



DIOCESE OF MUSOMA, TANZANIA

KOWAK HOSPITAL

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Referral Letter Form

Referral to: **BUGANDO MEDICAL CENTRE**

Name of Patient: **CHRISTINA TYRON** Age **6y13** Sex **F** Marital Status

Nationality: **TANZANIAN** Tribe **LUO** Religion **CHRISTIAN** Address **OCHUNA**

Occupation: **STUDENT** Date of attendance **01/02/2022** Time **11:00 am**

History of present illness: **Bleeding from the forehead and mouth x 1 hour**
This was preceded by a history of being involved in
a road traffic accident, where by she was hit by a
fast moving motorcycle.

Past Medical / Surgical / Obstetric history:

NAD

Physical examination:

Alert, Afebrile, pale, cyanosed, jaundiced, oedema

VITALS: SpO2 = 98% on AA PR = 87 bpm

Investigation results:

MRBT = Negative, ABG = 8.3 mmol/L

FBP - TWBC = $23.9 \times 10^3/\text{mm}^3$ Hb = 10.3 g/dl

Diagnosis: **CUT WOUND OF THE FOREHEAD, MILD ANAEMIA**

SEVERE TBI, SOFT TISSUE INJURY

Treatment given: **IV ceftriaxone 1g OD x 3/7**

IV metronidazole 500mg TDS x 3/7

IM Diclofenac 75mg BD x 1/7 then Ibuprofen po 200mg TDS x 3/7

IV DNS 1 litre \rightarrow IV RL 1 litre x 24 hours

Reason for referral: **For CT scan and further management**

Name of referring health worker: **WANTALA E.A**

Qualifications: **MD**

Date of referral: **04/02/2022**

Signature: **[Signature]** Time: **09:40 am**

Referral point: - Please provide us with the feedback so that we can know what happened to our client.

- 1) Was the referral diagnosis correct:
- 1) Was treatment given before referral appropriate:
- 2) Confirmed diagnosis at the referral centre:

Follow up needed:

General comments for improvement in future referrals:

Name and signature of officer: Date: