

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): \_\_\_\_\_

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**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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