

HOSPITAL DETAILS

Time first seen am/pm on / /

Condition of patient:

Initial hospital treatment:

Antivenom yes/no if yes: type
 route
 dose
 immediate result

Other therapy:

Microscopy of skin scrapings for nematocyst identification
Was this done yes/no
What was the result

SUBSEQUENT MANAGEMENT

Inpatient/outpatient Discharge am/pm on / /

Inhospital course

Long term effects & treatment

Photo's yes/no if yes, when taken

Please post to:

Dr Peter Fenner
PO Box 3080
North Mackay
QLD 4740

Dr John Williamson
Department of Hyperbaric Medicine
Royal Adelaide Hospital
ADELAIDE SA 5000



Surf Life Saving Australia Ltd
 128 The Grand Parade, Brighton le Sands, NSW 2216

REPLY: Dr Peter Fenner, Honorary Medical Officer, PO Box 3080, North Mackay, Qld 4740
 Phone: 079-577800 Fax: 079-577824 E-mail: Peter.Fenner@m130.aone.net.au

MONTH:

CLUB / BRANCH:

JELLYFISH TYPE	NUMBERS SEEN	NUMBER OF STINGS	COMMENTS: WEATHER WIND / TIDE ETC
Bluebottle (Physalia)			
Hair jellyfish (Cyanea)			
Blubber (Catostylus)			
Box-jellyfish (Chironex)			
Morbakka (Tamoya)			
Jimble (Carybdea)			
OTHER (Specify)			

Other information that may be helpful?

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Thank you for your help in this Research.

I would / would not like a copy of the end-of-season report

DATE:

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