



Instructor Slate DCS Field Evaluation



Student Name: _____ **Date: Activity Start** _____

Diver (and / or Buddy) Interview	
Check One: <input type="checkbox"/> Air <input type="checkbox"/> Nitros. <input type="checkbox"/> Trimix _____ O2%	
Any unusual events?	
Out-of-Air Emergency	Entanglement
Equipment Malfunction	Significant Over-Exertion
Buddy Separation	Loose of Buoyancy Control
Other:	Rapid Ascent
Any Prior History of DCS? <input type="checkbox"/> No. <input type="checkbox"/> Yes (if yes, explain)	
Any Other Medical Issues? <input type="checkbox"/> No. <input type="checkbox"/> Yes (if yes, explain)	
Signs and Symptoms of DCS	
Skin Rash	Hearing Disturbances
Tingling or Numbness	Visual Disturbances
Joint or Limb Pain	Slurred Speech
Back or Abdominal Pain	Distressed Breathing
Chest Pain or Discomfort	Severe Coughing
Extreme Fatigue	Blood or Froth in Mouth
Loss of Muscle Strength	Paralysis
Loss of Coordination	Convulsions
Dizziness	Unconsciousness
Disorientating	Cardiac Arrest
Neck Swelling	Rapid or Erratic Pulse
Abnormal Sounding Voice	Signs of Shock
First Aid for Suspected DCS	
Administer Oxygen	
EMS / Medical Attention	Monitor Patient
Patient Laying Down (left side)	Treat for Shock
Provide Fluids (if conscious)	CPR when appropriate

5 Minute Field Neurological Evaluation Form

This field neurological exam should be conducted immediately whenever DCS is suspected, and then repeated periodically if medical attention is delayed; record all observations, and note time.

- ☐ Look for deviation from the expected norm
- ☐ Look for differences, one side versus the other
- ☐ Look for any changes over time

Orientation	Ask patient his/her name, age, the location, date, and / or approximate time of day; evaluate overall alertness.
Eyes	Ask patient track your moving finger, evaluate uniform and fluid movement of eyes; also check pupil size and reaction to light; inquire about blurred vision or other visual disturbances.
Forehead	Check sensation, in response to touch; ask patient to raise and lower eyebrows, evaluate uniform movement
Face	Ask patient to whistle, smile and / or clench teeth, evaluate uniform movement, and check for equal tension in jaw muscles.
Ears	With patient's eyes closed, rub your fingers together and determine distance from each ear that patient hears this sound; inquire about ringing in ears or other hearing disturbances.
Gag Reflex	Ask patient to swallow , observe movement of Adam's apple and / or neck muscles, watch for any difficulty.
Tongue	Ask patient to stick out tongue, watch for any drooping or one-sided tendency.
Shoulders	Check sensation, in response to touch; ask patient to raise shoulders against resistance, compare muscle strength.
Arms & Hands	Check sensation, in response to touch, ask patient to move arms against resistance and also ask patient to squeeze your hands, compare muscle strength.
Chest	Check sensation, in response to touch; observe general breathing pattern, and inquire about any difficulty or discomfort
Legs	Check sensation, in response to touch, ask patient to move legs against resistance, compare muscle strength.
Heel-to-toe-Walk	Observe patient's balance and coordination (use caution, or omit this exercise completely, on a moving boat).

Student Signature:_____ Date: Course End_____