Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help, Real Fast

P.O BOX 3844 Thohoyandou 0950
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F: 086 670 9246

PRF NO: 10124

Pre/PostAuth No:	Date: 03/04/2019, 14:49:49

	Time	Odometer
Recieved	11:09	274918
Dispatched	11:09	274918
Arrival Scene	11:48	274946
Depart Scene	12:04	274946
At Facility	13:39	275096
Available		
With Patent		
Without Patient		

Patient Name	Mukwevho Gundo Mukhethwa	Age	24
I.D No	9506190503083	Gender	Female
Physical Address	Stand no 72 Vuwani	P Code	0952
Postal Address	P.O. box 1023 Vuwani	P Code	0952
Work Details		Work Tell	
Home Tell		Cell	0712930176
Medical Aid Name	Polmed Aquarium	M/Aid No	64104768198
Principal Member	Mukwevho Gundo Mukhethwa	MM I.D	9506190503083
Next of Kin	Mukwevho Glory	Tell	0761424066

Amb No: E4	Transport From: DR PE Khwanda, Stand no 429 Vuwani , 0952	Transport To:Netcare Pholoso Hospital	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nenguda K	HPCSA Reg: BAA 1562541	Diagnosis: Acute abdominal pain and vomiting	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: Patient complaining of abdominal pain, general body weakness and nausea and vomiting
Primary Survey: No abnormalities detected
Secondary Survey: ill looking, abdominal pains on palpation, nausea and vomiting. General body weakness
Ample History: A- none, M- none, P - 2003(Tonsils),L-Morning,E- Acute abdominal pain, nausea and vomiting

	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			
11:55	Regular	Normal	Good	Central	R/air	96%	Alert	20	118	Regular	108 /69	Fair	3	35.6	3	3	Brisk	Brisk	15/15	-	5.7
12:04	Regular	Normal	Good	Central	R/air	97%	Alert	18	112	Regular	108 /69		3	-	3	3	Brisk	Brisk	15/15	-	-
12:34	Regular	Normal	Good	Central	R/air	96%	Alert	20	120	Regular	118 /73	Fair	3	35.9	3	3	Brisk	Brisk	15/15	-	-
13:04	Regular	Normal	Good	Central	R/air	98%	Alert	18	98	Regular	126 /78	Good	3	-	3	3	Brisk	Brisk	15/15	-	-
13:34	Regular	Normal	Good	Central	R/air	98%	Alert	20	90	Regular	126 /72	Good	3	36.1	3	3	Brisk	Brisk	15/15	-	-
13:39	Regular	Normal	Good	Central	R/air	97%	Alert	18	86	Regular	124 /70	Good	3	-	3	3	Brisk	Brisk	15/15	-	-

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
Ringers lactate	1200ml	L/hand	12:00	13:39	

Drug Name	Dosage	Time	Route	Qualification	Signature
Clopamon	10mg	12:10	ivi	ECT	

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: Mokhomolo Signature: Qualification: RPN	**Patient refuses Treatment or Transport** Name: Signature: Date:	**WCA No**: **COC No**: Mukwevho Gundo Mukhethwa

I the undersigned: Mukwevho Gundo Mukhethwa I.D No 9506190503083 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: 2019-04-03