**Medical management questionnaire (preparation of the medical record)**

This questionnaire must be completed as quickly as possible. A sheet must be filled out for each victim giving a precise description of the circumstances of the event and all the necessary listed information.

**Victim's identification data** (including the AMP patient number and the SINUS, SI‑VIC tag):

**Name of the physician or nurse** who administered the questionnaire:

**Date and time it was filled out:**

***Part 1: General medical management***

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| 1- **Pathology and treatment:** Glasgow Coma Score:Dominant pathologies: Absolute Urgencies – AU Relative Urgencies – RU burned poisoned blast fracture.s skull thorax abdomen spine polytraumatised other chemical, biological, radiological, nuclear (CBRN) risk specify:  |
| **Diagnosis and treatment :**peripheral venous catheter intraosteal route tourniquet intubated  |
| **Development:**improvement stabilisation aggravation (AU / RU / DECD)  |
| **2- Transport and destination/**medicalised non-medicalised  |
| destination:  |
| service:  |
| means of transport: |
| time: |
| Place to fill the follower card (Victim Assembly Area – VAA / Advanced Medical Post – AMP / triage) : |
| **3- Medical surveillance and development :**clinical:samples:therapeutic: |

***Part 2: Radiological management (radiological evaluation sheet)***

**Required information list:**

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| --- |
| **4- Acute radiation:** yes no date and time:type of radiation (gamma/X-ray, neutrons): whole body and/or localised (part of body) :estimated dose in gray (Gy): diagram showing positioning with respect to the source. |
| **5-** Headaches and/or impaired consciousness:yes no date and time: |
| 6- Early erythema: yes no location:date and time: |
| **7- Nausea and/or vomiting and/or diarrhoea:** yes no date and time: |
| **8- Hyperthermia:**yes no date and time: |
| **9- Guidance:**total estimated dose (gamma/X-ray + neutrons) < 1 Gy monitoring by:total estimated dose (gamma/X-ray + neutrons) > 1 Gy Hospital |
| **10- Associated chemical risk:**yes no Chemical agents concerned:  |
| **11- External contamination:**yes no if yes, indicate the contaminated zone |
| **12- Emergency decontamination:**yes no date and time: |
| **13- Full decontamination performed:**yes no date and time: |
| **14- Residual external contamination**: yes no detected or suspected radionuclides: *Diagram of the residual contamination* |
| **15- Internal contamination suspected**: yes no  |
| **16- Internal contamination:**measured by in-vivo radiation measurement: yes no radionuclides and activities measured:suspected: yes no radionuclides : |
| **17- Contaminated wound:**yes no location |

|  |
| --- |
| **18- Measurements – samples**: |
| **Date** | **Time** |  | **DONE** | **TO DO** |
|  |  | time-stamped radiation measurement  | yes no  | yes no  |
|  |  | time-stamped urine radiotoxicology | yes no  | yes no  |
|  |  | time-stamped nostril sampling  | yes no  | yes no  |
|  |  | skin appendage sampling indicating location (or time-stamped) | yes no  | yes no  |
|  |  | time-stamped blood samples | yes no  | yes no  |
|  |  | complete blood count (CBC), platelets, reticulocytes | yes no  | yes no  |
|  |  | haemostasis biochemistry enzymology | yes no  | yes no  |
|  |  | sodium-24 | yes no  | yes no  |
|  |  | phenotyping of the erythrocytes (red blood cells) | yes no  | yes no  |
|  |  | HLA class I and II typing | yes no  | yes no  |
|  |  | chromosomal aberrations | yes no  | yes no  |

|  |  |  |  |
| --- | --- | --- | --- |
| **19- Internal contamination treatment** | **YES / NO** | **TIME** | **DOSAGE** |
| Potassium iodide:This treatment is administered as quickly as possible in cases of internal contamination by radioactive iodine. | oui non  |  |  |
| Radiogardase® | oui non  |  |  |
| Ca‑DTPA administered by slow IV injection or perfusion | oui non  |  |  |
| Ca-DTPA by inhalation | oui non  |  |  |
| DTPA on contaminated wound: one or more vials | oui non  |  |  |