**Pr No: 00900030633941**

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

EAGLES 911
Real Help. Real Fast

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F: 086 670 9246

**PRF NO: 10046**

| Pre/PostAuth No: 1811125113 | Date: 12/11/2018, 12:37:29 |
|---|---|

| | Time | Odometer |
|---|---|---|
| Recieved | 09:11 | 380161 |
| Dispatched | 09:11 | 380161 |
| Arrival Scene | 09:20 | 380168 |
| Depart Scene | 09:55 | 380168 |
| At Facility | 11:45 | 380342 |
| Available | 17:04 | 380530 |
| With Patent | | |
| Without Patient | | |

| | | | |
|---|---|---|---|
| Patient Name | Mukwevho Orinea | Age | 3 |
| I.D No | 1605010991086 | Gender | Female |
| Physical Address | Tshikonelo mcp | P Code | 0982 |
| Postal Address | P.o. box 3119 malamulele | P Code | 0982 |
| Work Details | | Work Tell | |
| Home Tell | | Cell | 0725263013 |
| Medical Aid Name | Discovery | M/Aid No | 551261090 |
| Principal Member | Mukwevho prince | MM I.D | 930331576087 |
| Next of Kin | Thabo livhuwani | Tell | 0799393533 |

| Amb No: E1 | Transport From: Tshilidzini Hospital | Transport To:Mediclinic limpopo | CPRV No: |
|---|---|---|---|
| Crew 1: Matonsi precious | HPCSA Reg: Ana 0186570 | ICD 10: | |
| Crew 2: Mundalamo d | HPCSA Reg: Ant0014508 | Diagnosis: | |
| Crew 3: | HPCSA Reg: | | |
| Level of Care: ALS | Priority: P2 | Call Type: Medical | |
| Remark/Motivation: Depart time delayed due to stabilization | | | |

**Clinical Notes**

**Present History**: Patient reportedly to have difficulty in breathing,fever and persistent cough by grandmother
**Primary Survey**: A-patent B-spontaneous C-all pulses present
**Secondary Survey**: Patient ill looking and weak Nasal flaring Wheeze Chest indrawing
**Ample History**: A-none M-none P-none L-morning bottle fed E- difficulty in breathing,fever 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 | | | |

| Fluid Type | Volume | Site | Time Start | Time Stop | Signature |
|---|---|---|---|---|---|
| 200ml normal saline | 100ml | Left hand | 09:40 | 11:46 | HOSPital |

| Drug Name | Dosage | Time | Route | Qualification | Signature |
|---|---|---|---|---|---|
| Normal saline | 1ml | 09:47 | Neb | Als | |
| Feneterol | 0,5mg | 09:47 | Neb | Als | |
| Ipratropium bromide | 0,25mg | 09:47 | Neb | Als | |

hghgjhhgh

Management of Patient: Patient assessed nebulized and medication given,IV line sited up at hospital,Patient transported on semi sitted carried by grandmother.vital signs monitored and recorded ensure to facility

| Equipment Used | Alignment | Airway | Breathing | Circulation | Other |
|---|---|---|---|---|---|
| | | | - Nebulizer<br>- SP 02 | - IV Access | |

| Treated by: Mundalamo<br>Signature:<br><br>Qualification: Als | Handed over to: Michael t<br>Signature:<br>T. mudau<br><br>Qualification: Enrolled nurses | **Patient refuses Treatment or Transport**<br>Name:<br>Signature:<br><br>Date: | **WCA No**:<br><br>**COC No**:<br>Thabo livhuwani |
|---|---|---|---|

I the undersigned: Thabo livhuwani I.D No 7302050789083 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:
Thabo

Date: 13/11/2018, 11:07:36