

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10060

Pre/PostAuth No: Date: 17/01/2019, 11:19:28

| Time | Odometer | Patient Name | Denga Nthangeni | Age | 9 | |
|-----------------|----------|--------------|------------------|----------------------|-----------|---------------|
| Received | 08:03 | 390429 | I.D No | 1012286035088 | Gender | Male |
| Dispatched | 08:03 | 390429 | Physical Address | No:23 Tshithuthuni | P Code | 0955 |
| Arrival Scene | 08:57 | 390484 | Postal Address | P O Box 874 dzananwa | P Code | 0955 |
| Depart Scene | 09:18 | 390484 | Work Details | | Work Tell | |
| At Facility | 10:08 | 390527 | Home Tell | | Cell | 0760426044 |
| Available | 12:39 | 390601 | Medical Aid Name | Sizwe Medical Fund | M/Aid No | 04250004098 |
| With Patient | | | Principal Member | Denga AL | MM I.D | 7809275766084 |
| Without Patient | | | Next of Kin | Raedani Magret | Tell | 0720996691 |

| | | | |
|---|--|---|----------|
| Amb No: E1 | Transport From: Vuvha Clinic Nzhelele Limpopo 0920 | Transport To: Zoutpansberg private hospital | CPRV No: |
| Crew 1: Masevhe ZR | HPCSA Reg: ANA0153079 | ICD 10: | |
| Crew 2: Nengovhela N | HPCSA Reg: BAA1540190 | Diagnosis: | |
| Crew 3: | HPCSA Reg: | | |
| Level of Care: ILS | Priority: P2 | Call Type: Trauma | |
| Remark/Motivation: Medical aid option: Primary care. Case delayed while hospital prepares a bed and room for the patient. | | | |

Clinical Notes

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|--|
| Present History: Patient complains of pain on the left elbow which started after he fell while playing wrestling. |
| Primary Survey: No abnormalities detected |
| Secondary Survey: Pain on palpation on left elbow, nose bleeding |
| AMPLE History: A- unknown M-none P-none L-breakfast E- patient fell while playing wrestling |

| 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) | |
| 09:05 | Regular | Normal | Good | Central | Room air | 98% | Alert | 20 | 115 | Regular | 80/46 | Good | 3 | 36.9 | 3 | 3 | Brisk | Brisk | 15/15 | | 5.4 |
| 09:20 | Regular | Normal | Good | Central | Room air | 97% | Alert | 21 | 110 | Regular | 86/49 | Good | 2 | | 3 | 3 | Brisk | Brisk | 15/15 | | |
| 09:50 | Regular | Normal | Good | Central | Room air | 98% | Alert | 21 | 113 | Regular | 88/50 | Good | 2 | | 3 | 3 | Brisk | Brisk | 15/15 | | |
| 10:08 | Regular | Normal | Good | Central | Room air | 99% | Alert | 22 | 119 | Regular | 91/52 | Good | 2 | | 3 | 3 | Brisk | Brisk | 15/15 | | |

| Fluid Type | Volume | Site | Time Start | Time Stop | Signature |
|-----------------|--------|------------|------------|-----------|-----------|
| Sodium chloride | 200ml | Right hand | 09:10 | 10:08 | |

| Drug Name | Dosage | Time | Route | Qualification | Signature |
|-----------|--------|------|-------|---------------|-----------|
| hgghjhhgh | | | | | |

Management of Patient: Patient assessed, calmed and reassured, iv line put up, splint applied, vital signs taken and monitored enroute until handover at hospital

| Equipment Used | Alignment | Airway | Breathing | Circulation | Other |
|----------------|-----------|--------|-----------|-------------|--------------------|
| | - Splits | | - SP 02 | - IV Access | - Gauze - Crepe |

| | | | |
|--|---|--|--------------------------------|
| Treated by: Masevhe ZR Signature: Qualification: ILS | Handed over to: Ratombo T Signature: Qualification: Ren | Patient refuses Treatment or Transport Name: Signature: Date: | WCA No: COC No: Denga AL |
|--|---|--|--------------------------------|

I the undersigned: Denga AL I.D No 7809245766084 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: 17/01/2019, 13:36:44