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| **Supplementary Table 6: Injury-Related Race Medical Encounter Data**  **(R-MED) Form - Endurance Sport Events** | | | | | | | | | | | | | | |
| **<EVENT NAME>**  **Injury-Related Race Medical Encounter Data (R-MED) Form** | | | | | | | | | | | | | | |
| 1. **RACE DETAILS <Pre-populate before the event>** | | | | | | | | | | | | | | |
| <Race name> | | | Date: dd/mm/yyyy | | | | Official start time: | | | | Official finish time: | | | |
|  | | | | | | | | | | | | | | |
| **2. LOCATION OF THE MEDICAL FACILITY** | | | | | | | | | | | | | | |
| ☐ Course Q1 ☐ Course Q2 ☐ Course Q3 ☐ Course Q4 ☐ At finish ☐ Sweeper bus ☐ Hospital ☐ Other | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **3. ATHLETE DEMOGRAPHIC DETAILS** | | | | | | | | | | | | | | |
| Race Number: | | | Male ☐ Female ☐ | | | | Race finisher: YES ☐ NO ☐ | | | | | | |  |
| Arrival time at medical facility (hh/mm): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **4. ATHLETE MEDICAL HISTORY** | | | | | | | | | | | | | | |
| **4a. Injury history:** | | | | | | | | | | | | | | |
| **Onset of Injury:** | | | | | | | | | | | | | | |
| ☐ Acute | | | | ☐ Chronic (pre-existing) | | | | | ☐ Acute exacerbation of chronic injury | | | | | |
| **Mechanism of Injury:** | | | | | | | | | | | | | | |
| ☐ Traumatic - contact with another athlete | | | | ☐ Traumatic – contact with moving object | | | | | ☐ Traumatic – contact with immobile object | | | | | |
| ☐ Traumatic non-contact | | | | ☐ Overuse injury | | | | | ☐ Other | | | | | |
| **Location of the injury on the course:** | | | | | | | | | | | | | | |
| ☐ Not known or not applicable | | | | Distance from the start (km) | | | | | Nearest distance marker (km) | | | | | |
| **Factors Contributing to the mechanism of injury:** | | | | | | | | | | | | | | |
| ☐ Violation of rules | | | | ☐ Weather conditions | | | | | ☐ Equipment failure | | | | | |
| ☐ Course / field of play conditions | | | | ☐ Fatigue | | | | | ☐ Psychological | | | | | |
| ☐ Other: | | | | | | | | | | | | | | |
| **4b. Presenting complaint:** | | | | | | | | | | | | | | |
| ☐ Pain | | | ☐ Loss of function | | | | ☐ Swelling | | | | ☐ Confusion | | | |
| ☐ Unresponsive (coma) | | | ☐ Head/neck injury | | | | ☐ Chest injury | | | | ☐ Trunk injury | | | |
| ☐ Upper limb injury | | | ☐ Spine/back injury | | | | ☐ Hip/pelvis injury | | | | ☐ Lower limb injury | | | |
| ☐ Abdominal injury | | | ☐ Injury multiple anatomical areas: | | | | ☐ Other injury: | | | | | | | |
| Additional clinical notes: | | | | | | | | | | | | | | |
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| **5. CLINICAL EXAMINATION** | | | | | | | | | | | | | | |
| 5.1. Mental status (APVU): | | ☐ Alert | | | ☐ Responds to voice | | | ☐ Responds to pain | | | | | ☐ Unresponsive | |
| 5.2. Glasgow Coma Scale: /15 | | | Eye: /4 | | | | Verbal: /5 | | | | Motor: /6 | | | |
| 5.3. Hydration: ☐ Normal (clinically) ☐ Dry mouth (mucosa) ☐ Oedema (swollen periphery) ☐ Poor skin turgor | | | | | | | | | | | | | | |
| Fluid intake during race (ml): | | | Pre-race weight (kg): | | | | Post-race weight (kg): | | | | % Weight change: % | | | |
| 5.4. Vital signs | | | | | | | | | | | | | | |
| Time of measurement | Pulse | | | BP Systolic/diastolic) | | | Respiratory rate | | % Sats | | | Other | | |
| Admission |  | | |  | | |  | |  | | |  | | |
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| 5.5. Other clinical findings: | | | | | | | | | | | | | | |
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| **6. ORDERS / RECOMMENDED INVESTIGATIONS** | | | | | | | | | | | | | | |
| ☐ Admit to ICU/resuscitation (medical tent or hospital) | | | | | | | ☐ Admit to medical tent | | | | | | | |
| ☐ Splint / brace | | | ☐ Warming | | | | ☐ Wound care | | | | ☐ Other: | | | |
| ☐ Lab tests (Ultrasound) | | | ☐ Lab tests (Radiology – X Rays) | | | | ☐ Lab tests (MRI scan) | | | | ☐ Lab tests (CT scan) | | | |
|  | | | | | | | | | | | | | | |
| **7. LABORATORY RESULTS** | | | | | | | | | | | | | | |
| Clinical notes: | | | | | | | | | | | | | | |
| **8. TREATMENT** | | | | | | | | | | | | | | |
| 8.1. Wound care | | | ☐ Wound dressing | | | | ☐ Suture laceration | | | | Other: | | | |
| 8.2. Fluids | | | | | | | | | | | | | | |
| Oral Fluid (volume ml): | | | Type: Water: ☐ Sports drink: ☐ Hypertonic saline: ☐ Other: | | | | | | | | | | | |
| IV Fluid (volume ml): | | | Type: | | | Rate: ml over min | | | | Start time: End time: | | | | |
| 8.3. Medication | | | | | | | | | | | | | | |
| Type: | | | Dosage: | | | | Route (po/IM/IV): | | | | Time (given): | | | |
| Type: | | | Dosage: | | | | Route (po/IM/IV): | | | | Time (given): | | | |
| 8.4. Other treatment: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **9. PRE-DISCHARGE ASSESSMENT:** | | | | | | | | | | | | | | |
| Conscious/orientated  YES ☐; No ☐; N/A ☐ | | | Ambulatory  YES ☐; No ☐; N/A ☐ | | | | Asymptomatic  YES ☐; No ☐; N/A ☐ | | | | Passed urine:  YES ☐; No ☐; N/A ☐ | | | |
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| **10. FINAL DIAGNOSIS OF INJURY-RELATED MEDICAL ENCOUNTER** | | | | | | | | | | | | | | |
| **Main anatomical area** | | | | | | | | | | | | | | |
| Head injury ☐ | | | Neck injury ☐ | | | | Shoulder injury ☐ | | | | Upper arm injury ☐ | | | |
| Elbow injury ☐ | | | Forearm injury ☐ | | | | Chest injury ☐ | | | | Trunk / abdominal injury ☐ | | | |
| Lumbar spine injury ☐ | | | Pelvis / buttock injury ☐ | | | | Hip / groin injury ☐ | | | | Thigh injury ☐ | | | |
| Knee injury ☐ | | | Lower leg injury ☐ | | | | Ankle injury ☐ | | | | Foot injury ☐ | | | |
| Injury location unspecified or crossing anatomical boundaries: | | | | | | | | | | | | | | |
| **Final diagnosis / injury type:** | | | **<Enter code from Table>** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **12. INJURY-RELATED MEDICAL ENCOUNTER SEVERITY:** | | | | | | | | | | | | | | |
| Minor encounter ☐ | | | Moderate encounter ☐ | | | | Serious / life threatening ☐ | | | | | | | |
| Non-cardiac sudden death during race ☐ | | | Non-cardiac sudden death < 1hr post race ☐ | | | | | | Non-cardiac sudden death 1-24hrs post race ☐ | | | | | |
|  | | | | | | | | | | | | | | |
| **12. DISCHARGE INFORMATION:** | | | | | | | | | | | | | | |
| ☐ Discharged | | | ☐ Hospital transfer | | | | ☐ Follow-up care needed | | | | ☐ Refusal of care | | | |
| ☐ Follow up call by race medical team needed YES ☐ NO ☐ | | | | | | | ☐ Other special instruction: | | | | | | | |
|  | | | | | | | | | | | | | | |
| **13. TRANSPORT INFORMATION** | | | | | | | **Authorized by: Dr** | | | | | | | |
| Hospital name: | | | | | | | Transported by: | | | | | | | |
| Receiving doctor: | | | | | | | Receiving doctor’s contact details: | | | | | | | |
| Family / Next of Kin notified: YES ☐ NO ☐ | | | | | | | Who was notified? | | | | | | | |
|  | | | | | | | | | | | | | | |
| **14. ADDITIONAL CLINICAL NOTES:** | | | | | | | | | | | | | | |
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| **15: DOCTOR / CLINICIAN DETAILS:** | | | | | | | | | | | | | | |
| **Doctor’s / Clinician Name:** | | | | **Signature:** | | | | | **Date: Time:** | | | | | |