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: 10079

Pre/PostAuth No:	Date: 11/12/2018, 15:24:49

	Time	Odometer
Recieved	19:40	247248
Dispatched	19:40	247248
Arrival Scene	19:50	247249
Depart Scene	20:05	247249
At Facility	21:58	247418
Available	00:57	247595
With Patent		
Without Patient		

Patient Name	Ravele Mbulungeni	Age	65
I.D No	5405275425086	Gender	Male
Physical Address	Stand no 439 Tshaulu	P Code	0987
Postal Address	P.O. box 1062 Tshaulu	P Code	0987
Work Details		Work Tell	
Home Tell		Cell	0824191775
Medical Aid Name	GEMS Berly	M/Aid No	000767815
Principal Member	Ravele Ntakuseni	MM I.D	5604100210081
Next of Kin	Ravele N	Tell	0798256399

Amb No: E4	Transport From: Tshilidzini hospital	Transport To:Limpopo medi clinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Mukondeleli F	HPCSA Reg: BAA 1058347	Diagnosis: Renal failure /Septacaemia	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient reportedly to have lost consciousness during dialysis
Primary Survey: A-patent,B-spontaneous,C-All pulses are present
Secondary Survey: ill looking ,unable to talk,unable to walk and body weakness
Ample History: A-none M-diabetes and renal failure,P-Diabetes and renal failure,L-last night,E-loss of consciousness during dialysis

	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			
19:55	Regular	Normal	Good	Central	R/air	88%	Alert	20	128	Regular	142 /72	Good	0	36.4	3	3	Brisk	Brisk	11/15	-	12.4
20:05	Regular	Normal	Good	Central	6l	90%	Alert	20	124	Regular	142 /72	Good	0	36.4	3	3	Brisk	Brisk	11/15	-	12.4
20:35	Regular	Normal	Good	Central	6l	94%	Alert	18	126	Regular	140 /75	Good	0	36.4	3	3	Brisk	Brisk	11/15	-	12.4
21:05	Regular	Normal	Good	Central	R/air	98%	Alert	20	118	Regular	137 /79	Good	0	36.4	3	3	Brisk	Brisk	11/15	-	12.4
21:35	Regular	Normal	Good	Central	R/air	98%	Alert	18	100	Regular	136 /76	Good	0	36.4	3	3	Brisk	Brisk	11/15	-	12.4
21:58	Regular	Normal	Good	Central	R/air	98%	Alert	18	104	Regular	136 /72	Good	0	36.4	3	3	Brisk	Brisk	11/15	-	12.4

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	200ml	L/hand	20:00	21:58	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- Oxygen 1/min/ 6l - SP 02	- IV Access - Colloids	- Urine Catheter ( )

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Mpomotsere Signature: Qualification: P/N	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Ravele M

I the undersigned: Ravele M I.D No 5405275425086 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: 11/12/2018, 15:52:43