

| <b>Aerial Medical Service Telephone Consultation Record v10</b>  |  |   |                   | <b>Consult Number:</b>  |  |                      |                    |
|--|--|---|-------------------|---|--|----------------------|--------------------|
| <b>DATE</b><br>/ /   |  | <b>TIME Call Rec'd : Time first answered</b><br>: |                   | <b>DMO</b>  |  |                      |                    |
| <b>LOCATION</b>  |  | Caller:<br>AHW MO RN OTHER _ _ _ _ _              |                   | Resident GP on site?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                      |                    |
| <b>NAME</b>  |  |   | <b>DOB</b><br>/ / |   | <b>HRN</b>   |                      |                    |
|  |  |   |                   |   | Time   |                      |                    |
|  |  |   |                   |   | Temp   |                      |                    |
|  |  |   |                   |   | Pulse  |                      |                    |
|  |  |   |                   |   | BP   |                      |                    |
|  |  |   |                   |   | Resp   |                      |                    |
|  |  |   |                   |   | O2 Sat<br>r/a L/m  |                      |                    |
|  |  |   |                   |   | BGL  |                      |                    |
|  |  |   |                   |   | Hb   |                      |                    |
|  |  |   |                   |   | U/A prot<br>bld leuc   |                      |                    |
|  |  |   |                   |   | WT   | FHR                  |                    |
|  |  |   |                   |   | PMH  |                      |                    |
|  |  |   |                   |   |  |                      |                    |
|  |  |   |                   |   |  |                      |                    |
|  |  |   |                   |   |  |                      |                    |
|  |  |   |                   |   |  |                      |                    |
|  |  |   |                   |   | MEDICATIONS  |                      |                    |
|  |  |   |                   |   |  |                      |                    |
|  |  |   |                   |   |  |                      |                    |
|  |  |   |                   |   |  |                      |                    |
|  |  |   |                   |   | ALLERGIES  |                      |                    |
| <b>Provisional Diagnosis and Severity</b>  |  |   |                   |   | AMS CNC / Aircraft   |                      |                    |
| Flight: Initiated from base <input type="checkbox"/> Add to planned flight <input type="checkbox"/> Divert flight in progress <input type="checkbox"/> Emerg Divn <input type="checkbox"/> |  |   |                   |   | DAM3 KAM5 GAM7   |                      |                    |
| Destn Hosp: RDH Kath Gove If diversion: sat phone / message via h/c / message FS   |  |   |                   |   | Tasking time: by:-   |                      |                    |
| Reason for Hospital  |  |   |                   |   | DMO <input type="checkbox"/> or Tasking Coord <input type="checkbox"/> |                      |                    |
| <b>Clinical Category : 1 2 3 4 5</b><br>If changed, to what: C 1 2 3 4 5<br>Why?   |  | <b>FLIGHT DR YES / NO</b><br>Who:                 |                   | <b>AIRSTRIP: Y / N</b>  |  | <b>LIGHTS: Y / N</b> | <b>Blood Y / N</b> |
| <b>MODE OF EVACUATION</b>  |  | Other Staff                                       |                   | <b>Ideal Time Dept</b>  |  | <b>ETA Gv Tn Dn</b>  |                    |
| AMS AIRCRAFT <input type="checkbox"/>  |  | ESCORT  |                   | <b>Actual Time Dept</b>   |  |                      |                    |
| COMMERCIAL AIRCRAFT <input type="checkbox"/>   |  | Requested YES / NO                                |                   | <b>NOTIFICATION</b>   |  | <b>Who:</b>          |                    |
| COMMERCIAL FERRY <input type="checkbox"/>  |  | Approved YES / NO                                 |                   | <b>EMERGENCY DEPT</b> <input type="checkbox"/>                                      |  |                      |                    |
| SJA <input type="checkbox"/> Health Centre Ambulance <input type="checkbox"/>  |  | Why?  |                   | <b>REGISTRAR</b> <input type="checkbox"/>   |  |                      |                    |
| OTHER <input type="checkbox"/>   |  | Who?  |                   | <b>PATS OFFICE</b> <input type="checkbox"/>   |  |                      |                    |

Handover details: Flight in progress / Flight pending / Not yet initiated / Manage remotely

Handover to: \_\_\_\_\_

Sign \_\_\_\_\_ Completed on shift Y / N