Northern Territory Government
Department of Health and Community Services

ALICE SPRINGS REMOTE HEALTH SERVICES
DMO TELEPHONE CONSULTATION

DOCTOR:

DATE	TIME	LOCATION	PHONE NO:	PERSON CALLING	DR ف RN ف AHW ف OTHER ف

PATIENT NAME:	GENDER M / F	WT.	DOB	AGE	HRN

ESCORT NAME:	ESCORT WEIGHT	CONDITION OF AIRSTRIP

EVAC? Y / N TIME TASKED:	FLIGHT NURSE ED TRIAGE RETRIEVAL REG WARD REG
CODE: 1 2 3 IHT	PATS No. OF CALLS: TOTAL TIME:

Story:

Observations:

TIME			
Wt.			
Temp.			
HR			
BP			
RR			
SaO2			
Hb			
BSL			
GCS			
U/A:			

Medical History:

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MEDICATIONS:

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ALLERGIES:

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Diagnosis:

Action/Treatment:

Follow-up:

ICD 9 category:

☐ 01 Infectious disease ☐ 02 Neoplasms ☐ 03 Endocrine, Immunological ,metabolic

☐ 04 Haematology ☐ 05 Psychiatric ☐ 06 Nervous System ☐ 07 Circulatory ☐ 08 Respiratory ☐ 09 Gastrointestinal

☐ 10 Genitourinary ☐ 11 Obstetric / Puerperium ☐ 12 Skin ☐ 13 Musculoskeletal/connective tissue

☐ 14 Congenital ☐ 15 Perinatal ☐ 16 Ill defined ☐ 17 Injury/Poisoning ☐ 99 General health/well being

It is Alice springs Remote Health Services Policy to follow CARPA Standard Treatment Guidelines