

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10027

Pre/PostAuth No:	Date: 30/11/2018, 14:29:37
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Time	Odometer	Patient Name	Nethengwe Ambani	Age	33	
Recieved	13:24	389132	I.D No	8610210655088	Gender	Female
Dispatched	13:24	389132	Physical Address	Thengwe section	P Code	0956
Arrival Scene	13:58	389173	Postal Address	P.O Box 360 Mutale	P Code	0956
Depart Scene	14:12	389173	Work Details		Work Tell	
At Facility			Home Tell		Cell	0711187232
Available			Medical Aid Name	Polmed	M/Aid No	64104002074
With Patient			Principal Member	Nethengwe Victor	MM I.D	8504225897084
Without Patient			Next of Kin	Nethengwe victor	Tell	0792933604

Amb No: E2	Transport From: Thengwe clinic	Transport To: Donald franser hospital	CPRV No:
Crew 1: Mathonsi p	HPCSA Reg: ANA0186570	ICD 10:	
Crew 2: Nengovhela N	HPCSA Reg: BAA1540190	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: P2G3 +40 weeks pregnant complaining of lower abdominal pains, body weakness and feeling nousea
Primary Survey: No abnormalities was detected
Secondary Survey: 40 weeks pregnant, PV bleeding
Ample History: A-none M-none P-none L-breakfast E-lower abdominal pains in pregnancy

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	Temper ature	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
Normal saline	1000ml	L hanf	14:10		

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

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

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

Treated by: Mathondi p Signature: Qualification: ILS	Handed over to: Signature: Qualification:	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No:
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I the undersigned: I.D No 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: _____