Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help, Real Fast

P.O BOX 3844 Thohoyandou 0950
E: eaglesambu@gmail.com
C: 084 561 9900
C: 073 710 0702
F: 086 670 9246

PRF NO: 10058

Pre/PostAuth No:	Date: 06/12/2018, 11:54:15

	Time	Odometer
Recieved	10:40	163950
Dispatched	10:40	163950
Arrival Scene	10:43	163952
Depart Scene	10:59	163952
At Facility	11:15	163959
Available	12:20	163964
With Patent		
Without Patient		

Patient Name	Netshivhumbe nyawasedza	Age	62
I.D No	5702010958086	Gender	Female
Physical Address	Not knownn	P Code	
Postal Address	P o box 1110 mutale	P Code	0956
Work Details		Work Tell	
Home Tell		Cell	0760714495
Medical Aid Name	Gems supphire	M/Aid No	000804809
Principal Member	Netshivhumbe	MM I.D	5702010958086
Next of Kin	Nekhavhambe O	Tell	0795348245

Amb No: E3	Transport From: Dr nangambi 259 block p east thohoyandou 0950	Transport To:Tshilidzini hospital	CPRV No:
Crew 1: Mundalamo D	HPCSA Reg: Ant 0014508	ICD 10:	
Crew 2: Ndou L	HPCSA Reg: BAA 1578529	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation: Case delayed at handover while hospital was looking for a bed for the patient			

Clinical Notes

Present History: Patient complaining of difficulty in breathing,shortness of breath and easily getting tired
Primary Survey: No abnormalities detected
Secondary Survey: Pedal oedema,high temparature
Ample History: A-sulphar,m-antidiabetics,p- diabetics,L-breakfast,E- Acute difficulty in breathing

	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			
10:46	Regular	Crackles	Poor	Central	Room air	87%	Alert	24	102	Regular	108 /64	Good	0	37,2	3	3	None	None	15	-	8,2
11:00	Regular	Crackles	Poor	Central	40%	91%	Alert	22	108	Regular	112 /70	Good	0	-	3	3	None	None	15	-	-
11:15	Regular	Crackles	Poor	Central	40%	92%	Alert	22	101	Regular	116 /72	Good	0	-	3	3	None	None	15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature

Drug Name	Dosage	Time	Route	Qualification	Signature
Furosemide	80mg	10:50	IMI	Als	

hghgjhhgh

Management of Patient: Patient was assesed positioned in semi seated oxygen and medication were administerd patient observed during transportation

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- ECG	

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

I the undersigned: I.D No 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: