Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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PRF NO: 10012

Pre/PostAuth No:	Date: 20/11/2018, 06:22:50

	Time	Odometer
Recieved	16:20	386426
Dispatched	16:20	386426
Arrival Scene	16:22	386427
Depart Scene	16:40	386427
At Facility	17:48	386499
Available	19:32	386571
With Patent		
Without Patient		

Patient Name	Munzhedzi Meltha	Age	31
I.D No	8807060967080	Gender	Female
Physical Address	509 miluwani	P Code	0970
Postal Address	P O BOX 639 Sibasa	P Code	0970
Work Details	Boxer stores	Work Tell	
Home Tell		Cell	0716147052
Medical Aid Name	Polmed Aquarium	M/Aid No	64104659654
Principal Member	Hamisi T G	MM I.D	8711145764084
Next of Kin	Munzhedzi R	Tell	0765324724

Amb No: E2	Transport From: Dr Makulana unit4 metropolitan centre thohoyandou cbd 0950	Transport To:Zoutpansberg private hospital	CPRV No:

Crew 1: Masevhe ZR	HPCSA Reg: ANA0153079	ICD 10:
Crew 2: Mundalamo DD	HPCSA Reg: ANT0014508	Diagnosis:
Crew 3:	HPCSA Reg:	
Level of Care: ALS	Priority: P2	Call Type: Medical
Remark/Motivation:		

Clinical Notes

Present History: Patient complains of persisting body weakness, loss of appetite, sudden weight loss, nausea and vomiting. She is para1 gravida 2 at 8 weeks gestation.
Primary Survey: No abnormalities detected
Secondary Survey: ill looking, dry skin,delayed capillary refil,vomiting
Ample History: A- unknown M-none P-c section 2013 L- morning 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			
16:25	Regular	Normal	Normal	Central	Room air	97%	Alert	17	94	Regular	114 /74	Fair		36.4	3	3	Brisk	Brisk	15/15		3.2
16:40	Regular	Normal	Good	Central	Room air	97%	Alert	18	92	Regular	119 /78	Fair			3	3	Brisk	Brisk	15/15		4.1
17:10	Regular	Normal	Good	Central	Room air	98%	Alert	17	90	Regular	121 /74	Good			3	3	Brisk	Brisk	15/15		
17:48	Regular	Normal	Good	Central	Room air	99%	Alert	17	89	Regular	121 /79	Fair			3	3	Brisk	Brisk	15/15		

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	1000ml	Right hand	16:28	17:48	PRF

Drug Name	Dosage	Time	Route	Qualification	Signature
Dextrose 50%	20ml	16:30	Iv	Als	PRF
Maxalone	10mg	16:35	Iv	Als	PRF

hghgjhhgh

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

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

Treated by: Signature: Qualification:	Handed over to: Signature: Qualification:	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Munzhedzi M

I the undersigned: Munzhedzi M I.D No 8807060967080 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:
PRF
Date: 25/11/2018, 16:55:57