

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10059

Pre/PostAuth No: 19-0027724-E-01	Date: 17/01/2019, 09:13:08
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	Time	Odometer	Patient Name	Mudau tondani	Age	47
Received	15:43	401469	I.D No	7203201282087	Gender	Female
Dispatched	15:43	401469	Physical Address	Stand no 4000 khubvi	P Code	0984
Arrival Scene	15:43	401469	Postal Address	P O Box 255 Makonde	P Code	0984
Depart Scene	15:55	401469	Work Details		Work Tell	
At Facility	17:10	401541	Home Tell		Cell	0728108846
Available	18:57	401606	Medical Aid Name	Gems emerald	M/Aid No	000228199
With Patient			Principal Member	Mudau tondani	MM I.D	7203201282087
Without Patient			Next of Kin	Mauda ctherine	Tell	0733099342

Amb No: E2	Transport From: Dr Makulana TV unit 4 metropitan centre thphoyandou	Transport To: Zoutpansberg private hospital	CPRV No:
Crew 1: Mathonsi p	HPCSA Reg: ANA0186570	ICD 10:	
Crew 2: Tshikororo s	HPCSA Reg: BAA1427547	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 15 weeks gestation complain of general body weakness, dizziness and severe headache and blurred vision
Primary Survey: No abnormalities were detected
Secondary Survey: Pregnant, body weakness, pedal edema
Ample History: A-none M-none P-none L-lunch E-general body weakness and severe headache

	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)
15:45	Regular	Normal	Good	Central	R/air	97%	Alert	18	103	Regular	156 /101	Good	3	37.1	L	R	L	R	15/15		11.6

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Normal saline	1000ml	Left hand	15:50	17:10	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP O2	- IV Access	

Treated by: Mathonsi Signature: Qualification: ILS	Handed over to: Sylvia Signature: Qualification: Registered nurse	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Mudau tondani
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I the undersigned: Mudau tondani I.D No 7203201282087 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:
Tondani
Date: 2019-01-16