

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10049

Pre/PostAuth No:	Date: 10/01/2019, 11:00:11
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	Time	Odometer	Patient Name	Sumbama Vhutshilo	Age	28
Recieved			I.D No	9106111305088	Gender	Female
Dispatched			Physical Address	Stand no 894 Vondwe	P Code	0972
Arrival Scene			Postal Address	P.o.box 640 Tshodimmbini	P Code	0972
Depart Scene			Work Details		Work Tell	
At Facility			Home Tell		Cell	0712023537
Available			Medical Aid Name	Gems Ruby	M/Aid No	
With Patent			Principal Member	Sepalamane Zakhele	MM I.D	8701145902081
Without Patient			Next of Kin	Sepalamane Zakhele	Tell	0726398536

Amb No: E2	Transport From: House no lugule 2 limpopo 0970	Transport To: Zoutpaansberg private hospital	CPRV No:
Crew 1: Mulaudzi N	HPCSA Reg: Ana 0187518	ICD 10:	
Crew 2: Phuluwa E	HPCSA Reg: Baa 1647970	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient is para 2 gravida 3 complaining of lower abdominal pain.
Primary Survey: No abnormalities detected
Secondary Survey: Pregnant, Pv bleeding.
Ample History: A-unknown M-none P-none L-sapper E-pv bleeding

	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)
00:40	Regular	Normal	Good	Central	Room air	99%	Alert	20	97	Regular	134 /64	Good	3	36.1	L 3	R 3	L	R	15		6.1
00:55	Regular	Normal	Good	Central	Room air	98%	Alert	20	87	Regular		Good	3		3 3	3	None	None	15		

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
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Drug Name	Dosage	Time	Route	Qualification	Signature
hghjhhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
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Treated by: Signature:	Handed over to: Signature:	Patient refuses Treatment or Transport Name: Signature:	WCA No:
Qualification:	Qualification:	Date:	COC No:
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:
			Date: