CAPE 2RIO 2025
START 27 DEC

www.cape2riorace.co.za
www.rcyc.co.za

TMAS Request Form

CAPE TO RIO RACE 2025 MEDICAL TRAINING PROGRAMME	
TITLE:	**TELEMEDICINE AT SEA (TMAS) REQUEST FOR RADIO MEDICAL ADVICE**
REVIEWED:	**DECEMBER 2019**

Please be prepared to provide some or all of the following information to any medical personnel when medical assistance is requested. Please keep communication as concise as possible. The information provided on this form is strictly confidential and should not be shared beyond the relevant race officials, Maritime Rescue Co-ordination Centre (MRCC), National Sea Rescue Institute (NSRI), South African Navy or other sea rescue agencies.

1: VESSEL PARTICULARS AND NATURE OF ADVICE REQUIRED:				
Vessel name:				
MMSI No:			Callsign:	
Vessel position:	Lat:		Long:	
Destination:			ETA:	
Call initiated:	Date:		Time:	
Type of incident:	Injury/trauma/burns		Medical condition	

2: PATIENT PARTICULARS:					
Patient name:					
Patient age:			Patient gender:	Male	Female
Date of birth:	YY	MM DD	RSA ID/Passport:		
Role on board:					

3: CHIEF (PRESENTING) COMPLAINT: What is the emergency?		
Date and time of injury or 1st onset of symptoms:	Date:	
	Time:	
Details of complaint: (Mechanism/nature)	MOI: Mechanism of injury	NOI: Nature of illness
	Eg: Fall from height, tripped on deck, high-impact injury (hit by boom), man overboard, burns, explosion, etc.	Eg: Vomiting, diarrhoea, chest pain, abdominal cramps, fever, headache, cough, shortness of breath, etc.

Presenting Complaint: →	

4: PAIN HISTORY: OPQRST: For pain related to 'medical' complaints and not trauma	
The questions below are not all relevant to injury or trauma, but relate to pain associated with 'medical' conditions such as chest pain and abdominal pain.	
Onset:	When did the pain start? What were you doing when the pain started? Was it of sudden or gradual onset?
Provocation:	Is there anything that makes the pain better or worse – like movement, changing posture or breathing more deeply or shallowly?
Quality:	Is it squeezing or crushing in nature, burning, dull, not well localised to a specific spot, or is it sharp, stabbing (like a needle) and well localised to a specific place? Is it constant, or does it fluctuate in intensity, or is it cramping in nature?
Radiation:	Where does it start – chest, abdomen, lower back, etc? Does it radiate anywhere – to jaw, arm, back, shoulder blade, groin?
Severity:	Rate the pain from 1 to 10; 0 being no pain and 10 being the worst possible pain you have ever experienced, or think you could tolerate.
Time:	When did the pain start, and for how long has it been present?

5: EVENT HISTORY: Events leading up to the Chief (presenting) Complaint:

[History provides 90% of the diagnosis in the vast majority of medical emergencies]

6: PAST MEDICAL HISTORY:				
The information contained in this section on medical history (except for last oral intake) should already be in the possession of the Race Committee (Crisis Management Group).				
SAMPLE History mnemonic (memory jogger – checklist):				
• **S**ymptoms – where does it hurt; what's wrong? • **A**llergies – Medic Alert bracelet? • **M**edications – prescribed and over-the-counter (OTC)			• **P**ast medical and surgical history • **L**ast meal • **E**vents leading up to present situation	
Comorbid medical conditions:	Asthma, epilepsy, diabetes, high blood pressure, heart disease, HIV, TB, rheumatoid arthritis, thyroid disorders, etc.			
Pregnancy:	Sexually active?	Y/N	Last menstrual period:	
Medication:	Include all regular prescription medication, over-the-counter (OTC) medication (such as Grandpa headache powders, aspirin, etc.), homeopathic preparations (eg. St. John's Wort) and any recreational substance use.			
Previous surgery: (Operations)				
Smoking history:	Approximate or average number of cigarettes per day over how many years?			
	No. of cigarettes per day:		Number of years:	
Alcohol history:	One unit of alcohol = 1 glass of wine; one beer; 25ml tot of spirits.			
	Estimate average units consumed per week for past month:			

Allergies:	Medication, food and other known allergies or sensitivities.			
Last oral intake:	Date:		Time:	

7: TRAVEL HISTORY:
Countries, ports, towns, cities and regions visited in the past month:

8: PATIENT EXAMINATION:						
NB: *Consider sending photographs to assist emergency doctor in patient assessment*						
General impression:	Patient conscious or semi-conscious, comfortable or uncomfortable, appears distressed or not distressed, in severe pain, writhing, curled up, fever, pallor, etc.					
	Temp ^{o}C:		Blood sugar level if diabetic:			
Level of consciousness (AVPU)	**A**: Alert = patient opens eyes spontaneously					
	V: Voice = patient responds to voice					
	P: Patient responds to painful stimulus					
	U: Unresponsive/ unconscious					
Orientation (TPPE)	Oriented to time (time of day, day of week, month)					
	Oriented to place (knows where they are)					
	Oriented to person (knows who you are)					
	Oriented to event (knows what happened)					
Glasgow Coma Scale (optional):	Eye opening:		Verbal response:		Motor response:	
Pupil size and reaction to light						
Airway patency:	Breathing without obstruction – no snoring, wheezing, gurgling sounds					

Throat, trachea (windpipe)	Breathing appears obstructed – noisy breathing sounds					
Breathing:	Skin colour:	Normal		Blue tinge (cyanosis)		
	Breathing rate:	/min	Oxygen saturation:	%		
	Quality:	Appears undistressed – normal breathing		Appears distressed Air hunger/gasping		
Breathing: (Continued)	Quality (cont'd):	Nasal flaring		Using accessory muscles		
		Wheezing		Other noisy breathing		
	Breathing depth (Chest rise):	Appears to be normal	Appears to be shallow	Appears to be deep		
Circulation:	Heart rate:	Pulse beats/min:				
	Pulse quality:	Normal	Weak	Bounding (strong)		
	Heart rhythm:	Regular pulse		Irregular pulse		
	Blood pressure:	Systolic:		Diastolic:		
	Skin:	Normal	Cool	Warm	Clammy	Sweating
	Pallor:	Tongue/membranes of lower eyelid appear normal		Tongue/membranes of lower eyelid appear pale		
Abdomen:	Appears normal, not distended – patient not complaining of abdominal pain; no pain elicited on pressing deeply (palpation)					
	Abdomen appears more distended than normal					
	Abdominal wall feels tense or rigid, pain on deep palpation					
	Rebound tenderness – caution – painful to illicit					
	Abdominal pain so severe patient will not allow examination					
	Pulsatile mass palpated in abdomen					
	Bowel motion up until recently:	Normal	Abnormal			
	Details:					
	Other:	Vomiting; Rectal bleeding – red blood or black, tarry stools				
Hydration status:	Is patient able to take fluids and food by mouth without a problem?				Yes	No
	Is patient passing normal volumes of urine of normal light straw colour (or is urine abnormally dark)?				Yes	No

	Details:			
	Does the patient's tongue appear to have a normal wet sheen appearance to its surface or is it dry and parched?		Nor-mal	Dry
	Skin turgor (elasticity): Assess skin turgor by lightly pinching a fold of skin between thumb and forefinger and then release skin			
	Normal turgor (elasticity)	Increased turgor (↓ elasticity)		
Musculoskeletal system (Muscles, bones, joints)	Arms, legs, shoulders, clavicles (collar bones), hips, pelvis, etc. Report on (1) deformity, (2) ability or inability to move affected limb/s, (3) reduced strength/power (4) reduced sensation, (5) presence or absence of distal pulses.			

9: TREATMENT ON BOARD THUS FAR:

10: PATIENT'S RESPONSE TO ON BOARD TREATMENT THUS FAR:

11: LEVEL OF EMERGENCY CARE SKILLS ON BOARD:	
Elementary first aid STCW A-VI/1-3 or Medical first aid STCW A-VI/4-1	

Medical Care STCW A-VI/4-2 (previously known as Ship Captains' Medical Course)	
Basic Life Support	
Intermediate Life Support	
Advanced Life Support (paramedic)	
Registered professional nurse	
Medical doctor	

12: EQUIPMENT ON BOARD:	
Airway intervention devices	
Oxygen administration	
Intravenous access, intravenous fluids and drugs, including intramuscular drugs	
Scheduled (controlled) drugs available (opioid-based analgesics, strong sedatives)	
Cardiac monitoring and defibrillation	
Ventilation	

NOTES ON COMPLETION OF THE TELEMEDICINE AT SEA (TMAS)/REQUEST FOR RADIO MEDICAL ADVICE FORM:

1. Not every section will need to be completed for every type of emergency.
2. The Race Committee and Crisis Management Group should be in possession of all of the information requested in Section 6 (Past Medical History).
3. Medical emergencies vs trauma (injuries) has slightly different information requirements, and will therefore place emphasis on different sections of the form.
4. For example, the level of detail regarding pain as requested in Section 4 (Pain History) will not be required for a trauma patient, but will be required for someone suffering from chest or abdominal pain.
5. Similarly, a Travel History (Section 7) will not be required for a trauma patient, but will be required for a crew member reporting fever mid-ocean (as, for example, malaria or bilharzia may present mid-ocean after a crew member has recently visited a country like Mozambique).
6. It may not be practical to complete the above form in the middle of a raging storm with severe injury or illness on board, and you may not have the technology to transmit the form, but the form will at least provide skippers and crews with the type and depth of information that may be requested of them, during a medical emergency at sea.
7. Similarly, the form will give an indication of the diagnostic skills required of a first-aider on board a vessel doing a trans-Atlantic crossing – for example, being able to take an accurate temperature reading, assess a pulse with confidence, measure blood pressure, assess a tender abdomen, and be able to adequately assess hydration status and pallor.

8. In the midst of a medical emergency, you are going to be the doctor's hands, eyes and ears – and you need to have the necessary skills in order to make a meaningful difference to the patient's outcome.
9. When in doubt about assessing hydration status or pallor, for example, you may compare your clinical findings against other healthy crew members.
10. Don't forget – if your communication technology allows – to send photographs to assist the emergency services doctor in reaching the correct diagnosis, in order that he or she may offer the best possible advice.

END