

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 9993

Pre/PostAuth No:	Date: 06/11/2018, 11:01:09
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	Time	Odometer	Patient Name	Ndhlovu ntsakiso	Age	5
Received	09:00	240025	I.D No	1310081008080	Gender	Female
Dispatched	09:00	240025	Physical Address	Stand no 292 mabiligwe	P Code	0928
Arrival Scene	09:22	240051	Postal Address	P.o.box 305 saselamani	P Code	0928
Depart Scene	09:39	240051	Work Details		Work Tell	
At Facility	11:06	240189	Home Tell		Cell	0606081121
Available	13:36	240361	Medical Aid Name	Umvuzo ultra affordable	M/Aid No	135275
With Patient			Principal Member	Ndhlovu eddy	MM I.D	8505235440088
Without Patient			Next of Kin	Macebele basani	Tell	

Amb No: E4	Transport From: Pfukani medical centre Dr RH Shivuri stand no 11a Malamulele	Transport To: Tzaneen Medi -clinic	CPRV No: at
Crew 1: MAAMOGO Ir	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nengovhela n	HPCSA Reg: BAA 1540190	Diagnosis: Difficulty in breathing	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient reportedly to have difficulty and persistent cough
Primary Survey: A-airway obstruction, b-spontaneously, c-all pulses present
Secondary Survey: Difficulty in breathing and persistent cough and bilateral wheeze on auscultation
Ample History: A-none, m-asthmatic, p-none, l-morning e-Difficulty in breathing

	Breath Rythm						Vitals							Neuro						
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 l/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)
09:27	Regular	Wheeze s	Decreas ed	Central	R/air	88%	Alert	24	140	Regular	106 /66	Good	0	37.0	L 3 R 3	L Brisk	R Brisk	15/15	-	3.8

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
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Drug Name	Dosage	Time	Route	Qualification	Signature
hghghhgh					

Management of Patient: Patient assessed calmed reassured, nebulizer, vital signs monitored and recorded until at the facility

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- Nebulizer		

Treated by: Maamogo Ir Signature: 	Handed over to: Chauke Signature: 	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Ndhlovu n
Qualification: ECT	Qualification: En		

I the undersigned: Ndhlovu n I.D No 1310081008080 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: 14/11/2018, 11:56:40