



ACCIDENT MANAGEMENT WORKSLATE

ATTENTION: Physicians and Emergency Medical Personnel

The individual identified on this slate has been involved in scuba diving activities and may have suffered a pressure-related injury resulting from decompression sickness or lung over expansion. You have no reason to be familiar with all the pathological details of the various rare disorders which may occur. It is, however, **imperative that you follow the guidelines outlined in the red box on the reverse side of this slate until arrival at a medical facility.**

In addition, the Divers Alert Network (DAN) at Duke University Medical Center (U.S.) is prepared to assist you in patient treatment. DAN may be contacted at +1 919 684-9111. A physician experienced in the management of diving accidents is available for consultation.

Local DAN Emergency Tel: _____

Patient's Name _____ Age _____

Address _____

Contact _____ Phone (____) _____

Relative Friend

Significant medical history: (allergies, medications, diseases, injuries, etc.)

Signs/Symptoms: (note time)

:	_____	:	_____
:	_____	:	_____
:	_____	:	_____
:	_____	:	_____

First aid procedures initiated: (note time)

:	_____	:	_____
:	_____	:	_____
:	_____	:	_____
:	_____	:	_____

Dive profile:

	First Dive	Second Dive	Third Dive
Time In	_____	_____	_____
Time Out	_____	_____	_____
Depth	_____	_____	_____

Comments: _____

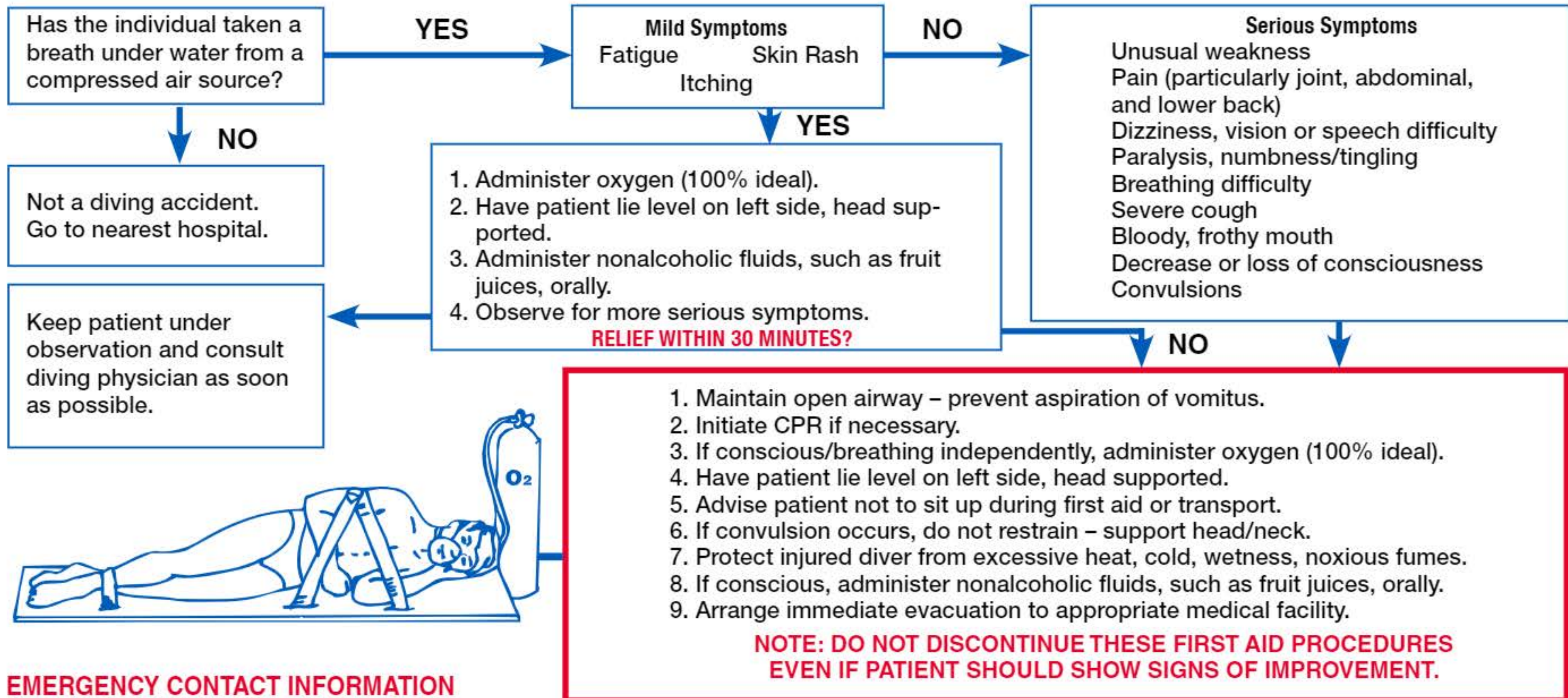


DIVING ACCIDENT MANAGEMENT FLOWCHART

IF AN ACCIDENT OCCURS:

1. Locate patient's I.D., and recent diving history.
2. Use reverse side of this slate to record information as indicated.
3. Secure patient's gear. Rinse and hold. Do NOT disassemble.
4. Upon proper identification, cooperate with authorities.

- Make only factual statements; do NOT make value judgments or express opinions.
5. Write accident report as soon as possible while events are fresh.
 6. **Send this slate and other appropriate information with evacuation personnel.**



EMERGENCY CONTACT INFORMATION

Ambulance/Medical _____ Diving Physician _____ Police _____
 Medical Facility _____ Chamber _____ Other _____
 Local DAN Emergency Tel: _____