Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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F: 086 670 9246

PRF NO: 10089

Pre/PostAuth No:	Date: 10/01/2019, 16:36:24

	Time	Odometer
Recieved	13:27	257250
Dispatched	13:27	257250
Arrival Scene	13:31	257251
Depart Scene	13:45	257251
At Facility	15:44	257425
Available		
With Patent		
Without Patient		

Patient Name	Rasila vhutali	Age	10
I.D No	0908200118085	Gender	Female
Physical Address	Stand no 394 Tshilapfeni	P Code	0971
Postal Address	P.o.box 601 Vhufuli	P Code	0971
Work Details		Work Tell	
Home Tell		Cell	0829259905
Medical Aid Name	Polmed marine	M/Aid No	64005091737
Principal Member	Rasila ME	MM I.D	6104145781088
Next of Kin	Rasila AN	Tell	0827620397

Amb No: E4	Transport From: Dr M.P Thilivhali,Room 3,Tsetsetse Complex,651 P-East, Opposite Shell Garage,Thohoyandou 0950	Transport To:Limpopo medi clinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nengovhela N	HPCSA Reg: BAA 1540190	Diagnosis: Status epilepticus	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient reportedly to have repeated episodes of convulsions by Mother
Primary Survey: No abnormalities detected
Secondary Survey: ill looking,body weakness and appears tired
Ample History: A-none,M-Rivotril and Epilim,P-Known epileptic,L-Morning,E-Repeated episodes of convulsions

	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			
13:35	Regular	Normal	Good	Central	R/air	98%	Alert	22	106	Regular	110 /48	Good	0	36.6	3	3	Brisk	Brisk	15/15	-	5.2
13:45	Regular	Normal	Good	Central	R/air	98%	Alert	20	96	Regular	111 /43	Good	0	36.6	3	3	Brisk	Brisk	15/15	-	4.8
14:15	Regular	Normal	Good	Central	R/air	96%	Alert	20	92	Regular	111 /47	Good	0	36.6	3	3	Brisk	Brisk	15/15	-	4.8
14:45	Regular	Normal	Good	Central	R/air	97%	Alert	18	90	Regular	112 /48	Good	0	36.6	3	3	Brisk	Brisk	15/15	-	4.8
15:15	Regular	Normal	Good	Central	R/air	98%	Alert	16	92	Regular	112 /51	Good	0	36.6	3	3	Brisk	Brisk	15/15	-	4.8
15:44	Regular	Normal	Good	Central	R/air	96%	Alert	18	92	Regular	105 /46	Good	0	36.6	3	3	Brisk	Brisk	15/15	-	4.8

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	200ml	R/hand	13:20	15:44	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient:

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

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Monale Signature: Qualification: R/N	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Rasila Vhutali

I the undersigned: Rasila Vhutali I.D No 0908200118085 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: 10/01/2019, 16:57:32