Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
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P.O BOX 3844 Thohoyandou 0950
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F: 086 670 9246

PRF NO: 10116

Pre/PostAuth No:	Date: 11/03/2019, 16:59:40

	Time	Odometer
Recieved	10:31	268924
Dispatched	10:31	268924
Arrival Scene	10:37	268928
Depart Scene	10:51	268928
At Facility	12:49	269101
Available	16:48	269277
With Patent		
Without Patient		

Patient Name	Ravele Uadivha	Age	1
I.D No	1803230290088	Gender	Female
Physical Address	Stand no 248 Tshivhulani Village	P Code	0970
Postal Address	P.O. box 420 Thohoyandou	P Code	0950
Work Details		Work Tell	
Home Tell		Cell	0767127615
Medical Aid Name	Polmed Marine	M/Aid No	64005971651
Principal Member	Ravele T	MM I.D	7502205657081
Next of Kin	Ravele Vhutshilo	Tell	0826902714

Amb No: E4	Transport From: Dr Hadzhi,2/789,P-East,Punda Maria Rd,Thohoyandou 0950	Transport To:Limpopo medi clinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Phuluwa E	HPCSA Reg: BAA 1647970	Diagnosis: Bronchopneumonia with respiratory distress	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient reportedly to have elevated body temperature,coughs and vomiting by Mother
Primary Survey: No abnormalities detected
Secondary Survey: ill looking,sunken eyes,nasal flaring and skin hot on touch
Ample History: A-none,M-none,P-none,L-morning,E-Elevated body temperature and vomiting

	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			
10:45	Regular	Normal	Decreased	Central	R/air	88%	Alert	34	148	Regular	66/50	Fair	0	39.0	2	2	Brisk	Brisk	15/15	-	4.2
10:51	Regular	Normal	Decreased	Central	4l	90%	Alert	30	144	Regular	66/50	Fair	0	-	2	2	Brisk	Brisk	15/15	-	-
11:21	Regular	Normal	Decreased	Central	4l	92%	Alert	28	152	Regular	67/51	Fair	0	-	2	2	Brisk	Brisk	15/15	-	-
11:51	Regular	Normal	Good	Central	R/air	94%	Alert	26	148	Regular	67/52	Good	0	39.0	2	2	Brisk	Brisk	15/15	-	-
12:21	Regular	Normal	Good	Central	Rair	94%	Alert	22	140	Regular	69/51	Good	0	-	2	2	Brisk	Brisk	15/15	-	-
12:49	Regular	Normal	Good	Central	R/air	95%	Alert	24	136	Regular	69/53	Good	0	39.0	2	2	Brisk	Brisk	15/15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	200ml	L/hand	10:20	12:49	

Drug Name	Dosage	Time	Route	Qualification	Signature
Rocephine	1g	10:25	ivi	Doctor	

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: Q Signature: Qualification: EN	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Ravele Uadivha

I the undersigned: Ravele Uadivha I.D No 1803230290088 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: 2019-03-11