## **PATIENT UNIFIED FORM**

for

## RADIATION INCIDENT EMERGENCY MEDICAL MANAGEMENT

1	PATIENT INFO				
	Name			Identity Card	
				No/Passport	
	Age			Sex	
	Current complaint				
2			History & ev	ont	
	Description of		Thistory & eve		
	incident				
	Time of Incident				
	A1	TENDING	HEALTH/MI	EDICAL PHYS	ICIST
		Name:		Designatio	n:
3		Determine ei	ther Contaminat	ed or Exposure on	ly
	Radiological Survey	(state name &	position)		
	perfomed by :				
	Contoninated				
	Contaminated or Exposure				
	Survey findings				
	Sarvey manigs		Findings	Comments/a	dded information:
		Type of ray/		Comments/at	dued information .
		radiation			
		source			
		Energy of			
		ray/source		_	
		Dose			
		rate/activity Safe			
		distance			
	ATTENDING EMERGENCY MEDICINE DOCTOR				
	AIII		VILIGLIACI		
1		Name:	Communication of C	Designatio	n:
4	Gastrointestinal		Symptoms & S	oigns	
	Symptoms		Mark 'V' if yes	State Time of	
	,p			symptom	
		Nausea			
		Vomiting			
		Others			
		(Please			
		state)			

	Cardiovascular					
	Symptoms		Mark 'V' if yes			
		tachycardia				
		hypotension				
		Others				
		(Please				
		-				
		state)				
	<b>Skin</b> symptoms					
			Mark '√' if yes			
		erythema				
		exfoliation				
		ulcer				
		Others				
		(Please				
		-				
		state)				
	Other symptoms					
	(please state)					
5		Та	ke & Send Investi	gations		
	Full Blood Count	·	ke a sena mvesti	Battons		
			NA		Level	
	with differentials		Mark '√' if yes	Hemoglobin		
		Taken &		White cell		
		sent		count		
				platelet		
				НСТ		
				Lymphocytes		
				count		
	Renal Profile					
			Mark 'V' if yes		Level	
		Taken &	,	Urea		
		sent		Na		
		30110		K		
				Creatinine		
	Thursid Function					
	Thyroid Function		NA - 1 ( U 'C		Lovel	
	Test		Mark 'V' if yes	TOLL	Level	
		Taken &		TSH		
		sent		T3		
				T4		
				1		
	Liver Function Test					
	Liver Function Test		Mark '\' if yes		Level	
	Liver Function Test	Takan 9	Mark 'V' if yes	AST	Level	
	Liver Function Test	Taken &	Mark 'V' if yes	AST	Level	
	Liver Function Test	Taken & sent	Mark 'V' if yes	AST ALP	Level	
	Liver Function Test		Mark 'V' if yes		Level	
	Liver Function Test		Mark 'V' if yes		Level	

	Blood sample for biodosimetry	Mark 'V' if yes	Report
		sent	
	A TTCNIC	NAIC BAEDICAL /INITEDAL	AL MEDICINE DOCTOR
	ATTEND	DING MEDICAL/INTERN Name:	
6	ATTEND	Name:	Designation :
6	ATTEND Absolute		Designation :
6		Name:  Monitor hematopoid	Designation :
6	Absolute	Name:  Monitor hematopoie  Day  Level	Designation : etic Effect  Monitor this daily on
6	Absolute	Name:  Monitor hematopoid  Day Level  1	Designation : etic Effect  Monitor this daily on
6	Absolute	Name:  Monitor hematopoie  Day Level  1 2	Designation : etic Effect  Monitor this daily on
6	Absolute	Name:  Monitor hematopoie  Day Level 1 2 3	Designation : etic Effect  Monitor this daily on
6	Absolute	Name:  Monitor hematopoid  Day Level  1 2 3 4	Designation : etic Effect  Monitor this daily on
6	Absolute	Name:  Monitor hematopoie  Day Level 1 2 3	Designation : etic Effect  Monitor this daily on
6	Absolute	Name:  Monitor hematopoie  Day Level  1  2  3  4  5	Designation : etic Effect  Monitor this daily on
	Absolute	Monitor hematopoie  Day Level  1 2 3 4 5 6 7  (chart may be used if longer duration of observation required)	• Monitor this daily on separate chart
7	Absolute lymphocyte count	Monitor hematopoie  Day Level  1 2 3 4 5 6 7  (chart may be used if longer duration of observation	• Monitor this daily on separate chart
	Absolute lymphocyte count	Monitor hematopoie  Day Level  1 2 3 4 5 6 7  (chart may be used if longer duration of observation required)	• Monitor this daily on separate chart
	Absolute lymphocyte count	Monitor hematopoie  Day Level  1 2 3 4 5 6 7  (chart may be used if longer duration of observation required)	• Monitor this daily on separate chart

	(note what given)			
8	Prophylaxis consideration			
	If involve radio- iodine or radioactive plume situation Involve children	Mark 'V' if yes	Prophylaxis options 1. lodine tablet 2. KCL	
	involve children	Mark 'V' if yes		
	Involve pregnant?	Mark 'V' if yes		
	Involve adult < 40 years old	Mark 'V' if yes		
9		Antibiotics/Antiviral/Antifung	i i	
	Risk of infection (eg. Exfoliation, ulceration etc)	Mark 'V' if yes	Antibiotics options 1. quinolones	
10		Treatment Mod		
	Blood transfusion  Cytokines	Given:  Mark 'V' if yes  Given:	Indication/comments :  Indication/comments :	
		Mark 'V' if yes		
	Stem cell transplant	Given:  Mark 'V' if yes	Indication/comments :	
11	·			
	Involve ingestion	Mark 'V' if yes	Decorporation given: (list of decorporation agent in appendix)  Mark 'V' if yes  State type of agent and dose given:	
12		Chromosome aberra	ations	
	Dicentrics			

	Ring forms			
		(note findings		
	ΛТ			
	AI	TENDING PSYCHOLOGIS		
		Name:	Designation :	
13		Psychosocial Supp	port	
	For patient	Given:		
	•	Mark 'V' if yes		
		, , , ,		
	For family	Given :		
	,	Mark 'V' if yes		
	For friends	Given :		
		Mark 'V' if yes		
14		Notes		