



新界東醫院聯網
NEW TERRITORIES
EAST CLUSTER

Quality Effective Health Care

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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



醫院管理局
HOSPITAL
AUTHORITY

PROGRESS SHEET

PWH HN03021609(S)

CH M/yr U EP! OPD
15/03/2003 13:48 3C 3 REN
DOB: [REDACTED]

Unit No.

21

Date

15/3/03

MIA, AM independent

known SLE with GN & GSRF
on MP since 1997

Scheduled MD today

Noted fever temp 38°C

not per. fever today chills rigors
dizziness

Appetite since last visit

Spoken not much

Myalgia + arthralgia

no urinary symptoms

V/D abd pain

Travel between Mainland + HK for business

WBC 1.9 (after commencement of MD)

CXR: calcified nodule over RUL

RUL happiness

Assessed by Prof SF Yui & discussed with him

+ Prof Tong suggested to be

assessed by infectious disease team

& managed as bacterial & atypical pneumonia

Date

PROGRESS SHEET

15730

15730

✓ MX2 ✓ Renal diet, Cr & BUN levels, low, low pot diet
 ✓ BUN, Serum Creat

✓ Check CBP (recheck once)

CRP, pH

Maxeist. (taken by renal nurse)

was true

atypical pneumonia

✓ C NPA x influenza

✓ throat swab

✓ MSU & RBC, CST (if any) urine x multistix

specimen x CST.

Start famvir 750mg BD

• levofloxacin 500mg daily

• Panadol $\pm$ Q6H PRN

Resume ascorbic acid 200mg BD

CaCO₃ ~~500~~ 500 BD with meals

FeSO₄ 300mg BD

folic acid 5mg daily

lactulose 200mg Q6H

adalat retard 20mg Q6H

SC erythropoietin 5000 units once weekly

Dr. C. J. + Dr. A. Chan of infectious disease

team contacted over phone, they

were notified about the patient &

would decide which ward he should

go.

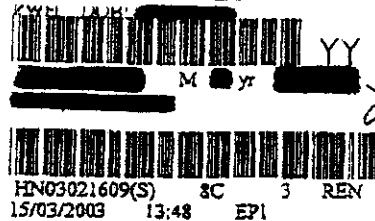
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醫院管理局
HOSPITAL
AUTHORITY

PROGRESS SHEET



Unit No.

Date

15/3/03

Haemodialysis Summary

8C Renal Unit

H.D. 5 Hrs. Wt. Loss/UF Vol. 3.9Lp
Post H.D. B.P. 187/107 mmHg Pulse 109/min Temp. 39.3 (ax)

Drugs:

Remarks: pre-HD Bld C&T CBP ^{PFT} checked

post HD CBP glucose viral tpe atypical

pneumonia sent

Signature: Weme

throat swab sent

Date: 15/3/03

7:30 pm

phone ordered by Dr. CB Leung, admit SA post HD.

Pr.

16.03.03

03:30

Slept fair, not dyspnoeic at rest, SpO₂ 93% on room air
fever, 39.6 → 39°C, Bp on high sided, 188/110 mmHg.
npw since admission.

16/3/03

Fever x 1/7

Chills, rigors, myalgia

Cough, Sputum, RR 20, SpO₂ 93%

Fever 39°C

Bp 188/111 RR 20

SaO₂ P3 - P₄ on RA.

Feet dual, no mucus

Fever #2

clear

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