



DIVE ACCIDENT CHECKLISTS



Escambia County, Florida - ALS/BLS Medical Protocol

DIVE HISTORY / PROFILE

Complete as much as possible.

1. Type of Dive: Rescue ____ Commercial ____ Recreational ____
2. Type of Gas Used: Compressed Air ____ Nitrox ____ Heliox ____ Other _____
3. Water Type: Contaminated ____ Fresh ____ Salt ____
4. Water Temperature: _____
5. Number of Dives in the Past Several Days: _____

List Each Dive With:

Maximum Depth	Bottom Time	Surface Interval
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Time of Last Ascent: _____
7. Did Diver: Panic ____ Emergency Ascend ____ Run Out of Air ____
Hold Breath Upon Ascent ____ Miss a Decompression Stop(s) ____
8. Problems During Dive: (eg. Buoyancy, Clearing Ears, Equipment)

9. Possible Contact with Dangerous Marine Life: _____
10. Fly After Diving: _____ How Long After: _____
11. Alcohol Ingestion: ____ When: ____ Quantity: _____
12. Dive Workload: (eg. Currents, Hard Work, Over Weighted)

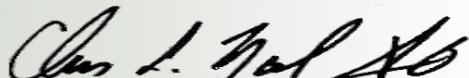
13. Any Post Dive Physical Activity:



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14. Dive Buddy: _____ Is He Present _____ Name and Phone Number

15. Other Witnesses (Names and Phone Numbers):

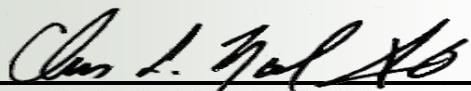
16. Statements and Other Information:



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DIVE ACCIDENT - SIGNS AND SYMPTOMS

Enter "Y" (yes) or "N" (no), Explain Where Needed

1a) Joint Pain _____ 1b) Location _____

2a) Head Pain _____ 2b) Location _____

3a) Chest Pain _____ 3b) Location _____

3c) Increase with Inspiration or Cough _____ 3d) Radiates _____

3e) Location _____

4a) Abdominal Pain _____ 4b) Encircling Pain _____

5a) Unconsciousness _____ 5b) When _____

6a) Difficulty Breathing _____ 6b) Rapid Respirations _____

7) Convulsions _____

8) Confused / Disoriented _____

9) Extremity Edema _____

10a) Rash _____ 10b) Blotching _____ 10c) Itching _____

11) Shock _____

12) Weakness / Fatigue _____

13a) Numbness _____ 13b) Tingling _____ 13c) Decreased Sensation _____

13d) Location _____

14a) Faintness _____ 14b) Dizziness _____

15a) Difficulty Urinating _____

15b) Difficulty Moving Bowels _____

16a) Difficulty Hearing _____ 16b) Which Ear _____

17a) Difficulty Speaking _____ 17b) Facial Droop _____ 17c) Which Side _____



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18a) Staggering _____ 18b) Paralysis 18c) Location _____

19) Visual Disturbances _____

20a) Apnea _____ 20b) Bloody Froth From Mouth _____ 20c) Cough _____

21a) Cyanosis _____ 21b) Location _____

22a) Feeling of Blow to Chest During Dive _____ 22b) When _____



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DIVE ACCIDENT - RAPID FIELD NEURO EXAM RECORD

ANSWER YES OR NO

Mental Status: Does he/she know:

- 1a) His/her name? _____
- 1b) Where he/she is? _____
- 1c) Time of day? _____
- 1d) Most recent activity? _____
- 1e) Speech is clear, correct? _____

Sight:

- 2a) Correctly counts fingers? _____
- 2b) Vision clear? _____

Eye Movement:

- 3a) Move all four directions? _____
- 3b) Nystagmus absent? _____

Facial Movements:

- 4a) Teeth clench OK? _____
- 4b) Able to wrinkle forehead? _____
- 4c) Tongue moves all directions? _____
- 4d) Smile symmetrical? _____

Head/Shoulder Movements:

- 5a) Adam's Apple moves? _____
- 5b) Shoulder shrug normal, equal? _____
- 5c) Head movements normal, equal? _____

Hearing:

- 6a) Normal for that diver? _____
- 6b) Equal both ears? _____

Sensations: Present, normal and symmetrical across:

- 7a) Face _____
- 7b) Chest _____
- 7c) Abdomen _____
- 7d) Arms (front) _____
- 7e) Hands _____
- 7f) Legs (front) _____
- 7g) Feet _____
- 7h) Back _____
- 7i) Arms (back) _____



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- 7j) Buttocks _____
7k) Legs (back) _____

Muscle Tone: Present, normal and symmetrical for:

- 8a) Arms _____
8b) Legs _____
8c) Hand grips _____
8d) Feet _____

Balance and Coordination:

- 9a) Romberg OK? _____
9b) If supine: Heel-shin slide OK? _____
9c) Alternating hand movements OK? _____



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