

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: 10073

Pre/PostAuth No:	Date: 19/11/2018, 13:16:39
------------------	----------------------------

	Time	Odometer	Patient Name	Remeregi Ntsengeni	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	14:36	244024	Home Tell		Cell	0724455408
Available	17:37	244201	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-atroiza P-none L-morning,E-pain on the right shoulder radiating to the neck and the jaws

	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			
12:30	Regular	Normal	Good	Central	R/air	97%	Alert	20	98	Regular	145 /89	Good	5	36.6	3	3	Brisk	Brisk	15/15	-	5.2
12:50	Regular	Normal	Good	Central	R/air	97%	Alert	18	98	Regular	145 /89	Good	2	36.6	3	3	Brisk	Brisk	15/15	-	5.2
13:20	Regular	Normal	Good	Central	R/air	97%	Alert	20	90	Regular	138 /78	Good	0	36.6	3	3	Brisk	Brisk	15/15	-	5.2
13:50	Regular	Normal	Good	Central	R/air	97%	Alert	20	96	Regular	136 /82	Good	1	36.6	3	3	Brisk	Brisk	15/15	-	5.2
14:20	Regular	Normal	Good	Central	R/air	96%	Alert	18	84	Regular	134 /78	Good	1	36.6	3	3	Brisk	Brisk	15/15	-	5.2
14:36	Regular	Normal	Good	Central	R/air	94%	Alert	20	86	Regular	129 /84	Good	1	36.6	3	3	Brisk	Brisk	15/15	-	5.2

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

Drug Name	Dosage	Time	Route	Qualification	Signature
Asprin	150	12:35	Sublingual	ECT	
Nitroglycerin	0.4	12:40	Sublingual	ECT	

hghgjhhgh

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
				- ECG	

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Moyaudiso Signature: Qualification: En	Patient refuses Treatment or Transport Name: Remeregi N Signature: Date: 2018-11-19	WCA No: COC No: Remeregi N
I the undersigned: Remeregi N I.D No 620620006484 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: 19/11/2018, 17:53:37			