

Pr No: 00900030633941

Reg No: 2013/205784/07



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|                                  |                            |
|----------------------------------|----------------------------|
| Pre/PostAuth No: 18-0550740-E-01 | Date: 20/11/2018, 14:13:22 |
|----------------------------------|----------------------------|

|                 | Time  | Odometer | Patient Name     | Muofhe Azwidowi          | Age       | 21            |
|-----------------|-------|----------|------------------|--------------------------|-----------|---------------|
| Recieved        | 12:45 | 386757   | I.D No           | 9812315313089            | Gender    | Male          |
| Dispatched      | 12:45 | 386757   | Physical Address | No :2951 shayandima      | P Code    | 0945          |
| Arrival Scene   | 12:48 | 386759   | Postal Address   | P O BOX 5534 Thohoyandou | P Code    | 0950          |
| Depart Scene    | 13:02 | 386759   | Work Details     |                          | Work Tell |               |
| At Facility     | 15:16 | 386936   | Home Tell        |                          | Cell      | 0792940182    |
| Available       | 19:01 | 387117   | Medical Aid Name | Gems Emerald             | M/Aid No  | 000218666     |
| With Patent     |       |          | Principal Member | Muofhe Fhatuwani         | MM I.D    | 6707300503087 |
| Without Patient |       |          | Next of Kin      | Muofhe Fhatuwani         | Tell      | 0734389495    |

|                                                                                                                                       |                                                                                   |                                   |          |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|----------|
| Amb No: E2                                                                                                                            | Transport From: Dr thilivhali room3 Tsetsetse Complex 651 P west Thohoyandou 0950 | Transport To: Limpopo Medi Clinic | CPRV No: |
| Crew 1: Masevhe ZR                                                                                                                    | HPCSA Reg: ANA0153079                                                             | ICD 10:                           |          |
| Crew 2: Nematodzi F                                                                                                                   | HPCSA Reg: BAA1381199                                                             | Diagnosis:                        |          |
| Crew 3:                                                                                                                               | HPCSA Reg:                                                                        |                                   |          |
| Level of Care: ILS                                                                                                                    | Priority: P2                                                                      | Call Type: Medical                |          |
| Remark/Motivation: Patient referred to Dr Ormar at limpopo medi clinic because the is no specialist at zoutpansberg private hospital. |                                                                                   |                                   |          |

## Clinical Notes

|                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Present History:</b> Patient complains of persisting cough, body weakness, difficulty in breathing and pain on the rectal area.                                                    |
| <b>Primary Survey:</b> No abnormalities detected                                                                                                                                      |
| <b>Secondary Survey:</b> ill looking, Coughing, Rectal bleeding.                                                                                                                      |
| <b>Ample History:</b> A-unknown M- Treatment for retro viral disease, and COAD. P-known retro viral disease and Chronic Obstructive Airway disease L-yesterday E- persisting coughing |

| 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) |
| 12:55        | Regular      | Wheeze s     | Good      | Central          | Room 1   | 89%    | Alert             | 22         | 101        | Regular | 110/70 | Good      | 2          | 38           | 3 3        | Brisk          | Brisk            | 15/15 | 5.1          |
| 13:10        | Regular      | Wheeze s     | Good      | Central          | 8l       | 91%    | Alert             | 20         | 107        | Regular | 112/74 | Good      | 2          | 37.9         | 3 3        | Brisk          | Brisk            | 15/15 |              |
| 13:40        | Regular      | Normal       | Good      | Central          | 6l       | 90%    | Alert             | 20         | 110        | Regular | 119/77 | Good      | 2          | 37.9         | 3 3        | Brisk          | Brisk            | 15/15 |              |
| 14:10        | Regular      | Normal       | Good      | Central          | 2l       | 92%    | Alert             | 19         | 109        | Regular | 120/80 | Good      | 2          | 37.7         | 3 3        | Brisk          | Brisk            | 15/15 |              |
| 14:41        | Regular      | Normal       | Good      | Central          | 2l       | 92%    | Alert             | 19         | 100        | Regular | 121/83 | Good      | 2          | 37.8         | 3 3        | Brisk          | Brisk            | 15/15 |              |
| 15:16        | Regular      | Normal       | Good      | Central          | 2l       | 93%    | Alert             | 18         | 104        | Regular | 127/81 | Good      | 2          |              | 3 3        | Brisk          | Brisk            | 15/15 |              |

| Fluid Type     | Volume | Site      | Time Start | Time Stop | Signature |
|----------------|--------|-----------|------------|-----------|-----------|
| Ringer lactate | 1000ml | Left hand | 12:35      | 15:16     | Doctor    |

| Drug Name           | Dosage | Time  | Route | Qualification | Signature |
|---------------------|--------|-------|-------|---------------|-----------|
| Salbutamol          | 2.5mg  | 12:58 | Neb   | ILS           |           |
| Ipratropium bromide | 2mg    | 12:58 | Neb   | ILS           |           |
| N saline            | 0.5ml  | 12:58 | Neb   | ILS           |           |

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