

ELCT/KARAGWE DIOCESE

Telegram-EVANGEL
Telephone No. 255-28-2223334
Fax No: 255-28-2223284
E-mail: main-nyakahanga@kad.or.tz



NYAKAHANGA
DESIGNATED DISTRICT HOSPITAL
P.O. BOX 110, KARAGWE Via BUKOBA
TANZANIA East Africa

REFERRAL FORM

Ref. No. NH/A-6/11724

Date 26/01/2021

TO BUGANDO
MEDICAL
CENTER

UFS: District Medical Officer,
P.O. Box 145,
KARAGWE

RE: SABITI NASHAN KALENZI, 22y-3, M

The above named patient is referred to you, for more investigation and expertise management.

BRIEF HISTORY AND PHYSICAL FINDINGS, LAB INVESTIGATION DONE

Please be advised, the above named patient, presented to
our facility with (1) Severe headache, after sustaining
an assault injury (head injury) 2 days prior to Admission.

- On Admission

GCS = E3 VS M6, = 14/15

with wdx: (1) Severe TBI

Given: Tab. Paracetamol 200mg ~~ADT~~ STAS, then long NUC.

IV Mannitol 40g STAS

IV Dexamethasone 8mg TID.

- We are referring him to your facility for further Tx, possible CT-
head, and Rx.

PROVISIONAL DIAGNOSIS: Severe TBI

We request your feedback on the same.

DOCTOR'S NAME Lam, M. Juma, M.D.
MEDICAL OFFICER I/C

MEDICAL OFFICER
ELCT - NYAKAHANGA D.D.H
P.O. Box 110, KARAGWE
Via BUKOBA, TANZANIA