

# MARATHON ENCOUNTER FORM

Time In: \_\_\_\_\_ Date: \_\_\_\_\_  
 Runners Name: \_\_\_\_\_  
 Race Number: \_\_\_\_\_

EVENT: Marathon Run  
 Marathon Walk  
 5 Miler  
 Other(specator...)

## Prior History:

Injury \_\_\_\_\_  
 Allergy/Asthma \_\_\_\_\_

## Subjective (circle)

Dizzy \_\_\_\_\_ Cold \_\_\_\_\_ Cramping: region \_\_\_\_\_  
 Headache \_\_\_\_\_ Hot \_\_\_\_\_ Muscle pain: region \_\_\_\_\_  
 Nausea \_\_\_\_\_ Vomiting \_\_\_\_\_ Joint pain: region \_\_\_\_\_  
 Cut/abrasion/blister: region \_\_\_\_\_ Other \_\_\_\_\_

## Objective

TIME	Temperature	Pulse	B.P.

## L.O.C.

Pupils: equal dilated unequal: R>L L>R  
 Visual tracking: **H**  
 Verbal Response: WNL dysphasic fragmented none  
 Response to Pain: + -  
 Tenting Response + -  
 Capillary re-fill + -

## MUSCULOSKELETAL

ROM: \_\_\_\_\_ Other: \_\_\_\_\_  
 Swelling: \_\_\_\_\_  
 Ortho. Test: \_\_\_\_\_  
 DTR: Rt. -1+ -2+ -3+ Lt. -1+ -2+ -3+ Achilles Patellar icep

## TREATMENT:

Cool / Warm

PO Fluids

IV Fluids

Brace/Tape \_\_\_\_\_  
 Bandaid/Dressing \_\_\_\_\_

Time	Solution	Volume

Other: \_\_\_\_\_

Refer for F/U

Transport ER time: \_\_\_\_\_

R.I.C.E.

**Signature – RN**

**Signature- physician**

**Time out**

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**Impression:**

Dehydration

Hyperthermia

Hypothermia

Cramping

    Abdominal

    Muscular

        Systemic

        Specific \_\_\_\_\_

Strain \_\_\_\_\_

Sprain \_\_\_\_\_

Other: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_