Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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

PRF NO: 10121

Pre/PostAuth No:	Date: 23/01/2019, 23:44:48

	Time	Odometer
Recieved	11:52	392287
Dispatched	11:52	392287
Arrival Scene	11:56	392289
Depart Scene	12:27	392289
At Facility	14:20	392469
Available	18:05	392649
With Patent		
Without Patient		

Patient Name	Mudau Vele Oritonda	Age	1
I.D No	1804031123080	Gender	Female
Physical Address	Stand no A410 Tshikonelo Village	P Code	0982
Postal Address	P.O. box 2922 Tshikonelo M.O.P, Malamulele	P Code	0982
Work Details		Work Tell	
Home Tell		Cell	0766750065
Medical Aid Name	Gems emerald	M/Aid No	001449565
Principal Member	Mudau Thabelo	MM I.D	
Next of Kin	Mudau Thabelo	Tell	0723839228

Amb No: E1	Transport From: Dr Nangambi,Stand no 259, Thohoyandou 0950	Transport To:Netcare pholoso hospital	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Phuluwa E	HPCSA Reg: BAA 1647970	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient reportedly to have diarrhoea and body weakness
Primary Survey: No abnormalities detected
Secondary Survey: ill looking and weak sunken eyes,skin hot on touch
Ample History: A-none,M-none,P-none,L-morning,E-Diarrhoea

	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			
12:10	Regular	Normal	Good	Central	R/air	92%	Alert	38	152	Regular	60/49	Poor	0	37.8	2	2	Brisk	Brisk	15/15	-	4.0
12:27	Regular	Normal	Good	Central	R/air	94%	Alert	42	162	Regular	60/49	Poor	0	-	2	2	Brisk	Brisk	15/15	-	-
13:00	Regular	Normal	Good	Central	R/air	95%	Alert	40	158	Regular	62/52	Poor	0	-	2	2	Brisk	Brisk	15/15	-	-
13:30	Regular	Normal	Good	Central	R/air	94%	Alert	40	160	Regular	62/50	Poor	0	37.4	2	2	Brisk	Brisk	15/15	-	-
14:00	Regular	Normal	Good	Central	R/air	95%	Alert	36	156	Regular	63/51	Poor	0	-	2	2	Brisk	Brisk	15/15	-	-
14:20	Regular	Normal	Good	Central	R/air	95%	Alert	38	158	Regular	63/51	Poor	0	37.4	2	2	Brisk	Brisk	15/15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature

Drug Name	Dosage	Time	Route	Qualification	Signature

hghgjhhgh

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02		

Treated by: Maamogo LR Signature:  Qualification: ECT	Handed over to: Gavaza Signature:  Qualification: EN	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Mudau Vele Oritonda

I the undersigned: Mudau Vele Oritonda I.D No 1804031123080 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: 24/01/2019, 00:01:44