

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: 10090

Pre/PostAuth No:	Date: 14/01/2019, 21:32:20
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	Time	Odometer	Patient Name	Masindi Luvhengo	Age	43
Received	19:00	258110	I.D No	7604030959086	Gender	Female
Dispatched	19:00	258110	Physical Address	Stand no 4040 Ext3 Makwarela	P Code	0970
Arrival Scene	19:04	258111	Postal Address	P.o.box 1042 Tshivhude	P Code	0970
Depart Scene	19:27	258111	Work Details		Work Tell	
At Facility	20:24	258181	Home Tell		Cell	0833606754
Available			Medical Aid Name	Germes emerald	M/Aid No	000890152
With Patient			Principal Member	Masindi Luvhengo	MM I.D	7604030959086
Without Patient			Next of Kin	Masindi RD	Tell	0732785218

Amb No: E4	Transport From: Dr makulana unit 4,metropolitan centre,Thohoyandou 0950	Transport To:Zoutspansberg Private Hospital	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: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient P2M2G5,26 weeks of gestation complaining of lower abdominal of headaches,dizziness and swollen feet**Primary Survey:** No abnormalities detected**Secondary Survey:** 26 weeks of gestation,pedal edema and facial puffiness**Ample History:** A-none,M-none,P-2011and 2017(c-section),L-lunch ,E-Headache and dizziness

	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)
19:10	Regular	Normal	Good	Central	R/air	98%	Alert	18	100	Regular	160 /99	Good	0	36.2	L 3 R 3	L Brisk	R Brisk	15/15	-	4.9
19:27	Regular	Normal	Good	Central	R/air	97%	Alert	16	96	Regular	160 /97	Good	0	36.2	3 3	Brisk	Brisk	15/15	-	4.9
20:00	Regular	Normal	Good	Central	R/air	98%	Alert	18	96	Regular	154 /99	Good	0	36.2	3 3	Brisk	Brisk	15/15	-	4.9
20:24	Regular	Normal	Good	Central	R/air	98%	Alert	20	94	Regular	148 /96	Good	0	36.2	3 3	Brisk	Brisk	15/15	-	4.9

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	200ml	R/hand	19:15	20:24	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghghhgh					

Management of Patient:

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

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Rabali Signature: Qualification: R/PN	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Masindi Luvhengo
I the undersigned: Masindi Luvhengo I.D No 7604030959086 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: 2019-01-14			