



P.R.F MEDICAL CENTRE

B-186, S.B.C.H.S., Gulistan-e-Jadeed, Block-12, Karachi.
Phone: 34017604, 34022766, 34020746

EMERGENCY NOTES

M.R. NO. _____

Receipt No. _____

Patient Name _____

W/O, S/O, D/O _____

Age _____

Gender _____

Date _____

Time _____

Serial No. _____

PRESENTING COMPLAINTS: _____

*Diarrhoea
Loose motion.*

PAST HISTORY: _____

STATUS

☐

Conscious

☐

Unconscious

☐

Walk In

☐

Wheel Chair

☐

Stretcher

VITAL SIGNS: BP = *120/80* mmHg: Pulse: _____ /min: Temp *100* F: R/R _____ Min _____ Weight _____ Kg

PHYSICAL EXAMINATION: _____

- in canula.

- Di. Flaggy no yari

INVESTIGATION: _____

*- 2. Nondiat. 15 yari
2. P/L 1000 ml.
W.C.*

TREATMENT GIVEN BY: _____

Ther. Entuzol 500 6

1+1+1

Ther. Panadol 6

DISCHARGE MEDICATION: _____

1+1+1
Redi-tral 2

DISCHARGE STATUS:

Sent Home

☐

Refer to other hospital

☐

Expired

☐

Left Against Medical Advised

☐

Refer to Consultant

☐

Admitted

☐

OPD FOLLOW UP (IF ADVISED)

Yes

☐

No

☐

Date: *3 19/9* Department: _____ Time: _____

RMO Name _____

Signature: *[Signature]*

Signature: _____

Nursing Staff Name: _____