

GEITA REGION REFERRAL FORM

FROM BUKOMBE D. HOS TO BUGANDA MEDICAL CENTRE

NAME/PT JAMES MGASA, AGE 35 yrs, SEX M

REG NO. _____, ADDRESS/PHONE _____

NEXT OF KIN _____, CONTACT ADDRESS KAPERA

Hx OF

PRESENTATION

Loss of consciousness for 3 days now
It was a bit fine but 3 days ago developed loss
of consciousness associated with fever and
off. Known pt E Hx Stage IV HIV for adherence
on ART

CLINICAL
FINDINGS

Alc ill looking, weak, a bit confused
- Neck rigidity
CRAG test - POSITIVE

PROV DX &
DIFF

CRYPTOCOCCAL MENINGITIS

Rx and FURTHER ADVICE:

- Given fluconazole IV 3 days now, no relief

ACCOMPANIED DOCUMENTS:

Referral Letter

REASON/CAPS FOR REFERRAL:

Amphotericin b drugs & other management