Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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F: 086 670 9246

PRF NO: 10086

Pre/PostAuth No:	Date: 06/01/2019, 19:49:35

	Time	Odometer
Recieved	18:22	255615
Dispatched	18:22	255615
Arrival Scene	18:29	255618
Depart Scene	20:25	255618
At Facility	23:05	255798
Available	01:51	255973
With Patent		
Without Patient		

Patient Name	Shirindi Takalani Victoria	Age	69
I.D No	5002070819082	Gender	Female
Physical Address	Stand no 99 Dembeni	P Code	0956
Postal Address	P.o.box 207 Mutale	P Code	0956
Work Details		Work Tell	
Home Tell		Cell	0825310063
Medical Aid Name	Gems emerald value	M/Aid No	000447562
Principal Member	Shirindi Takalani Victoria	MM I.D	5002070819082
Next of Kin	Shirindi Z	Tell	

Amb No: E4	Transport From: Dr Hadzhi ,2/789,P-East,Punda Maria Rd,Thohoyandou 0950	Transport To:Netcare pholoso hospital	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: 0009970	ICD 10:	
Crew 2: Nethengwe M	HPCSA Reg: BAA 1552953	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient reportedly to have collapsed at home,now complaining of general body weakness and unable to walk
Primary Survey: No abnormalities detected
Secondary Survey: ill looking and body weakness. Unable to walk, skin is clammy on touch and polyuria
Ample History: A-none,M-Athritis,P-Hysterectomy,L-last night,E-Collapsed,general body weakness and unable to walk

	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	93%	Alert	22	122	Regular	127 /69	Good	0	35.8	3	3	Brisk	Brisk	15/15	-	17.9
20:25	Regular	Normal	Good	Central	R/air	97%	Alert	18	118	Regular	127 /73	Good	0	36.4	3	3	Brisk	Brisk	15/15	-	15.4
20:55	Regular	Normal	Good	Central	R/air	95%	Alert	20	20	Regular	129 /70		0	36.4	3	3	Brisk	Brisk	15/15	-	12.2
21:25	Regular	Normal	Good	Central	R/air	94%	Alert	18	112	Regular	132 /69	Good	0	36.4	3	3	Brisk	Brisk	15/15	-	9.8
21:55	Regular	Normal	Good	Central	R/air	93%	Alert	16	116	Regular	130 /92	Good	0	36.4	3	3	Brisk	Brisk	15/15	-	9.8
23:05	Regular	Normal	Good	Central	R/air	93%	Alert	18	112	Regular	134 /76	Good	0	36.4	3	3	Brisk	Brisk	15/15	-	9.8

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	1000ml	R/hand	19:00	23:05	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient:

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

Treated by: Maamogo LR Signature:  Qualification: ECT	Handed over to: Phooko RM Signature:  Qualification: ENA	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Shirindi Takalani Victoria

I the undersigned: Shirindi Takalani Victoria I.D No 5002070819082 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: 2019-01-05