

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



SEKOU - TOURE REGIONAL REFERRAL HOSPITAL
P.O. BOX 132 MWANZA, TEL: 028 40242 / 3

PATIENT REFERRAL FORM

Hospital Reg. Number 225739
Surname.....
First name Paulina Middle name Sigis
Age 63 Sex Female
Religion Christian Ward/Unit Fembo Maternity
Tribe Koreve
Next of Kin Anthony Nyanda
Relationship Sister
Phone Contact 0742153786
Physical Address Ruvu Kereve

Date of Admission 8/2/22 Referral Serial No. Medical Diagnosis TEN

Referral to <u>BMC</u>		Date of Referral <u>10/2/22</u>		Time <u>1359</u>	
Present chief Complaints <u>Generalized body blisters</u>					
Patient's History <u>Pharyngeal & generalized body blisters</u>					
Physical Examination <u>clear fluid filled bullae others already ruptured</u>					
Provisional/Final Diagnosis <u>Toxic Epidermal Necrolysis</u>					
Investigations <u>FBP, CXR, BUN, Cr, Hb, Kt</u>					
Treatment given prior referral <u>Hydrocortisone 100mg bd, IV potassium</u>					
Reason (s) for referral <u>Deaf Dermatological care, Nephrology</u>					
Vital signs prior referral					
BP	PR	RR	SPO ₂	TEMP	RBG
<u>120/68</u>	<u>114</u>	<u>18</u>	<u>97</u>	<u>36.5</u>	<u>5.6</u>
GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)					TIME
<u>Alert</u>					<u>1402</u>
Referral Personnel <u>Dr. K. S. S. S.</u> Designation <u>MD</u> Signature <u>[Signature]</u> Time <u>1402</u> Stamp <u>[Stamp]</u>					
Escorting Personnel..... Designation..... Signature..... Time.....					
Receiving Personnel..... Designation..... Signature..... Time.....					
NOTE: One copy of referral form should be returned to the referring health facility					