

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10036

Pre/PostAuth No:	Date: 10/12/2018, 15:56:38
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	Time	Odometer	Patient Name	Tshivhase Edzani Myrah	Age	30
Recieved	15:15	391525	I.D No	8903080706085	Gender	Female
Dispatched	15:15	391525	Physical Address	House no 2786 Muledane block J	P Code	0971
Arrival Scene	15:17	391526	Postal Address	P.O Box 30225	P Code	0971
Depart Scene	15:30	391526	Work Details		Work Tell	
At Facility			Home Tell		Cell	0818685971
Available			Medical Aid Name	Gems Emerald	M/Aid No	001175418
With Patent			Principal Member	Tshivhase Edzani	MM I.D	8903080706085
Without Patient			Next of Kin	Netshaulu Abraham	Tell	

Amb No: E2	Transport From: Dr Makulana TV unit 4 metropolitan centre Thphoyandou	Transport To: Zoutpansberg private hospital	CPRV No:
Crew 1: Mathonsi P	HPCSA Reg: ANA0186570	ICD 10:	
Crew 2: Tshikororo S	HPCSA Reg: BAA1427547	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient is para 0 gravida 1 at 11 weeks gestation complaining of persisting abdominal pain and pv bleeding
Primary Survey: No abnormalities was detected
Secondary Survey: Patient appears to be week, PV bleeding
Ample History: A-none M-none P-none L-lunch E- abdominal pain and pv bleeding

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
Ringer Lacted	600ml	Right Hand	15:25		

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient: Patient assessed, calmed and reassured, iv line sited up. patient transported on a lateral position, vital signs taken and monitored enroute to facility

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- IV Access	

Treated by: Mathonsi P Signature: Qualification: ILS	Handed over to: Signature: Qualification:	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Tshivhase edzani myrah
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I the undersigned: Tshivhase edzani myrah I.D No 8903080706085 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: 2018-12-10