

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10076

Pre/PostAuth No:	Date: 25/11/2018, 15:53:09
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	Time	Odometer	Patient Name	Maunatla Mapiti Simon	Age	57
Recieved	06:46	244992	I.D No	621115608083	Gender	Male
Dispatched	06:46	244992	Physical Address	Stand no 2582 section A	P Code	0826
Arrival Scene	07:30	245054	Postal Address	P.o.box 6261Giyani	P Code	0826
Depart Scene	08:03	245054	Work Details		Work Tell	
At Facility	09:39	245211	Home Tell	0799602940	Cell	
Available	12:55	245387	Medical Aid Name	Gems emerald	M/Aid No	000677428
With Patient			Principal Member	Maunatla Leah	MM I.D	6807250396084
Without Patient			Next of Kin	Maunatla L	Tell	0727079502

Amb No: E4	Transport From: Nkhensani Hospital	Transport To: Limpopo medi clinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nethengwe M	HPCSA Reg: BAA 1552953	Diagnosis: Uncontrolled seizures	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient reportedly to have episodes of repeated seizures and decreased level of consciousness
Primary Survey: A-patent, B-spontaneously, C-all pulses are present
Secondary Survey: Semi-conscious, general body weakness and excessive sweat
Ample History: A-none M-hypertension and diabetes, P-hypertension and diabetes, L-last night E-seizures

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	Temperature	Pupil Size	Pupil Reaction	GCS(E:4 V:5 M:6)	Apgar	HGT (mmol/l)
07:35	Regular	Normal	Good	Central	4l	98%	Semi-Co nscious	20	126	Regular	133 /78	Good	0	36.7	L 3 R 3	Brisk Brisk	10/15	-	20.1
08:03	Regular	Normal	Good	Central	4l	%	Semi-Co nscious	20	112	Regular	133 /75	Good	0	36.7	3 3	Brisk Brisk	10/15	-	19.4
08:33	Regular	Normal		Central	4l	.98%	Semi-Co nscious	18	122	Regular	128 /75	Good	0	36.7	3 3	Brisk Brisk	10/15	-	19.4
09:03	Regular	Normal	Good	Central	4l	98%	Semi-Co nscious	20	116	Regular	128 /80	Good	0	36.7	3 3	Brisk Brisk	10/15	-	19.4
09:33	Regular	Normal	Good	Central	4l	98%	Semi-Co nscious	20	120	Regular	129 /79		0	36.7	3 3	Brisk Brisk	10/15	-	19.4
09:39	Regular	Normal	Good	Central	4l	98%	Semi-Co nscious	18	122	Regular	129 /76	Good	0	36.7	3 3	Brisk Brisk	10/15	-	19.4

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Normal saline	200ml	L/hand	04:10	09:39	<i>[Signature]</i>

Drug Name	Dosage	Time	Route	Qualification	Signature
Valium	10mg	04:15	ivi	Doctor	<i>[Signature]</i>
Atrapid	10u	04:15	ivi	Doctor	<i>[Signature]</i>
Phenytoin	1g	04:17	ivi	Doctor	<i>[Signature]</i>
Lasix	100mg	04:15	ivi	Doctor	<i>[Signature]</i>
Valium	10mg	07:52	ivi	ECT	<i>[Signature]</i>
Valium	10mg	09:00	ivi	ECT	<i>[Signature]</i>

hghgjhhgh

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- Oxygen 1/min/ 4l - SP O2	- IV Access - Colloids	- Urine Catheter ()

Treated by: Maamogo LR Signature: <i>[Signature]</i> Qualification: ECT	Handed over to: Maake Precious Signature: <i>[Signature]</i> Qualification: R/N	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Maunatla M
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I the undersigned: Maunatla M I.D No 6201115608083 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: *[Signature]* page 1 / 1
Date: 2018-11-25