

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 9986

Pre/PostAuth No: 18-0564456-E-01 training case	Date: 05/11/2018, 09:51:10
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	Time	Odometer	Patient Name	Training	Age	30
Recieved	09:40	235154	I.D No	8802014451082	Gender	Male
Dispatched	09:40	235154	Physical Address	332 block p west thohoyandou	P Code	0950
Arrival Scene	09:45	235156	Postal Address	P O Box 3001 thohoyandou	P Code	0950
Depart Scene	10:00	235156	Work Details	Self employed	Work Tell	0825561234
At Facility	11:42	235245	Home Tell	0156921242	Cell	0825561234
Available			Medical Aid Name	Gems emerald	M/Aid No	000321456
With Patient			Principal Member	Training case	MM I.D	7702010542084
Without Patient			Next of Kin	Training case	Tell	0824413214

Amb No: E4	Transport From: Donald Fraser hospital	Transport To: Zoutspansberg	CPRV No:
Crew 1: Ntsonda v	HPCSA Reg: Ect 0009954	ICD 10:	
Crew 2: Nengovhela n	HPCSA Reg: Baa 1540190	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation: Patient assessed and referred to Dr nkwashu no specialist at zoutspansberg hospital			

Clinical Notes

Present History: Patient complaint of abdominal pain ,Nausea and vomiting
Primary Survey: No abnormalities detected
Secondary Survey: Tenderness of abdomen on palpation,
Ample History: A-none M-none P-none L-lunch 18-0564456-E-01abdominal pain,nausea and vomiting

	Breath Rythm						Vitals						Neuro							
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 1/min	SPO2	Level of Consci..	Resp. rate	Heart Rate	Rhythm	BP	Perfusion	Pain Score	Temper ature	Pupil Size	Pupil Reaction		GCS(E:4 V:5 M:6)	Apgar	HGT (mmol/l)
09:43	Regular	Normal	Normal	Central	R.AIR	99%	Alert	21	98	Regular	132 /79	Good	4	36.5	L 3 R 3	L Brisk R Brisk	15	-	6.3	
09:59	Regular	Normal	Good	Central	Room air	98%	Alert	19	75	Regular	135 /87	Good	3	36.1	3 3	Brisk	Brisk	15	-	5.1

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Ringer lactate	1000ml	Left hand	09:45	11:00	

Drug Name	Dosage	Time	Route	Qualification	Signature
Maxalon	10mg	09:51	Ivi	Dr	

hghgjhhgh

Management of Patient: Patient assessed medication given iv line sited at doctors room ,vital signs taken and monitored reroute to hospital for further management
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Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP O2	- IV Access	

Treated by: Trainee Signature: Qualification: Ant	Handed over to: Training Signature: Qualification: RN	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Training
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I the undersigned: Training I.D No 8802054455084 describe herein as the patient, princepal 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: 2018-11-05