

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10033

Pre/PostAuth No:	Date: 02/01/2019, 11:49:10
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	Time	Odometer	Patient Name	Mavhivha elphus	Age	63
Recieved			I.D No	5605145811087	Gender	Male
Dispatched			Physical Address	Stand no 3241 tshwinga	P Code	0944
Arrival Scene			Postal Address	P O Box 148 masia	P Code	0944
Depart Scene			Work Details		Work Tell	
At Facility			Home Tell		Cell	0760476078
Available			Medical Aid Name	Gems Emerald	M/Aid No	000070716
With Patient			Principal Member	Mavhivha Elphus	MM I.D	5605145811080
Without Patient			Next of Kin	Mavhivha Abazwitami	Tell	0713235258

Amb No: E2	Transport From: 2/789 Thphoyandou block p east punda maria Rd 0950	Transport To: Limpopo medi clinic	CPRV No:
Crew 1: Mathonsi p	HPCSA Reg: ANA0186570	ICD 10:	
Crew 2: Tshikororo s	HPCSA Reg: Baa1427547	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

**Clinical Notes**

<b>Present History:</b> Patient complaining of persisting pain on the right ankle
<b>Primary Survey:</b> No abnormalities was detected
<b>Secondary Survey:</b> Swollen right ankle
<b>Ample History:</b> A-none M- diabetic medication P- known hypertensive patient L- breakfast E- painful right ankle

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	900ml	Right hand			

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient: Patient assesed calmed and reassured iv line sited up by the doctor.vital signs taken and monitored enroute to fclity for furthur management

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

Treated by: Mathonsi Signature:  Qualification: ILS	Handed over to: Signature: Qualification:	<b>Patient refuses Treatment or Transport</b> Name: Signature: Date:	<b>WCA No:</b> <b>COC No:</b>
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I the undersigned: I.D No 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.

Signature:  
Date: