**Pr No: 00900030633941**

**Reg No: 2013/205784/07**

EAGLES 911
Real Help. Real Fast

P.O BOX 3844 Thohoyandou 0950
E: eaglesambu@gmail.com
C: 084 561 9900
C: 073 710 0702
F: 086 670 9246

**PRF NO: 10044**

| Pre/PostAuth No: 18-0525806-E-01 | Date: 05/11/2018, 12:20:19 |
|---|---|

| | Time | Odometer |
|---|---|---|
| Recieved | 11:10 | 378915 |
| Dispatched | 11:10 | 378915 |
| Arrival Scene | 11:23 | 378922 |
| Depart Scene | 11:50 | 378922 |
| At Facility | | |
| Available | | |
| With Patent | | |
| Without Patient | | |

| | | | |
|---|---|---|---|
| Patient Name | Mafenya Phineas | Age | 76 |
| I.D No | 4306095172083 | Gender | Male |
| Physical Address | 892 meadstream | P Code | 1692 |
| Postal Address | 892 meadstream | P Code | 1692 |
| Work Details | Pensioner | Work Tell | |
| Home Tell | | Cell | 0635567666 |
| Medical Aid Name | Gems Ruby | M/Aid No | 001076597 |
| Principal Member | Nevhutanda L | MM I.D | 7201140913085 |
| Next of Kin | Nevhutanda Luambo | Tell | 0829410970 |

| Amb No: E1 | Transport From: Tshilidzini Hospital | Transport To:Limpopo Medi Clinic | CPRV No: |
|---|---|---|---|
| Crew 1: Masevhw ZR | HPCSA Reg: ANA0153079 | ICD 10: | |
| Crew 2: Nemadodzi F | HPCSA Reg: BAA1381199 | Diagnosis: | |
| Crew 3: | HPCSA Reg: | | |
| Level of Care: ILS | Priority: P2 | Call Type: Medical | |
| Remark/Motivation: Departing time from hospital prolonged while still stabilizing the patient. | | | |

**Clinical Notes**

**Present History**: Patient complains of persisting body weakness , dizziness and shortness of breath on exersion.
**Primary Survey**: No abnormalities detected
**Secondary Survey**: ill looking/Loss of strength on both Right lower and upper limbs./ and unable to walk/distended abdomen
**Ample History**: A-unknown M- treatment for diabetes and hypertension P-known hypertensive and diabetic L-yesterday E-persisting body weakness

| | 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 | | | |
| 10:30 | Regular | Normal | Good | Central | | 88% | Alert | 17 | 56 | Regular | 128 /74 | Good | | 36.9 | 3 | 3 | Brisk | Brisk | 15/15 | | 7.4 |
| 10:45 | Regular | Normal | Good | Central | 2L | 90% | Alert | 17 | 64 | Regular | 130 /70 | Normal | | | 3 | 3 | Brisk | Brisk | 15/15 | | |
| 11:15 | Regular | Normal | Good | Central | 2L | 94% | Alert | 18 | 60 | Regular | 119 /78 | Good | | | 3 | 3 | Brisk | Brisk | 15/15 | | |
| 11:45 | Regular | Normal | Good | Central | 2L | 93% | Alert | 17 | 66 | Regular | 129 /74 | Good | | | 3 | 3 | Brisk | Brisk | 15/15 | | |
| 12:15 | Regular | Normal | Good | Central | 2L | 97% | Alert | 17 | 64 | Regular | 130 /77 | Good | | | 3 | 3 | Brisk | Brisk | 15/15 | | |
| 13:48 | Regular | Normal | Good | Central | 2L | 97% | Alert | 18 | 61 | Regular | 128 /74 | Good | | | 3 | 3 | Brisk | Brisk | 15/15 | | |

| Fluid Type | Volume | Site | Time Start | Time Stop | Signature |
|---|---|---|---|---|---|
| Sodium chloride | 600ml | Left hand | 09:55 | 13:48 | hospital |

| Drug Name | Dosage | Time | Route | Qualification | Signature |
|---|---|---|---|---|---|
| hghgjhhgh | | | | | |

Management of Patient: Patient assessed, calmed and reassured , iv line put up in hospital, vital signs taken and monitored enroute until handover at hospital.

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

| Treated by: Masevhe<br>Signature:<br><br>Qualification: ILS | Handed over to:<br>Signature:<br><br>Qualification: | **Patient refuses Treatment or Transport**<br>Name:<br>Signature:<br><br>Date: | **WCA No**:<br><br>**COC No**:<br>Mafenya P |
|---|---|---|---|

I the undersigned: Mafenya P I.D No 4306095172083 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