Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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PRF NO: 10036

Pre/PostAuth No:	Date: 10/12/2018, 15:56:38

	Time	Odometer
Recieved	15:15	391525
Dispatched	15:15	391525
Arrival Scene	15:17	391526
Depart Scene	15:30	391526
At Facility		
Available		
With Patent		
Without Patient		

Patient Name	Tshivhase Edzani Myrah	Age	30
I.D No	8903080706085	Gender	Female
Physical Address	House no 2786 Muledane block J	P Code	0971
Postal Address	P.O Box 30225	P Code	0971
Work Details		Work Tell	
Home Tell		Cell	0818685971
Medical Aid Name	Gems Emerald	M/Aid No	001175418
Principal Member	Tshivhase Edzani	MM I.D	8903080706085
Next of Kin	Netshaulu Abraham	Tell	

Amb No: E2	Transport From: Dr Makulana TV unit 4 metropolitan centre Thphoyandou	Transport To:Zoutpansberg private 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:		

Clinical Notes

Present History: Patient is para 0 gravida 1 at 11 weeks gestation complaining of persisting abdominal pain and pv bleeding
Primary Survey: No abnormalities was detected
Secondary Survey: Patient appears to be week, PV bleeding
Ample History: A-none M-none P-none L-lunch E- abdominal pain and pv bleeding

	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
Ringer Lacted	600ml	Right Hand	15:25		

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient: Patient assesed ,calmed and reassured,iv line sited up.patient transported on a lateral position,vital signs taken and monitored enroute to facility

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

Treated by: Mathonsi P Signature: Qualification: ILS	Handed over to: Signature: Qualification:	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Tshivhase edzani myrah

I the undersigned: Tshivhase edzani myrah I.D No 8903080706085 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:
TE
Date: 2018-12-10