

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10035

Pre/PostAuth No:	Date: 14/12/2018, 10:20:44
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	Time	Odometer	Patient Name	Madi Munaka patience	Age	28
Recieved	09:47	392268	I.D No	9109050676089	Gender	Female
Dispatched	09:47	392268	Physical Address	30099 peace street	P Code	0984
Arrival Scene	09:50	392269	Postal Address	P.O Box 31	P Code	0984
Depart Scene	10:03	392269	Work Details		Work Tell	
At Facility			Home Tell		Cell	0727307047
Available			Medical Aid Name	Gems Ruby	M/Aid No	000823381
With Patent			Principal Member	Madi Tshamano	MM I.D	5602050909082
Without Patient			Next of Kin	Madi Tshamano	Tell	

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

Clinical Notes

Present History: Patient is para1 gravida2 at 37 weeks complaining of abdominal pain, body weakness and pv bleeding**Primary Survey:** No abnormalities was detected**Secondary Survey:** Pregnant, pv beeding and pedal edema**Ample History:** A-none M-none P-none L-breakfast E abdominal pain and body weakness

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
Normal saline	1000ml	Right Hand	09:57		
Normal saline	1000ml	Right Hand	09:57		

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient: Patient assesed,calmed and reassured.iv line sited up,vital sign 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:
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:			