

Pr No: 00900030633941

Reg No: 2013/205784/07



P.O BOX 3844 Thohoyandou 0950

E: eaglesambu@gmail.com

C: 084 561 9900

C: 073 710 0702

F: 086 670 9246

PRF NO: 10083

|                  |                            |
|------------------|----------------------------|
| Pre/PostAuth No: | Date: 24/12/2018, 08:46:13 |
|------------------|----------------------------|

|                 | Time  | Odometer | Patient Name     | Shitlangu Mick Prince             | Age       | 37            |
|-----------------|-------|----------|------------------|-----------------------------------|-----------|---------------|
| Recieved        | 01:05 | 250361   | I.D No           | 8207035994089                     | Gender    | Male          |
| Dispatched      | 01:05 | 250361   | Physical Address | Stand no 192 Shivulani Village    | P Code    | 0826          |
| Arrival Scene   | 01:36 | 250406   | Postal Address   | P.o.box 2600 Giyani               | P Code    | 0826          |
| Depart Scene    | 01:52 | 250406   | Work Details     |                                   | Work Tell |               |
| At Facility     | 03:29 | 250570   | Home Tell        |                                   | Cell      | 0826691031    |
| Available       | 06:11 | 250748   | Medical Aid Name | Platinum Health Pla Comprehensive | M/Aid No  | 8207035994    |
| With Patient    |       |          | Principal Member | Shitlangu Mick Prince             | MM I.D    | 0827035994089 |
| Without Patient |       |          | Next of Kin      | Mohlala m                         | Tell      | 0712600141    |

|                      |                                                              |                                   |          |
|----------------------|--------------------------------------------------------------|-----------------------------------|----------|
| Amb No: E4           | Transport From: Stand no 192 Shivulani Village , Giyani 0826 | Transport To: Limpopo medi clinic | CPRV No: |
| Crew 1: Maamogo LR   | HPCSA Reg: ECT 0009970                                       | ICD 10:                           |          |
| Crew 2: Nethengwe M  | HPCSA Reg: BAA 1552953                                       | Diagnosis: Diarrhoea              |          |
| Crew 3: Mundalamo DD | HPCSA Reg: ECP0007366                                        |                                   |          |
| Level of Care: ALS   | Priority: P2                                                 | Call Type: Medical                |          |
| Remark/Motivation:   |                                                              |                                   |          |

## Clinical Notes

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| <b>Present History:</b> Patient complaining of diarrhoea, nausea and vomiting also body weakness     |
| <b>Primary Survey:</b> No abnormalities detected                                                     |
| <b>Secondary Survey:</b> Diarrhoea, vomiting, general body weakness and sunken eyes                  |
| <b>Ample History:</b> A-none, M-RVD, P-RVD2017, L-yesterday, E-Diarrhoea, vomiting and body weakness |

|       | 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/1 ) |
| 01:38 | Regular      | Normal       | Good      | Central          | R/air    | 95%  | Alert             | 20         | 122        | Regular | 104 /78 | Poor      | 2          | 35.6         | L 3        | R 3 | Brisk          | Brisk | 15/15            | -     | 7.9           |
| 01:52 | Regular      | Normal       | Good      | Central          | R/air    | 96%  | Alert             | 18         | 118        | Regular | 106 /72 | Poor      | 2          | 35.7         | 3          | 3   | Brisk          | Brisk | 15/15            | -     | 7.9           |
| 02:22 | Regular      | Normal       | Good      | Central          | R/air    | 99%  | Alert             | 18         | 120        | Regular | 111 /78 | Poor      | 1          | 36.4         | 3          | 3   | Brisk          | Brisk | 15/15            | -     | 7.9           |
| 02:52 | Regular      | Normal       | Good      | Central          | R/air    | 96%  | Alert             | 16         | 100        | Regular | 113 /67 | Good      | 1          | 36.4         | 3          | 3   | Brisk          | Brisk | 15/15            | -     | 7.9           |
| 03:22 | Regular      | Normal       | Good      | Central          | R/air    | 96%  | Alert             | 18         | 96         | Regular | 113 /68 | Good      | 1          | 36.4         | 3          | 3   | Brisk          | Brisk | 15/15            | -     | 7.9           |
| 03:29 | Regular      | Normal       | Good      | Central          | R/air    | 96%  | Alert             | 18         | 92         | Regular | 118 /70 | Good      | 1          | 36.4         | 3          | 3   | Brisk          | Brisk | 15/15            | -     | 7.9           |

| Fluid Type      | Volume | Site   | Time Start | Time Stop | Signature |
|-----------------|--------|--------|------------|-----------|-----------|
| Ringers Lactate | 1600ml | L/hand | 01:40      | 03:29     |           |

| Drug Name | Dosage | Time  | Route | Qualification | Signature |
|-----------|--------|-------|-------|---------------|-----------|
| Cloponon  | 10mg   | 01:45 | ivi   | ECP           |           |

hghgjhhgh

|                        |
|------------------------|
| Management of Patient: |
|------------------------|

| Equipment Used | Alignment | Airway | Breathing | Circulation                   | Other |
|----------------|-----------|--------|-----------|-------------------------------|-------|
|                |           |        | - SP O2   | - Cristalloids<br>- IV Access |       |

|                                                                  |                                                                |                                                                        |                                                 |
|------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|
| Treated by: Mundalamo DD<br>Signature:<br><br>Qualification: ECP | Handed over to: Zolewa<br>Signature:<br><br>Qualification: R/N | Patient refuses Treatment or Transport<br>Name:<br>Signature:<br>Date: | WCA No:<br><br>COC No:<br>Shitlangu Mick Prince |
|------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|

I the undersigned: Shitlangu Mick Prince I.D No 8207035994089 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: 2018-12-24