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 disokong.

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 710222-13-5315 ke Wad MGW pada 7/6/22 jam 8a.

untuk Reversal of double barrel stoma & cholecystectomy

yang akan dijalankan pada 10/6/22

Diagnosis Post double barrel stoma for bowel ischemia & cholelithiasis

Terima kasih.

Yang benar,

DR. CHOW SHAO CHING
MO(KK) SMU, RUSSIA
PENDAFTARAN SEMENTARA 7500
PEGAWAI PERUBATAN UD
HOSPITAL UMUM KUCHING

Tarikh 23/5/22

Special instructions:-

1) FBC, RP, Co, My, PO

2) Continue Loperamide
Lomotil

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, actuve smoker, non alcoholic drinker
U/L: History of open appendicectomy 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 transfered 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

PRINTED BY:.TAN TIAN LEE

HOSPITAL UMUM SARAWAK
PATIENT'S DISCHARGE SUMMARY REPORT

DISCHARGE SUMMARY NO. : 30802
Last Updated By : CHUA HUEY BING

PATIENT'S DETAILS

Name	: HAMRAN BIN BORHAN	Race	: Bumiputera
Nationality	: Malaysian	Contact no.	: 0198442693
NRIC	: 710222135215	Address	: LOT 2291, LORONG GADING, KAMPUNG RAMPANGI PH 1, JALAN SULTAN TGH
DOB	: 22/02/1971	Postcode	: 93050
Age	: 51 years, 8 months, 4 days	City	: PETRA JAYA
Gender	: Male	State	: SARAWAK

ADMISSION AND DISCHARGE DETAILS

Patient's RN	: 2021/042825	Ward Discharge	: Wad Pembedahan Lelaki
Admission Date	: 05-09-2021	Surgeon in Charge	: MR AMIR
Ward Admission	: Wad Pembedahan Lelaki	Discharge Date	: 12-09-2021
Admit Status	: EMERGENCY RE-ADMISSION	Medical Officer	: DR RICHELLE

MEDICAL SUMMARY

A. DIAGNOSIS

Category : --

1. Acute Kidney Injury secondary poor oral intake
2. Surgical site infection
3. PUI

B. MEDICATION

T. Unasyn 375mg TDS x 1/52
T. Loperamide 8mg TDS x 1/12
T. Pantoprazole 40mg OD x 1/12

C. PLAN

1. TCA SOPD 27/9/2021 (old TCA)
2. For patient to do kaltostat dressing at home. (3 days once)
3. For patient and caretaker to do swab on D10 (19/9/2021) at MBKS
4. For home quarentine until day 14 (23/9/2021)

D. SUMMARY

Patient is a 50 year old male, active smoker, non alcoholic drinker

U/L:
1. History of open appendicectomy in 1990 for perforated Appendicitis
2. History of admission on 7/8/2021 to 17/8/2021 for small bowel obstruction secondary to adhesive obstruction
- Done Laparotomy, adhesiolysis with small bowel resection and double barrel stoma on (7/8/21)
- Complicated with SSI, did secondary suturing on 25/8.21 under minor OT

Initially presented with loss of appetite x 6/7
claimed having refluxes upon taking orally , therefore only able to tolerate minimally
+ lethargy x 5/7
+ pus discharge from wound

Otherwise,
no vomiting/ diarrhea no fever, no abdominal pain
passing flatus
stoma functioning
no UTI/URTI sx

O/E alert, conscious, not septic looking, tongue coated
BP 96/67
HR 70
T 36.3
SPO2 98 RA

Per Abdomen:
- Soft non tender
- pus discharge over laparotomy wound, swab cs sent
- healthy granulation tissue with minimal slough at the base

Lungs clear
CVS DRNN

ECG: Sinus rhythm, tall tented T wave
VBG: no acidosis
TWC: 10.6
CXR: clear
AXR: No dilated bowels

Issues:
1. AKI
- urea creat upon admission: 60 /800
- baseline urea creat (20/8/21): 2.8/ 66
- s/b nephro in the ward
- subsequently resolving AKI upon discharge:
- urea creat (12/9/21): 2.7/ 79

2. Surgical site infection:
- pus cs taken (5/9/2021): AmpC Producer Klebsiella aerogenes and Escherichia coli
- sensitive to unasyn
- completed IV Augmentin 1.2g TDS x 4/7 then started on T. unasyn 375mg TDS on 12/9/2021
- wound dressing: Kaltostat + NS dressing daily

3. PUI
- contacted with covid positive same cubicle on 9/9/2021
- S/T XD: For covid PCR D3 (12/9/2021), and covid PCR D10 (19/9/2021), QD until day 14 (23/9/2021)

Prior discharge, patient is comfortable, tolerating orally well, no nausea/vomitting, no fever
stoma output reducing, stoma functioning
Bp: 101/59
HR: 96
T: 36c
SPO2 100 RA

WI: clean, minimal slough

E. NOTES

5/9/2021
FBC
- hb/ twc/ plt: 12.2/ 10.4/ 631

RP
- na/ k/ cl/ urea/ creat: 116/ 5.9/ 67/ 60/ 800

LFT
- TB/ DB/ TP/ AST/ ALT/ ALP/ alb/ glo: 78.5/ 35.6/ 101/ 27/ 120/ 179/ 49/ 52

7/9/2021
RP
- na/ k/ cl/ urea/ creat: 131/ 3.8/ 83/ 51.1/ 636

12/9/2021
RP
- na/ k/ cl/ urea/ creat: 133/ 3.2/ 103/ 2.7/ 79

LFT
- TB/ DB/ TP/ AST/ ALT/ ALP/ alb/ glo: 23.8/ 15.3/ 59/ 15/ 15/ 110/ 31/ 28

CONFIRMATION BY MEDICAL OFFICER

I hereby confirmed and approved the discharge summary report above
Name : CHUA HUEY BING
NRIC : 880712565500
Date** : 12-09-2021

** Please note that this discharge summary report is not valid if there is no computerised confirmation by medical officer