

Pr No: 00900030633941

Reg No: 2013/205784/07



P.O BOX 3844 Thohoyandou 0950

E: eaglesambu@gmail.com

C: 084 561 9900

C: 073 710 0702

F: 086 670 9246

PRF NO: 10045

Pre/PostAuth No: 18-0531829-E-01	Date: 08/11/2018, 17:33:49
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	Time	Odometer	Patient Name	Ndou Takalani	Age	55
Recieved	14:44	379567	I.D No	6411090055081	Gender	Female
Dispatched	14:44	379567	Physical Address	Stand no 10056 tshandama	P Code	0956
Arrival Scene	14:48	379569	Postal Address	P.o. box 127 mutale	P Code	0956
Depart Scene	15:18	379569	Work Details		Work Tell	
At Facility	17:12	379748	Home Tell		Cell	0721921185
Available			Medical Aid Name	Gems ruby	M/Aid No	000257230
With Patient			Principal Member	Ndou takalani	MM I.D	6411090055081
Without Patient			Next of Kin		Tell	

Amb No: E1	Transport From: Dr Radzilani	Transport To: Limpopo mediclinic	CPRV No:
Crew 1: Mundalamo D	HPCSA Reg:	ICD 10:	
Crew 2:	HPCSA Reg:	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Trauma	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of pain on the left hip and knee and not being able to walk after she slipped and fell on wet surface
Primary Survey: No abnormalities detected
Secondary Survey: Swollen left knee, unable to walk, Patient appears to be in pain, deformity on left hip
Ample History: A-none M-none P-none L-breakfast E-pain on the left hip and knee

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/1)	
															L R	L R				

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

Management of Patient: Patient assessed, iv line sited, medication given, vital signs monitored during transportation to facility for further management
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Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- IV Access	

Treated by: Signature:	Handed over to: Signature:	Patient refuses Treatment or Transport Name: Signature:	WCA No:
Qualification:	Qualification:	Date:	COC No:
I the undersigned: I.D No 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: