

AescuLink-

the solution for medical emergencies at remote locations







A 3,000 dwt supply vessel is operating off the coast of West Africa. The boatswain complains about pains in the chest. The crew immediately starts with standard procedure, bringing the boatswain to the ship's infirmary, and preventively connecting him to an AED.

Based on the symptoms the chief mate tries to call the public TMAS via satellite telephone, but without success. He then follows the standard procedure described on the homepage of the public TMAS by filling out a form and sending it, with an attachment of the 1-lead ECG recorded

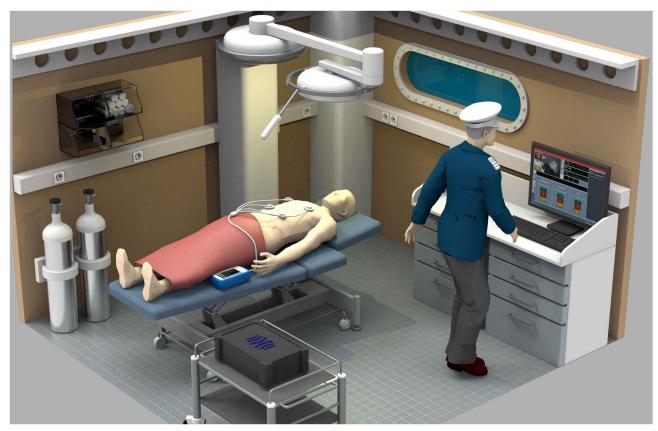


Emergency on board

by the AED, to the email address of the public TMAS. After waiting 20 minutes without response the chief mate decides to call the emergency telemedicine service of GHC. Our service, which has emergency operators available 24-7, responds immediately. GHC's tele-doctor examines the boatswain in real-time by video and by analysing his vital signs - for example, the 12-lead ECG, blood pressure and oxygen saturation as received over GHC's AescuLink.







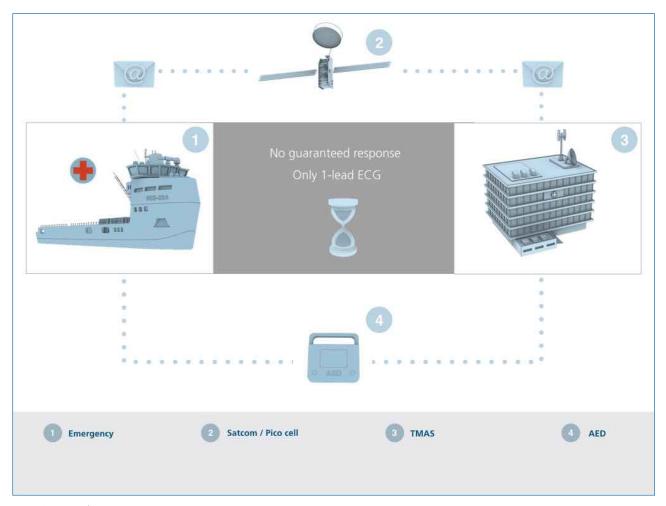
Telemedical solution AescuLink

Based on this highly reliable information GHC's tele-doctor can exclude a heart attack (myocardial infarction). GHC's tele-doctor recommends keeping the patient under observation and only giving him aspirin. A diversion of the boat is not necessary.

After 1:40 hours the master receives a reply from the public TMAS with the diagnosis of a myocardial infarction and recommending that the vessel be diverted so that the boatswain can be brought to a hospital on shore. The master decides to head for the next diversion port. Doctors at the hospital examine the boatswain and they, too, exclude a myocardial infarction. None of the examination results confirm the suspicion of a heart attack.







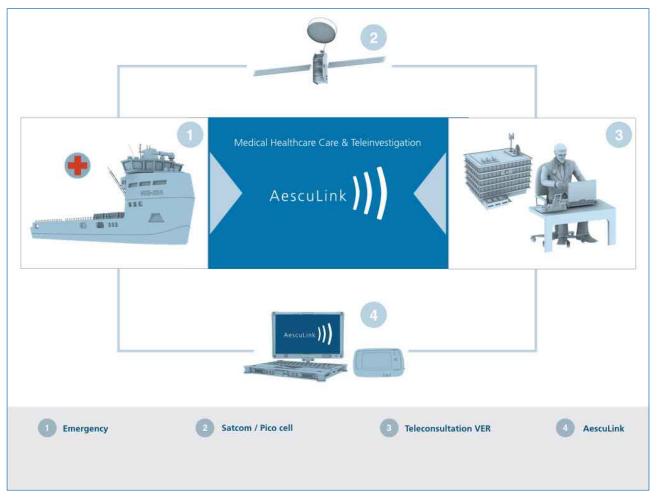
TMAS szenario

Conclusion:

- If the boatswain had actually had a heart attack he might well have died in the 20 minutes waiting time without the immediate medical diagnosis by GHC's tele-doctor.
- Death on board or bad LTI statistics (lost time injuries) could result in economic disaster for a shipping company acting with spot contracts.
- The unnecessary diversion of the vessel resulted in a 12-hour delay of the contracted work, leading to a contractual penalty.







Telemedical network

Perspective:

- Telemedicine has considerable advantages in other cases at sea, as well
 - for example, thanks to the immediacy of GHC's response the spread of a communicable disease on board can be avoided by quick quarantining of a sick crew member.



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