

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10116

|                  |                            |
|------------------|----------------------------|
| Pre/PostAuth No: | Date: 11/03/2019, 16:59:40 |
|------------------|----------------------------|

| Time            | Odometer | Patient Name | Ravele Uadivha   | Age                              | 1        |               |
|-----------------|----------|--------------|------------------|----------------------------------|----------|---------------|
| Recieved        | 10:31    | 268924       | I.D No           | 1803230290088                    | Gender   | Female        |
| Dispatched      | 10:31    | 268924       | Physical Address | Stand no 248 Tshivhulani Village | P Code   | 0970          |
| Arrival Scene   | 10:37    | 268928       | Postal Address   | P.O. box 420 Thohoyandou         | P Code   | 0950          |
| Depart Scene    | 10:51    | 268928       | Work Details     | Work Tell                        |          |               |
| At Facility     | 12:49    | 269101       | Home Tell        | Cell                             |          | 0767127615    |
| Available       | 16:48    | 269277       | Medical Aid Name | Polmed Marine                    | M/Aid No | 64005971651   |
| With Patient    |          |              | Principal Member | Ravele T                         | MM I.D   | 7502205657081 |
| Without Patient |          |              | Next of Kin      | Ravele Vhutshilo                 | Tell     | 0826902714    |

|                    |  |   |          |
|--------------------|--|---|----------|
| Amb No: E4         | Transport From: Dr Hadzhi, 2/789, P-East, Punda Maria Rd, Thohoyandou 0950 | Transport To: Limpopo medi clinic                     | CPRV No: |
| Crew 1: Maamogo LR | HPCSA Reg: ECT 0009970   | ICD 10:   |          |
| Crew 2: Phuluwa E  | HPCSA Reg: BAA 1647970   | Diagnosis: Bronchopneumonia with respiratory distress |          |
| Crew 3:            | HPCSA Reg:   |   |          |
| Level of Care: ALS | Priority: P2   | Call Type: Medical                                    |          |
| Remark/Motivation: |  |   |          |

## Clinical Notes

|   |
|---|
| <b>Present History:</b> Patient reportedly to have elevated body temperature, coughs and vomiting by Mother |
| <b>Primary Survey:</b> No abnormalities detected  |
| <b>Secondary Survey:</b> ill looking, sunken eyes, nasal flaring and skin hot on touch                      |
| <b>Ample History:</b> A-none, M-none, P-none, L-morning, E-Elevated body temperature and vomiting           |

| 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) |     |
| 10:45 | Regular      | Normal       | Decreased | Central          | R/air    | 88%  | Alert             | 34         | 148        | Regular | 66/50 | Fair      | 0          | 39.0        | 2          | 2              | Brisk | Brisk            | 15/15 | -            | 4.2 |
| 10:51 | Regular      | Normal       | Decreased | Central          | 4l       | 90%  | Alert             | 30         | 144        | Regular | 66/50 | Fair      | 0          | -           | 2          | 2              | Brisk | Brisk            | 15/15 | -            | -   |
| 11:21 | Regular      | Normal       | Decreased | Central          | 4l       | 92%  | Alert             | 28         | 152        | Regular | 67/51 | Fair      | 0          | -           | 2          | 2              | Brisk | Brisk            | 15/15 | -            | -   |
| 11:51 | Regular      | Normal       | Good      | Central          | R/air    | 94%  | Alert             | 26         | 148        | Regular | 67/52 | Good      | 0          | 39.0        | 2          | 2              | Brisk | Brisk            | 15/15 | -            | -   |
| 12:21 | Regular      | Normal       | Good      | Central          | Rair     | 94%  | Alert             | 22         | 140        | Regular | 69/51 | Good      | 0          | -           | 2          | 2              | Brisk | Brisk            | 15/15 | -            | -   |
| 12:49 | Regular      | Normal       | Good      | Central          | R/air    | 95%  | Alert             | 24         | 136        | Regular | 69/53 | Good      | 0          | 39.0        | 2          | 2              | Brisk | Brisk            | 15/15 | -            | -   |

| Fluid Type      | Volume | Site   | Time Start | Time Stop | Signature |
|-----------------|--------|--------|------------|-----------|-----------|
| Sodium chloride | 200ml  | L/hand | 10:20      | 12:49     |           |

| Drug Name | Dosage | Time  | Route | Qualification | Signature |
|-----------|--------|-------|-------|---------------|-----------|
| Rocephine | 1g     | 10:25 | ivi   | Doctor        |           |

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|                        |
|------------------------|
| Management of Patient: |
|------------------------|

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

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| Treated by: Maamogo LR<br>Signature:<br><br>Qualification: ECT | Handed over to: Q<br>Signature:<br><br>Qualification: EN | Patient refuses Treatment or Transport<br>Name:<br>Signature:<br>Date: | WCA No:<br>COC No:<br>Ravele Uadivha |
|--|--|--|--------------------------------------|

I the undersigned: Ravele Uadivha I.D No 1803230290088 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: 2019-03-11