

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10026

Pre/PostAuth No:	Date: 03/12/2018, 13:54:58
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Time	Odometer	Patient Name	Mukatuni Rinae	Age	-1	
Recieved	13:03	390175	I.D No	20011226	Gender	Female
Dispatched	13:03	390175	Physical Address	No 358 dzimauli	P Code	0956
Arrival Scene	13:05	390176	Postal Address	P.O Box 34 dzimauli	P Code	0956
Depart Scene	14:20	390176	Work Details		Work Tell	
At Facility	14:26	390247	Home Tell		Cell	0714681712
Available	16:16	390318	Medical Aid Name	Medshield	M/Aid No	55101148737
With Patient			Principal Member	Mukatuni MP	MM I.D	6412025114084
Without Patient			Next of Kin	Mukatuni Tshifhiwa	Tell	0827061691

Amb No: E2	Transport From: Dr Makulana unit 4 metropolitan centre thohoyandou CBD 0950	Transport To: Zoutpansberg private hospital	CPRV No:
Crew 1: Masevhe ZR	HPCSA Reg: ANA0153079	ICD 10:	
Crew 2: Nematodzi F	HPCSA Reg: BAA1381199	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complains of persisting body weakness, dizziness and abdominal pain
Primary Survey: No abnormalities detected
Secondary Survey: Heavy pv bleeding, delayed capillary refill, and poor skin turgor
AMPLE History: A-unknown M-none P-none L-afternoon E- persisting abdominal pain

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)	
13:12	Regular	Normal	Good	Central	Room air	98%	Alert	17	79	Regular	100/46	Fair	2	36.6	3	3	Brisk	Brisk	15/15		4.9
13:25	Regular	Normal	Good	Central	Room air	99%	Alert	17	74	Regular	101/50	Fair	2		3	3	Brisk	Brisk	15/15		
13:55	Regular	Normal	Good	Central	Room air	97%	Alert	18	70	Regular	110/55	Fair	2		3	3	Brisk	Brisk	15/15		
14:26	Regular	Normal	Good	Central	Room air	98%	Alert	19	77	Regular	119/59	Fair	2		3	3	Brisk	Brisk	15_15		

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Ringer lactate	1000ml	Right hand	13:13	14:26	

Drug Name	Dosage	Time	Route	Qualification	Signature
hgghjhhgh					

Management of Patient: Patient assessed, calmed and reassured, iv line put and vital signs taken and monitored until handover at hospital.

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP O2	- IO access	

Treated by: Masevhe ZR 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: