Rapid Diver Assessment Form

Casualty's Name:

Date : / /20

Time

Dive History						
Gas Mix :	i	# Of Dives Today	Max Depth	Total Dive Time	Bottom Time	Dive Schedule
			mt	min	min	
Symptoms Onset :		Acute / Chronic	Time Of Onset :	Before Dive / During A	scent / At Surface	/ mins after Surfacing
Evolution Of Symptoms: Progressiv		ve / Static	/ Spontaneously Imp	roving / Relaps	sing / Resolved	
Symptoms:		Neurological / A	udio-Vestibular /	Constitutional / Limb	Pain / Pulmonary	/ Cutaneous / Lymphatic
P.M.H. / previous D.C	C.I.					

Mental Status				
Where is the current location ?		1		
What is their Date of Birth ?		1		
What is their Age?		1		
What Time is it ?	To nearest Hour	1		
What is the Year ?		1		
Remember an Address	52 Old St, (repeat back at end of test)	1		
Recognition of two persons	Show photograph of 2 famous people	1		
What Year did World War Two end ?	1945!	1		
Name of the Prime Minister ?	In THEIR country	1		
Count backwards from 20 to 1		1		
Abbreviated Mental Test Score (AMTS)				

Coordination				
Tick (✔) if normal (≭) if not.				
Romberg Test Sharpened	Eyes open & closed. Arms crossed. Heel to toe.			
Heel to Toe Test	Walks a line			
Finger to Nose Test	Both hands, eyes closed			
Rapid Movement Test	Thumb to fingers 1st 2nd, 3rd, 4th, 1st , Eyes closed.			

Muscle Power

- If uncertain about grading, use '0' for nothing, '5' for normal or 'Ab' for abnormal.
- 0 = Nothing (absent) 1 = Tiny flicker of movement

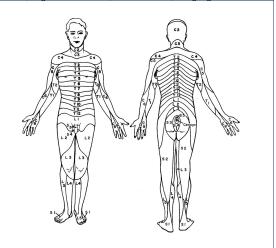
- 2 = Movement but not against gravity 3 = Moves against gravity but not examiner 4 = Pushes against examiner but not normal strength 5 = Normal

Movement in brackets to be performed by patient			Rt	
Upper Body				
Shoulder	Abduction: Arms, push down Adduction: Arms, pull up			
Tricep Reflex	Strike the tendon on the tendon just above the elbow. The tricep should twitch			
Bicep Reflex	Hand on abdomen. Your index finger in elbow joint and tap forefinger. (elicit a tendon jerk.)			
Elbow	Extension: Bent elbows, push Flexion : Bent elbows, Pull			
Finger Spread	Strength against resistance			
Wrist Strength	Fingers out straight			
Grip Strength	Use two of your fingers			
	Lower Body			
Hip Flexion	Flexion: Legs, pull up Extension: Legs, push down			
Patellar Reflex	Legs dangling, tap just below knee-cap			
Ankle	Extension: Foot, push down Flexion : Toes, pull up			
Achilles Reflex	Foot flexed, pressure applied, on sole,			
Plantar Reflex	Firm stroke lateral aspect from foot -base of big- toe. Abnormal if toes extends or fan.			

	Cranial Nerves			
Tick (✓) if normal (*) if not				
Smell Optional in acute setting	Test familiar smell (eg Coffee)			
Vision	Still head, Finger Count & sign reading, look for nystagmus at extremes of H Shape			
Visual Fields	Finger Wiggle, Diagonal from extreme of visual field inwards.			
Pupils	P.E.R.L.			
Face (V, VII)				
Movement	Scrunch eyes & try to pry open. Blow out cheeks. Clench teeth & open mouth against resistance.			
Sensation	Light touch in ophthalmic / maxillary / mandibles			
Hearing	Rub your fingers next to their ears. Compare their hearing with yours.			
	Vagus ^(X)			
Vagal Test	Say AHHH, note if palette rises. Observe for hoarseness			
	Neck ^(XI)			
Twisting neck	Against resistance, get them to try & maintain a midline			
Shoulder Shrug	Against resistance.			
Mouth ^(XII)				
Tongue	Stick out tongue to ensure it is midline			
Gag Reflex Optional in acute setting	Touch back of throat with tongue depressor.			

Sensation

Shade / Code area of altered sensation relating to spinal nerves. Pain = P, Light Touch = L.T., Vibration = V, Tingling = T



Notes

