

BUNDA TOWN COUNCIL

Tel. No. +255 (0) 28 262 1397

Fax No. +255 (0) 28 262 1397

Email: manyamanyamahc@yahoo.com

Ref. No. 00-43-07/22



Manyamanyama Hospital

P. O BOX 219

BUNDA

Date 9/2/22

REFERRAL FORM

Referred to Bmc

Patient's name Mauma C. Mwakinda Age 48 Sex M

Marital status Address P.O. Box 219

Occupation P205007

History and Clinical findings

Admitted with m/c productive cough 1 1/2 of acute watery
discharge and wheezing (RT) side respiration with a weak
0/2 wheezing at middle of chest at a Bx 12/2
P 12/2
Sister En ref

Laboratory investigation results

HB - 12.8 g/dl, mult neg, RBC, 7.2 ml/ hemoglobin

Diagnosis @ may develop IPSS, patient Stage IV with water syndrome
@ peripheral nervous system telephonic p 12/2

Further investigations

Treatment given @ Phosphate 10mg of 1/2 @ Paracetamol 500mg
@ 1.0 after 19h on 3 @ 1.0 after 15 h of 1/2 @ 1.0
@ 1.0 after 15 h of 1/2 @ 1.0 after 15 h of 1/2 @ 1.0 after 15 h of 1/2
Reason for referral Further management

