Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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PRF NO: 10010

Pre/PostAuth No:	Date: 08/11/2018, 20:51:25

	Time	Odometer
Recieved		
Dispatched		
Arrival Scene		
Depart Scene		
At Facility		
Available		
With Patent		
Without Patient		

Patient Name	Maise mashudu	Age	-15
I.D No	3403230332085	Gender	Female
Physical Address	Tshidimbini village	P Code	0972
Postal Address	P.O Box 13 Thoyandou	P Code	0972
Work Details		Work Tell	
Home Tell		Cell	0726714077
Medical Aid Name	Emerald	M/Aid No	000592765
Principal Member	Maise kholofelo	MM I.D	7701030714089
Next of Kin	Gavhi joyce	Tell	0797569282

Amb No: E2	Transport From: Doctor malima vondwe medical centre matatshe	Transport To:Netcare pholoso	CPRV No:
Crew 1: Precious mathonsi	HPCSA Reg: ANA0186570	ICD 10:	
Crew 2:	HPCSA Reg:	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of difficulties in breathing
Primary Survey: No abnormalities was detected
Secondary Survey: Swollen pitting edema on both lumbs
Ample History: A-None M-hypertension & diabetic P-known hypertension & diabetic L- lunch E- difficulties in breathing

	Breath Rythm						Vitals							Neoro						
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	02 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)
															L	R	L	R			

Fluid Type	Volume	Site	Time Start	Time Stop	Signature

Drug Name	Dosage	Time	Route	Qualification	Signature

hghgjhhgh

Management of Patient: Patient was assessed and vital signs taken and monitored during transportation

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- Oxygen 1/min/ - SP 02	- IV Access	- Urine Catheter ( )

Treated by: Signature: Qualification:	Handed over to: Signature: Qualification:	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **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: