

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: 10037

Pre/PostAuth No:	Date: 07/12/2018, 18:38:08
------------------	----------------------------

Time	Odometer	Patient Name	Khuguvhila Mercy	Age	59
Received		I.D No	6010030301082	Gender	Female
Dispatched		Physical Address	Stand no 10069 Ha Gumbu	P Code	0989
Arrival Scene		Postal Address	P.o.box 116 Masisi	P Code	0989
Depart Scene		Work Details		Work Tell	
At Facility	13:42	Home Tell		Cell	0766853904
Available	18:15	Medical Aid Name	Resolution Health progressive Flex Plus	M/Aid No	6284019
With Patient		Principal Member	Khuguvhila Mercy	MM I.D	6010030301082
Without Patient		Next of Kin	Phaswana I.R	Tell	0823104824

Amb No: E2	Transport From: Dr T.V Malima, Stand no 2425, Vondwe Medical centre	Transport To: Netcare pholoso hospital	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nethengwe MC	HPCSA Reg: BAA 1552953	Diagnosis: Congested cardiac failure /hypertensive cardiomyopathy	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complains of difficulty in breathing, persistent cough, swollen feet and unable to walk
Primary Survey: A-patient, B-spontaneous, C-All pulses are present
Secondary Survey: Difficulty in breathing, persistent cough, pedal edema and excessive sweat
Ample History: A-Unknown, M-Astevent and arthritis, P-asthmatic and arthritis, L-last-night, E-difficulty in breathing and persistent cough, Pedal edema

	Breath Rythm						Vitals							Neuro							
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 l/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)
11:40	Regular	Crackles	Decreas ed	Central	R/air	88%	Alert	22	128	Regular	172 /85	Good	3	36.9	L 3	R 3	Brisk	Brisk	15/15	-	12.4
11:50	Regular	Crackles	Decreas ed	Central	4l	88%	Alert	20	126	Regular	172 /85	Good	3	36.9	3	3	Brisk	Brisk	15/15	-	12.4
12:20	Regular	Crackles	Decreas ed	Central	Neb	90%	Alert	18	124	Regular	170 /82	Good	3	36.9	3	3	Brisk	Brisk	15/15	-	12.4
12:50	Regular	Crackles	Decreas ed	Central	Neb	94%	Alert	20	120	Regular	170 /89	Good	3	36.9	3	3	Brisk	Brisk	15/15	-	12.4
13:20	Regular	Normal	Normal	Central	R/air	92%	Alert	18	122	Regular	166 /91	Good	3	36.9	3	3	Brisk	Brisk	15/15	-	12.4
13:42	Regular	Normal	Normal	Central	R/air	93%	Alert	18	126	Regular	156 /93	Good	3	36.9	3	3	Brisk	Brisk	15/15	-	12.4

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Normal saline	200ml	L/hand	11:40	13:42	

Drug Name	Dosage	Time	Route	Qualification	Signature
Ipratropium bromide	0.5mg	11:40	Neb	ECT	
Feneterol	1.25mg	11:40	Neb	ECT	
Normal saline	1ml	11:40	Neb	ECT	
Lasix	100mg	11:45	Imi	Ant	

hghgjhhgh

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- Nebulizer - SP 02	- IV Access - Colloids	- Urine Catheter ()

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Masephe Signature: Qualification: R/N	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Khuguvhila Mercy
--	---	--	--

I the undersigned: Khuguvhila Mercy I.D No 6010030301082 describe herein as the patient, principle 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: 08/12/2018, 17:58:26 page 1 / 1