoscope) and the abdomen.

## MISCELLANEOUS

F. Are there any specific questions for the doctor?

**non-urgent assistance:** e-mail: [00@rmd.knrm.nl](mailto:00@rmd.knrm.nl) ➔ Messages are processed from 08:00 (NL time).

**Urgent assistance:** e-mail: [32@rmd.knrm.nl](mailto:32@rmd.knrm.nl) ➔ Immediate alert sent to the doctor, including at night.

**Life-Threatening Assistance:** e-mail: [38@rmd.knrm.nl](mailto:38@rmd.knrm.nl). Always call the Netherlands Coastguard: **+31 88 958 4020** ➔ Maximum alert sent to the doctor, day and night.