

Rapid Diver Assessment Form

Casualty's Name: Date : / /20 Time:.....

Dive History					
Gas Mix :	# Of Dives Today	Max Depth	Total Dive Time	Bottom Time	Dive Schedule
.....mtminmin
Symptoms Onset :	Acute / Chronic	Time Of Onset :	Before Dive / During Ascent / At Surface / mins after Surfacing		
Evolution Of Symptoms:	Progressive / Static / Spontaneously Improving / Relapsing / Resolved				
Symptoms:	Neurological / Audio-Vestibular / Constitutional / Limb Pain / Pulmonary / Cutaneous / Lymphatic				
P.M.H. / previous D.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)		10

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 1 st , 2 nd , 3 rd , 4 th , 1 st , Eyes closed.	

Muscle Power			
<p>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</p>			
<i>Movement in brackets to be performed by patient</i>		Lt	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		
Nose ^(I)		
Smell	Test familiar smell (eg Coffee)	
<small>Optional in acute setting</small>		
Eyes ^(II, III, IV, VI)		
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	
Ears ^(VIII)		
Hearing	Rub your fingers next to their ears. Compare their hearing with yours.	
Vagus ^(X)		
Vagal Test	Say AH HH, 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	Touch back of throat with tongue depressor.	
<small>Optional in acute setting</small>		

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

Notes