

MALOLO HOSPITAL

P.O.Box 81 TABORA

Patient Name: Joseph M Kilawe
Patient ID: 98190

Authorization Number: 110127476269
Visit No: 38451 Card No: 04-11244187

Patient Case Notes

cough chest pain, vomiting everything

Known patient of HTN and DM, on medication on Germer 2 amlodipine and losartan came with fver cough and vomiting

received the patient from opd so2 70% in RA given IV CEFTRIAXONE 1GM IV RL 500mls IV vitamin B complex i

bp 162/89mmhg pr 109bpm temp 37 spo2 81% in RO given Losartan 50mg po Spironolactone 25mg po Amlodipine

REVIEWED THE PATIENT

CONSULTED PHYSICIAN AND COMMUNICATED. X ray review Atypical PNA (COVI-19) plan FBP, to check p

fluid

a pat giv

fluid

a pat given 500mls of RL and sample taken for FBP

medication

a pat given IV dexamethasone 4mg Vitamin D 5000IU

vital sign

bp 156/84mmhg, spo2 69% RO, pul 110b/m, temp 36.9c

medication

A PT GIVEN IV dexamethasone 4mg heparine 5000IU Bid Vitamin D 5000IU PO J.ASA 75MG PO Losartan 50m

ward round

seen the patient i day post admssion wdx; atypical PNA(COVID) DM HTN CKD stage 4 Today no new complain st

medication

pt given iv metranidazole 500mg iv dexamethasone 4mg

vital sign

bp 163/86mmHg spo2 60% pr 118b/min

medication

pt given iv ceftriaxone 1gm iv lasix 40mg tab zinc sulphate 20mg iv RL 500mls

RBG

CHACKED WAS 21.6MMOL/L

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medication

PT GEVEN TAB IGEMMER 2

medication

a pt given IV Metronidazole 500mg IV dexamethasone 4mg

vital at 06am

v/s bp 139/87mmHg pr 104b/m spo2 48% RBG high called a doctor to review a patient while on OT instructed to

reviewed the patient

Wdx; Atypical PNA(COVID) Uncontrolled DM HTN CKD stage 4 C/C severe DIB and restless o/e tachypneic dys

MONITORING

00;00AM GIVEN 16IU WITH NS 500MILS 02;00AM GIVEN NS 1L, RBG WAS 12.6 03;00 AM GIVEN HYDROCC

visited the patient, around 03;00 AM, found in distress, restless, with DIB in sitting position O/E very tachypneic, head

Clinical Radiology Summary

Date	requested test	Clinical Information	Findings	Doctor
15/01/2021	X - Ray Chest (AP and Lateral)	Known patient of HTN and DM, on medication on Germer 2 amlodipine and losartan came with fver cough and vomiting everything he took ant malaria on his own without test becuase he said had symptoms of malaria had lower limb swelling and was kept on benro, he reportdd also hx of passing loos stool o/e weak BP;158/82MMHG PR;74.6 FBG;6.5MMOL/L AT home imp. Hypertensive renal diseas DM MALARIA UTI gastroenteritis PLN		Shija F Luswetula

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		urinalysis NORMAL		
		Control bs for mps no MPS ESR 90high stool anbalysis leucocytosis +++ Urea 70 Creatinine, 3.7High PLAN Chest X RAY S.electrolytes ECG IV CEFTRIAXONE 1GM BID IV RL 2.5L IV vitamin B complex in 500mils of RL GERMER 2 1 TAB PO BID iv furosemide 20mg bid losartan 50mg po od spironolactone 25mg po od amlodipine 10mg po od ADMITT MEDICAL WARD		

Clinical Laboratory Result

Parameter	Normal Range	Msr Unit	Results
B/S for MPS			NO MALARIA PARASITES SEEN
BLOOD UREA	0.00-50.00	mg/dL	70
CREATININE	0.60-1.30	mg/dL	3.05
ESR	0 - 20	mm/hr	90
STOOL ANALYSIS			macro-watery brownish stool ,micro-Leukocyte+++
Bas%		%	0.1
BIL			-
BLD			-
Eos%		%	0.7
GLU			-
HCT		%	39.1
HGB		g/dL	13.7
KET		mg/dl	-

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LEU		WBC/ul	-/+
Lym#		10 ³ /uL	0.4
Lym%		%	8
MCH		pg	30.9
MCHC		g/dL	35
MCV		um ³	88.3
Mon#		10 ³ /uL	0.1
Mon%		%	2.4
MPV		um ³	7.3
Neu#		10 ³ /uL	4.7
Neu%		%	88.8
NIT			-
PCT		%	0.151
PDW		%	11.8
pH			5.5
PLT		10 ³ /uL	208
PRO			-
RBC		10 ⁶ /uL	4.43
RBG	4.4-7.8	mmol/L	11.6
RDWC		%	14.3
RDWS		um ³	43.0
S.G			1.020
URO		mg/dl	Normal
VTC			-
WBC		10 ³ /uL	5.3