Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
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C: 073 710 0702
F: 086 670 9246

PRF NO: 10023

Pre/PostAuth No: 18-0562196-E-01	Date: 27/11/2018, 17:42:43

	Time	Odometer
Recieved	11:35	388189
Dispatched	11:35	388189
Arrival Scene	11:36	388189
Depart Scene	11:55	388189
At Facility	12:51	388262
Available	15:00	388333
With Patent		
Without Patient		

Patient Name	Masithulela Maduvhahafani	Age	33
I.D No	8608240810087	Gender	Female
Physical Address	No 20210 muswadi dipeni	P Code	0956
Postal Address	P.O Box 132	P Code	0956
Work Details		Work Tell	
Home Tell		Cell	0738746711
Medical Aid Name	Gems emerald	M/Aid No	001514479
Principal Member	Masithulela Maduvhahafani	MM I.D	8608240810087
Next of Kin	Ndou Malakia	Tell	0716189664

Amb No: E2	Transport From: Dr Makulana T.V unit 4 metropolitan centre thohoyandou CBD	Transport To:Zoutpansberg private hospital	CPRV No:
Crew 1: Mathonsi P	HPCSA Reg: ANA0186570	ICD 10:	
Crew 2: Tshikororo S	HPCSA Reg: BAA1427547	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: P2G3 complaining of headeche dizziness and general body weakness in 32 weeks gestation stage
Primary Survey: No abnormalities was detected
Secondary Survey: 32 weeks pregnent -pedal edema
Ample History: A-none M-none P-none L-breakfast E-headeche and dizziness

	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	1000ml	R hand	11:43	12:51	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient: Patient assessed IV line sited up,vital signs monitored and recorded enroute to facility

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

Treated by: Mathonsi Signature: Qualification: ILS	Handed over to: Sharon Signature: Qualification: Registered nurse	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Masithulela M

I the undersigned: Masithulela M I.D No 8608240810087 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: 28/11/2018, 14:47:43