

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10100

Pre/PostAuth No:	Date: 11/02/2019, 21:31:58
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Time	Odometer	Patient Name	Nemaranzhe Winnie	Age	57	
Recieved	14:25	406516	I.D No	6202050506084	Gender	Female
Dispatched	14:25	406516	Physical Address	Stand no 539 Phiphidi Hamuma	P Code	0994
Arrival Scene	14:27	406518	Postal Address	P.O Box 206 Thohoyandou	P Code	0950
Depart Scene	14:47	406518	Work Details		Work Tell	
At Facility	17:21	406724	Home Tell		Cell	0729152743
Available	20:56	406909	Medical Aid Name	Samwumed Option B	M/Aid No	000041484
With Patient			Principal Member	Nemaranzhe Derrick	MM I.D	
Without Patient			Next of Kin	Nemaranzhe Shavhani	Tell	0827060207

Amb No: E2	Transport From: Dr Hadzhi,2/789,P- East, Punda Maria Rd, Thohoyandou,0950	Transport To:Netcare pholoso hospital	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Phuluwa E	HPCSA Reg: BAA 1647970	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complains of difficulty in breathing, headache and tiredness
Primary Survey: No abnormalities detected
Secondary Survey: ill looking, fatigue, Coughing and crepitus on auscultation
Ample History: A-none,M-Astavent and pharmpress,P-c/section (1981,1983,1985), Hysterectomy (2013),L-breakfast,E-difficulty in breathing and headache,tiredness

Time	Breath Rythm						Vitals						Neuro								
	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 1/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)	
14:30	Regular	Crackles	Decreased	Central	R/air	90%	Alert	22	116	Regular	160/105	Good	0	36.9	3	3	Brisk	Brisk	15/15	-	8.6
14:47	Regular	Crackles	Decreased	Central	6l	90%	Alert	20	106	Regular	155/100	Good	0	-	3	3	Brisk	Brisk	15/15	-	-
15:27	Regular	Crackles	Decreased	Central	6l	94%	Alert	20	100	Regular	155/96	Good	0	-	3	3	Brisk	Brisk	15/15	-	-
15:57	Regular	Crackles	Decreased	Central	6l	96%	Alert	18	102	Regular	148/96	Good	0	-	3	3	Brisk	Brisk	15/15	-	-
16:47	Regular	Normal	Good	Central	R/air	96%	Alert	20	96	Regular	148/99	Good	0	-	3	3	Brisk	Brisk	15/15	-	-
17:21	Regular	Normal	Good	Central	R/air	96%	Alert	18	92	Regular	148/95	Good	0	36.7	3	3	Brisk	Brisk	15/15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Normal saline	200ml	L/hand	13:50	17:21	

Drug Name	Dosage	Time	Route	Qualification	Signature
Lasix	120mg	13:55	ivi	Doctor	

hghjhhgh

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- IV Access	- Urine Catheter ()

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Gavaza Mboweni Signature: Qualification: ENA	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Nemaranzhe Winnie
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I the undersigned: Nemaranzhe Winnie I.D No 6202050506084 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: 2019-02-11
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