

**DIVE ACCIDENT NOTES**

Patient's Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Describe pain/numbness: \_\_\_\_\_

**HISTORY**

Number of dives in past 24 hours: \_\_\_\_\_ Depth of last dive(ft): \_\_\_\_\_ Duration: \_\_\_\_\_

Symptoms notice before, during, or after the dive? \_\_\_\_\_

If during the dive, was it while descending, at depth, or ascending? \_\_\_\_\_

Symptoms increased or decreased since first noticed? \_\_\_\_\_

Other symptoms since onset? Describe. \_\_\_\_\_

Experienced similar symptoms before: \_\_\_\_\_

Ever previously had DCS or air embolism? \_\_\_\_\_ If yes, when: \_\_\_\_\_

**VITALS**

Time	Pulse (beats/min)	Breathing (breaths/min)	AVPU (Alert,Verbal,Pain,Unresponsive)

Time started on Oxygen: \_\_\_\_\_

Calls placed (Check the appropriate boxes): 9-1-1  DAN  Kuakini  DSO

Diver's Alert Network suggestions for treatment: \_\_\_\_\_

Data recorded by: \_\_\_\_\_ Contact Phone: \_\_\_\_\_