

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10046

Pre/PostAuth No: 1811125113 Date: 12/11/2018, 12:37:29

Time	Odometer	Patient Name	Mukwevho Orinea	Age	3	
Recieved	09:11	380161	I.D No	1605010991086	Gender	Female
Dispatched	09:11	380161	Physical Address	Tshikonelo mcp	P Code	0982
Arrival Scene	09:20	380168	Postal Address	P.o. box 3119 malamulele	P Code	0982
Depart Scene	09:55	380168	Work Details		Work Tell	
At Facility	11:45	380342	Home Tell		Cell	0725263013
Available	17:04	380530	Medical Aid Name	Discovery	M/Aid No	551261090
With Patient			Principal Member	Mukwevho prince	MM I.D	930331576087
Without Patient			Next of Kin	Thabo livhuwani	Tell	0799393533

Amb No: E1	Transport From: Tshilidzini Hospital	Transport To: Mediclinic Limpopo	CPRV No:
Crew 1: Matonsi precious	HPCSA Reg: Ana 0186570	ICD 10:	
Crew 2: Mundalamo d	HPCSA Reg: Ant0014508	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation: Depart time delayed due to stabilization			

Clinical Notes

Present History: Patient reportedly to have difficulty in breathing, fever and persistent cough by grandmother
Primary Survey: A-patient B-spontaneous C-all pulses present
Secondary Survey: Patient ill looking and weak Nasal flaring Wheeze Chest indrawing
Ample History: A-none M-none P-none L-morning bottle fed E- difficulty in breathing, fever and persistent cough

Time	Breath Rythm						Vitals						Neuro								
	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 1/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)	
															L	R	L	R			

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
200ml normal saline	100ml	Left hand	09:40	11:46	HOSPITAL

Drug Name	Dosage	Time	Route	Qualification	Signature
Normal saline	1ml	09:47	Neb	Als	<i>[Signature]</i>
Feneterol	0,5mg	09:47	Neb	Als	<i>[Signature]</i>
Ipratropium bromide	0,25mg	09:47	Neb	Als	<i>[Signature]</i>

hghjhhgh

Management of Patient: Patient assessed nebulized and medication given, IV line sited up at hospital, Patient transported on semi sitted carried by grandmother. vital signs monitored and recorded ensure to facility

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- Nebulizer - SP O2	- IV Access	

Treated by: Mundalamo Signature: <i>[Signature]</i> Qualification: Als	Handed over to: Michael t Signature: T. murkei Qualification: Enrolled nurses	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Thabo livhuwani
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I the undersigned: Thabo livhuwani I.D No 7302050789083 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:
Thabo
Date: 13/11/2018, 11:07:36