新界東醫院聯網
NEW TERRITORIES
EAST CLUSTER

Quality Effective Health Care

30-32 Ngan Shing Street, Sha Tin, N.T. Hong Kong Tel: (852) 2632 2434 Fax: (852) 2648 4053
沙田銀城街三十至三十二號 電話: (852) 2632 2434 傳真: (852) 2648 4053

Yr Ref: CB2/SC2

18 February 2004

Miss Flora Tai
Clerk to Select Committee
Legislative Council
Hong Kong Special Administrative Region
of the People's Republic of China
c/o 3/F, Citibank Tower
3 Garden Road
HONG KONG

Dear Miss Tai,

Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome outbreak by the Government and the Hospital Authority

I refer to your letter of 12 February 2004 for the decision maker(s) who admitted the Amoy Gardens index patient (YY) to Ward 8A of the Prince of Wales Hospital.

The patient was admitted to 8C for hemodialysis on 15 March 2003 during which fever was detected. After assessment by Dr S F Lui and Dr Peter Tong, he was referred to the Infectious Disease Team. Dr C B Leung and Dr C H Chan of the Infectious Disease Team were notified of the case. The case was discussed in our daily clinical management meeting (which included Prof Joseph Sung, Dr David Hui, Dr Nelson Lee and the Infectious Disease Team). On the record, the patient was phone admitted by Dr C B Leung at 7:20 pm to ward 8A after hemodialysis.

Yours sincerely,

(Dr FUNG Hong)
Cluster Chief Executive
(New Territories East)
Hospital Authority

醫院管理局
HOSPITAL AUTHORITY

PROGRESS SHEET

Unit No. ....

PWH HN03021609(S) [redacted]
[redacted]
YY
CH M/[redacted] yr U EP! OPD [redacted]
15/03/2003 13:48 8C 3 REN
DOB: [redacted]

DO NOT WRITE BEYOND THIS MARGIN

Date	
15/3/03	M/[redacted], ADL independent
	known SLE with GN & ESRF
	on HD since 1997
	Scheduled HD today
	noted fever, temp 38.6°C
	c/o: ~~fev.~~ fever+ today chills° rigor°
	· dizziness°
	· cough+ since last night
	sputum not much
	· myalgia+ arthralgia+
	· no urinary symptoms
	V°D° abd pain°
	travel between Mainland ([illegible]) + H.K. for business
	WBC 1.9 (after commencement of HD)
	CXR: calcified [illegible] over RUZ
	· RLZ haziness
	Assessed by Prof SF Yu & discussed with him
	+ Prof P Tong, suggested to be
	assessed by infectious disease team
	& managed as bacterial + atypical pneumonia

Date | PROGRESS SHEET

1573B

Mx: ✓ . Renal diet, ↓ ̄ ̄ [illegible] protein, low K, low PO4 diet
✓ . BP, SaO2 Q6H

✓ . Check CBP (recheck once)
LRFT, glu
M&C&ST (taken by renal nurse)
vial tree
atypical pneumonia

?C NPA x influenza
✓ throat swab

? MSU x R/M, C/ST (if any) urine x multistix
sputum x C/ST.

. Start tamiflu 75mg BD
. levofloxacin 500mg daily
. panadol ÷ Q6H PRN

Resume ascorbic acid 200mg BD
CaCO3 [illegible] BD with meals
FeSO4 300mg BD
folic acid 5mg daily
labetalol 200mg Q8H
adalat retard 20mg Q6H
SC erythropoietin 5000 units once weekly
Dr. CB Leung + Dr CH Chan of infectious disease team contacted over phone, they were notified about the patient + would decide which ward he should go.

[signature]

DO NOT WRITE BEYOND THIS MARGIN

醫院管理局 HOSPITAL AUTHORITY

PROGRESS SHEET

Unit No. .....

Date	
15/3/03	Haemodialysis Summary — 8C Renal Unit H.D. 5 Hrs. Wt. Loss/UF Vol: Est. not given 3.9kg. Post H.D. B.P.: 187/107 mmHg Pulse: 89 /min Temp.: 39.3 (ear) Drugs: Remarks: Pre-HD Bld C/S, CBP, PFT checked post HD CBP, glucose, viral titre, atypical pneumonia sent throat swab sent. Signature: [illegible] Date: 15/3/03
16/3/03	phone ordered by Dr. CB Leung, admit SA post HD. PN.
16.03.03 03:30	- Slept fair. not dyspnoeic at rest, SaO2 93% on room air fever, 39.6 → 39°C, Bp on high sided. 188/110 mmHg. npu since admission.
16/3/03.	Fever ↓ ↑ Chills °, rigors °, myalgia ° Cough °, sputum °, RR °, SpO2 °, BP ° Fever 39 °C BP 186/111 RR (20). SaO2 P3 - P[illegible] on RA. Fair dual, no murmur Fair A2 Clear