Pr No: 00900030633941

Reg No: 2013/205784/07

P.O BOX 3844 Thohoyandou 0950
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C: 073 710 0702
F: 086 670 9246

PRF NO: 9986

Pre/PostAuth No: 18-0564456-E-01 training case	Date: 05/11/2018, 09:51:10

	Time	Odometer
Recieved	09:40	235154
Dispatched	09:40	235154
Arrival Scene	09:45	235156
Depart Scene	10:00	235156
At Facility	11:42	235245
Available		
With Patent		
Without Patient		

Patient Name	Training	Age	30
I.D No	8802014451082	Gender	Male
Physical Address	332 block p west thohoyandou	P Code	0950
Postal Address	P O Box 3001 thohoyandou	P Code	0950
Work Details	Self employed	Work Tell	0825561234
Home Tell	0156921242	Cell	0825561234
Medical Aid Name	Gems emerald	M/Aid No	000321456
Principal Member	Training case	MM I.D	7702010542084
Next of Kin	Training case	Tell	0824413214

Amb No: E4	Transport From: Donald Fraser hospital	Transport To:Zoutspansberg	CPRV No:
Crew 1: Ntsonda v	HPCSA Reg: Ect 0009954	ICD 10:	
Crew 2: Nengovhela n	HPCSA Reg: Baa 1540190	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation: Patient assessed and referred to Dr nkwashu no specialist at zoutspansberg hospital			

Clinical Notes

Present History: Patient complaint of abdominal pain ,Nausea and vomiting
Primary Survey: No abnormalities detected
Secondary Survey: Tenderness of abdomen on palpation,
Ample History: A-none M-none P-none L-lunch 18-0564456-E-01abdominal pain,nausea 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			
09:43	Regular	Normal	Normal	Central	R.AIR	99%	Alert	21	98	Regular	132 /79	Good	4	36.5	3	3	Brisk	Brisk	15	-	6.3
09:59	Regular	Normal	Good	Central	Room air	98%	Alert	19	75	Regular	135 /87	Good	3	36.1	3	3	Brisk	Brisk	15	-	5.1

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Ringer lactate	1000ml	Left hand	09:45	11:00	

Drug Name	Dosage	Time	Route	Qualification	Signature
Maxalon	10mg	09:51	Ivi	Dr	

hghgjhhgh

Management of Patient: Patient assessed medication given iv line sited at doctors room ,vital signs taken and monitored reroute to hospital for further management

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

Treated by: Traineee Signature: Qualification: Ant	Handed over to: Training Signature: Qualification: RN	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Training

I the undersigned: Training I.D No 8802054455084 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: 2018-11-05