Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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F: 086 670 9246

PRF NO: 10047

Pre/PostAuth No:	Date: 08/11/2018, 17:37:18

	Time	Odometer
Recieved	14:44	379567
Dispatched	17:44	379567
Arrival Scene	17:48	379569
Depart Scene		379569
At Facility		379748
Available		
With Patent		
Without Patient		

Patient Name	Ndou Takalani	Age	55
I.D No	6411090055081	Gender	Female
Physical Address	Stand no 10056 tshandama	P Code	0956
Postal Address	P.o. box 127 mutale	P Code	0956
Work Details		Work Tell	
Home Tell		Cell	0721921185
Medical Aid Name	Gems ruby	M/Aid No	000257230
Principal Member	Ndou takalani	MM I.D	6411090055081
Next of Kin		Tell	

Amb No: E1	Transport From: Dr Radzilani	Transport To:Limpopo mediclinic	CPRV No:
Crew 1: Mundalamo D	HPCSA Reg:	ICD 10:	
Crew 2:	HPCSA Reg:	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Trauma	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaning of pain on the left hip and knee and not being able to walk after she slipped and fell on wet surface
Primary Survey: No abnormalities detected
Secondary Survey: Swollen left knee,unable to walk,Patient appears to be in pain ,deformity on the left hip
Ample History: A-none M-none P-none L-breakfast (yesterday) E-

	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			

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Normal saline	200ml	Right handa	15:12	17:12	

Drug Name	Dosage	Time	Route	Qualification	Signature

hghgjhhgh

Management of Patient: Patient assessed,iv line sited, medication given, vital signs monitored during transportation to facility for further management

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

Treated by: Signature: Qualification:	Handed over to: Mathopo kgataki Signature: Qualification: Registered nurse	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Ndou takalani

I the undersigned: Ndou takalani I.D No 6411090055081 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:
Ndou T N

Date: 2018-11-08