

## FAME HOSPITAL

SUPERVISOR'S NAME: KIKONYA MOSES

Tuesday, June 20, 2023

				NUMBER	DEATH	REASON OF DEATH
TOTAL STAFF ON DUTY	26	HOSP BED STATE	29		0	
1. WARD 1	2	1. Ward One	7		0	
		2. Maternity	12		0	
		3. Surgical Ward	10		0	
		4. Recovery/ICU	0		0	
		5. OR Surgeries	SN	Surgery	Time	
			1	0		
			2	0		
			3	0		
			4	0		
			5	0		
		TOTAL ADMISSION 24HRS		12 HRS NEW ADMISSION		
2. OT	3	1. Ward 1	1	3		
3. MATERNITY	3	2. MATERNITY	2	2		
4. Surgical Ward	2	3.Surgical Ward	8	0		
5. OPD&EMD	1	TOTAL DISCHARGE				
6. PHARMACY	1	1.W1	6			
7. LABORATORY	1	2.MATERNITY	6			
		3.Surgical Ward	0			

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8. HOUSEKEEPING		2	TOTAL REFFERAL	0	REASON FOR REFERRAL		REFERRED TO		
9. Security guard		5		1. Ward 1	0				
				2. MATERNITY	0				
				3.Surgical Ward	0				
				1. Ambulance	0				
10. DRIVER ON CALL		1		MATERNITY			NUMBER		REASON FOR PERINATAL DEATH
11. 1 <sup>ST</sup> ON CALL		1			A. ANC		5		
12. 2 <sup>ND</sup> ON CALL		1			B. DELIVERIES				
13. COOK ON CALL		1					SVD	C/S	
14. RADIOLOGY ON DUTY		1					4	0	
15. ANAESTHETIST ON CALL		1	C. VACCUM		0				
			D. FSB		0				
			E. MSB		0				
TOTAL OPD & EMERGENCY PATIENT IN 12 HOURS		22	F. TOTAL PERINATAL DEATHS		0				
• Treated and go home	Male	8			G. LOW SCORE		0		REASON FOR MATERNAL DEATH
	Female	14		H. BREECH DELIVERY		0			
	Pediatric	0		I. ON TREATMENT		5			
• Admitted	Male	3							
	Female	3							

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	Pediatric	0		J. MATERNAL DEATH	0	
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## SUMMARY



### SURGICAL WARD

- -R4B9—14yrs old boy post laparotomy due to intra-abdominal mass day 5 in the ward, kept on antibiotic, pain and D5 at regular interval due episode of hypoglycemia, hypokalemia of 2.2, hypotension and hyponatremia of 121 slight confusion, kcl and hypertonic saline given abdomen soft drain draining well vital BP 93/13mmhg ,temp 36.3c ,pulse 115b/min,rr 22r/min spo2 95% other important values urea nitrogen 22.44umol/l creatinine 163.2umol/l therefore continue with management the boy dead at noon time
- -R2B2—35yrs old female post cholecystectomy day 5day in the ward she is doing fine the wound has some thick discharge yellowish discharge plan for re-opening today patient prepared both physically and psychologically.
- -R2B1—30yrs old female known patient with anterior neck mass presents with high B/P planned for thyroid cyst excision to be on anti hypertensive for 2 days before surgery continue management.






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-  -R3B8—17yrs old male admitted due to tonsilitis and plan for tonsillectomy today physical and emotionally prepared.
-  - R6B15—41yrs/o male 6days in the ward admitted due to annal fistular, post fistulectomy kept on antibiotic & antipain continue with dressing continue with management doing fine.
-  -R5B11—5yrs old male admitted today due to adenoid hypertrophy for adenoidectomy today patient prepared both mental and emotionally.
-  -R5B12—4yrs old male admitted today due to adenoid hypertrophy for adenoidectomy today patient prepared both mental and emotionally.
-  -R5B13—8yrs old male with chronic tonsilitis for tonsillectomy today physically and mentally prepared.
-  -R6B14—5yrs old male with chronic tonsilitis for tonsillectomy today physically and mentally prepared.
-  -R6B15—an old 62yrs female with non obstructing umbilical hernia given diclofenac continue observation.
-  -R6B16—42yrs old female known patient with gastric carcinoma planned for tumor resection and pregnancy preservation


**GENERAL WARD**

-  -R1B3--11month old female baby 0day in the ward was admitted due to streptococcus pneumonia with CBC 13.45  $10^9/g/l$  and kept on dexamethasone and ampicillin continue with management doing fine.
-  - R2B4-Atourist from califonia male 75 years old known diabetic patient and hypothyroidism with bells palsy on the left side dx to have essential hypertension /transient ischemic a anemia CT order. Bp 151/66mmhg

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-  -R3B8--a male adult 44yrs/o 9days in the ward know case of HIV/AIDS with neurological manifestation of cryptococci meningitis, toxoplasma cysticercosis continue with management not confused continue with management show some improvement understand instruction but still mute continue management.
-  R4B18--4yr/o female 0 day in the ward admitted with cutaneous anthrax kept on ciprofloxacin iv isolated also while waiting other investigation continue with management.
-  R5B13—19YRS old female with 1day in the ward admitted due to breast engorgement, cauda equina syndrome and lower abdominal pain kept on antipain and antibiotic CT done waiting result lab investigation done that reveal normal values
-  R6B14—33YR Sold male present with hx of conscious but confused not oriented to ppt dx have cerebral malaria kept on diezam due to irritability and iv fluid lab investigation done MRDT +ve malaria parasite 90,000.
-  -R6B15-- 24 y/o male patient known with mental illness come today by himself from arusha, arrived at mid night complaint of pain at the left inguinal area pain is after being hit by the rangers he is other wise doing well cooperative giving all of his information by himself he was referred to hyadom hospital, he went to their but decided to abscond by himself and come to our setting again complaining that service at hyadom is not good kept on amitriptyline and olanzapine

**MATERNITY WARD****• NICU 3 BABIE**

-  a sick baby 22days of life through SVD 4days in the ward admitted with abacterial pneumonia CT done and kept on ampicillin and gentamycin and nasal oxygen 2litre patient improve able to suck by him self continue with management.

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→ sick baby of 1month of life 9nights in the ward on EBM 70ml 3hrly gradually antibiotic, Keppra stop continue phenobarbitone and cup feeding continue management doing fine

→ -a premature baby 13days in the ward with 12days of life admitted born at GA of 28weeks with 1.24kg kept on EBM 20ml 3hrly continue with premature care.

- **ANTENATAL**

→ -a prim-gravida woman with GA of 43+5dayweeks by date and uss 41+ post date condition observation possible for induction doing fine.

→ G2P1L1 at GA of 40weeks come with labor pain 2cm cx dilation continue with monitoring and observation for fetal and maternal status.

→ G3P2L2 with GA38 with 2previous scar for elective today woman prepared.

→ Prim -gravida woman of 24weeks of gestation admitted due UTI and kept on antibiotic ceftriaxone and anti-pain.

→ G3p1l1+1 of 40weeks of gestation admitted due to labor pain with mild contraction cx dilation of 3cm continue monitoring and observation.

- **POST NATAL**


→ - SVD Day 1 in the ward doing fine both mother and the baby on routine observation.

→ -gravida 1para 1 SVD 1day in the ward with PMTCT1 on regular medication baby also kept on nevirapine syrup.

→ a woman of G5P3L3+1 now with GA 41weeks present with labor pain kept on close monitoring and observation all parameters are within normal ranges she experience strong uterine contraction

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and urge to push and gave birth to alive baby score well in the 1<sup>st</sup> and 5<sup>th</sup> minute all are doing fine under routine observation.

 G3P2L1 GA 40 week present with labor pain at 18hrs with cx dilation 7-8cm level  $\frac{3}{4}$  continue observation and fetal monitoring at 17hrs fully dilated with 0 station she manage to deliver safely through spontaneous vaginal delivery both baby and mother doing fine.

#### ER/OPD

22 patients have been attended, 6 admitted, 2 female adult in maternity with labor like pain, 1 female I surgical with gastric CA 2 male in general ward with malaria and psychosis.

#### SECURITY/LAB/DRIVER/PHARMACY

All this other department have nothing special to report everything is under control.