Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help, Real Fast

P.O BOX 3844 Thohoyandou 0950
E: eaglesambu@gmail.com
C: 084 561 9900
C: 073 710 0702
F: 086 670 9246

PRF NO: 10120

Pre/PostAuth No:	Date: 20/01/2019, 18:37:43

	Time	Odometer
Recieved	11:30	259063
Dispatched	11:30	259063
Arrival Scene	12:35	259122
Depart Scene	13:08	259122
At Facility	15:21	259288
Available	18:14	259453
With Patent		
Without Patient		

Patient Name	Baloyi Tinyiko Joyce	Age	45
I.D No	7412070266085	Gender	Female
Physical Address	Stand no 58 Nghezemani Village	P Code	0928
Postal Address	P.O. box 58 Saselamani	P Code	0928
Work Details		Work Tell	
Home Tell		Cell	0837726773
Medical Aid Name	Gems emerald	M/Aid No	000238446
Principal Member	Baloyi Tinyiko Joyce	MM I.D	7412070266085
Next of Kin	Baloyi John	Tell	0824744523

Amb No: E4	Transport From: Nghezimani Village,0928	Transport To:Tzaneen Mediclinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Phuluwa E	HPCSA Reg: BAA 1647970	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of vomitting and diarrhoea
Primary Survey: No abnormalities detected
Secondary Survey: ill looking,body weakness,vomitting and excessive sweat
Ample History: A-none,M-none,P-none,L-Last night,E-Vomitting and diarrhoea

	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			
12:52	Regular	Normal	Good	Central	Rair	98%	Alert	20	88	Regular	108 /69	Poor	2	37.1	3	3	Brisk	Brisk	15/15	-	6.9
13:08	Regular	Normal	Good	Central	R/air	97%	Alert	18	84	Regular	108 /69	Poor	2	-	3	3	Brisk	Brisk	15/15	-	-
13:38	Regular	Normal	Good	Central	R/air	98%	Alert	18	84	Regular	118 /72	Fair	2	-	3	3	Brisk	Brisk	15/15	-	-
14:08	Regular	Normal	Good	Central	R/air	98%	Alert	16	88	Regular	124 /76	Good	2	-	3	3	Brisk	Brisk	15/15		-
14:38	Regular	Normal	Good	Central	R/air	98%	Alert	18	86	Regular	125 /73	Good	2	-	3	3	Brisk	Brisk	15/15	-	-
15:21	Regular	Normal	Good	Central	R/air	97%	Alert		84	Regular	128 /88	Good	2	37.0	3	3	Brisk	Brisk	15/15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Ringers lactate	1400ml	L/hand	12:55	15:21	

Drug Name	Dosage	Time	Route	Qualification	Signature
Clopamon	10mg	12:57	ivi	ECP	

hghgjhhgh

Management of Patient:

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

Treated by: Mundalamo DD Signature: Qualification: ECP	Handed over to: Herman Signature: Qualification: EN	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Baloyi Tinyiko Joyce

I the undersigned: Baloyi Tinyiko Joyce I.D No 7412070266085 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: 2019-01-20