

ROYAL GOVERNMENT OF BHUTAN JIGME DORJI WANGCHUCK NATIONAL REFERRAL HOSPITAL



Controlled Form

Medical/Sick Leave Certificate

Form Q5

JDWNRH/ADM/08/2671

Date: 07/11/04

I hereby certify that Mr/Mrs/Miss
CID No. 10211002827 Employee/Student/resident of Bholen Post
EWas unable to attend work/school Dis/will be unable to attend work/school Due to: R/Antle Machine of Controller Thus bare Machine. B/L flinting done of potient is advised to anabolate on wheel chair. Advised for test
pr the Loston mentioned Islaw.
^ 7.
Recommended medical leave for: 36 Day(s)/ Month w.e.f(DDMMYY) 2/10/24 to 2/01/25(DDMMYY)
Signature of Clinician and seal.
Name: Dr. prethi Giri
Designation: Date (Certificate is signed): Date (Certificate is signed):
Date (Certificate is signed):



Jigme Dorji Wangchuck National Referral Hospital

Thimphu, Bhutan

UHID Contact No.	666F6A037A 17592173	Visit Date	29/11/2024 07:02	
	17592173	Visit Date	29/11/2024 07:02	
Contact No.	17592173		29/11/2024 07:02	
		The second second	Dr. Karma Selden (MM 606)	
Facility Department	DEPARTMENT OF EMERGENCY MEDICINE	Consulting Doctor		
	Civicina	gad	A5	
Room	AMC	Bed		
	Room		Bed	

ischarge Details	
ischarge Condition	Discharge Date
MPROVING	29/11/2024 15:35

Final Diagnosis			
ICD 11 Code	Туре	Descriptions	Remarks
PA6Z	Primary	UNINTENTIONAL FALL FROM UNSPECIFIED HEIGHT	Undisplaced horizontal fracture of the Right lateral malleolus - Comminuted fracture of the Lt talus

Drug Name Ro	Route Type	Frequency (Details)		No. of	Quantity	Instructions	Special Instructions
		Dose	DoA	Days			
Aspirin Tablet 75mg	Oral	HS (1) Tab		30	30.00		DVT prophylaxis
Ibuprofen Tablet 400mg	Oral	TID (1-1-1)		4	12.00	A CONTRACTOR OF THE PARTY OF TH	
Paracetamol Tablet 500mg	Oral	SOS (10) Tab			10.00		
Ranitidine Tablet 150mg	Oral	BD (1-1)		4	8.00	+	

Discharge Note

Fall from around 10ft and landed on B/L feet at around 2:30 am

C/O swelling and pain b/l feet

Denies impact on head/ vomiting/ LOC

CT Foot BL: Undisplaced horizontal fracture of the Right lateral malleolus - Comminuted fracture of the Lt talus

Plan:

D/W Dr. Preeti Ortho R4---Will come to review

3:30 PM

Seen By Dr. Preeti Ortho R4 and discussed with Dr Ugyen Thinley Ortho Surgeon and advised for conservative management

- 1. Applied BL Posterior Short leg POP splint
- 2. Non weight bearing
- 3. Elevate limb
- 4. Ortho follow up in 2 weeks