

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10048

Pre/PostAuth No:	Date: 15/01/2019, 22:47:37
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	Time	Odometer	Patient Name	Shivuri Suzan	Age	39
Received	17:56	400675	I.D No	8010281296088	Gender	Female
Dispatched	17:56	400675	Physical Address	Stand no 163 mitititi , malamulele	P Code	0982
Arrival Scene	18:45	400735	Postal Address	P.o.box 423 Fumani	P Code	0982
Depart Scene	19:04	400735	Work Details		Work Tell	
At Facility	21:00	400859	Home Tell		Cell	0734759338
Available	22:51	400934	Medical Aid Name	Samwumed	M/Aid No	000042579
With Patient			Principal Member	Shivuri R.D	MM I.D	7912235674081
Without Patient			Next of Kin	Shivuri R.D	Tell	0763387328

Amb No: E2	Transport From: Stand no 163 mitititi malamulele limpopo 0982	Transport To: Zoutpaansberg private hospital	CPRV No:
Crew 1: Mulaudzi N	HPCSA Reg: Ana 0187618	ICD 10:	
Crew 2: Phuluwa E	HPCSA Reg: Baa 16747970	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient is para 3 gravida 4 at 35 weeks gestation complaining lower abdominal pain
Primary Survey: No abnormalities detected
Secondary Survey: Pregnant, pv bleeding
Ample History: A-unknown M-none P-none L-lunch E-pv bleeding

	Breath Rythm						Vitals						Neuro								
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 l/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)
18:57	Regular	Normal	Good	Central	Room air	96%	Alert	18	113	Regular	110 /56	Good	3	36.1	L 3	R 3	L	R	15	-	4.8
19:12	Regular	Normal	Good	Central	Room air	95%	Alert	20	114	Regular	119 /61	Good	3		3	3			15	-	-
19:42	Regular	Normal	Good	Central	Room air	98%	Alert	20	109	Regular	121 /64	Good	3	-	3	3			15	-	-
20:12	Regular	Normal	Good	Central	Room air	97%	Alert	18	106	Regular	124 /60	Good	3	-	3	3			15	-	-
20:42	Regular	Normal	Good	Central	Room air	98%	Alert	18	107	Regular	127 /66	Good	3		3	3			15	-	-
21:00	Regular	Normal	Good	Central	Room air	99%	Alert	18	100	Regular	128 /74	Good	3	36.0	3	3			15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Normal saline	1200ml	Left hand	19:00	21:00	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghghhgh					

Management of Patient: Patient assessed, vital sign taken and monitored? Sanitary pad applied , ov line sitted up , patient positioned and transported to hospital for further management.

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

Treated by: Mualudz Signature: Qualification: ILS	Handed over to: Signature: Qualification:	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Shivuri suzan
Signature:			
I the undersigned: Shivuri suzan I.D No 8810281296088 describe herein as the patient, princpal 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.			
Date: 2019-01-14			