

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: 10058

Pre/PostAuth No:	Date: 06/12/2018, 11:54:15
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Time	Odometer	Patient Name	Netshivhumbe nyawasedza	Age	62	
Recieved	10:40	163950	I.D No	5702010958086	Gender	Female
Dispatched	10:40	163950	Physical Address	Not knownn	P Code	
Arrival Scene	10:43	163952	Postal Address	P o box 1110 mutale	P Code	0956
Depart Scene	10:59	163952	Work Details		Work Tell	
At Facility	11:15	163959	Home Tell		Cell	0760714495
Available	12:20	163964	Medical Aid Name	Gems supphire	M/Aid No	000804809
With Patient			Principal Member	Netshivhumbe	MM I.D	5702010958086
Without Patient			Next of Kin	Nekhavhambe O	Tell	0795348245

Amb No: E3	Transport From: Dr nangambi 259 block p east thohoyandou 0950	Transport To: Tshilidzini hospital	CPRV No:
Crew 1: Mundalamo D	HPCSA Reg: Ant 0014508	ICD 10:	
Crew 2: Ndou L	HPCSA Reg: BAA 1578529	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation: Case delayed at handover while hospital was looking for a bed for the patient			

Clinical Notes

Present History: Patient complaining of difficulty in breathing, shortness of breath and easily getting tired
Primary Survey: No abnormalities detected
Secondary Survey: Pedal oedema, high temperature
AMPLE History: A-sulphar, m-antidiabetics, p- diabetics, L-breakfast, E- Acute difficulty in breathing

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)
10:46	Regular	Crackles	Poor	Central	Room air	87%	Alert	24	102	Regular	108 /64	Good	0	37,2	3 3	None None	15	-	8,2
11:00	Regular	Crackles	Poor	Central	40%	91%	Alert	22	108	Regular	112 /70	Good	0	-	3 3	None None	15	-	-
11:15	Regular	Crackles	Poor	Central	40%	92%	Alert	22	101	Regular	116 /72	Good	0	-	3 3	None None	15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
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Drug Name	Dosage	Time	Route	Qualification	Signature
Furosemide	80mg	10:50	IMI	Als	

hghgjhhgh

Management of Patient: Patient was assessed positioned in semi seated oxygen and medication were administered patient observed during transportation
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Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- ECG	

Treated by: Signature:	Handed over to: Signature:	Patient refuses Treatment or Transport Name: Signature:	WCA No: COC No:
Qualification:	Qualification:	Date:	Signature:

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. Date: