

AK2702 D13 A95

TPH3

HOSPITAAL
HOSPITAL

NATALSPRUIT
TABU KHUMAW

Afdeling
Ward 6

Geslag
Sex

M V
F

Oud.
Age 25

Pasiëntno.
Patient's No.

167984/92

Indeling
Classification

H1

1620 MANDELA PARK.
P.O. KATLEONG
1832

DR. M. SOBANSKI
Geneesheer • Doctor

Foon
Phone 909-1101

OPNEMING • ADMISSION

Opgeneem deur
Admitted by

DR. E. NDOBE

Datum
Date

08/4/92

Tyd
Time

Voorlopige diagnose
Provisional diagnosis

Stabbed chest, (P) pneumothorax

Handtekening van geneesheer (indien beskikbaar)
Doctor's signature (if available)

E. Ndoobe

ONTSLAG • DISCHARGE

Datum van ontslag
Date of discharge

10/8/92

Tyd
Time

12 hoo.

Finale diagnose
Final diagnosis

Stab Chest (P) Pneumothorax

Handtekening van geneesheer
Doctor's signature

Prabha

HOSPITAALBEHANDELING GEWEIER • REFUSED HOSPITAL TREATMENT

Ek, die ondergetekende, verlaat die
I, the undersigned, leave the

-hospitaal op my eie verantwoordelikheid
Hospital on my own responsibility and

en strydig met die advies van die behandelende geneesheer.
against the advice of the attending doctor.

Getuies
Witnesses

1.
2.

Handtekening van pasiënt
Signature of patient

Datum
Date

Tyd
Time

Ek, die ondergetekende, neem die pasiënt
I, the undersigned, take the patient

uit die
out of the

-hospitaal op my eie verantwoordelikheid en strydig met die
Hospital on my own responsibility and against the advice of

advies van die behandelende geneesheer.
the attending doctor.

Getuies
Witnesses

1.
2.

Handtekening
Signature

Datum
Date

Tyd
Time

Hoedanigheid
Capacity

Vir besonderhede van behandeling gebruik vorm T.P.H. 3 (a)
For particulars of treatment use form T.P.H. 3 (a)

PROGRESS NOTE • VORDERINGVERSLAG

NATALSPRUIT..... HOSPITAL WARD 06 DATE ADMITTED 92.04.06
 HOSPITAAL SAAL DATUM TOEGELAAT.....

PATIENT • PASIËNT		PATIENT'S No. • PASIËNT No.	AGE • OUDERDOM
JABU	KHUMALO	167984 / 92	25 YRS
Date Datum	Progress notes • Vorderingverslae		Investigations & results Ondersoek & uitsae

8.4.92 STAB CHEST at
 ± 19H00
 Bleeding ++
 ° LOC
 Antx: ° TB; ° AM; ° PR
 Sx - ni
 Allergis - not known
 Soud - notes, no -
 drinks
 O/E: stable
 appraised
 ° SACCO
 CVS - pulse 72/min
 - BP 100/80
 - S, S₂
 rest - clinically dia
 @ @ } NAD
 @ @ }
 (A) STAB CHEST - 2cm wound
 to the nipple
 ? was sent
 P. ABC; rest; complete

PROGRESS NOTE • VORDERINGVERSLAG

Date Datum	Progress notes • Vorderingverslae	Investigations & results Ondersoek & uitslae
<p>9/4/92</p>	<p>CXR Post ICD irradiation ✓</p> <p>Asymmetrical JACCOE. ICD swinging and draining. Chest. (2) hemothorax (2) zone. ↓ air entry, dull percussion note. Surgical emphysema.</p> <p>P. Cont ICD • FBC urine Results. • Mobilization.</p> <p>Manly</p> <p>1000 37,400</p> <p>1000 37,400</p> <p>When heavy and sunny</p> <p>Leak</p>	<p>[Signature]</p> <p>10:00 9.4.92 200mls of blood drained from I.C. bottle by B. Swanson</p>
<p>10/4/92</p>	<p>Dr. Sobanski ICD not swinging. CXR.</p>	
<p>11/4/92</p>	<p>Dr. Sobanski CXR - 5th rib fracture D/C - TCB 14/4/92 for checkup see X Ray Sept. Remove ICD.</p> <p>Phalies</p>	

KLINIESE VERPLEEGDOKUMENT

VORDERINGSVERSLAG

Toelatingsdata (voltooi slegs met toelating)		No*	Behoeftelyst			1. Gebruik deurgaans dieselfde behoefte name/nommers, soos aangedui op TPH 114/5. 2. Skrap opgeloste behoefte deur nommers hier langs aan deur te haal. 3. Moenie deurgehaalde nommers hergebruik nie, tensy 'n opgeloste behoefte weer aktief raak. 4. Verwys in onderstaande verslag slegs na behoefte nommer.	
Temperatuur: 37,2°C	Pols: 86	Asemhaling: 20	0	= Oorsigbeeld	5		=
Bloeddruk: 130/90.	Velkleur: Normal		1	=	6		=
Orientoets:	Allergieë: Not known		2	=	7		=
Massa: Not done.	Lengte: Not done		3	=			
			4	=	T	= Tussentyds	

Datum	Tyd	*No.	Progressiewe notas met betrekking tot behoeftes/tussentydse inskrywings	Handtekening en rang
92.04.8	22:35	0.	New patient warded in at 22:25, accompanied by a porter on a stretcher. Seen and admitted in casualty by Dr. E. Ndobe and diagnosed the patient as stabbed chest, (L) pneumothorax. Condition on arrival fair with an I.C. drain inserted on the (L) hand side. Vital signs done as above and urine tested, no abnormalities detected. On no treatment.	
9/4/92	6.20		(a) "I feel pain on the chest". (b) The pains seem to be not serious. (c) Improving conditions. (d) Nursing directives carried.	
10/4/92	11:00	1.	(a) Pain still having fair on my chest. (b) Looks dull (c) gradual improvement (d) Directives carried out. Discharged in a satisfactory condition.	

Pasiënt: TABU KHUMALO Reg. No: 167984/92 Saal: 06. Dr.: M. SOBANSKI P.....

1795

Ans

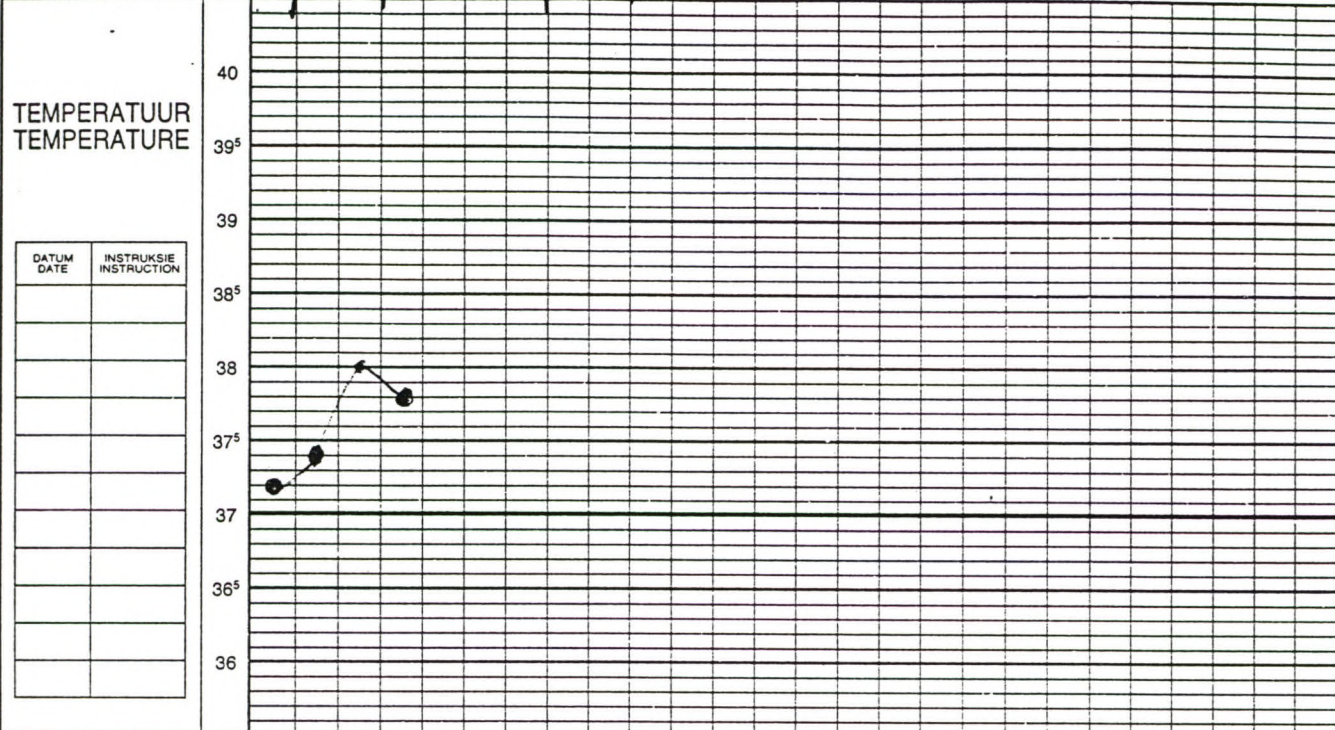
TPH 117

KONTROLEKAART CONTROL CHART

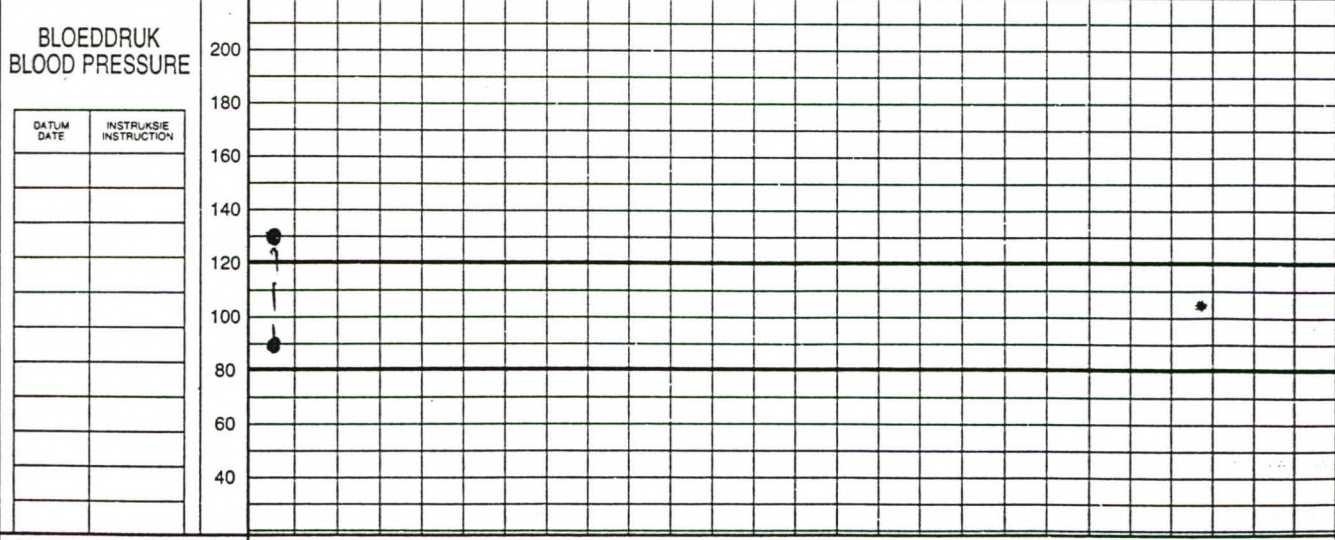
NAAM • NAME: Jabu Khumalo
REG. No.: 167984/92, SAAL • WARD: 6.
DOKTER • DOCTOR: Jarbarski

OPNAMEDAG • DAY OF ADMISSION:
OPERASIEDAG • DAY OF OPERATION:

Siektedag • Day of illness	01	02	03	04	05	06
DATUM • DATE	08	09	10	11	12	13
TYD • TIME	E	M	E	M	E	M



POLS • PULSE	70	80	78	86
ASEMHALING RESPIRATION	20	20	20	20



STOELGANG • STOOLS

URINETOETS • URINE TEST	S.G.	
	KLEUR • COLOUR	Yellow.
	REUK • ODOUR	Characteristic.
	AFSAKSELS • SEDIMENT	-
	Ph	5
	ALBUMIEN • ALBUMIN	NIL
	BLOED • BLOOD	NIL
	GLUKOSE • GLUCOSE	NIL
	KETONE • KETONES	NIL
	MASSA • MASS	-

Handtekening
Signature: SR Tyana

33160/90

A95

ADMISSION FORM T.P.H. 1

PATIENT NO. 167984

DR. IN CHARGE *Hume*

Hospital *N.S.*

IDENTITY NO.

WARD NO. 05

SURNAME *Humalo*

CHRISTIAN NAMES *John*

RESIDENTIAL ADDRESS—LINE-1 *1620 Mandela Park*

DATE OF ADMISSION *9/20/08*

TIME OF ADMISSION *2150*

CLASSIFICATION *H*

RE CLASSIFICATION

DATE OF RECLASSIFICATION

Date of Birth *1966* Sex *M* Race *W C A* Marital state *M* Age in Years *25*

Maiden Name

Church

Congregation

Minister

Name and Address of Employer

Occupation/Rank *Teacher* Telephone No. (Home)

Telephone No. (Work)

Name of next of Kin *Francisco Humalo* State Relationship *Husband*

Residential Address

Name of family doctor

Referred to hospital by/from *Self*

ACCIDENT

In case of accident or injury, state *08/04/08 1900 Road accident*

DATE TIME Injury on duty

Place *Mandela Park*

Reg. number of vehicle used to transport patient to hospital

REASON FOR ADMISSION*

Illness Injury Attempted Suicide Assault Poisoning Other Reason

SOURCE OF ADMISSION*

Booked Case Unbooked Case Private/Medical Aid Doctor Transferred

Ex Out-Patients: Own Hospital Other Hospital Ex Casualty: Own Hospital Other Hospital

Department Admitted to: Medical Surgery Gynaecology and Obstetrics

Name and Address of Friend

Telephone no.

AUTHORITY / INSTITUTION POSSIBLY RESPONSIBLE FOR HOSPITAL CHARGES

SURNAME / INSTITUTION

INITIALS

NAME OF STREET / P.O. BOX AND NUMBER

SUBURB CITY / TOWN

POSTAL CODE

NAME OF SICK FUND / MEDICAL AID SOCIETY AND MEMBERSHIP NUMBER

PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT

Surname *Humalo* Christian Names *John*

Postal Address

Residential Address

I.D. No.

Resident Permit/Passport No.

Other Particulars (eg P.F. Number)

Name and address of employer

Occupation

Tel. No.

Full name of youngest child at school age

Name of school which he/she attends

PARTICULARS FOR CLASSIFICATION

NUMBER OF PERSONS IN HOUSEHOLD (Breadwinner and dependants excluding minor children of 16 years and older who are self-supporting)

Age

ANNUAL GROSS INCOME OF FAMILY by way of salary and allowances, bonus, commission, rent dividends, etc., and/or nett income by way of farming, trade, industry or any business.

(Excluding Income in respect of minor children of 16 years and older who are self-supporting).

Total family income

Breadwinner *n/a*

Wife *n/a*

I hereby certify that the above mentioned particulars furnished by me are to the best of my knowledge true and correct.

Signature: *Humalo*

If not patient, state: Initials and Surname *Humalo*

Address

Relationship to patient *Self*

FOR OFFICE USE

Classification and tariff category on Admission

Per day R *21.00* Nominal R

Checked by

Date

Cash Received (Cash/O.P.D.) R *15.00*

Receipt no. *311817*

Date *9/20/08*

Collection Number: AK2702

Goldstone Commission of Enquiry into PHOLA PARK Records 1992-1993

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