



NEW PRF

Transport Date: Cell Number: Level of Care: Patient Priority:

Patient Information

Surname: Initials: Title: Sex:

ID Number: DOB: Age: PI Tel No: PI Cell No:

Medical Aid Name: Medical Aid Number:

Main Member: Mem ID Number: Mem Tel No:

History

Diagnosis:

Primary Survey:

Primary Survey:

CNS ☐ CVS ☐ Resp ☐ Renal ☐ GIT ☐

Past Medical History:

Allergies:

Current Medication:

Vital Signs

	Time 1	Time 2	Time 3	Time 4	Time 5
Airway Maintenance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resp/Vent:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Pressure Sys:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Pressure Dia:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GCS 4:					
GCS 5:					
GCS 6:					
Skin:					
Pupils:					
PI Temperature:					
HOT:					
SP02:					
Pain Scale:					

I.V Therapy

IV Fluid	Volume	Site	Needle Guage	Administration Set	Time On

Medication

Medication	Dose	Route	Time S1	Administered By S1

Treatment

<input type="checkbox"/> Dressing	<input type="checkbox"/> Scoop	<input type="checkbox"/> H.I.D	<input type="checkbox"/> V/S Monitor	<input type="checkbox"/> Suction
<input type="checkbox"/> Splint	<input type="checkbox"/> Spine Board	<input type="checkbox"/> Spider Harness	<input type="checkbox"/> Syringe Driver/Infusion Pump	
<input type="checkbox"/> Traction Splint	<input type="checkbox"/> C/Collar	<input type="checkbox"/> Kendrick	<input type="checkbox"/> Incubator	
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Defiltration	<input type="checkbox"/> External Cardiac Pacing	

Rate:		L/min:		Joules:		Pacing m/A:	
Tidal Volume:		Device:		Shocks:		Rate:	
Peep:				Rhythm:			
Additional Treatment Notes:							

Transport Information

Transported From:					
Transported To:					
Dispatch:		Km Start:		Ambulance:	
On Scene:		Km On Scene:		Crew 1:	
Depart Scene:		Km At Dest.:		Crew 2:	
At Destination:		Km Back At Base:		Crew 2:	
Available:		Response Vehicle:			
Total Time:		Total Km:		ALS:	
Transported By:		Patent Attended:			