

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10087

Pre/PostAuth No:	Date: 06/01/2019, 20:29:47
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	Time	Odometer	Patient Name	Nyamande Milingoni Priscilla	Age	45
Recieved	12:39	255979	I.D No	7408220755084	Gender	Female
Dispatched	12:39	255979	Physical Address	Stand no 20001Ha-Mukomaasinanndu	P Code	0950
Arrival Scene	13:05	255988	Postal Address	P.o.box 536 Thohoyandou	P Code	0950
Depart Scene	13:33	255988	Work Details		Work Tell	
At Facility	15:46	256157	Home Tell		Cell	0839640292
Available	19:17	256334	Medical Aid Name	Gems Ruby	M/Aid No	001512375
With Patient			Principal Member	Nyamande Milingoni	MM I.D	7408220755084
Without Patient			Next of Kin	Nyamande A.E	Tell	0722628268

Amb No: E4	Transport From: Tshilidzini hospital	Transport To: Netcare pholoso hospital	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nethengwe M	HPCSA Reg: BAA 1552953	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P1	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient reportedly to had complaining of headaches and body weakness, became unable to talk, unable to walk or sit and ended up unconscious**Primary Survey:** A-patient, B- spontaneously, C-all pulses present**Secondary Survey:** Unconscious, late reaction to pain stimuli**Ample History:** A-none, M-none, P-none, L-yesterday, E-unconsciousness

	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/l)	
13:15	Regular	Normal	Good	Central	4l	98%	UnCons cious	20	80	Regular	141 /10 5	Good	0	37.6	L 3	R 3	L Brisk	R None	6/15	-	11.2	
13:33	Regular	Normal	Good	Central	4l	98%	UnCons cious	18	82	Regular	146 /97	Good	0	36.6	3	3	Brisk	None	6/15	-	11.2	
14:03	Regular	Normal	Good	Central	4l	97%	UnCons cious	18	80	Regular	142 /10 0	Good	0	36.6	3	3	Brisk	None	6/15	-	11.2	
14:33	Regular	Normal	Good	Central	4l	98%	UnCons cious	16	80	Regular	134 /82	Good	0	36.6	3	3	Brisk	None	6/15	-	11.2	
15:03	Regular	Normal	Good	Central	4l	98%	UnCons cious	18	78	Regular	125 /87	Good	0	36.6	3	3	Brisk	None	6/15	-	11.2	
15:46	Regular	Normal	Good	Central	4l	98%	UnCons cious	18	78	Regular	128 /85	Good	0	36.6	3	3	Brisk	None	6/15	-	11.2	

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sabax Glucose 5%	1000ml	L/hand	12:00	15:46	

Drug Name	Dosage	Time	Route	Qualification	Signature
Valium	10mg	12:05	ivi	Doctor	

hghgjhhgh

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP O2	- ECG - IV Access	- NG Tube () - Urine Catheter ()

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Masupha Signature: Qualification: RN	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Nyamande Milingoni Priscilla
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I the undersigned: Nyamande Milingoni Priscilla I.D No 7408220755084 describe herein as the patient, principal 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: 06/01/2019, 20:58:01