Supplemental digital content 1:

*Final registration form (translated from Dutch to English in the interest of this article):*

**To be completed before arrival by MMT physician**

Number of the MMT form:

Reason for emergency call:

*Do I have enough information about the call to make an estimation?*

□ no information □ limited □ sufficient □ obvious information

*MMT physician suspects that an MMT intervention will be necessary?*

□ yes □ no

*MMT intervention was cancelled before arrival?*

□ yes □ no

**To be completed after performing the intervention by MMT physician**

*The most appropriate team on site was?*

□ MMT□ PIT□ Ambulance□ non-urgent transport or family physician

*Competency level physician:*

□ Resident emergency medicine/acute medicine    
□ Resident different specialty    
□ Resident additional title emergency medicine/intensive care    
□ Attending Emergency medicine/acute medicine/additional title    
□ Certification acute medicine    
□ Attending in different specialty.

*Years of experience in prehospital care:* □ 0-2□ 3-5 □ 6-10 □ > 10

*Gender physician:* □ Male □ Female

*MMT physician is only responsible for the MMT function (not responsible for other patients in the emergency department):* □ yes □ no

**To be completed before arrival by MMT nurse**

Number of the MMT form:

Reason for emergency call:

*Do I have enough information about the call to make an estimation?*

□ no information □ limited □ sufficient □ obvious information

*MMT nurse suspects that an MMT intervention will be necessary?*

□ yes □ no

*MMT intervention was cancelled before arrival?*

□ Yes □ No

**To be completed after performing the intervention by MMT nurse**

*The most appropriate team on site was:*

□ MMT□ PIT□ Ambulance□ non-urgent transport or family physician

*Competency level nurse*:□ MMT nurse □ PIT nurse

*Years of experience in prehospital care*: □ 0-2    □ 3-5   □ 6-10  □ > 10

*Gender nurse:* □ Male □ Female

*Emergency call by?*

□112 Leuven □ 112 Brussels □ 112 Ghent □ 112 Bergen

*MMT indication requested by?*

□ 112 dispatchers □ Family physician □Team on-site: □ Ambulance □ PIT

□ Unknown

*Transport by?*

□ Ambulance without MMT accompaniment   
□ Ambulance accompanied by the MMT because of medical need    
□ Ambulance accompanied by the MMT because of logistical reasons   
□ No transport

*Transport to?*

- Nearest hospital: □ Yes □ No

- Own hospital: □ Yes □ No

- Hospital in higher echelon because of specific pathology □ Yes □ No

If yes, reason?

**Mark all the performed therapeutic measures during the intervention:**

*Reanimation setting*: □Yes □ No (if yes: further completion unnecessary)

*Declaration of death:* □ Yes □ No (if yes: further completion unnecessary)

**Airway:**

□ Aspiration

□ Removal of corpus alienum throat/airway

□ Jaw thrust/chin lift

□ Insertion of a mayo cannula

□ Insertion of a supraglottic airway device (laryngeal mask, Igel)

□ Insertion of an endotracheal tube

□ Other:

**Breathing:**

□ Oxygen given

□ Aerosol given

□ Chest tube/needle or finger thoracocentesis

□ IV/oral Medication

□ Non-invasive ventilation

 □ Invasive ventilation

□ Other:

**Circulation:**

□ peripheral vascular acces

□ Intra Osseous acces

□ Fluid bolus

□ Control bleeding, use of a tourniquet

□ IV/oral medication

□ Other:

**Disability:**

□ GCS on arrival: /15

□ Glycaemia check

□ Oral glucose (dextrose, sandwich,…) administered

□ IV glucose administered

□ Sedation

□ Other:

**Exposure**:

□ Medical decision making:

□ Emergent medical transportation

□ Regulation (level of care, specific situation,…)

**Pain management:**

□ Oral/nasal analgesia

□ IV analgesia

□ Dissociative sedation

□ General anaesthesia

**Other:**

□ IV/Oral medication

□ Stabilisation fracture or splinting limb