

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: 10033

|                  |                            |
|------------------|----------------------------|
| Pre/PostAuth No: | Date: 02/01/2019, 11:49:10 |
|------------------|----------------------------|

|                 | Time | Odometer | Patient Name     | Mavhivha elphus        | Age       | 63            |
|-----------------|------|----------|------------------|------------------------|-----------|---------------|
| Recieved        |      |          | I.D No           | 5605145811087          | Gender    | Male          |
| Dispatched      |      |          | Physical Address | Stand no 3241 tshwinga | P Code    | 0944          |
| Arrival Scene   |      |          | Postal Address   | P O Box 148 masia      | P Code    | 0944          |
| Depart Scene    |      |          | Work Details     |                        | Work Tell |               |
| At Facility     |      |          | Home Tell        |                        | Cell      | 0760476078    |
| Available       |      |          | Medical Aid Name | Gems Emerald           | M/Aid No  | 000070716     |
| With Patient    |      |          | Principal Member | Mavhivha Elphus        | MM I.D    | 5605145811080 |
| Without Patient |      |          | Next of Kin      | Mavhivha Abazwitami    | Tell      | 0713235258    |

|                      |                                                                    |                                   |          |
|----------------------|--------------------------------------------------------------------|-----------------------------------|----------|
| Amb No: E2           | Transport From: 2/789 Thphoyandou block p east punda maria Rd 0950 | Transport To: Limpopo medi clinic | 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

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| <b>Present History:</b> Patient complaining of persisting pain on the right ankle                                     |
| <b>Primary Survey:</b> No abnormalities was detected                                                                  |
| <b>Secondary Survey:</b> Swollen right ankle                                                                          |
| <b>Ample History:</b> A-none M- diabetic medication P- known hypertensive patient L- breakfast E- painful right ankle |

| 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/1 ) |
|              |              |              |           |                  |          |      |                   |            |            |        |    |           |            |              | L R        | L R            |  |                  |       |               |

| Fluid Type    | Volume | Site       | Time Start | Time Stop | Signature |
|---------------|--------|------------|------------|-----------|-----------|
| Normal saline | 900ml  | Right hand |            |           |           |

| Drug Name | Dosage | Time | Route | Qualification | Signature |
|-----------|--------|------|-------|---------------|-----------|
| hghgjhhgh |        |      |       |               |           |

Management of Patient: Patient assesed calmed and reassured iv line sited up by the doctor.vital signs taken and monitored enroute to fcility for furthur management

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

|                                                                                                                                                                                                                                                |                                                 |                                                                               |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|
| Treated by: Mathonsi<br>Signature:<br><br>Qualification: ILS                                                                                                                                                                                   | Handed over to:<br>Signature:<br>Qualification: | <b>Patient refuses Treatment or Transport</b><br>Name:<br>Signature:<br>Date: | <b>WCA No:</b><br><b>COC No:</b> |
| 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:<br>Date:              |