

Ambulance Care Summary

Ambulance Master Incident Number 0169-1-2024/11/07

The information below is provided strictly for the purpose of providing healthcare services to the named patient, and any purpose directly related to that purpose.

Incident Information						
Date and Time of Call:	Dispatch Time:	Responding:	At Scene:	At Patient:	Depart Scene:	At Destination:
07/11/2024 06:51	07/11/2024 06:51	07/11/2024 06:51	07/11/2024 07:19	07/11/2024 07:54		
Final Patient Status:	3-Unlikely threat to life	Disposition:	Treat or Assist only	Ambulance call sign:	CITY2	
Destination:				Referral Pathway:		
ACC Claim Number:						
Incident Location:	: @NO 9 HOTEL CLYDE ST/GREAT SOUTH RD 9 MANUKAU RD			Location Type:	Public (Other)	
Clinicians Attending:	167848	Nicholas James				
	493595	Sarah Louise				

Patient Information			
NHI Number:		Name:	Melissa Maria Holliman
Sex:	Female	DoB:	1972
Age:	52	Year(s)	
Address:			
Home Phone:	Work phone:	Mobile phone:	
Next of Kin:			

History			
Presenting Complaint:	Assault	Date/time of onset:	07/11/2024 06:00
Incident history:	Of being assaulted by known male this mane, neighbour has called ambulance. Police on scene.		
Mechanism of injury:	Assault		
Sport:			
Vehicle type:	Patient characteristics:	Est impact speed:	
Ambulance Transfer of Care	Page 1 of 4	Melissa Maria Holliman	

For: KAZ R FRAIDER
Disclosed under the Criminal Disclosure Act 2008

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Primary Survey

Status at Scene: 3-Unlikely threat to life

Responsiveness: Alert

Airway: Patent (Clear)

Breathing: Effective

Circulation: Normal

Blood Loss: Nil

Clinical Impression

Primary clinical impression: Acute pain

Notes:

OA pt sitting in room, C and A, police on scene. Mild distress from recent assault.
A patent, nil stridor, contusions to LH side neck.
B effective, speaking full sentences.
C mild tachycardic regular radials, warm and dry to touch. Fast crt.
D GCS15 afebrile normoglycaemic

OE

T assaulted early this mane by known male. Acute pain to LHS head, shoulder, ribs.
Pt nil KO. Nil nausea, full recollection and orientated tpp. Nil siezure activity.
Was sleeping and woken to assault, male had hands around pt neck, pulled her off bed onto floor, where pt rolled into ball on RHS exposing LHS. Pt not sure how she was being struck, ?fists or kicks, to LHS.
Mild contusion to LHS occiput. Bleeding from LHS ear, now stemmed. Lac rather than injury to eardrum? States can hear from ear, slightly dulled or sounding like she is in a tank. Mild pain in ear not severe.
Contusion to LH side neck, assume from strangulation attempt. Airway clear and good air entry throughout, nil wheeze, equal chest rise and fall. Some pain on inhalation LHS, and mild contusions showing LHS lower ribs under armpit. Nil sob, mild pain on moving LH arm up, pain in rib area.
Nil central Chest pain, nil sob, nil dizzyness. Nil abdominal pain, SNT, nil distention or bruising. Nil active bleeding and haemodynamically stable. States has been recently well. Is known epileptic managed well with regular epilem, nil siezures for 2 years.
Denies sexual assault.
Mild pain to L leg posterior and distal to buttock, small graze.
PLAN given oral analgesia and advice to see WhiteCross or similar today, to check L ear, and for script for more pain releif. Pt happy with plan, will rest up, shower and clean ear, and go to WC today.

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Vital Signs and Treatment

Time	GCS	Heart Rate	Resp Rate	BP	SpO ₂	Rhythm	BGL	Cap Refill	Temp	Pain	Pupil (mm L/R)	ETCO ₂	Skin	PEFR
07/11/2024 07:24	4+5+6=15		16				5.7	P=2 C=2	37.20 °C 4 (Tympanic)					
07/11/2024 07:50	4+5+6=15	95		150/100	100									

Disposition

Final patient status: 3-Unlikely threat to life Disposition: Treat or Assist only

Notes: Pt happy with plan to visit WC for further assessment. More comfortable post analgesia.

Past Medical History

Past Medical History: Seizures

Medications: [REDACTED]

Allergies: [REDACTED]

Advice to Patient

As per ACS.

Media

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Advice to patient

Primary Clinical Impression


Assault - Acute Pain

Advice / Instructions / Plan

- Administered Paracetamol & Ibuprofen @ 0735 am
- Normal vital signs - able to ambulate
- To see A&E for assessment of head & ear & jaw
- To self drive to A&E
- Left in care of police

If your condition changes and it is not an emergency please contact your GP or freephone Healthline on 0800-611-111. In the event of an emergency always call 111.

If you see another health care provider (like a doctor or nurse) in the next seven days please give them this form; they can use the code written on the other side to find out more about what we did.

Officer signature  Officer number 443547