Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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PRF NO: 10044

Pre/PostAuth No: 18-0525806-E-01	Date: 05/11/2018, 12:20:19

	Time	Odometer
Recieved	11:10	378915
Dispatched	11:10	378915
Arrival Scene	11:23	378922
Depart Scene	11:50	378922
At Facility		
Available		
With Patent		
Without Patient		

Patient Name	Mafenya Phineas	Age	76
I.D No	4306095172083	Gender	Male
Physical Address	892 meadstream	P Code	1692
Postal Address	892 meadstream	P Code	1692
Work Details	Pensioner	Work Tell	
Home Tell		Cell	0635567666
Medical Aid Name	Gems Ruby	M/Aid No	001076597
Principal Member	Nevhutanda L	MM I.D	7201140913085
Next of Kin	Nevhutanda Luambo	Tell	0829410970

Amb No: E1	Transport From: Tshilidzini Hospital	Transport To:Limpopo Medi Clinic	CPRV No:
Crew 1: Masevhw ZR	HPCSA Reg: ANA0153079	ICD 10:	
Crew 2: Nemadodzi F	HPCSA Reg: BAA1381199	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation: Departing time from hospital prolonged while still stabilizing the patient.			

Clinical Notes

Present History: Patient complains of persisting body weakness , dizziness and shortness of breath on exersion.
Primary Survey: No abnormalities detected
Secondary Survey: ill looking/Loss of strength on both Right lower and upper limbs./ and unable to walk/distended abdomen
Ample History: A-unknown M- treatment for diabetes and hypertension P-known hypertensive and diabetic L-yesterday E-persisting body weakness

	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			
10:30	Regular	Normal	Good	Central		88%	Alert	17	56	Regular	128 /74	Good		36.9	3	3	Brisk	Brisk	15/15		7.4
10:45	Regular	Normal	Good	Central	2L	90%	Alert	17	64	Regular	130 /70	Normal			3	3	Brisk	Brisk	15/15		
11:15	Regular	Normal	Good	Central	2L	94%	Alert	18	60	Regular	119 /78	Good			3	3	Brisk	Brisk	15/15		
11:45	Regular	Normal	Good	Central	2L	93%	Alert	17	66	Regular	129 /74	Good			3	3	Brisk	Brisk	15/15		
12:15	Regular	Normal	Good	Central	2L	97%	Alert	17	64	Regular	130 /77	Good			3	3	Brisk	Brisk	15/15		
13:48	Regular	Normal	Good	Central	2L	97%	Alert	18	61	Regular	128 /74	Good			3	3	Brisk	Brisk	15/15		

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	600ml	Left hand	09:55	13:48	hospital

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

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

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

Treated by: Masevhe Signature: Qualification: ILS	Handed over to: Signature: Qualification:	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Mafenya P

I the undersigned: Mafenya P I.D No 4306095172083 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: 2018-11-05