

Pr No: 00900030633941

Reg No: 2013/205784/07



P.O BOX 3844 Thohoyandou 0950

E: eaglesambu@gmail.com

C: 084 561 9900

C: 073 710 0702

F: 086 670 9246

PRF NO: 10029

Pre/PostAuth No:	Date: 06/12/2018, 08:47:59
------------------	----------------------------

	Time	Odometer	Patient Name	Mathivha phathutshedzo	Age	27
Recieved	08:16	390491	I.D No	9202150788084	Gender	Female
Dispatched	08:16	390491	Physical Address	House 21764/32 extension 6 foslorus	P Code	1475
Arrival Scene	08:21	390493	Postal Address		P Code	
Depart Scene	08:32	390493	Work Details		Work Tell	
At Facility			Home Tell		Cell	0714492279
Available			Medical Aid Name	Old mutual savings	M/Aid No	91100204045
With Patient			Principal Member	Mathivha phathutshedzo	MM I.D	9202150788084
Without Patient			Next of Kin	Mudau mpho	Tell	0729510695

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: Nengovhela N	HPCSA Reg: BAA1540190	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P1	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient is Para0 gravid1 at 38 weeks gestation complaining of abdominal pain
Primary Survey: No abnormalities was detected
Secondary Survey: Pedal edema
Ample History: A-none M-none P-none L-breakfast E-abdominal pain

Breath Rythm							Vitals							Neuro						
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 1/min	SPO2	Level of Consci..	Resp. rate	Heart Rate	Rhythm	BP	Perfusion	Pain Score	Temper ature	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	Right hand	08:26		

Drug Name	Dosage	Time	Route	Qualification	Signature
hghghhgh					

Management of Patient: Patient assesed ,calmed and reassured,IV line sited up ,patient positioned on lateral position during transportation,vital signs taken and monitored enroute to facility

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP O2	- IV Access	

Treated by: Mathonsi P Signature: Qualification: ILS	Handed over to: Signature: Qualification:	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Mathivha phathutshedzo
--	---	---	--

I the undersigned: Mathivha phathutshedzo I.D No 9202150788084 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: 2018-12-06
---	------------------------------------