

Paediatrician Name:.....

Paed Code:.....

Rep Code:.....

DROWNING AND NEAR DROWNING STUDY

1. Surname (First 2 letters only)

2. First name (First 2 letters only)

3. Postcode of usual residence

4. Date of birth (age if DOB unknown)/...../..... (Age: yrs months)

5. Sex M F

6. Date of immersion/...../.....

7. time of immersionam / pm

8. Approximate duration of immersion? Minutes Unknown

9. Was mouth to mouth resuscitation (or equivalent) given? Yes No Unknown

10. Was cardiac massage given? Yes No Unknown

11. How long after being found was CPR commenced? Minutes Unknown

12. Was an ambulance called? Yes No Unknown

13. Was patient admitted to hospital? Yes No Unknown

14. If yes, how long was the patient in hospital? Days Still a patient Unknown

15. What was the outcome of the immersion incident? (Tick one only)

- Dead on arrival
- Subsequently died
- Severe neurological damage
- Mild neurological damage
- Full recovery
- Survived but sequelae uncertain

16. Where did the immersion occur? (Tick one only)

- Public pool
- Private Pool or Spa attached to the pool
- Bath
- Indoor Spa
- Bucket
- Dam
- Canal
- Water Tank
- Pond
- River
- Creek
- Sea
- Outdoor spa (not attached to pool)
- Unknown

Other Specify.....

17. Any comments on this case (eg. Pool fencing)?.....
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Please fax to (02) 891 1970 or mail to Mr Frank Ross, Dept of Paediatrics,
Westmead Hospital, WESTMEAD NSW 2145