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: 10122

Pre/PostAuth No:	Date: 20/03/2019, 23:32:31

	Time	Odometer
Recieved	17:37	271040
Dispatched	17:37	271040
Arrival Scene	17:43	271042
Depart Scene	18:05	271042
At Facility	20:03	271215
Available	22:58	271392
With Patent		
Without Patient		

Patient Name	Rampfumedzi Pfariso	Age	3
I.D No	1608175364082	Gender	Female
Physical Address	Stand no 211 Thohoyandou,Block Q	P Code	0950
Postal Address	P.O. box 342 Sibasa	P Code	0970
Work Details		Work Tell	
Home Tell		Cell	0820776722
Medical Aid Name	Samwumed Option A	M/Aid No	000028365
Principal Member	Rampfumedzi M	MM I.D	7510180798085
Next of Kin	Rampfumedzi M	Tell	0795578096

Amb No: E4	Transport From: Dr K.N Hadzhi,2/789,P-East Punda Maria Rd,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: Broncholitis /Respiratory distress /Hypoglycemia	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation: No id no			

Clinical Notes

Present History: Patient reportedly to have difficulty in breathing and persistent cough and vomiting
Primary Survey: No abnormalities detected
Secondary Survey: ill looking and weak,persistent cough,skin hot on touch and wheezes on ascultation
Ample History: A-none,M-none,P-none,L-Last night,E-Difficulty in breathing and persistent cough

	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			
18:00	Regular	Wheezes	Decreased	Central	R/air	89%	Alert	36	138	Regular	71/59	Good	0	38	2	2	Brisk	Brisk	15/15	-	2.8
18:05	Regular	Wheezes	Decreased	Central	Neb	90%	Alert	34	132	Regular	71/59	Good	0	38.0	2	2	Brisk	Brisk	15/15	-	-
18:35	Regular	Wheezes	Decreased	Central	Neb	92%	Alert	30	134	Regular	74/59	Good	0	38.0	2	2	Brisk	Brisk	15/15	-	3.1
19:05	Regular	Normal	Good	Central	R/air	94%	Alert	32	130	Regular	77/61	Good	0	37.8	2	2	Brisk	Brisk	15/15	-	-
19:35	Regular	Normal	Good	Central	R/air	96%	Alert	30	128	Regular	77/59	Good	0	37.8	2	2	Brisk	Brisk	15/15	-	-
20:03	Regular	Normal	Good	Central	R/air	96%	Alert	34	132	Regular	75/50	Good	0	37.7	2	2	Brisk	Brisk	15/15	-	4.1

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
5%Dextrose fresenuis	200ml	R/hand	17:55	20:03	

Drug Name	Dosage	Time	Route	Qualification	Signature
Rocephine	1g	18:00	ivi	Doctor	
Feneterol	0.5mg	18:05	Neb	ECT	
Ipratropium bromide	0.25mg	18:05	Neb	ECT	
Normal saline	1ml	18:05	Neb	ECT	

hghgjhhgh

Management of Patient:

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

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Seduma pride Signature: Qualification: EN	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Rampfumedzi Pfariso

I the undersigned: Rampfumedzi Pfariso I.D No 1608175364082 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: 2019-03-20