

BMC 249715

UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY  
AND CHILDREN



KITETE REGIONAL REFERRAL HOSPITAL  
P.O BOX 22 - TABORA

REFERRAL FORM

Medical Reg. Number ..... 01-61845  
Surname (In Capital) ..... SIMBASANA  
First name ..... STEVEN ..... Middle name ..... NKWABU  
Tribe ..... SUKUMA  
Physical address ..... KALIUA  
Phone Contact ..... Date of .....  
Birth ..... 58 yw ..... Sex ..... M  
Religion ..... CHRISTIAN ..... Ward / Unit ..... 4  
Next of Kin ..... IBRAHM ..... Relationship ..... FATHER  
Phone Contact ..... 0682634596

Date of admission ..... 5/02/2022

Referral to ..... BUGANDO MEDICAL CENTRE Date of Referral ..... 6/2/2022 Time ..... 12:30

Presenting (chief) complaints (important elements)

Ulcer on the right lower limb - 2 months

Patient's History (important elements) The patient has an ulcer on the back of the right lower limb that started after a minor trauma on the leg.

Physical Examination (important elements) HE: - foul smelling ulcer extending from back of right leg to a 10 cm below the gluteal maximum. The fascia is necrotised discharges pus. peripheral pulses present.

Provisional / Final Diagnosis - Necrotising fasciitis of lower limb  
- J. Anaemia

Laboratory Investigations / Radiology Results Hb 5.6g/dL

Treatment given prior transfer - Received 1 unit of PRBCs  
- IV metronidazole 500mg stat

Reason (s) for referral for further management (Possible skin grafting or limb amputation)

Vital Signs Prior Transfer

BP	PR	RR	SPO2	TEMP	RBG	GCS / AVPU (Alert, Verbal response, Pain response, Unresponsive)	Time
107/69	70	18	100	36.9		GCS 15/15, Oriented to TPP	12:33

Referring Doctor ..... FAITH V. CUSTOR ..... Signature ..... Layan ..... Time ..... 12:33

Escorting Nurse / Dr ..... Signature ..... Time .....

Receiving Nurse / Dr ..... Signature ..... Time .....

NOTE: One copy of referral form should be returned to the referring health facility.

