

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: 10055

Pre/PostAuth No: 19-	Date: 16/01/2019, 12:58:36
----------------------	----------------------------

Time	Odometer	Patient Name	Maluleke mkateko	Age	50	
Recieved	09:27	166711	I.D No	6910080529088	Gender	Female
Dispatched	09:27	166711	Physical Address	Stand no 109 muchipisi malamulele	P Code	0982
Arrival Scene	09:34	166713	Postal Address	P.o box 3622 malamulele	P Code	0982
Depart Scene	09:41	166713	Work Details		Work Tell	
At Facility	11:32	166889	Home Tell		Cell	0796396671
Available			Medical Aid Name	Gems ruby	M/Aid No	00122341
With Patient			Principal Member	Maluleke hlengani	MM I.D	6506035831080
Without Patient			Next of Kin	Maluleke l	Tell	0785889117

Amb No: E3	Transport From: Dr hadzhi no 2/789 block p east punda maria road Thohoyandou	Transport To: Netcare pholoso	CPRV No:
Crew 1: Ndhovu f	HPCSA Reg: BAA1171003	ICD 10:	
Crew 2: Nenguda k	HPCSA Reg: BAA1562541	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of abdominal pains, dizziness, loss of appetite, General body weakness and Nausea
Primary Survey: No abnormalities detected
Secondary Survey: Patient appears to be weak
Ample History: A None M None P c section 2000 and 2003 L Breakfast E abdominal pain, loss of appetite, dizziness and nausea

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)	
09:37	Regular	Normal	Normal	Central	Room air	99%	Alert	20	99	Regular	118/78	Good	3	36.3	3	3	Brisk	Brisk	15		6.7
09:53	Regular	Normal	Good	Central	Room air	99%	Alert	20	99	Regular	120/77	Good	3	36.3	3	3	Brisk	Brisk	15		
10:20	Regular	Normal	Good	Central	Room air	98%	Alert	19	98	Regular	118/78	Good	3		3	3	Brisk	Brisk	15		
10:45	Regular	Normal	Good	Central	Room air	96%	Alert	22	96	Regular	124/80	Good	3		3	3	Brisk	Brisk	15		
11:00	Regular	Normal	Good	Central	Room air	95%	Alert	22	88	Regular	139/80	Good	3		3	3	Brisk	Brisk	15		
11:32	Regular	Normal	Good	Central	Room air	96%	Alert	22	88	Regular	157/89	Good	3		3	3	Brisk	Brisk	15		

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Normal saline	ml	Lef hand	09:20	11:32	

Drug Name	Dosage	Time	Route	Qualification	Signature
Tramadol	100mg	09:25	Iv line	Doctor	
Maxalon	10mg	09:25	Iv line	Doctor	

hghgjhhgh

Management of Patient: Patient assessed and reassured iv line sited up by the doctor, vital signs taken and monitored, medication given at the doctor room enroute to fac2 for further management

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP O2	- IV Access	

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

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:
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------