

Pr No: 00900030633941

Reg No: 2013/205784/07



P.O BOX 3844 Thohoyandou 0950

E: eaglesambu@gmail.com

C: 084 561 9900

C: 073 710 0702

F: 086 670 9246

PRF NO: 10010

|                  |                            |
|------------------|----------------------------|
| Pre/PostAuth No: | Date: 08/11/2018, 20:51:25 |
|------------------|----------------------------|

|                 | Time | Odometer | Patient Name     | Maise mashudu        | Age       | -15           |
|-----------------|------|----------|------------------|----------------------|-----------|---------------|
| Recieved        |      |          | I.D No           | 3403230332085        | Gender    | Female        |
| Dispatched      |      |          | Physical Address | Tshidimbini village  | P Code    | 0972          |
| Arrival Scene   |      |          | Postal Address   | P.O Box 13 Thoyandou | P Code    | 0972          |
| Depart Scene    |      |          | Work Details     |                      | Work Tell |               |
| At Facility     |      |          | Home Tell        |                      | Cell      | 0726714077    |
| Available       |      |          | Medical Aid Name | Emerald              | M/Aid No  | 000592765     |
| With Patient    |      |          | Principal Member | Maise kholofelo      | MM I.D    | 7701030714089 |
| Without Patient |      |          | Next of Kin      | Gavhi joyce          | Tell      | 0797569282    |

|                           |                                                              |                               |          |
|---------------------------|--------------------------------------------------------------|-------------------------------|----------|
| Amb No: E2                | Transport From: Doctor malima vondwe medical centre matatshe | Transport To: Netcare pholoso | CPRV No: |
| Crew 1: Precious mathonsi | HPCSA Reg: ANA0186570                                        | ICD 10:                       |          |
| Crew 2:                   | HPCSA Reg:                                                   | Diagnosis:                    |          |
| Crew 3:                   | HPCSA Reg:                                                   |                               |          |
| Level of Care: ILS        | Priority: P2                                                 | Call Type: Medical            |          |
| Remark/Motivation:        |                                                              |                               |          |

## Clinical Notes

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| <b>Present History:</b> Patient complaining of difficulties in breathing                                                     |
| <b>Primary Survey:</b> No abnormalities was detected                                                                         |
| <b>Secondary Survey:</b> Swollen pitting edema on both lumbs                                                                 |
| <b>Ample History:</b> A-None M-hypertension & diabetic P-known hypertension & diabetic L- lunch E- difficulties in breathing |

| Breath Rythm |              |              |           |                  |          |      | Vitals            |            |            |        |    |           |            | Neuro        |            |                |  |                  |       |               |
|--------------|--------------|--------------|-----------|------------------|----------|------|-------------------|------------|------------|--------|----|-----------|------------|--------------|------------|----------------|--|------------------|-------|---------------|
| Time         | Breath Rythm | Breath Sound | Air Entry | Trachea Position | O2 1/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/1 ) |
|              |              |              |           |                  |          |      |                   |            |            |        |    |           |            |              | L R        | L R            |  |                  |       |               |

|            |        |      |            |           |           |
|------------|--------|------|------------|-----------|-----------|
| Fluid Type | Volume | Site | Time Start | Time Stop | Signature |
|------------|--------|------|------------|-----------|-----------|

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

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| Management of Patient: Patient was assessed and vital signs taken and monitored during transportation |
|-------------------------------------------------------------------------------------------------------|

| Equipment Used | Alignment | Airway | Breathing                  | Circulation | Other                |
|----------------|-----------|--------|----------------------------|-------------|----------------------|
|                |           |        | - Oxygen 1/min/<br>- SP O2 | - IV Access | - Urine Catheter ( ) |

|                           |                               |                                                                      |                |
|---------------------------|-------------------------------|----------------------------------------------------------------------|----------------|
| Treated by:<br>Signature: | Handed over to:<br>Signature: | <b>Patient refuses Treatment or Transport</b><br>Name:<br>Signature: | <b>WCA No:</b> |
| Qualification:            | Qualification:                | Date:                                                                | <b>COC No:</b> |

|                                                                                                                                                                                                                                                |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| I the undersigned: I.D No 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:      |