Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
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P.O BOX 3844 Thohoyandou 0950
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C: 084 561 9900
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F: 086 670 9246

PRF NO: 10061

Pre/PostAuth No:	Date: 15/01/2019, 20:30:04

	Time	Odometer
Recieved	17:08	258258
Dispatched	17:08	258258
Arrival Scene	17:15	258260
Depart Scene	17:41	258260
At Facility	19:37	258434
Available		
With Patent		
Without Patient		

Patient Name	Mmbengwa Nkhangw	Age	63
I.D No	5603140914086	Gender	Female
Physical Address	Stand no 4513 Makwarela Ext 3	P Code	0970
Postal Address	P.o.box 3702 Thohoyandou	P Code	0950
Work Details		Work Tell	
Home Tell		Cell	0798745873
Medical Aid Name	Gems Emerald	M/Aid No	000424950
Principal Member	Mmbengwa Nkhangweni	MM I.D	5603140914086
Next of Kin	Mmbengwa v	Tell	0725090082

Amb No: E4	Transport From: Dr M.P. Thilivhali,Room 3,Tsetsetse Complex,Thohoyandou 0950	Transport To:Limpopo medi clinic	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: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of abdominal pain and vomiting also
Primary Survey: No abnormalities detected
Secondary Survey: Abdominal tenderness on palpitations guarding. ill looking
Ample History: A-none,M-hypertension,P-none,L-Morning,E-Abdominal pain and vomiting

	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			
17:25	Regular	Normal	Good	Central	R/air	96%	Alert	20	126	Regular	115 /72	Fair	3	35.0	3	3	Brisk	Brisk	15/15	-	14.3
17:41	Regular	Normal	Good	Central	R/air	96%	Alert	18	122	Regular	117 /74	Fair	3	-	3	3	Brisk	Brisk	15/15	-	-
18:11	Regular	Normal	Good	Central	R/air	98%	Alert	16	124	Regular	122 /78	Good	3	-	3	3	Brisk	Brisk	15/15	-	-
18:41	Regular	Normal	Good	Central	R/air	97%	Alert	18	118	Regular	128 /84	Good	3	-	3	3	Brisk	Brisk	15/15	-	-
19:11	Regular	Normal	Good	Central	R/air	96%	Alert	18	112	Regular	135 /94	Good	3	-	3	3	Brisk	Brisk	15/15	-	-
19:37	Regular	Normal	Good	Central	R/air	96%	Alert	18	114	Regular	137 /102	Good	3	36.2	3	3	Brisk	Brisk	15/15	-	9.8

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	1600ml	L/hand	16:00	19:37	

Drug Name	Dosage	Time	Route	Qualification	Signature
Maxalon	10 mg	16:05	ivi	Doctor	
Tramazak	100mg	16:07	ivi	Doctor	
Omez	40mg	16:10	P0	Doctor	

hghgjhhgh

Management of Patient:

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

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Kanalepe Signature: Qualification: R/N	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Mmbengwa Nkhangweni

I the undersigned: Mmbengwa Nkhangweni I.D No 6403140914086 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: 2019-01-15