

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10056

Pre/PostAuth No: 19-0025167-E-01	Date: 15/01/2019, 15:11:20
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	Time	Odometer
Recieved	10:41	166352
Dispatched	10:41	166352
Arrival Scene	10:49	166355
Depart Scene	11:10	166355
At Facility	01:06	166531
Available		
With Patent		
Without Patient		

Patient Name	Dombo Puledi		Age	-11
I.D No	3002021111086		Gender	Female
Physical Address	NO:572 Block G Thohoyandou		P Code	0950
Postal Address	PO Box 1317		P Code	0950
Work Details		Work Tell		
Home Tell		Cell	0829543330	
Medical Aid Name	Gems Ruby	M/Aid No	000985420	
Principal Member	Dombo Mutshinyani	MM I.D	6607210228082	
Next of Kin	Dombo M	Tell	0824287261	

Amb No: E3	Transport From: Dr Hadzhi 2/789 Block P east Thohoyandou 0950	Transport To: Netcare Pholoso	CPRV No:
Crew 1: Mundalamo D	HPCSA Reg: Ecp0007366	ICD 10:	
Crew 2: Ndhlovu f	HPCSA Reg: Baa1171003	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of persistent headache, dizziness and numbness of fingers
Primary Survey: No abnormalities detected
Secondary Survey: Appears to be weak
Ample History: A-unknown M-treatment for hypertension and diabetes P-known hypertensive and diabetic L-breakfast E-General body weakness

	Breath Rythm						Vitals							Neuro							
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	Temper ature	Pupil Size		Pupil Reaction		GCS(E:4 V:5 M:6)	Apgar	HGT (mmol/l)
09:53	Regular	Normal	Good	Central	Room air	98%	Alert	20	82	Regular	222 /12 5	Good	3	37.5	L 3	R 3	L Brisk	R Brisk	15		18.1
11:20	Regular	Normal	Good	Central	Room air	97%	Alert	22	86	Regular	203 /11 1	Good	3	37.5	3	3	Brisk	Brisk	15		18
11:53	Regular	Normal	Good	Central	RoRoom air	98%	Alert	22	86	Regular	147 /10 6	Good	3	37.5	3	3	Brisk	Brisk	15		18
12:15	Regular	Normal	Good	Central	Room air	99%	Alert	20	86	Regular	147 /10 5	Good	3	37	3	3	Brisk	Brisk	15		17
12:53	Regular	Normal	Good	Central	Room air	100%	Alert	20	86	Regular	173 /10 1	Good	3	37	3	3	Brisk	Brisk	15		17
01:06	Regular	Normal	Good	Central	Room air	100%	Alert	22	88	Regular	157 /10 1	Good	3	37	3	3	Brisk	Brisk	15		13.4

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	1000ml	Right hand	11:08	01:06	

Drug Name	Dosage	Time	Route	Qualification	Signature
Captopril	25mg	11:15	Orally	Als	

hghgjhhgh

Management of Patient: Patient assessed, calmed and reassured, iv line sited up, medication given, vital signs taken and monitored enroute to facility
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Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- IV Access	

Treated by: Mundalamo D Signature: Qualification: ECP	Handed over to: Mbonki G Signature: Qualification: ENA	Patient refuses Treatment or Transport Name: Signature: Date:	WCA No: COC No: Dombo p
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I the undersigned: Dombo p I.D No 3002021111086 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: 2019-01-15
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