

Pr No: 00900030633941

Reg No: 2013/205784/07



P.O BOX 3844 Thohoyandou 0950

E: eaglesambu@gmail.com

C: 084 561 9900

C: 073 710 0702

F: 086 670 9246

PRF NO: 9989

Pre/PostAuth No: 18-0530661-E-01 Date: 05/11/2018, 14:02:00

Time	Odometer	Patient Name	Kone Takalani	Age	33	
Received	12:48	239824	I.D No	8506100530086	Gender	Female
Dispatched	12:48	239824	Physical Address	508 tshakuma village	P Code	0958
Arrival Scene	12:51	239825	Postal Address	P O Box 106 vhfuhuli	P Code	0971
Depart Scene	13:21	239825	Work Details	Dept of health	Work Tell	
At Facility	13:31	239831	Home Tell		Cell	0726753321
Available	14:00	239838	Medical Aid Name	Gems sapphire	M/Aid No	
With Patient			Principal Member	Kone Takalani	MM I.D	8506100530086
Without Patient			Next of Kin	Kone Merriam	Tell	0766081710

Amb No: E4	Transport From: Old mutual opp. Venda plaza& taxi rank thohoyandou 0950	Transport To: Tshilidzini hospital	CPRV No:
Crew 1: Ntsonda V	HPCSA Reg: ECT 0009954	ICD 10:	
Crew 2: Nengovhela N	HPCSA Reg: BAA 1540190	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of dizziness, general body weakness and headache.
Primary Survey: No abnormalities detected
Secondary Survey: Patient ill looking and weak, dry and pale skin, pedal edema
Ample History: A- none M-TB on treatment P-2018 admitted for TB L-Breakfast E- dizziness, general body weakness and headache

Time	Breath Rythm						Vitals						Neuro								
	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 l/min	SPO2	Level of Consci.	Resp. rate	Heart Rate	Rhythm	BP	Perfusion	Pain Score	Temperature	Pupil Size	Pupil Reaction		GCS(E:4 V:5 M:6)	Apgar	HGT (mmol/l)	
12:55	Regular	Normal	Good	Central	R.air	96%	Alert	20	104	Regular	107/67	Poor	3	36.4	3	3	Brisk	Brisk	15		9.0
13:15	Regular	Normal	Good	Central	R.air	99%	Alert	20	110	Regular	118/72	Poor	3	-	3	3	Brisk	Brisk	15	-	-
13:31	Regular	Normal	Good	Central	R.air	99%	Alert	20	118	Regular	136/96	Poor	3	-	3	3	Brisk	Brisk	15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Ringer lactate	600ml	R.hand	12:59	13:31	

Drug Name	Dosage	Time	Route	Qualification	Signature
hgghjhhgh					

Management of Patient: Patient assessed, iv line sited up, vital signs monitored and recorded enroute to facility

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- IV Access	

Treated by: Ntsonda Signature: Qualification: ECT	Handed over to: Mulovhedzi Signature: Qualification: RN	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Kone Takalani
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I the undersigned: Kone Takalani I.D No 8506100530086 describe herein as the patient, principal member or guarantor, acknowledge and accept liability for all costs involved for the services rendered by Eagles 911 Emergency Services, even though I am a member of aid.

Signature:

Date: 12/11/2018, 14:24:11