

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10085

Pre/PostAuth No:	Date: 05/01/2019, 11:31:38
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Time	Odometer	Patient Name	Vincent Brian	Age	66		
Recieved	23:54	255261	I.D No	5302035161087	Gender	Male	
Dispatched	23:54	255261	Physical Address	63 Eastland Estate, 9th road Zesfontein, Benoni North,		P Code	1501
Arrival Scene	00:27	255292	Postal Address	Postnet suite 21A, Private bag x5 Aston Manner	P Code	1630	
Depart Scene	01:03	255292	Work Details		Work Tell		
At Facility	03:01	255438	Home Tell		Cell	0833076799	
Available	05:40	255603	Medical Aid Name	Bankmed Plus Plan	M/Aid No	511519420	
With Patient			Principal Member	Vincent Brian	MM I.D	5302035161087	
Without Patient			Next of Kin	Vincent Marion	Tell	0832604430	

Amb No: E4	Transport From: Malamulele hospital	Transport To: Tzaneen Mediclinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nethengwe M	HPCSA Reg: BAA 1552953	Diagnosis: Left neck femur fracture	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Trauma	
Remark/Motivation:			

**Clinical Notes**

<b>Present History:</b> Patient complaining of painful left hip due to falling from same level from slipping and unable to walking. A known diabetic on treatment
<b>Primary Survey:</b> No abnormalities detected
<b>Secondary Survey:</b> Pain on the left hip on palpation
<b>Ample History:</b> A-penicillin, M-diabetes, P-Diabetic, L-supper, E-painful left hip and unable to walk

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)	
															L	R	L	R			

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	1000ml	Left hand	00:55	03:01	

Drug Name	Dosage	Time	Route	Qualification	Signature
Morphine sulphate	3mg	00:56	ivi	ECT	

hghgjhhgh

Management of Patient:
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Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- IV Access	

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Ntuli HG Signature: Qualification: R/N	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Vincent Brian
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I the undersigned: Vincent Brian I.D No 5302035161087 describe herein as the patient, princपाल 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: 2019-01-05