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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: |
|    |
| **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 ☐ |
|   |
| **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:** |
|   |
|  |
|  |
| **15: DOCTOR / CLINICIAN DETAILS:**  |
| **Doctor’s / Clinician Name:** | **Signature:** | **Date: Time:** |