

**Supplementary Table 4: Illness-Related
Race Medical Encounter Data (R-MED) Form - Endurance Sport Events**

<EVENT NAME>						
Illness-Related Race Medical Encounter Data (R-MED) Form						
1. RACE DETAILS: <Pre-populate before the event>						
<Race name>		Date: dd/mm/yyyy		Official start time:		Official finish time:
2. LOCATION OF THE MEDICAL FACILITY:						
<input type="checkbox"/> Course Q1 <input type="checkbox"/> Course Q2 <input type="checkbox"/> Course Q3 <input type="checkbox"/> Course Q4 <input type="checkbox"/> At finish <input type="checkbox"/> Sweeper bus <input type="checkbox"/> Hospital <input type="checkbox"/> Other						
3. ATHLETE DEMOGRAPHIC DETAILS:						
Race Number:		Male <input type="checkbox"/> Female <input type="checkbox"/>		Race finisher: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Arrival time at medical facility (hh/mm):						
4. ATHLETE ILLNESS-RELATED MEDICAL HISTORY:						
4a. Pre-race history:						
Did the athlete suffer from any pre-race acute illness/symptoms (gastro/acute illness or infective illness?)						YES <input type="checkbox"/> NO <input type="checkbox"/>
Details of pre-race illness or injury (Type)						
<input type="checkbox"/> URT symptoms with no systemic symptoms		<input type="checkbox"/> URT symptoms with systemic symptoms		<input type="checkbox"/> LRT symptoms		
<input type="checkbox"/> Nausea/vomiting and diarrhoea		<input type="checkbox"/> Nausea only		<input type="checkbox"/> Nausea and vomiting		
<input type="checkbox"/> Diarrhoea		<input type="checkbox"/> Other infective illness		<input type="checkbox"/> Other pre-race illness		
Onset of pre-race illness		<input type="checkbox"/> Race day	<input type="checkbox"/> 1 day before	<input type="checkbox"/> 2-7 days before	<input type="checkbox"/> 8-14 days before	<input type="checkbox"/> > 15days before
Analgesics/NSAIDs use 0-24 hours before the race? YES <input type="checkbox"/> NO <input type="checkbox"/>				Analgesics/NSAIDs use during the race? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Prescription medication use (list please): YES <input type="checkbox"/> NO <input type="checkbox"/>				Reason for medication use:		
4b. Presenting complaint:						
<input type="checkbox"/> Collapse (pre-finish)		<input type="checkbox"/> Collapse (post-finish)		<input type="checkbox"/> Confused		<input type="checkbox"/> Muscle cramps (localized)
<input type="checkbox"/> Chest pain		<input type="checkbox"/> Palpitations		<input type="checkbox"/> Fatigue/exhaustion		<input type="checkbox"/> Muscle cramps (systemic)
<input type="checkbox"/> Abdominal cramps/pain		<input type="checkbox"/> Diarrhoea		<input type="checkbox"/> Nausea/vomiting		<input type="checkbox"/> Seizure
<input type="checkbox"/> Headache		<input type="checkbox"/> Hot (suspected hyperthermia)		<input type="checkbox"/> Cold (suspected hypothermia)		<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Wheeze		<input type="checkbox"/> Coughing		<input type="checkbox"/> Skin (chafing / blisters)		<input type="checkbox"/> Skin (cut / laceration)
<input type="checkbox"/> Skin (other)		<input type="checkbox"/> Musculoskeletal (head/neck)		<input type="checkbox"/> Musculoskeletal (chest/trunk)		<input type="checkbox"/> Musculoskeletal (upper limb)
<input type="checkbox"/> Musculoskeletal (spine/back)		<input type="checkbox"/> Musculoskeletal (hip/pelvis)		<input type="checkbox"/> Musculoskeletal (lower limb)		<input type="checkbox"/> Deep Chest/Abdominal trauma
<input type="checkbox"/> Other:						
Additional clinical notes:						
4c. Location of the medical encounter on the course:						
<input type="checkbox"/> Not known or not applicable			Distance from the start (km)		Nearest distance marker (km)	
5. CLINICAL EXAMINATION:						
5.1. Mental status (APVU):		<input type="checkbox"/> Alert		<input type="checkbox"/> Responds to voice		<input type="checkbox"/> Responds to pain
		<input type="checkbox"/> Unresponsive				
5.2. Glasgow Coma Scale: /15		Eye: /4		Verbal: /5		Motor: /6
5.3. Hydration: <input type="checkbox"/> Normal (clinically) <input type="checkbox"/> Dry mouth (mucosa) <input type="checkbox"/> Oedema (swollen periphery) <input type="checkbox"/> Poor skin turgor						
Fluid intake during race (ml):		Pre-race weight (kg):		Post-race weight (kg):		% Weight change: %
5.4. Vital signs						
Time of measurement	Pulse	BP Systolic/diastolic)		Core Temp	% Sats	Glucose
Admission						

5.5. Other clinical findings:						
6. ORDERS / INVESTIGATIONS:						
<input type="checkbox"/> Admit to ICU/resuscitation (medical tent or hospital)		<input type="checkbox"/> Admit medical tent for treatment		<input type="checkbox"/> Elevate legs	<input type="checkbox"/> Fluids (Oral)	<input type="checkbox"/> Fluids (IV)
<input type="checkbox"/> Cooling		<input type="checkbox"/> Warming		<input type="checkbox"/> Wound care	<input type="checkbox"/> Other:	
<input type="checkbox"/> Lab tests (glucose)		<input type="checkbox"/> Lab tests (sodium)		<input type="checkbox"/> Lab tests (potassium)		<input type="checkbox"/> Lab tests (urea/creat)
<input type="checkbox"/> Lab tests (Hct/Hb)		<input type="checkbox"/> Lab tests (ECG)		<input type="checkbox"/> Lab tests (Ultrasound)		<input type="checkbox"/> Lab tests (blood gas)
				<input type="checkbox"/> Lab tests (Other)		
7. LABORATORY / INVESTIGATION RESULTS (ATTACH):						
<input type="checkbox"/> Lab tests (glucose)		<input type="checkbox"/> Lab tests (sodium)		<input type="checkbox"/> Lab tests (potassium)		<input type="checkbox"/> Lab tests (urea/creat)
<input type="checkbox"/> Lab tests (Hct/Hb)		<input type="checkbox"/> Lab tests (ECG)		<input type="checkbox"/> Lab tests (Ultrasound)		<input type="checkbox"/> Lab tests (Other)
8. TREATMENT:						
8.1. Fluids						
Oral Fluid (volume ml):		Type: Water: <input type="checkbox"/>		Sports drink: <input type="checkbox"/>		Hypertonic saline: <input type="checkbox"/> Other:
IV Fluid (volume ml):		Type:		Rate: ml over min		Start time: End time:
8.2. Medication						
Type:		Dosage:		Route (po/IM/IV):		Time (given):
Type:		Dosage:		Route (po/IM/IV):		Time (given):
8.3. Other treatment:						
9. PRE-DISCHARGE ASSESSMENT:						
Conscious/orientated YES <input type="checkbox"/> ; No <input type="checkbox"/> ; N/A <input type="checkbox"/>		Ambulatory YES <input type="checkbox"/> ; No <input type="checkbox"/> ; N/A <input type="checkbox"/>		Asymptomatic YES <input type="checkbox"/> ; No <input type="checkbox"/> ; N/A <input type="checkbox"/>		Passed urine: YES <input type="checkbox"/> ; No <input type="checkbox"/> ; N/A <input type="checkbox"/>
10. FINAL DIAGNOSIS OF ILLNESS-RELATED MEDICAL ENCOUNTER:						
Main organ system:						
Multiple organs <input type="checkbox"/>		Cardiovascular system <input type="checkbox"/>		Respiratory / ENT system <input type="checkbox"/>		Central nervous system <input type="checkbox"/>
Rheumatological system <input type="checkbox"/>		Gastrointestinal system <input type="checkbox"/>		Genitourinary system <input type="checkbox"/>		Haematology / Nutrition <input type="checkbox"/>
Endocrine / Metabolic <input type="checkbox"/>		Dermatological system <input type="checkbox"/>		Ophthalmological system <input type="checkbox"/>		Dental illness <input type="checkbox"/>
Psychological / Psychiatric <input type="checkbox"/>		Tumour / malignancy <input type="checkbox"/>		Drug use / Overdose <input type="checkbox"/>		Other medical illness <input type="checkbox"/>
Final diagnosis / illness type:		<Enter code from Table>				
11. ILLNESS-RELATED MEDICAL ENCOUNTER SEVERITY:						
Minor encounter <input type="checkbox"/>		Moderate encounter <input type="checkbox"/>			Serious / life threatening encounter <input type="checkbox"/>	
Sudden cardiac arrest (SCA) during race <input type="checkbox"/>		Sudden cardiac arrest (SCA) < 1hr post race <input type="checkbox"/>			Sudden cardiac arrest (SCA) 1-24hrs post race <input type="checkbox"/>	
Sudden cardiac death (SCD) during race <input type="checkbox"/>		Sudden cardiac death (SCD) < 1hr post race <input type="checkbox"/>			Sudden cardiac death (SCD) 1-24hrs post race <input type="checkbox"/>	
Non-cardiac sudden death during race <input type="checkbox"/>		Non-cardiac sudden death < 1hr post race <input type="checkbox"/>			Non-cardiac sudden death 1-24hrs post race <input type="checkbox"/>	
12. DISCHARGE INFORMATION:						
<input type="checkbox"/> Discharged		<input type="checkbox"/> Hospital transfer		<input type="checkbox"/> Follow-up care needed		<input type="checkbox"/> Refusal of care
<input type="checkbox"/> Follow up call by race medical team needed YES <input type="checkbox"/> NO <input type="checkbox"/>				<input type="checkbox"/> Other special instruction:		
13. TRANSPORT INFORMATION:						
Authorized by: Dr						
Hospital name:				Transported by:		
Receiving doctor:				Receiving doctor's contact details:		
Family / Next of Kin notified: YES <input type="checkbox"/> NO <input type="checkbox"/>				Who was notified?		
14. ADDITIONAL CLINICAL NOTES:						
15: DOCTOR / CLINICIAN DETAILS:						

Doctor / Clinician name:	Signature:	Date:	Time:
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