

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10068

Pre/PostAuth No:	Date: 19/11/2018, 13:04:01
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	Time	Odometer	Patient Name	Remeregi Ntsengi	Age	57
Recieved	12:20	243849	I.D No	6206200064084	Gender	Female
Dispatched	12:20	243849	Physical Address	Stand no 296 maungani	P Code	0985
Arrival Scene	12:22	243850	Postal Address	P.o.box 649 Shayandima	P Code	0985
Depart Scene	12:50	243850	Work Details		Work Tell	
At Facility			Home Tell		Cell	0724455408
Available			Medical Aid Name	Gems emerald	M/Aid No	000660012
With Patient			Principal Member	Remeregi T	MM I.D	6206200064084
Without Patient			Next of Kin	Ramagoma T	Tell	0721276936

Amb No: E4	Transport From: Doctor Nangambi,Stand no 259,Thohoyandou 0950	Transport To:Limpopo medi clinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nengovhela N	HPCSA Reg: BAA 1540190	Diagnosis: Chest pain and dizziness	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of pain on right shoulder radiating to the neck and the jaws.Dizziness
Primary Survey: No abnormalities detected
Secondary Survey: Pain on the right shoulder on palpitations
Ample History: A-none M-none P-atroiza,L-morning E-pain on the right shoulder radiating to the neck and the jaws. Dizziness

	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)
12:30	Regular	Normal	Good	Central	R/air	%	Alert	20	98	Regular	145 /89	Good	5	36.6	L 3	R 3	L Brisk	R Brisk	15/15	-	5.2
12:50	Regular	Normal	Good	Central	R/air	97%	Alert	18	98	Regular	145 /89	Good	5	36.6	3	3	Brisk	Brisk	15/15	-	5.2

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
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Drug Name	Dosage	Time	Route	Qualification	Signature
Asprin	150	12:50	Sublingual	ECT	
Nitroglycerin	0.4	13:15	Sublingual	ECT	

hghgjhhgh

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
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Treated by: Signature:	Handed over to: Signature:	Patient refuses Treatment or Transport Name: Signature:	WCA No: COC No:
Qualification:	Qualification:	Date:	
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: