

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10019

Pre/PostAuth No:	Date: 21/11/2018, 14:42:41
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	Time	Odometer	Patient Name	Muvvari nyamukamadi ester	Age	76
Received	13:45	387132	I.D No	4302100170089	Gender	Female
Dispatched	13:45	387132	Physical Address	Stand no 104 vuwani	P Code	0952
Arrival Scene	13:50	387134	Postal Address	P O Box 2076 Vuwani	P Code	0952
Depart Scene	14:05	387134	Work Details		Work Tell	
At Facility	16:05	387312	Home Tell		Cell	0735592402
Available			Medical Aid Name	Gems emerald	M/Aid No	1353097
With Patient			Principal Member	Muvvari alfheli	MM I.D	7806300641084
Without Patient			Next of Kin	Muvvari patricia	Tell	0833416624

Amb No: E2	Transport From: Dr K.N Hadzhi 2/789 Thohoyandou block P east 0950	Transport To: Netcare pholoso hospital	CPRV No:
Crew 1: Mathonsi p	HPCSA Reg: ANA0186570	ICD 10:	
Crew 2: Tshikororo s	HPCSA Reg: BAA1427547	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation: Patient transported to netcare pholoso, no specialist at zoutpansberg			

Clinical Notes

Present History: Patient complaining of bleeding peptic ulceration
Primary Survey: No abnormalities was found
Secondary Survey: Patient appears to be weak
Ample History: A-none M-hypertension treatment p-known hypertensive L-breakfast E peptic ulcer

	Breath Rythm						Vitals							Neuro							
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 l/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/l)
						%									L	R	L	R			

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
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Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient: Patient assessed iv sited up by the doctor vital signs monitored and recorded during transportation
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Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP O2	- IV Access	

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

I the undersigned: I.D No describe herein as the patient, principal 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: