

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10030

Pre/PostAuth No: 18-0603419-E-01	Date: 18/12/2018, 19:22:08
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	Time	Odometer
Recieved	17:49	393524
Dispatched	17:49	393524
Arrival Scene	17:55	393527
Depart Scene	18:18	393527
At Facility	20:12	393704
Available	22:55	393882
With Patent		
Without Patient		

Patient Name	Makongoza Hilda	Age	63
I.D No	5608030199082	Gender	Female
Physical Address	No 1426 Shayandima	P Code	0945
Postal Address	P O BOX 693 Shayandima	P Code	0945
Work Details		Work Tell	
Home Tell		Cell	0722421549
Medical Aid Name	Gems Emerald	M/Aid No	000482151
Principal Member	Makongoza H	MM I.D	5608030199082
Next of Kin	Makongoza V	Tell	0723649836

Amb No: E2	Transport From: Dr Magwentshu no: 660 block P west Mphephu drive Thohoyandou 0950	Transport To: Netcare pholoso 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: BLS	Priority: P2	Call Type: Medical	
Remark/Motivation: Patient referred to Dr Ramohlale at Netcare pholoso hospital because the is no specialist at zoutpansberg private hospital			

Clinical Notes

Present History: Patient reported to have persisting body weakness and sudden inability to move or walk by family member**Primary Survey:** No abnormalities detected**Secondary Survey:** ill looking, dialysis port on right arm, pale skin**Ample History:** A-unknown M- Treatment for kidney failure P- kidney failure on dialysis 4 times a week

	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)
18:00	Regular	Normal	Good	Central	Room air	98%	Conscio us	17	112	Regular	178 /99	Fair		37	L 3	R 3	L Brisk	R Brisk	14/15		5.8
18:15	Regular	Normal	Good	Central	Room air	99%	Conscio us	17	110	Regular	200 /114	Fair			3	3	Brisk	Brisk	14/15		
18:45	Regular	Normal	Good	Central	Room air	98%	Conscio us	18	114	Regular	184 /100	Fair			3	3	Brisk	Brisk	14/15		
19:15	Regular	Normal	Good	Central	Room 2	99%	Conscio us	17	100	Regular	180 /94	Fair			3	3	Brisk	Brisk	14/15		
19:45	Regular	Normal	Good	Central	Room air	95%	Conscio us	18	98	Regular	181 /91	Fair			3	3	Brisk	Brisk	14/15		
20:12	Regular	Normal	Good	Central	Room air	99%	Conscio us	18	99	Regular	180 /90	Fair			3	3	Brisk	Brisk	14/15		

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

Management of Patient: Patient assessed,calmed and reassured,vital signs taken and monitored until handover at hospital

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP O2		

Treated by: Masevhe ZR Signature: Qualification: ILS	Handed over to: Briget Signature: Qualification: En	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Makongoza v
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I the undersigned: Makongoza v I.D No 19850804 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