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: 10108

Pre/PostAuth No: 19009213E01	Date: 22/02/2019, 13:09:13

	Time	Odometer
Recieved	09:56	408603
Dispatched	09:56	408603
Arrival Scene	11:11	408729
Depart Scene	11:29	408729
At Facility	12:05	408787
Available		
With Patent		
Without Patient		

Patient Name	Thobakgale Motlagomang	Age	68
I.D No	5106120604087	Gender	Male
Physical Address	AA68 Ramokgoba	P Code	0811
Postal Address	P O BOX 1144 Ramokgoba	P Code	0811
Work Details		Work Tell	
Home Tell		Cell	0828585563
Medical Aid Name	Gems Emerald	M/Aid No	000238481
Principal Member	Thobakgale M	MM I.D	5106120604087
Next of Kin	Thobakgale Ruphus	Tell	0827991412

Amb No: E2	Transport From: Botlokwa Hospital	Transport To:Netcare pholoso hospital	CPRV No:

Crew 1: Masevhe ZR	HPCSA Reg: ANA0153079	ICD 10:
Crew 2: Nengovhela N	HPCSA Reg: BAA 1540190	Diagnosis:
Crew 3:	HPCSA Reg:	
Level of Care: ILS	Priority: P2	Call Type: Medical
Remark/Motivation:		

Clinical Notes

Present History: Patient complains of body weakness,persisting abdominal pain,dizziness, blurred vision and constantly passing very watery stools since yesterday till present.
Primary Survey: No abnormalities detected
Secondary Survey: ill looking -continuously passing very watery stools-Dry skin-poor skin turgor-delayed capillary refil
Ample History: A-unknown M-treatment for diabetes P-known diabetic and peptic ulcer deseaseL-yesterday E-persisting abdominal pain

	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			
11:15	Regular	Normal	Good	Central	Room air	96%	Alert	19	114	Regular	94/46	Fair	2	36.7	3	3	Brisk	Brisk	15/16		4.9
11:30	Regular	Normal	Good	Central	Room air	98%	Alert	17	105	Regular	98/50	Fair	2		3	3	Brisk	Brisk	15/15		
12:00	Regular	Normal	Good	Central	Room air	98%	Alert	19	109	Regular	119/56	Fair	1		3	3	Brisk	Brisk	15/15		
12:05	Regular	Normal	Good	Central	Room air	96%	Alert	18	101	Regular	123/59	Fair	1		3	3	Brisk	Brisk	15/15		

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Ringer lactate	1200ml	Right hand	09:30	12:05	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient: Patient assessed,calmed and reassured, iv line put up at hospital,vital signs taken and monitored until handover at hospital until handover at hospital

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

Treated by: Masevhe ZR Signature: Qualification: ILS	Handed over to: Noko Signature: Refer to PRF Qualification: RN	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Thobakgale M

I the undersigned: Thobakgale M I.D No 5106120604087 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: Refer2 PRF
Date: 2019-02-22