

Pr No: 00900030633941

Reg No: 2013/205784/07



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|                                  |                            |
|----------------------------------|----------------------------|
| Pre/PostAuth No: 18-0602359-E-01 | Date: 18/12/2018, 12:47:35 |
|----------------------------------|----------------------------|

|                 | Time  | Odometer |
|-----------------|-------|----------|
| Recieved        | 11:38 | 393376   |
| Dispatched      | 11:38 | 393376   |
| Arrival Scene   | 11:40 | 393377   |
| Depart Scene    | 12:03 | 393377   |
| At Facility     |       |          |
| Available       |       |          |
| With Patent     |       |          |
| Without Patient |       |          |

|                  |                        |           |               |        |
|------------------|------------------------|-----------|---------------|--------|
| Patient Name     | Khashane Thizwihangwi6 |           | Age           | 35     |
| I.D No           | 8411190831082          |           | Gender        | Female |
| Physical Address | No 136 Mavunde Makuya  |           | P Code        | 0971   |
| Postal Address   | P O BOX 889            |           | P Code        | 0971   |
| Work Details     |                        | Work Tell |               |        |
| Home Tell        |                        | Cell      | 0792424123    |        |
| Medical Aid Name | Gems Sapphire          | M/Aid No  | 001083014     |        |
| Principal Member | Rambauli M             | MM I.D    | 7406176116087 |        |
| Next of Kin      | Rambauli Lucky         | Tell      | 0725911460    |        |

|                     |                                                                             |                                             |          |
|---------------------|-----------------------------------------------------------------------------|---------------------------------------------|----------|
| Amb No: E2          | Transport From: Dr Makulana unit 4 metropolitan centre thohoyandou CBD 0950 | Transport To: Zoutpansberg private hospital | CPRV No: |
| Crew 1: Masevhe ZR  | HPCSA Reg: ANA0153079                                                       | ICD 10:                                     |          |
| Crew 2: Nematodzi F | HPCSA Reg: BAA1381199                                                       | Diagnosis:                                  |          |
| Crew 3:             | HPCSA Reg:                                                                  |                                             |          |
| Level of Care: ILS  | Priority: P2                                                                | Call Type: Medical                          |          |
| Remark/Motivation:  |                                                                             |                                             |          |

## Clinical Notes

|                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Present History:</b> Patient is para3 gravida 4 at33 weeks gestation complaining of persisting abdominal pain, dizziness and decreased fetal movement. |
| <b>Primary Survey:</b> No abnormalities detected                                                                                                          |
| <b>Secondary Survey:</b> Pregnant, Pedal Edema, poor skin turgor, delayed capillary refill.                                                               |
| <b>Ample History:</b> A-unknown M Metformin P-known diabetic L-morning E-persisting lower abdominal pain                                                  |

|       | 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/l ) |     |
| 11:45 | Regular      | Normal       | Good      | Central          | Room 2   | 98%  | Alert             | 19         | 84         | Regular | 99/46  | Fair      | 2          | 36.4         | L 3        | R 3            | L Brisk | R Brisk          | 15/15 |               | 4.6 |
| 12:00 | Regular      | Normal       | Good      | Central          | Room air | 99%  | Alert             | 18         | 80         | Regular | 98/50  | Fair      | 1          |              | 3          | 3              | Brisk   | Brisk            | 15/15 |               |     |
| 12:30 | Regular      | Normal       | Good      | Central          | Room air | %    | Alert             | 18         | 81         | Regular | 114/54 | Fair      | 1          |              | 3          | 3              | Brisk   | Brisk            | 15/15 |               |     |
|       | Regular      | Normal       | Normal    | Central          | Room air | 97%  | Alert             | 19         | 83         | Regular | 135/68 | Good      | 2          |              | 3          | 3              | Brisk   | Brisk            | 15/15 |               |     |

| Fluid Type      | Volume | Site      | Time Start | Time Stop | Signature |
|-----------------|--------|-----------|------------|-----------|-----------|
| Sodium chloride | 800ml  | Left hand | 11:48      |           |           |

| Drug Name | Dosage | Time | Route | Qualification | Signature |
|-----------|--------|------|-------|---------------|-----------|
| hghgjhhgh |        |      |       |               |           |

Management of Patient: Patient assessed, calmed and reassured, iv line put up, patient transported on left lateral position during transportation, vital signs taken and monitored until handover at hospital

| Equipment Used | Alignment | Airway | Breathing | Circulation | Other |
|----------------|-----------|--------|-----------|-------------|-------|
|                |           |        | - SP O2   | - IV Access |       |

|                                                                |                                                                 |                                                                        |                                  |
|----------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------|
| Treated by: Masevhe ZR<br>Signature:<br><br>Qualification: ILS | Handed over to: Negeli<br>Signature:<br><br>Qualification: Rena | Patient refuses Treatment or Transport<br>Name:<br>Signature:<br>Date: | WCA No:<br>COC No:<br>Khashane T |
|----------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------|

I the undersigned: Khashane T I.D No 8411190831082 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: 2018-12-18