

FORM NO.

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



NAME OF HEALTH FACILITY

SIMUYU RRA

PATIENT REFERRAL FORM

Hospital Reg. Number 00-09-78  
Surname MOMBE  
First Name KIDAI Middle Name NTABU  
Age 1990 Sex MALE M/F  
Religion CHRISTIAN Tribe SUKUMA Ward/Unit MALES

Date of Admission 9/2/2022 Referral Serial No. 9/2/2022 Medical Diagnosis LUDWIG'S ANGINA  
Time 4:40 PM

Referral to BUGANDO MEDICAL CENTRE Date of Referral 9/2/2022  
Present Chief Complaints Swelling on the lower jaw for 2 months

Patient's History - Swelling on the lower jaw; associated with pus on and off fever; difficult opening mouth; difficult chewing. Now presenting with difficult breathing; pus discharge sinus around lateral neck and intra-orally; ~~and~~

Physical Examination - Facial asymmetry due to swelling. Covering lateral pharyngeal space; chest and swelling on the chest bilaterally + inspiratory - Open wound around lateral pharyngeal space and retro pharyngeal space - O/A; Pus drained bilaterally on chest fascia + pus from inguinal area

Provisional/ Final Diagnosis LUDWIG'S ANGINA NECKROTISING FASCITIS.  
Investigation FBP; Chest x-ray; Abdominal ultrasound

Treatment given prior referral Medications (v. Metronidazole; Injection Gentamicin; Inj. Ampicillin; Inj. Doxycycline)

Reason (s) for referral INCISION AND DRAINAGE UNDER ICU CARE

Vital signs prior referral

BP	PR	RR	SPO <sub>2</sub>	TEMP	RBG
96/66	102bpm	21	92	36.9	9.4

GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)

GCS 13/15

Referring Personnel

Ndolome

Designation

DOS

Signature

AND

Signature

MCANGA MEAWIDI

MCANGA MEAWIDI

MCANGA MEAWIDI

TIME

Time

Time

Time