

Norziah binti Kabil
Lot 2017, Jalan Selangan Batu,
Kampung Rampangi Fasa 1,
Jalan Sultan Tengah,
93050 Kuching, Sarawak.
H/P : 019-8442393

26 Mei 2022

YBhg. Dato' Abdul Latif Haji Abu Seman
Ketua Pengarah
Perbadanan Produktiviti Malaysia
Lorong Produktiviti, Off Jalan Sultan
46200 Petaling Jaya
Selangor Darul Ehsan.

Melalui :

Hjh Nor Hafizah Mohd Arop
Pengarah Wilayah Sarawak

YBhg. Dato' Abdul Latif,

PERMOHONAN CUTI SEPARUH GAJI

Dengan segala hormatnya perkara di atas adalah dirujuk.

2. Saya Norziah binti Kabil yang bertugas sebagai Pembantu Tadbir (P/O) N19 di pejabat MPC Wilayah Sarawak ingin memaklumkan kepada YBhg. Dato' mengenai permohonan cuti separuh gaji selama 30 hari bermula 07.06.2022 sehingga 06.07.2022.

3. Untuk makluman pihak YBhg. Dato' permohonan cuti saya ini kerana menjaga suami yang sakit dan akan menjalani pembedahan menyambung semula usus dan pembuangan hempedu pada 10.06.2022 di Hospital Umum Sarawak. Bersama ini saya sertakan surat pengesahan daripada pegawai kesihatan untuk makluman.

4. Sehubungan dengan itu, saya berharap pihak YBhg. Dato' dapat mempertimbangkan permohonan saya ini.

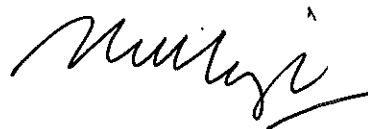
Sekian. Terima Kasih

Yang benar,



(NORZIAH KABIL)

Permohonan disahong.



27/5/2022

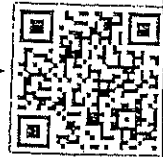
NOR HAFIZAH MOHD AROP
PENGARAH
MPC WILAYAH SARAWAK

DEPARTMENT OF SURGERY, HOSPITAL UMUM SARAWAK

ADMISSION CHIT

LANGKAH UNTUK MELAYARI e-ORIENTASI WAD
MELALUI LAMAN WEB HUS

1. Scan QR Code
Atau taip <http://hus.moh.gov.my>



2. Cari ikon e-Orientasi Wad

3. Klik butang untuk menonton video



Pegawai Pendaftar,
Bilik Pendaftaran Masuk,
Hospital Umum Sarawak.

Tuan/ Puan,

Sila masukkan Encik/ Cik/ Puan Hamran Bin Borhan

No. K/P 71022213515 ke Wad MBW pada 7/6/22 jam 8a.

untuk Reversal of double barrel stoma & cholecystectomy

yang akan dijalankan pada 12/6/22

Diagnosis Post double barrel stoma & bowel ischemia & cholelithiasis

Terima kasih.

Yang benar,

DR. CHOW SHAO CHING
MD (SMU, RUSSIA)
PENDAFTARAN SEMENTARA 75042
PEGAUW PERUBATAN UMUM
HOSPITAL UMUM SARAWAK

Tarikh 23/5/22

Special instructions:-

1) FBC, RP, Co, My, PO

2) Continue Loperamide
Lomolt

No. tel: Hospital Umum Sarawak 082-276666, Male Surgical Ward (ext)7004/7008, Female Surgical Ward (ext) 1711/1712, Neurosurgical Ward (ext) 2222/2212, Paed Surgical Ward 082-276487

Diagnosis: Small bowel obstruction secondary to adhesive obstruction
Admission: 7/8/2021-17/8/2021

Patient is a 50 year old male, active smoker, non alcoholic drinker
U/L: History of open appendectomy in 1994 for perforated appendicitis

Referred case from Hospital Normah

Initially presented with:

1. Abdominal pain x2/7
 - generalized pain
 - associated with abdominal distension, and no bowel opening/flatus x2/7
2. Vomiting x1/7

Abdominal Xray in Hospital Normah:

Dilated proximal small bowels; probable gallbladder stones

On arrival to ETD SGH, noted patient tachycardic but normotensive; blood gas shows worsening acidosis; subsequently intubated for airway protection and admitted to ICU

Planned for CECT abdomen, however en-route to CT, noted patient had worsening tachycardia despite on maximum noradrenaline. Subsequently decided to cancel CT scan and post for laparotomy, adhesiolysis, with small bowel resection

Done Laparotomy, adhesiolysis with small bowel resection and double barrel stoma on (7/8/21)

Intraop findings;

-Dense adhesion of small bowel to anterior abdominal wall upon entering peritoneum over the umbilical region

-Dense adhesion between small bowel 200cm to 370cm from DJ

-Segment of small bowel 300cm from DJ twisted, causing small bowel ischemia

-Densely adhered bowel and ischaemic segment was resected as a whole

-Remaining bowel length -200cm from DJ and 20cm from ICV

-Put patient on double barrel stoma because patient was ill (on triple inotropes)

Started on IV Tazocin 4.5g TDS

Patient's post operative recovery was uneventful. Sent to ICU from OT, and extubated on 9/8/21 (intubated 7/8/21-9/8/21) and transferred back to general ward on 10/8/21

In ward, patient GCS full, vital signs stable, no longer tachycardic, and was able to tolerate nourishing fluid.

S/B Dietician in ward: started on Ensure milk feeding

However noted in the following days patient's stoma output was persistently high at around 1100cc/day, subsequently decided for peptamen formula + soft diet

Done USG abdomen (13/8/21)

-Cholelithiasis

-Fatty liver

-Minimal left pleural effusion

Prior discharge, patient is comfortable, tolerating orally well, no nausea/vomitting, no fever
drain output reducing, stoma functioning

Bp: 113/62

Hr: 70

T: 36c

Plans

1. TCA SOPD (on Tuesday/Thursday to see Ms Aisah) x2/52 with repeated RP, LFT, Ca, Mg, Po4

