Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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PRF NO: 10088

Pre/PostAuth No:	Date: 10/01/2019, 08:19:54

	Time	Odometer
Recieved	04:43	256887
Dispatched	04:43	256887
Arrival Scene	05:00	256895
Depart Scene	05:25	256895
At Facility	07:22	257067
Available		
With Patent		
Without Patient		

Patient Name	Mulaudzi Maditsela	Age	63
I.D No	5606200969086	Gender	Female
Physical Address	Stand no 1140 Shayandima	P Code	0945
Postal Address	P.O. box 829	P Code	0945
Work Details		Work Tell	
Home Tell		Cell	0823398082
Medical Aid Name	Gems RUBY	M/Aid No	000243430
Principal Member	Mulaudzi Maditsela	MM I.D	560200969086
Next of Kin	Magugumela Patience	Tell	0822142277

Amb No: E4	Transport From: Stand no 1140 Shayandima,0945	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:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Trauma	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of pain on left hip due to falling from same level from slipping and unable to walk
Primary Survey: No abnormalities detected
Secondary Survey: Painful left hip on palpation and unable to walk
Ample History: A-noneM-Diabetic ,P-2016 operation on right knee,L-last night,E-slipped and sustained injury on the left hip

	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			
05:10	Regular	Normal	Good	Central	R/air	98%	Alert	20	126	Regular	130 /88	Good	8	37.0	3	3	Brisk	Brisk	15/15	-	12.2
05:25	Regular	Normal	Good	Central	R/air	97%	Alert	18	122	Regular	130 /88	Good	8	37.0	3	3	Brisk	Brisk	15/15	-	11.6
05:55	Regular	Normal	Good	Central	Rair	98%	Alert	18	118	Regular	134 /84	Good	4	37.0	3	3	Brisk	Brisk	15/15	-	11.6
06:25	Regular	Normal	Good	Central	R/air	98%	Alert	16	118	Regular	136 /86	Good	2	37.0	3	3	Brisk	Brisk	15/15	-	11.6
06:55	Regular	Normal	Good	Central	R/air	96%	Alert	18	112	Regular	140 /79	Good	2	37.0	3	3	Brisk	Brisk	15/15	-	11.6
07:22	Regular	Normal	Good	Central	R/air	97%	Alert	18	110	Regular	148 /86	Good	2	36.7	3	3	Brisk	Brisk	15/15	-	11.6

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	1000ml	R/hand	05:13	07:22	

Drug Name	Dosage	Time	Route	Qualification	Signature
Tramadol	100mg	05:18	ivi	ECP	

hghgjhhgh

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
	- Trac 3		- SP 02	- IV Access	

Treated by: Mundalamo DD Signature:  Qualification: ECP	Handed over to: Mpeko Thabiso Signature:  Qualification: R/N	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Mulaudzi Maditsela

I the undersigned: Mulaudzi Maditsela I.D No 560200969086 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:

Date: 2019-01-10