Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

P.O BOX 3844 Thohoyandou 0950
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C: 084 561 9900
C: 073 710 0702
F: 086 670 9246

PRF NO: 10105

Pre/PostAuth No:	Date: 20/02/2019, 15:04:42

	Time	Odometer
Recieved	12:55	408080
Dispatched	12:55	408080
Arrival Scene	13:00	408081
Depart Scene	13:15	408081
At Facility	14:24	408151
Available		
With Patent		
Without Patient		

Patient Name	Maganu Vhahangwele	Age	31
I.D No	8808081145086	Gender	Female
Physical Address	Stand no 294 Shayandima	P Code	0945
Postal Address	P.O Box 295 Shayandima	P Code	0945
Work Details		Work Tell	
Home Tell		Cell	0769368536
Medical Aid Name	Polmed Marine	M/Aid No	64104739938
Principal Member	Maganu Vhahangwele	MM I.D	8808081145086
Next of Kin	Maganu Olives	Tell	0767456826

Amb No: E2	Transport From: Dr Makulana unit 4, Metropolitan Centre , Thohoyandou 0950	Transport To:Zoutpansberg private hospital	CPRV No:

Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:
Crew 2: Phuluwa E	HPCSA Reg: BAA 1647970	Diagnosis:
Crew 3:	HPCSA Reg:	
Level of Care: ILS	Priority: P2	Call Type: Medical
Remark/Motivation:		

Clinical Notes

Present History: Patient P2G4, 38 weeks of gestation complaining of pv bleeding.
Primary Survey: No abnormalities detected
Secondary Survey: 38 weeks gestation and pv bleeding
Ample History: A-none, M- none, P- Ectopic pregnancy (2018), L- Morning, E- Pv bleeding

	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			
13:00	Regular	Normal	Good	Central	R/ air	96%	Alert	20	116	Regular	110 /69	Fair	2	36.7	3	3	Brisk	Brisk	15/15	-	4.4
13:15	Regular	Normal	Good	Central	R/ air	96%	Alert	16	106	Regular	110 /69	Fair	2	-	3	3	Brisk	Brisk	15/15	-	-
13:45	Regular	Normal	Good	Central	R/ air	97%	Alert	18	98	Regular	118 /76	Good	2	-	3	3	Brisk	Brisk	15/15	-	-
14:24	Regular	Normal	Good	Central	R/ air	98%	Alert	18	76	Regular	124 /82	Good	2	36.6	3	3	Brisk	Brisk	15/15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Sodium chloride	1200ml	L/ hand	13:08	14:24	

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient:

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

Treated by: Maamogo LR Signature: Qualification: ECT	Handed over to: Sylvia Signature: Qualification: R/N	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Maganu Vhahangwele

I the undersigned: Maganu Vhahangwele I.D No 8808081145086 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: 2019-02-20