

MOONTLIKE NO DOLOTTIGE ONVERENIGBARE MEDIKASIE EN 8. HOE RISIKO FAKTORE • POTENTIALLY LETHAL DRUG INCOMPATIBILITIES AND HIGH RISK FACTORS	15. EMOSIONELE TOESTAND EMOTIONAL STATE	E. SLEGS VIR TUISVERPLEEGTING FOR HOME CARE NURSING ONLY (01-18 plus E.)
Kortison • Cortisone	CAUM	1. ONDERSTEUNING TUIS SUPPORT AT HOME
Hemofilie • Haemophilia		(Veral by bejaardes en verswaakte) (Especially old and frail persons)
Pordire • Porphyria	16. NOTAS OOR SINTUIGLIKE FUNKSIES NOTES ON SENSORY FUNCTIONS	N/A
Asma • Asthma	Vies Vision	
Ander • Other	Good	
	Gehoor Hearing	Good

F. GESONDHEIDSTHOEFTES HEALTH NEEDS	G. VERPLEEGPLAN NURSING PLAN	EVALUATION DATA	
Datum 92-06-19	PROBLEM Wound	92-06-19	Handtekening Signature
CAUSE Injury	- Reassure the patient that he will be better - observe wound for bleeding	EXPECTED OUTCOME Wound to heal	
DATA BASE Swelling Pain bleeding	- Do vital signs 4 hourly give treatment as prescribed	DEMONSTRATION Patient to get out of bed and to verbalize that he is better	[Signature]

KLINIESE VERPLEEGDOKUMENT

VORDERINGSVERSLAG

Toelatingsdata (voltooi slegs met toelating)		No*	Behoeftelys			1. Gebruik deurgaans dieselfde behoefte name/nommers, soos aangedui op TPH 114/5. 2. Skrap opgeloste behoefte deur nommers hier langsaan 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: 72	Asemhaling: 20	0	= Oorsigbeeld	5		=
Bloeddruk: 130/70 mmHg	Velkleur: Pink		1	= Wound	6		=
Oriëntoets:	Allergieë: Unknown		2	=	7		=
Massa:	Lengte:		3	=			
			4	=	T	= Tussenlyds	

Datum	Tyd	*No.	Progressiewe notas met betrekking tot behoeftes/tussenlydse inskrywings	Handtekening en rang
92.06.18	18:15	0	New patient admitted in the ward at 18:15 via (Quality) where seen by doctor Moppers and diagnosed as bullet wound on the left hand. Condition on arrival ill and calm. Vital signs taken and recorded. Physical and psycho-social assessment done and problems identified. Care planned for. Treatment used T.P.H. 172	
	22:30		feels better though still experiencing slight pains. Treatment given	M.M. Murelli
92.06.19	12:55	1	Seen by Dr. Scott this morning. Patient has open fractured fingers of left hand. Condition fair. On bed rest. Dressing c.d. Ordered soon six hourly per os. Transferred to ward 10	R. D. D. D. D.
	20:15	1	Condition fairly ill and calm. Complaining of left painful hand. Prescribed treatment given.	U. S. J. S. J.
20.06.92	13:20		Condition fair. Emotional state calm. Complaining of mild pains left hand. Treatment given.	J. M. J. M. J.
	21:00		Condition fairly ill and calm. Complaining of mild pains. Prescribed treatment given.	U. S. J. S. J.
92.06.21	14:00		Condition fair. Emotional state stable. No complaints raised. Wound clean and healing. Treatment given.	M. M. M. M. M.
	20:05		Condition fairly ill and calm. Complaining of mild pains on left hand. Prescribed treatment given.	U. S. J. S. J.

Pasiënt: SAMUEL LATHA Reg. No: SIS 14192 Saal: 13 Dr.: PATRICIOS p.....

*Lesions*

HOSPITAAL  
HOSPITAL

AFDELING  
WARD

Pasiënt • Patient

Pasiëntnummer  
Patient's Number

Ouderdom  
Age

Indeling  
Classification

*Samuel*

*LATIN*

*52211/92*

*56*

*H*

Datum Date	Voorskrif besonderhede Details of prescription	Hoev. uit. Qty. issd.	Apteker Pharmacist
1992 6. 18.	<i>Tet Pax 6,5 ml stat</i>		
	<i>of ekwivalent</i>		
	<i>or equivalent</i>		
	<i>betredne dressing dly.</i>		
	<i>Arbani 500mg 90p p.o</i>		
	<i>of ekwivalent</i>		
	<i>or equivalent</i>		
92/6/22	<i>TTO betredne dressing</i>	<i>1/52</i>	<i>[Signature]</i>
	<i>of ekwivalent</i>		
	<i>or equivalent</i>		
	<i>Crupe perching</i>		
	<i>Arbani 500mg 90p p.o</i>		
	<i>of ekwivalent</i>		
	<i>or equivalent</i>		
	<i>of ekwivalent</i>		
	<i>or equivalent</i>		
	<i>of ekwivalent</i>		
	<i>or equivalent</i>		
	<i>of ekwivalent</i>		
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	<i>or equivalent</i>		
	<i>of ekwivalent</i>		
	<i>or equivalent</i>		
	<i>of ekwivalent</i>		
	<i>or equivalent</i>		

As hierdie woorde "of ekwivalent" nie deur die voorskrywer geskraap word nie dui dit aan dat die goedgekeurde generiese ekwivalent uitgereik mag word.  
 If the words "or equivalent" are not deleted by the prescriber this will indicate that the approved generic equivalent may be supplied.

**BUIEPASIËNT- EN/OF ONGEVALLE AFDELING  
OUT-PATIENT AND/OR CASUALTY DEPARTMENT**

*J. J. J.*  
Hospital • Hospital

51514 / 2

Naam voluit / Name in full: *JAMUEL LAZITA*  
 Huisadres / Residential address: *46 SLOVO PARK BOZOPATON C, 1901*  
 Huwelikstaat / Marital state: *Dr.* Geslag / Sex: *Male* Ras / Race: *Black*  
 Beroep / Occupation: *Unemployed* Ouderdom / Age: *56*  
 Naam en adres van werkgewer / Person responsible for payment of Account: *Self*

Pasiëntno. / Patient No. \_\_\_\_\_  
 Datum Date: \_\_\_\_\_ vm. a.m. / pm. p.m. \_\_\_\_\_  
 Opgeneem / Admitted: *09 50*  
 Indeling / Classification: *H*  
 Dr. \_\_\_\_\_

Naam van siekefonds / Name of sick fund: \_\_\_\_\_ S/F. No. \_\_\_\_\_  
 Jaarlikse Gesinsinkomste uit alle bronne / Annual family income from all sources

Broodwinner • Breadwinner ..... R. \_\_\_\_\_  
 Vrou • Wife ..... R. \_\_\_\_\_  
 Ander afhanklikes • Other dependants ..... R. *7.12*  
 Totaal • Total R. \_\_\_\_\_

\* Getal persone in gesin (broodwinner insluitend) / Number of persons in household (including breadwinner): *2*  
 Meld ouderdomme van afhanklikes / State ages of dependants: *56*  
 Rede vir afhanklikheid / Reason for dependence: *Self*  
 (\* Minderjariges van 16 jaar en ouer wat selfonderhoudend is, moet uitgesluit word.) / (\* Minor children of 16 years and older who are self-supporting are to be excluded).

Datum van ongeluk/besering / Date of accident/injury: *92-06-18* Tyd / Time: \_\_\_\_\_  
 Ingestuur deur / in by: *GLX 390* Geteken / Signed: *J. J. J.*  
 Opnemingsbeampte / Admitting Officer: *J. J. J.*

Die aard van die pasiënt se siekte mag vir rekeningdoeleindes vrygestel word. / The nature of the patient's illness may be disclosed for accounting purposes.  
 Getuie / Witness: \_\_\_\_\_ Geteken / Signed: \_\_\_\_\_  
 Datum • Date: *1992 6. 18.*  
 Klage / Complaint: *Bullet Wound*  
 Huidige siekte / Present illness: \_\_\_\_\_

**ONDERSOEK/BEHANDELING/VORDERING  
EXAMINATION/TREATMENT/PROGRESS**

Datum • Date: *1992 6. 18.*

**SLEGS VIR AFSKEURSTROKIES  
(Kwitansies en rekening)  
FOR COUNTERFOILS ONLY  
(Receipt and account)**

Datum • Date	Datum • Date	Datum • Date
Verskuldig / Owing Datum / Date: <i>92-06-18</i> R <i>10.00</i> G <i>6</i> No <i>272450</i>	Verskuldig / Owing Datum / Date: <i>18.06.92</i> R <i>21.00</i> G <i>05</i> No <i>278721</i>	

ONDERSOEK/BEHANDELING/VORDERING (Vervolg)  
EXAMINATION/TREATMENT/PROGRESS (Continued)

Dateer elke inskrywing • Date each entry

Datum  
Date

1-06-18

BP  $\frac{130}{70}$  737, 202

Bullet wound @ hand

Wt + Vt fingers

Reyns qv

X-RAY DEPT.	
SEBOKENG HOSPITAL	
X-RAY No.	21284
EXAM	L HAND
DATE	18.06-92

Reyn.

Cas 0090

# Middle fingers positive @

Plan admit

INITIAL NURSING DOCUMENT

NURSING PLAN: HEALTH CARE

Month <u>June</u> 19 <u>92</u>		Date	Need No.	<u>19</u>		<u>20</u>		<u>21</u>		<u>22</u>		<u>23</u>	
Sample:		Time slot		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
. Monitor blood pressure													
1. Four hourly		3.	Initials of person performing prescribed act in space corresponding with time in 2 on left										
1. Assist in bathroom bath		3.		J									
2. daily		3.		J									
1. Give Red word diet		3.		J									
2. 3x daily		3.		J									
1. Monitor vital signs		3.		J									
2. 4 hourly		3.		J									
1. Maintain privacy		3.		J									
2. always		3.		J									
1. Communicate when doing		3.		J									
2. skills always		3.		J									
1. provide rest and sleep		3.		J									
2. when needed.		3.		J									
1.													
2.		3.											
1.													
2.		3.											
1.													
2.		3.											
1.													
2.		3.											

Patient: Samuel LATINA Reg. No.: 51514/P Ward: 13 P.....

\* For daily to four-hourly actions only

5

16

1. Blaantlike  
John Bawa

BUIEPASIENT- EN/OF ONGEVALLE AFDELING  
OUT-PATIENT AND/OR CASUALTY DEPARTMENT

Hospitaal • Hospital *2 Bua*

Naam voluit / Name in full *Navis Zuzana*

Huisadres / Residential address *897 Bayokeng Street  
Boropatong*

Huwelikstaat / Marital state *S* Geslag / Sex *F* Ras / Race *S*

Beroep / Occupation *Sen* Ouderdom / Age *4*

Naam en adres van werkgewer / Persoon verantwoordelik vir betaling van Rek. / Name and address of employer / Person responsible for payment of account. *Maria Mon*

Pasiëntno. / Patient No. *51463/16*

Datum / Date	vm. / a.m.	nm. / p.m.

Opgeneem / Admitted *600*

Indeling / Classification *F1*

Dr. \_\_\_\_\_

SLEGS VIR AFSKEURSTROKIES  
(Kwitansies en rekening)  
FOR COUNTERFOILS ONLY  
(Receipt and account)

Naam van siekefonds / Name of sick fund \_\_\_\_\_ S/F. No. \_\_\_\_\_

Jaarlikse Gesinsinkomste uit alle bronne • Annual family income from all sources

Broodwinner • Breadwinner ..... R \_\_\_\_\_

Vrou • Wife ..... R \_\_\_\_\_

Ander afhanklikes • Other dependants ..... R \_\_\_\_\_

Totaal • Total R \_\_\_\_\_

\* Getal persone in gesin (broodwinner insluitend) / Number of persons in household (including breadwinner) *5*

Meld ouderdomme van afhanklikes / State ages of dependants *9*

Rede vir afhanklikheid / Reason for dependence *Mon & kid*

(\* Minderjariges van 16 jaar en ouer wat selfonderhoudend is, moet uitgesluit word) / (\* Minor children of 16 years and older who are self-supporting are to be excluded).

Waarom van ongeluk/besering / Time of accident/injury \_\_\_\_\_ Tyd \_\_\_\_\_

Ingestuurd deur / Sent in by \_\_\_\_\_ Geteken / Signed \_\_\_\_\_

Opnemingsbeampte / Admitting Officer \_\_\_\_\_

Datum • Date	Datum • Date	Datum • Date
Verskuldig Owing <i>R 24-00</i> Datum / Date <i>18-06-53</i> G No: 275850		

Die aard van die pasiënt se siekte mag vir rekeningdoeleindes vrygestel word. / The nature of the patient's illness may be disclosed for accounting purposes.

Getuie / Witness \_\_\_\_\_ Geteken / Signed \_\_\_\_\_

Datum • Date \_\_\_\_\_

Klagte / Complaint *ASS*

Huidige siekte / Present illness \_\_\_\_\_

ONDERSOEK/BEHANDELING/VORDERING  
EXAMINATION/TREATMENT/PROGRESS

Datum • Date \_\_\_\_\_

*Hit on head with an axe  
2 compound skull  
wound  
wound*

Vervolg agterop • Continued overleaf

*with an axe  
skull  
either  
wound.*

KLINIESE VERPLEEGDOKUMENT

VORDERINGSVERSLAG

Toelatingsdata (voltooi slegs met toelating)			No*	Behoeftelys			1. Gebruik deurgaans dieselfde behoefte name/nommers, soos aangedui op TPH 114/5. 2. Skrap opgeloste behoefte deur nommers hier langsaan 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:	Pols:	Asemhaling:	0	= Oorsigbeeld	5	=	
Bloeddruk:		Velkleur:	1	=	6	=	
Orientoets:		Allergieë:	2	=	7	=	
Massa:		Lengte:	3	=			
			4	=	T	= Tussentyds	

Datum	Tyd	*No.	Progressiewe notas met betrekking tot behoeftes/tussentydse inskrywings	Handtekening en rang
92.06.25	14:55	I	Patient received in theatre for Suturing Scalp by Dr L. Nauber under ketalar administered by Dr Brown 15:40 to 15:50	A. Wilson
	15:00	I	Recovered in the recovery room post secondary suturing under ketalar. Recovered well	
	15:50	I	Received back from theatre, condition fairly ill and still grossly blue to ketalar, no bleeding, morose.	
	22:00		Condition much better - emotional state calm. Fully recovered and talking. No twitching marked areas.	
92.06.26	13:50		No bleeding marked areas. He appeared quite happy. Condition remains ill and miserable. No twitching observed till report time. Temperature normal. Treatment given as ordered.	
	22:00		Condition ill. Emotionally dull and flaccid. Wound on hand opened, injured and still bleeding. No twitch marked so far. Treatment given orally.	
92.06.27	09:00	I	Wound on hand opened, injured and still bleeding. Dressing done on the left thumb, still septic.	
	14:00		Condition improving a lot. Wound on hand now no twitch marked. Con resolved.	
	22:00		Condition fairly ill. Emotionally dull. No twitch marked so far. Up and about.	
92.06.28	11:00		Mercurochrome applied on sutures of on the scalp. Betadine dressing done on left thumb. Wound slight septic.	
	14:00		Condition improving a lot. Emotional state dull. Wound dressed on the left thumb, but slight septic. Mercurochrome applied on the sutures on the scalp. Vital signs monitored hourly. Treatment given as prescribed.	

Pasiënt: Mavis Buwe Reg. No: 51464/03 Saal: 8 Dr.: P.....



KLINIESE VERPLEEGDOKUMENT

VORDERINGSVERSLAG

Toelatingsdata (voltooi slegs met toelating)			No*	Behoeftelys			1. Gebruik deurgaans dieselfde behoefte name/nommers, soos aangedui op TPH 114/5. 2. Skrap opgeloste behoefte deur nommers hier langsaan deur te haal. 3. Moenie deurgehaalde nommers hergebruik nie, tensy 'n opgeloste behoefte weer aktief raak. 4. Verwys in ( ) Gerstaande verslag slegs na behoefte nommer.
Temperatuur:	Pols:	Asemhaling:	0	= Oorsigbeeld	5	=	
Bloeddruk:		Velkleur:	1	=	6	=	
Urientoets:		Allergieë:	2	=	7	=	
Massa:		Lengte:	3	=			
			4	=	T	= Tussentyds	

Datum	Tyd	*No.	Progressiewe notas met betrekking tot behoeftes/tussentydse inskrywings	Handtekening en rang
92.06.20	17h40. 21h30	1.	Wound on head dressed with betadine. Wound slightly septic and large. Condition ill, fully conscious. Complaining of pains from the wound on the head. Given treatment as prescribed.	G. M. P. [Signature]
92.06.21	09h45 14h00 22h00	2	Wound on the head large and slightly septic. Betadine dressing done. Patient still not dull though improving. fully conscious and on treatment. Core rechecked. Condition ill and dull. Complaining of pains on the head. Temperature normal. Treatment given as prescribed.	[Signature] [Signature] [Signature]
92.06.22	09h30 09h35 12h30 13h50 22h00	I 2 I	Betadine dressing done wounds deep but clean. but wound on the right thumb septic. X-ray left elbow done on 18 June 1992. X-ray by Dr. G. M. P. shown plates said there is no fracture. Patient started to have a fit and the whole body was jerking and tongue bitter. Doctor Sporn notified per phone not yet responded. Patient talking sense after fitting. Patient fitted again on the left side, emotionally calm. Vital signs monitored and recorded. For secondary suturing done. Treatment given as prescribed. Condition ill. Emotional state calm.	[Signature] M. Klaas [Signature] [Signature] [Signature]
92.06.22	23h 23:30		Complaining of headache. No fits marked. Treatment given. Patient had fit-outburst on 18 June and the mouth was also jerking lasted for 30 seconds. Doctor on Ward Call notified per phone not yet responded. Dr. Geldenhuys checked by exchange no response yet.	[Signature] [Signature]

Pasiënt: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Saal: \_\_\_\_\_ Dr.: \_\_\_\_\_ P: \_\_\_\_\_

HOSPITAAL  
HOSPITAL .....

Afdeling  
Ward ..... *S*

Pasiënt • Patient

Geslag  
Sex

M	V
	F

Oud.  
Age .....

Pasiëntno.  
Patient's No.

Indeling  
Classification .....

ADDRESSOGRAPH

Geneesheer • Doctor

Foon  
Phone .....

OPNEMING • ADMISSION

Opgeneem deur  
Admitted by .....

Datum  
Date

*18/6/02*

Tyd  
Time

Voorlopige diagnose  
Provisional diagnosis

*Newo Mrs H. Shell*

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

*[Signature]*

ONTSLAG • DISCHARGE

Datum van ontslag  
Date of discharge .....

*30/6/02*

Tyd  
Time

*08h45*

Finale diagnose  
Final diagnosis

*2° suture done, TBS in '1/2 for RWS at S OMD*

Handtekening van geneesheer  
Doctor's signature .....

*[Signature]*

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.

Getuiers  
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.

Getuiers  
Witnesses

1. ....
2. ....

Handtekening  
Signature .....

Datum  
Date .....

Tyd  
Time .....

Hoedanigheid  
Capacity .....

# PROGRESS NOTE • VORDERINGVERSLAG

Sebokeng

HOSPITAL  
HOSPITAAL

WARD  
SAAL

DATE ADMITTED  
DATUM TOEGELAAT

92.06.18

PATIENT • PASIËNT

PATIENT'S No. • PASIËNT No.

AGE • OUDERDOM

Mavis

Buwa

51465/92

9408

Date  
Datum

Progress notes • Vorderingverslag

Investigations & results  
Ondersoek & uitsae

18/6/92

Stab, scalp.  
• (L) arm  
    └ elbow  
    └ wrist.  
    └ thumb.

Awake, Orientated,  
Neuro intact

For suturing tendons (L) wrist.

92.06.18 08:00

?? Hgt 160 HB 138g%  
- on 5% Dextrose

92.06.18

Haemoglobinokst 160g%  
doctor visited patient in the ward

19/6/92

Stab wound on ulnar aspect of forearm (R).

Superficial + deep tendon of finger & all tendon in wrist and elbow intact.



Neurovascular intact.

Refer back to Surgery for Hand injury.

X-RAY DEPT.  
SEBOKENG HOSPITAL  
X-RAY No. 21406  
DATE 19.06.92

(L) Elbow

PROGRESS NOTE • VORDERINGVERSLAG

Date Datum	Progress notes • Vorderingverslae	Investigations & results Ondersoeke & uitsae
19/6/92	<p>Fully conscious                      Difficulty in moving (R) arm.                      2x deep lacer back of head - not sutured                      → Betadine qoh                      2° Sut next week.                      Stop drip.</p>	
20/6/92	<p>Cont Rx                      Improving.</p>	
22/6/92	<p>Theatre more to suture scalp.</p>	
+1/6/92	<p>Inward drain                      T - (N)                      Had twitches on (L) arm yesterday stopped after Methohexitalone                      CNS                      Speech - (N)                      motor systems - (N)                      Man                      - mobile 2° in the more                      ... look for AR ...</p>	

# PROGRESS NOTE • VORDERINGVERSLAG

SEBOKER HOSPITAL WARD 8 DATE ADMITTED 9.2.06, 18  
 HOSPITAAL SAAL 8 DATUM TOEGELAAT

PATIENT • PASIËNT	PATIENT'S No. • PASIËNT No.	AGE • OUDERDOM
Mavis Buwa		10y8

Date Datum	Progress notes • Vorderingverslae	Investigations & results Ondersoek & uitsae
9.2.6.25	Pt seen by Social Worker. Please refer relatives to SWB <i>Patouung</i> Social Worker.	
25/6/92	$\phi$ 2° suture scalp done. Layer wound entered in two layers smaller wound in one layer.	
26/6/92	$\phi$ Wound - dry, clean child in pain but alert T° - @ no fit observed signs of meningitis Man - start menochrome drops $\frac{1}{2}$ - stop A/B	

HOSPITAAL  
HOSPITAL

AFDELING  
WARD

*Lee S*

Pasient • Patient

Pasiëntnommer  
Patient's Number

Ouderdom  
Age

Indeling  
Classification

Mewis Blwa

8100

Datum Date	Voorskrif besonderede Details of prescription	Hoev. uit. Qty. issd.	Apteker Pharmacist
492 18.18	pen 9 500mg Chloramphenicol Eparitil 250mg Nuroches	of ekwivalent or equivalent of ekwivalent or equivalent of ekwivalent or equivalent	given given given <i>[Signature]</i>
	CP 5 f D Keops N.Y. per os athrop. parmanon subte dendous	of ekwivalent or equivalent of ekwivalent or equivalent	<i>[Signature]</i>
	Betadine	of ekwivalent or equivalent	<i>[Signature]</i>
	Panado 5. 10ml TDS	of ekwivalent or equivalent	<i>[Signature]</i>
23/6/92	Pie med Vallegen F 10ml po	of ekwivalent or equivalent of ekwivalent or equivalent	<i>[Signature]</i>
24/6/92	Mhenoksa Nitone 30mg daily <del>Chloramphenicol</del> 500mg 8hly i.v pen G 0.5 meg 6hly i.v 200ml Normal saline drip FIT chaa	of ekwivalent or equivalent of ekwivalent or equivalent of ekwivalent or equivalent of ekwivalent or equivalent of ekwivalent or equivalent	c 24.6.92
25/6	Panado 5ml 4hly	of ekwivalent or equivalent	<i>[Signature]</i>
26/6/92	Mhenoksa Nitone	of ekwivalent or equivalent	c 26.6.92

As the words "or equivalent" are not deleted by the prescriber this will indicate that the approved generic equivalent may be supplied.

Private Bag X058  
VANDERBIJLPARK  
1900

The Commissioner  
VEREENIGING  
1930

Sir

RE : CONSENT TO OPERATION ON A MINOR

I, the undersigned, hereby, hereby declare that it is essential to do undermentioned

operation on : Mavis Buwa R/N 51463/72

- 1. \* To save his/her life
- 2. \* To prevent permanent disability
- 3. \*

The patient is a minor and his/her parent/guardian are/is not available.

NATURE OF OPERATION : -  
Suturing of cut tendons

Will you kindly give the necessary consent.

*[Signature]*  
DOCTOR IN CHARGE

Delete whichever not applicable.

The Commissioner  
VEREENIGING 1930

Permission to perform the abovementioned operation is herewith granted.

*Cancelled*

COMMISSIONER

SABOLANI RAMOKWANA BERE male 20  
Residing at House no 267 THABAKESHO STREET,  
BOITATONG - S. MALAB.

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STATES 2 A SOUTH

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p 1668

On Wednesday 1992 06.17 at about unknown  
time but after 21:00 I was walking  
along MLUBI STREET. BEHIND I WAS THERE  
I HEARD SOUNDS OF WEAPONS BEING BROKEN  
AND ALSO HEARD SHOTS AT THE REGION OF  
SEKHEKHEM AND SEKHEKHEM STREET. AT THAT  
TIME I SAW A GROUP OF PEOPLE APPROXIMATELY  
AT MLUBI STREET FROM BATHAMBA STREET,  
THEY WERE BLACK-PEOPLE AND I COULD  
NOT SEE IF THEY WERE ARMED.

Tyld?  
Huc?

I THEN FELT THAT UNSAFE, I GOT INTO  
THE NEARBY HOUSE AND MLUBI STREET SO THAT  
I COULD CROSS TO THE OTHER STREETS,  
I THEN TRIED TO OPEN THE DOOR OF THE  
SHACK IN THE SAME YARD AND IT WAS  
NOT LOCKED AND I ENTERED. AFTER ENTERING  
INTO THE SHACK I FOUND JOSEPH PHOHO COOKING  
ON A PARAFFIN STOVE, AND HE WAS ALONE.  
I THEN TOLD JOSEPH PHOHO THAT THERE ARE  
PEOPLE COMING AND I BELIEVE THEY ARE  
MEMBERS OF INKATHA. JUST AFTER REPORTING  
THAT JOSEPH PHOHO LOCKED THE DOOR AND  
HE PUT OFF THE CANDLE.

A

WHILE I WAS HEARD AN UNKNOWN MAN FOOTSTEPS IN

T



THE MAAS, I THEN HIDE MYSELF BETWEEN THE HEAD-BOARDS AND LEANED ASBE UNTILL JOSEPH PHEW GOT INTO THE LEANED ROBE, UNTHICE I LEAN THERE I HEARD THE DOOR OF THE SHACK BEING BROKEN, AND I HEARD PEOPLE INSIDE SHACK SAYING "PHUMAMI MEDLOWUMBE" SIMI BUCALI, WHICH MEANS CUT OUT SECCOITS, BUT DID NOT MAKE A MOVE. ONE OF THE ATTACKERS GOT A CANDLE AND THE LIGHT IT, AND THE WHOLE SHACK WAS BRIGHT. ONE OF THE ATTACKERS SPENTED THE LEANED ROBE AND FOUND JOSEPH, JOSEPH WAS SCREAMING.

4

UNTHICE I WAS AT MY HINDING PLACE ONE OF THE ATTACKERS SPOTTED ME AND CALLED OTHERS TO GIVE HIM A CUT, I HAD COVERED MY HEAD WITH MY SHIRT, SO I COULD NOT SEE HOW HE GOT THE LIGHT. I THEN FELT A BULLET HITTING ME ON THE LEFT KNEE AND THE OTHER BULLET HIT ME ON THE FRONT SIDE OF THE LEFT TIBIA. I THEN STABBED WITH AN UNKNOWING SHARP INSTRUMENT ON THE RIGHT BREAST, AND ALSO ON MY LEFT ARM. I THEN HEARD ONE OF THEM SAYING "SIME I ZIASIA" THE BOYS ARE DEAD, AND I HEARD THEM LEAVING AT THAT TIME JOSEPH PHEW WAS ALSO VERY QUIET. AFTER THE ATTACKERS HAS LEFT I CLIMBED TO THE HOUSE UNTHICE I KNOCKED AT THE HOUSE, AND THEN OPENED I THEN

CITIZENS AND THEN THREATEN ME FOR SHOCKING BY GIVING ME WATER WITH SUGAR. AN AMBULANCE WAS CALLED AND I WAS TAKEN TO SEBASTIAN HOSPITAL WHERE I WAS ADMITTED FOR MEDICAL TREATMENT. AND WAS TRANSPORTED WITH TOGETHER PHASE TO THE HOSPITAL, I COULD NOT ESTABLISH HOW IS HE INJURED BUT HIS CLOTHING WAS FULL BLOOD-SEALED.

I WILL NOT BE ABLE TO IDENTIFY ANY OF THE ATTACKERS BECAUSE MOST OF THE TIME I WAS MY HANDS COVERED WITH TAPERS.

5

I KNOW AND UNDERSTAND THE CONTENTS OF THIS DECLARATION. I HAVE NO OBJECTION IN TAKING THE PRESCRIBED OATH. I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE.

I CERTIFY THAT THE DEPLOYMENT HAS ACKNOWLEDGE THAT HE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION WHICH WAS SWEORN TO BEFORE ME AND THE DEPLOYMENT'S SIGNATURE IS HIS PLACES WITNESSED IN MY PRESENCE AT YANDEBISIC PARK ON 1993.04.29

COMMISSIONER OF OATH  
LUCKY SANKU KEMANA  
25 MAIN CROSS ROAD  
KANDISANTAN

Signature

Signature

BUIEPASIENT- EN/OF ONGEVALLE AFDELING  
OUT-PATIENT AND/OR CASUALTY DEPARTMENT

*Lebore*

Hospitaal • Hospital

Naam voluit / Name in full: *Isbulani Ramakonopi*

Huisadres / Residential address: *267 Inaba Basice*

Huwelikstaat / Marital state: *Single* Geslag / Sex: *Male* Ras / Race: *Black*

Beroep / Occupation: *Unemployed* Ouderdom / Age: *20*

Naam en adres van werkgever / Person responsible for payment of Account: *Self*

Pasiëntno. / Patient No. *51471*

Datum / Date: *10/10/70*

Opgeneem / Admitted

vm. / a.m. / pm. *10 35*

Indeling / Classification: *4*

Dr. *4*

SLEGS VIR AFSKEURSTROKIES  
(Kwitansies en rekening)  
FOR COUNTERFOILS ONLY  
(Receipt and account)

Naam van siekefonds / Name of sick fund: *Unemployed*

Jaarlikse Gesinsinkomste uit alle bronne / Annual family income from all sources

Broodwinner / Breadwinner: *R 70*

Vrou / Wife: *R 70*

Ander afhanklikes / Other dependants: *R*

Totaal / Total: *R*

Getal persone in gesin (broodwinner insluitend) / Number of persons in household (including breadwinner): *1*

Meld ouderdomme van afhanklikes / State ages of dependants: *20*

Rede vir afhanklikheid / Reason for dependence: *Self*

(\* Minderjariges van 16 jaar en ouer wat selfonderhoudend is, moet uitgesluit word) / (\* Minor children of 16 years and older who are self-supporting are to be excluded).

Datum van ongeluk/besering / Date of accident/injury: *18/6/70*

Estuur deur / Signed in by: *Sexagoo*

Opnemingsbeampte / Admitting Officer

Natuur van die pasiënt se siekte mag vir rekeningdoeleindes vrygestel word. / The nature of the patient's illness may be disclosed for accounting purposes.

Getuie / Witness: *Geteken / Signed*

Datum / Date

Klagte / Complaint

Huidige siekte / Present illness

ONDERSOEK/BEHANDELING/VORDERING  
EXAMINATION/TREATMENT/PROGRESS

Datum / Date: *18/6/70*  
*T 36°C*

Datum • Date	Datum • Date	Datum • Date
Verskuldig Owing Datum / Date <i>18-6-70</i>	Verskuldig Owing Datum / Date <i>18/6/70</i>	Verskuldig Owing Datum / Date <i>18/6/70</i>
R 181.00	R 144.00	R 281861
No 172455	No 281861	

**PROGRESS NOTE • VORDERINGVERSLAG**

*Siddhant*

HOSPITAL  
HOSPITAAL

WARD  
SAAL *13*

DATE ADMITTED  
DATUM TOEGELAAT *92.06.18*

PATIENT • PASIËNT <i>JABULANI RAMOKUNUPI</i>	PATIENT'S No. • PASIËNT No. <i>51471/92</i>	AGE • OUDERDOM <i>20 YRS</i>
---	--	---------------------------------

Date Datum	Progress notes • Vorderingverslae	Investigations & results Ondersoek & uitsae
<i>18/6</i>	<i>Cellulitis leg nr. mact.</i>	
<i>22/6/92</i>	<i>Leg better - Remove sutures Betadine dressings. Stop drip + ketzal D/C mané.</i>	
<i>23/6/92</i>	<i>Drop foot @. R.O.S. etect.</i>	
<i>24/6/92</i>	<i>O-T not yet started.</i>	
<i>24/6/92</i>	<i>[OT] Drop foot splint provided. Not to "wal: @ knee &amp; Rom : 154° @ sensation Dermatome: S. &amp; endurance. P fainted in OT when he was well.</i>	<i>Take home please!</i>
<i>25/6/92</i>	<i>[OT] Mobilising, ↑ Rom @ knee, preventing drop foot through splinting</i>	<i>to stand. (Not feeling</i>
	<i>attending group. Standing on @ foot. Improved extension at @ knee. ↑ endurance.</i>	<i>J. Reynelae.</i>

PROGRESS NOTE • VORDERINGVERSLAG

Date Datum	Progress notes • Vorderingverslae	Investigations & results Ondersoek & uitsae
25/6/92	Foot 15Q Cont C.T.  J.S.	
29/6/92	Cont <u>O.T</u>  (?) as an outpatient	
●/92	<p><u>OT</u></p> <ul style="list-style-type: none"> <li>- Evaluation: Sensation improved. ⊕ S1 dermatome. Still poor standing posture, knee painful &amp; causing flexion.</li> <li>- Emotional: P walking. P seems passive aggressive and is not very cooperative. i.e. not prone to be selfmotivated.</li> <li>- Intellectual: Very bright. To start college in July '92.</li> </ul> <p>OP → <u>PHAN</u>: Re-evaluation on follow-up. Necessary for foot-drop shoe insertion(?)</p> <p><u>TCB</u>: 14/7/92</p>	<p>J. Reynolds.</p>
30/6/92 5/1/92	<p>D/C.</p> <p><u>OT</u> Patient has not turned up since September 1992 Pt discharged</p>	<p><u>W. E. Stee</u> OCCUP. THERAPIST</p>



ONDERSOEK/BEHANDELING/VORDERING (Vervolg)  
EXAMINATION/TREATMENT/PROGRESS (Continued)

Dateer elke inskrywing • Date each entry

Datum  
Date

date wounds 1) (R) chest @ (L) SW. back of (L) leg.  
2 lacerations.

X-RAY DEPT.  
SIBOKENG HOSPITAL  
X-RAY No. 21255  
EXAM: C XR, (L) THIGH  
(L) TIB & FIB.  
DATE 18.06.92

- Cant stand up

4 Reqs 9v.  
Treat

the Cas SOPD all

stab chest (L) ant  
 shoulder (L) upper + lower leg  
 @ arm / shocked  
 Abd -  
 Chest -  
 SSS -

RR: A+D  
 a dent

ALLERGIC PENICILLIN HOSPITAL

AFDELING  
WARD

13

Pasiënt • Patient

Pasiëntnummer  
Patient's Number

Ouderdom  
Age

Indeling  
Classification

Jabulani  
Thabulani Ramokopai

51071/9

20

A

Datum Date	Voorskrif besonderhede Details of prescription	Qty. uit. Qty.	Apteker Pharmacist
12/6/12	continue 1/1 buys lactate 1) A.T. 1 dose stat 2) Penicilline HA 3000 units 1/1 stat 3) kulture + Dress wounds as appropriate see afterwounds please 2) Tetracycline 500 qds 4) Bactam II ha 12 K/c with Mts Beladine desps	all	ALLERGIC
18/6	12 K/c with Kefzol 500 q6h Volcare 1 Ap with q12h (x3)	98h	19.8.11
02.06.20	Kefzol 500mg q6h	96h	19.8.11
22/6/12	Kefzol 500mg q8h	98h	Span 22/6/11
20/6/12	Penicillo II 96h	30	Span 30/6/12

As hierdie woorde "of ekwivalent" nie deur die voorskrywer geskraap word nie dui dit aan dat die goedgekeurde generiese ekwivalent uitgereik mag word.  
If the words "or equivalent" are not deleted by the prescriber this will indicate that the approved generic equivalent may be supplied.



HOSPITAAL  
HOSPITAL

Afdeling  
Ward

13

*Jobulane Lawton*  
Pasiënt • Patient

Geslag  
Sex  
M V  
F

Oud.  
Age

Pasiëntno.  
Patient's No.

51471/92

Indeling  
Classification

ADDRESSOGRAPH

Geneesheer • Doctor

Foon  
Phone

OPNEMING • ADMISSION

Opgeneem deur  
Admitted by

*P. S. ...*

Datum  
Date

*18/6*

Tyd  
Time

Voorlopige diagnose  
Provisional diagnosis

*Stelsel doof*

*Stiet leg*

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

ONTSLAG • DISCHARGE

Datum van ontslag  
Date of discharge

*30/6/92*

Tyd  
Time

*8:30*

Finale diagnose  
Final diagnosis

*Drop foot*

Handtekening van geneesheer  
Doctor's signature

*[Signature]*

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

teenstrydig 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 teenstrydig 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

**Collection Number: AK2672**

**Goldstone Commission BOIPATONG ENQUIRY Records 1990-1999**

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