

Appendix 2: Sample medical record template for exertional heat stroke (Modified from Falmouth Road Race).

Exertional Heat Stroke Medical Record

Treatment Location:

Name: Sex (Circle one) M F Age:

Time Triage: Time Released: Bib/Uniform Number:

Triage MD: _____ Triage Nurse (Record Keeper): _____

Mental Status Awake/Alert Confused Obtunded Unresponsive

Skin Normal Pale Cyanotic Warm Cool Dry Wet

Symptoms Headache Vision changes Chest pain Palpitations Nausea Abdominal pain
 Vomiting Diarrhea Muscle cramps

	Cooling Method	Time	Rectal temp. (°C)	Blood pressure	Heart rate	GCS	Notes
1	CWI • RIT • None						
2	CWI • RIT • None						
3	CWI • RIT • None						
4	CWI • RIT • None						
5	CWI • RIT • None						
6	CWI • RIT • None						
7	CWI • RIT • None						
8	CWI • RIT • None						
9	CWI • RIT • None						
10	CWI • RIT • None						
11	CWI • RIT • None						
12	CWI • RIT • None						
13	CWI • RIT • None						
14	CWI • RIT • None						
15	CWI • RIT • None						

At the end of cooling

Abbreviations: CWI= cold water immersion, RIT= rotating ice towel, None= pre and post-cooling values

Past Medical History

Tobacco Previous heat illness Diabetes Seizures/Epilepsy
 Alcohol Heart disease Allergy Other
 Hypertension

Fluid Intake History

Drank before Drank during

Medications

Yes No Known drug allergies: _____

Triage Decisions:
 CWI RIT Refusal of tx. Signature (MD)
 Observe Transfer to: _____

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