



United Rapid Emergency Medical Services

Non-profit: 300-552

Registration: 2022/855257/08

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United Rapid Emergency Medical Services (UREMS)

Case Report & Operational Summary

Period Covered: April – 12 October 2025

As we continue to serve communities through our mission to provide advanced emergency care to those without medical aid, we are humbled to share an overview of our operations and clinical impact over the past six months.

Operational Overview

Since the start of active operations in April 2025, UREMS has completed 55 patient transports, supported by our dedicated team of clinicians and partners. Although our overall daily call rate remains modest, the clinical acuity of our patients is exceptionally high, with approximately 85–90% classified as Priority 1 (P1) emergencies.

These P1 cases include some of the most critical and life-threatening incidents—motor vehicle and pedestrian accidents, gunshot wounds, stabbings, head injuries, and multi-trauma cases—requiring advanced care and rapid decision-making in the field.

Collaborations and Partnerships

Our ability to respond effectively is strengthened through collaboration. UREMS has worked alongside multiple emergency service providers, including Gauteng Provincial Government EMS (GPG), ER24, Netcare 911, Help24, Emer-G-Med (EGM), SLA, and Rocket HEMS.

More than a dozen of our transports were conducted in partnership with GPG EMS, providing ALS backup support in instances where no advanced life support practitioner was available. These collaborations highlight the shared commitment to ensuring that no patient is left without appropriate care in their hour of need.

Regional Coverage

Although licensed for Region A, our cases have extended well beyond this boundary, reaching Cosmo City, Randburg, Midrand, Lanseria, Tembisa, Krugersdorp, and Soweto.

This geographic spread demonstrates both the demand for advanced prehospital care and the trust placed in UREMS by the public and our partner emergency service providers.

Patient Demographics

The profile of our patients reflects the diverse communities we serve:

- Gender: Approximately 80% male
- Race: 84% Black African, 11% White, 5% Coloured
- Age: Primarily adults (20–60 years), with several paediatric emergencies, including a 3-year-old and a 13-year-old who both required RSI and ventilatory support



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Clinical Highlights

- Rapid Sequence Intubation (RSI): 15 procedures performed with a 93% first-pass success rate, reflecting strong clinical governance, preparation, and adherence to best practice standards.
- Advanced Airway Case: One patient sustained extensive full-thickness burns covering an estimated 65% of total body surface area, accompanied by severe swelling of the upper airway. A surgical airway was performed under induction (without paralysis) to maintain oxygenation and relieve obstruction. The procedure was successful, but despite all efforts, the patient later succumbed to his injuries due to catastrophic thermal and muscular damage. Our team ensured that his pain was managed, his airway was secured, and his dignity was preserved—protecting him from bystanders attempting to take photographs.
- Penetrating Cardiac Trauma: In another critical case, UREMS was the first ALS unit to arrive at a stabbing where a young male had sustained a penetrating injury to his left ventricle. Early recognition of the injury and immediate activation of the Baragwanath surgical team resulted in rapid transfer to theatre. The patient survived following emergency cardiac surgery. The Baragwanath surgical team has indicated that a formal case report on this incident will be published in due course.

These results affirm our commitment to maintaining excellence in clinical care, training, and oversight.

Impact and Outlook

Every case managed by UREMS represents a moment where timely intervention and compassionate care made a tangible difference.

While our call volume remains steady, the severity of our cases continues to justify our ongoing development and operational readiness.

As we move forward, we have requested authorisation from the Gauteng Department of Health to extend our ALS/ECP standby hours, allowing activation for confirmed P1 emergencies beyond standard operating times (17:00–00:00 on weekdays and 06:00–00:00 on Saturdays).

This flexibility will ensure that critically ill and injured patients have access to advanced care even after normal working hours.

Acknowledging Our Donors and Supporters

We extend heartfelt gratitude to all our supporters, donors, and partners—locally and internationally—who make this work possible. Your contributions allow us to reach patients who would otherwise have no access to critical prehospital care.

The growth and sustainability of UREMS would not be possible without the extraordinary generosity, trust, and faithfulness of our supporters. We extend our sincere gratitude to Mr Robert Lewis (INTXIS) and Ms Kerryn Coker, whose significant capital contributions have covered essential operational costs, including insurance and administrative expenses—the foundations that keep our service roadworthy, compliant, and ready to respond when lives are at risk.

We also recognise the many who have kept our critical response unit running and our mission alive through tangible support. Douglasdale CPF, Sasol Blandford, Emer-G-Med, 6th Sense Protection Group, Andy Harper, Kyle Cornish, and the Tewson Family have all contributed fuel donations, ensuring that our team remains available for any emergency.



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We are especially grateful to Andre Raijmakers from GPG, who generously donated medical consumables, and to Mark Usher, whose contributions extend beyond vehicle maintenance to include radio communications, allowing dispatch coordination from CPF, IER, Tyrone Vanlonkhuyzen, and Byron Tewson, among others—connecting us to calls and improving our response.

We sincerely thank our logistical and operational supporters: Tac54 for invaluable logistical support, Dirt Cafe for cleaning our rapid response vehicle weekly at no cost, Michael Tuck for donating our run-flat tyres and ongoing vehicle maintenance support, Jack's Tyres, Mark Usher, and Bosch Fourways for mechanical and fleet support, and Surgiclin for servicing our medical equipment. We also extend our heartfelt gratitude to Robbie from Mnandi Signs for donating our beautiful branding; Samantha and Kyle from Skyz Supplies for providing our PRF books; Cerberus Tactical Outfitters for branding our uniforms; Dr Daniel Grassmann for donating uniforms; Burnshield for supplying critical consumables; Christiaan Vorster for donating our emergency lights and siren unit; and Moe from Halo Fleet for fitting the siren unit at no cost. We further thank ICU Medical for their continued donation of essential medical consumables, Black Eagle EMS for generously supplying vital emergency medicines, and Mr First Aid for providing excellent pricing on critical supplies. Our appreciation also goes to Pieter van Zyl from Yeti Oxygen Supply for providing us with oxygen at no cost, and to Steve Wells from Digitrack for supplying our vehicle tracking and tracking reports free of charge.

We thank those who help us share our story and reach more hearts: Kyle Coker for our dashcam, Branded Worx for producing our adverts and upcoming feature stories, Kayla Richter for drone footage and financial contribution, and Specialised Defence Group for professional marketing videos.

To our board of directors—Robynn Niemack (MBA) and Tracy-Lee Wilson (Business Accountant)—we offer heartfelt appreciation for your steadfast leadership, guidance, and integrity.

Finally, we extend immense gratitude to Dr Daniel Grassmann, founder of ASAMEx (Austrian South African Medical Exchange). Through this partnership, UREMS has received 95% of its vital equipment, consumables, and funding—a blessing that has transformed our capacity to serve. His vision has strengthened our clinical foundation and built an international bridge of compassion and collaboration.

Together, these individuals and organisations represent the hands, hearts, and hope behind every life UREMS is privileged to reach. Their support is more than material—it is a shared act of faith and compassion, reminding us that we never serve alone.

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Yours sincerely

Karien Naude
Founder & Managing Director
Emergency Care Practitioner
United Rapid Emergency Medical Services