Supplementary Table 6: Injury-Related Race Medical Encounter Data (R-MED) Form - Endurance Sport Events

<EVENT NAME>

Injury-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

☐ Course Q1 ☐ Course Q2 ☐ Course Q3 ☐ Course Q4 ☐ At finish ☐ Sweeper bus ☐ Hospital ☐ Other

3. ATHLETE DEMOGRAPHIC DETAILS

Race Number:	Male ☐ Female ☐	Race finisher: YES ☐ NO ☐	

Arrival time at medical facility (hh/mm):

4. ATHLETE MEDICAL HISTORY

4a. Injury history:

Onset of Injury:

☐ Acute	☐ Chronic (pre-existing)	☐ Acute exacerbation of chronic injury

Mechanism of Injury:

☐ Traumatic - contact with another athlete	☐ Traumatic – contact with moving object	☐ Traumatic – contact with immobile object
☐ Traumatic non-contact	☐ Overuse injury	☐ Other

Location of the injury on the course:

☐ Not known or not applicable	Distance from the start (km)	Nearest distance marker (km)

Factors Contributing to the mechanism of injury:

☐ Violation of rules	☐ Weather conditions	☐ Equipment failure
☐ Course / field of play conditions	☐ Fatigue	☐ Psychological

☐ Other:

4b. Presenting complaint:

☐ Pain	☐ Loss of function	☐ Swelling	☐ Confusion
☐ Unresponsive (coma)	☐ Head/neck injury	☐ Chest injury	☐ Trunk injury
☐ Upper limb injury	☐ Spine/back injury	☐ Hip/pelvis injury	☐ Lower limb injury
☐ Abdominal injury	☐ Injury multiple anatomical areas:	☐ Other injury:	

Additional clinical notes:

5. CLINICAL EXAMINATION

5.1. Mental status (APVU):	☐ Alert	☐ Responds to voice	☐ Responds to pain	☐ Unresponsive
5.2. Glasgow Coma Scale: /15	Eye: /4	Verbal: /5	Motor: /6	
5.3. Hydration: ☐ Normal (clinically)	☐ Dry mouth (mucosa)	☐ Oedema (swollen periphery)	☐ 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)	Respiratory rate	% Sats	Other
Admission					

5.5. Other clinical findings:

6. ORDERS / RECOMMENDED INVESTIGATIONS			
☐ Admit to ICU/resuscitation (medical tent or hospital)		☐ Admit to medical tent	
☐ Splint / brace	☐ Warming	☐ Wound care	☐ Other:
☐ Lab tests (Ultrasound)	☐ Lab tests (Radiology – X Rays)	☐ Lab tests (MRI scan)	☐ Lab tests (CT scan)

7. LABORATORY RESULTS
Clinical notes:

8. TREATMENT			
8.1. Wound care	☐ Wound dressing	☐ Suture laceration	Other:
8.2. Fluids			
Oral Fluid (volume ml):	Type: Water: ☐ Sports drink: ☐ Hypertonic saline: ☐ Other:		
IV Fluid (volume ml):	Type:	Rate: ml over min	Start time: End time:
8.3. Medication			
Type:	Dosage:	Route (po/IM/IV):	Time (given):
Type:	Dosage:	Route (po/IM/IV):	Time (given):
8.4. Other treatment:			

9. PRE-DISCHARGE ASSESSMENT:			
Conscious/orientated YES ☐; No ☐; N/A ☐	Ambulatory YES ☐; No ☐; N/A ☐	Asymptomatic YES ☐; No ☐; N/A ☐	Passed urine: YES ☐; No ☐; N/A ☐

10. FINAL DIAGNOSIS OF INJURY-RELATED MEDICAL ENCOUNTER			
Main anatomical area			
Head injury ☐	Neck injury ☐	Shoulder injury ☐	Upper arm injury ☐
Elbow injury ☐	Forearm injury ☐	Chest injury ☐	Trunk / abdominal injury ☐
Lumbar spine injury ☐	Pelvis / buttock injury ☐	Hip / groin injury ☐	Thigh injury ☐
Knee injury ☐	Lower leg injury ☐	Ankle injury ☐	Foot injury ☐
Injury location unspecified or crossing anatomical boundaries:			
Final diagnosis / injury type:	**<Enter code from Table>**		

12. INJURY-RELATED MEDICAL ENCOUNTER SEVERITY:		
Minor encounter ☐	Moderate encounter ☐	Serious / life threatening ☐
Non-cardiac sudden death during race ☐	Non-cardiac sudden death < 1hr post race ☐	Non-cardiac sudden death 1-24hrs post race ☐

12. DISCHARGE INFORMATION:			
☐ Discharged	☐ Hospital transfer	☐ Follow-up care needed	☐ Refusal of care
☐ Follow up call by race medical team needed YES ☐ NO ☐		☐ 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 ☐ NO ☐	Who was notified?

14. ADDITIONAL CLINICAL NOTES:

15: DOCTOR / CLINICIAN DETAILS:		
Doctor's / Clinician Name:	**Signature:**	**Date: Time:**