

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: 10037

|                  |                            |
|------------------|----------------------------|
| Pre/PostAuth No: | Date: 07/12/2018, 18:38:08 |
|------------------|----------------------------|

| Time            | Odometer | Patient Name   | Age                  |
|-----------------|----------|--|----------------------|
| Received        |          | Khuguvhila Mercy   | 59                   |
| Dispatched      |          | I.D No 6010030301082                                     | Gender Female        |
| Arrival Scene   |          | Physical Address Stand no 10069 Ha Gumbu                 | P Code 0989          |
| Depart Scene    |          | Postal Address P.o.box 116 Masisi                        | P Code 0989          |
| At Facility     | 13:42    | 390865   | Work Tell            |
| Available       | 18:15    | 391059   | Home Tell            |
| With Patient    |          |  | Cell 0766853904      |
| Without Patient |          |  | M/Aid No 6284019     |
|                 |          | Medical Aid Name Resolution Health progressive Flex Plus |                      |
|                 |          | Principal Member Khuguvhila Mercy                        | MM I.D 6010030301082 |
|                 |          | Next of Kin Phaswana I.R                                 | Tell 0823104824      |

|                      |   |   |          |
|----------------------|---|---|----------|
| Amb No: E2           | Transport From: Dr T.V Malima,Stand no 2425,Vondwe Medical centre | Transport To:Netcare pholoso hospital                             | CPRV No: |
| Crew 1: Maamogo LR   | HPCSA Reg: ECT 0009970  | ICD 10:   |          |
| Crew 2: Nethengwe MC | HPCSA Reg: BAA 1552953  | Diagnosis: Congested cardiac failure /hypertensive cardiomyopathy |          |
| Crew 3:              | HPCSA Reg:  |   |          |
| Level of Care: ALS   | Priority: P2  | Call Type: Medical  |          |
| Remark/Motivation:   |   |   |          |

**Clinical Notes**

|  |
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| <b>Present History:</b> Patient complains of difficulty in breathing, persistent cough, swollen feet and unable to walk                                      |
| <b>Primary Survey:</b> A-patent, B-spontaneous, C-All pulses are present   |
| <b>Secondary Survey:</b> Difficulty in breathing, persistent cough, pedal edema and excessive sweat  |
| <b>Ample History:</b> A-Unknown,M-Astavent and arthritis,P-asthmatic and arthritis,L-last-night, E-difficulty in breathing and persistent cough, Pedal edema |

| 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) |      |
| 11:40 | Regular      | Crackles     | Decreased | Central          | R/air    | 88%  | Alert            | 22         | 128        | Regular | 172/85 | Good      | 3          | 36.9        | 3          | 3              | Brisk | Brisk            | 15/15 | -            | 12.4 |
| 11:50 | Regular      | Crackles     | Decreased | Central          | 4l       | 88%  | Alert            | 20         | 126        | Regular | 172/85 | Good      | 3          | 36.9        | 3          | 3              | Brisk | Brisk            | 15/15 | -            | 12.4 |
| 12:20 | Regular      | Crackles     | Decreased | Central          | Neb      | 90%  | Alert            | 18         | 124        | Regular | 170/82 | Good      | 3          | 36.9        | 3          | 3              | Brisk | Brisk            | 15/15 | -            | 12.4 |
| 12:50 | Regular      | Crackles     | Decreased | Central          | Neb      | 94%  | Alert            | 20         | 120        | Regular | 170/89 | Good      | 3          | 36.9        | 3          | 3              | Brisk | Brisk            | 15/15 | -            | 12.4 |
| 13:20 | Regular      | Normal       | Normal    | Central          | R/air    | 92%  | Alert            | 18         | 122        | Regular | 166/91 | Good      | 3          | 36.9        | 3          | 3              | Brisk | Brisk            | 15/15 | -            | 12.4 |
| 13:42 | Regular      | Normal       | Normal    | Central          | R/air    | 93%  | Alert            | 18         | 126        | Regular | 156/93 | Good      | 3          | 36.9        | 3          | 3              | Brisk | Brisk            | 15/15 | -            | 12.4 |

| Fluid Type    | Volume | Site   | Time Start | Time Stop | Signature |
|---------------|--------|--------|------------|-----------|-----------|
| Normal saline | 200ml  | L/hand | 11:40      | 13:42     |           |

| Drug Name           | Dosage | Time  | Route | Qualification | Signature |
|---------------------|--------|-------|-------|---------------|-----------|
| Ipratropium bromide | 0.5mg  | 11:40 | Neb   | ECT           |           |
| Feneterol           | 1.25mg | 11:40 | Neb   | ECT           |           |
| Normal saline       | 1ml    | 11:40 | Neb   | ECT           |           |
| Lasix               | 100mg  | 11:45 | Imi   | Ant           |           |

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Management of Patient:

| Equipment Used | Alignment | Airway | Breathing              | Circulation               | Other                |
|----------------|-----------|--------|------------------------|---------------------------|----------------------|
|                |           |        | - Nebulizer<br>- SP 02 | - IV Access<br>- Colloids | - Urine Catheter ( ) |

|  |   |  |  |
|--|---|--|--|
| Treated by: Maamogo LR<br>Signature:<br>Qualification: ECT | Handed over to: Masephe<br>Signature:<br>Qualification: R/N | Patient refuses Treatment or Transport<br>Name:<br>Signature:<br>Date: | WCA No:<br>COC No:<br>Khuguvhila Mercy |
|--|---|--|--|

I the undersigned: Khuguvhila Mercy I.D No 6010030301082 describe herein as the patient, princpal 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.