Early events: Written Information to be obtained from the Hospital Authority (HA)

(a) **Who decided to set up the Working Group on Severe Community-Acquired Pneumonia (CAP) on 11 February 2003? What was the line of reporting of the Working Group which related to it within the organizational structure under HA at the time when the Working Group was established?**

HA's Task Force on Infection Control (TFIC) was set up by HA to advise on infection control. The TFIC set up the Working Group on Severe Community Acquired Pneumonia on 11 Feb 2003. The Working Group reported to the TFIC. TFIC reported to Hospital Authority Head Office management through its convenor, Dr S H LIU.

(b) **What was the working relationship between the Working Group on Severe CAP and the Task Force on infection Control during the Severe Acute Respiratory Syndrome (SARS) outbreak?**

The Working Group on Severe Community Acquired Pneumonia held joint meeting with TFIC as from 19 Feb 2003. TFIC changed its name to Central Committee on Infection Control (CCIC) as from 4 March 2003. The Working Group on Severe Community Acquired Pneumonia continued to work under the CCIC until 23 March 2003 when the reporting of Severe Community Acquired Pneumonia cases ceased.

(c) **Was it contemplated that information would be exchanged between the Working Group and the Task Force when the Working Group was set up and whether there was such exchange during the SARS outbreak? If yes, how was the information exchanged?**

The surveillance mechanism on Severe Community Acquired Pneumonia was sent to all members of TFIC for information prior to 19 Feb 2003. As from 19 Feb 2003 the Working Group on Severe Community Acquired Pneumonia held joint meetings with TFIC (subsequently renamed CCIC) until 18 March 2003. The Frequently Asked Questions (FAQ) issued during this period were shared amongst all members via email.

(d) **How information had been conveyed to individual hospitals from the Working Group during the SARS outbreak?**

Surveillance mechanism on severe Community Acquired Pneumonia was distributed via email to Cluster Chief Executives, Hospital Chief Executives, Chairman of Co-ordinating Committees of the following specialties, i.e. Medical, Paediatric, Infection Control, A&E) and members of TFIC.

The surveillance mechanism on Severe Community Acquired Pneumonia was also sent via email on 14 Feb 2003 to all infection control officers and infection control nurses in all hospitals.

All FAQs on Severe Community Acquired Pneumonia were distributed to all infection control officers and all infection control nurses in all HA hospitals. In accordance with the usual practice which these colleagues were aware of, these FAQs were also posted on the HA intranet website under "Infectious Disease" column.

"FAQ in the management of Severe Community Acquired Pneumonia and influenzia-like illness" dated 12 March 2003 was sent to all staff via email. On 19 March 2003, HA set up a dedicated web-site for communication.

(e) **What procedures were used for transferring the patient who was reported as a severe CAP case from Union Hospital of Prince of Wales Hospital on 22 February 2003?**

This patient with severe Community Acquired Pneumonia (CAP) and respiratory failure was transferred to the Accident & Emergency Department, PWH, by ambulance from Union Hospital. At the time of transfer, no special arrangement was adopted.

(f) **What information was given to Prince of Wales Hospital prior to the transfer and upon admission? Please provide copies of the information if it was in written form.**

A referral letter signed by Dr. HO K W of Union Hospital was given to PWH.

Copy of referral letter is attached.

(g) **What infection control measures were adopted by healthcare workers in Prince of Wales Hospital when the patient from Union Hospital was admitted and being nursed?**

All the four staff who attended to the patient in the Accident & Emergency Department, PWH, adopted Universal Precautions and wore surgical mask and gloves during direct contact.

Patient was then transferred directly to the Intensive Therapeutic Unit (ITU). In view of the severe CAP with unknown aetiology, the Infection Control Unit recommended Droplet Precautions (i.e. surgical mask, gloves and gown) for the care of this patient. She was isolated in a single room right from the time of admission to ITU.

(h) **What procedures were adopted for admitting the businessman from Hanoi to Princess Margaret Hospital on 6 March 2003?**

Dr S H Liu was informed by Dr L Y Tse of Department of Health that an American Chinese in critical condition would be transferred to HK and HA was asked to make arrangement for hospital admission. Dr. Liu informed Dr. Lily Chiu, HCE of PMH of the possible transfer.

Patient was transferred (by private jet) from a hospital in Hanoi to Hong Kong and on to PMH by International SOS. Accompanying SOS medical team and ambulance officer wore protective masks and gloves. Patient was admitted directly into single isolation room in PMH's ICU i.e. he did not go through Accident & Emergency Department, the routine admission procedure.

(i) **What information was passed to Princess Margaret Hospital prior to the transfer and upon admission? Please provide copies of the information if it was in written form.**

On 5 March 2003, Dr. L Y Tse of DH informed Dr. S H Liu about the transfer with brief information on the diagnosis of Influenza B positive and that some health care workers in the Hanoi hospital had been affected. Dr. S H Liu relayed the information to Dr. Lily Chiu by phone. He also advised that Dr Tse from Department of Health had been asked to provide more information as soon as possible. Dr. S H Liu received a fax from DH on this on 12 March 2003 which was sent to PMH copy of the fax is attached.

The patient arrived on 6 March 2003. On 8 March 2003, International SOS informed that 14 Healthcare Workers in the Hanoi hospital had been infected by this patient. This information was passed by the HCE to the Chief of Service of the PMH ICU, Dr Yan and Dr. S H LIU of Hospital Authority Head Office.

The documentation that accompanied the patient from Hanoi to PMH made no mention of the infection of Healthcare Workers in the Hanoi hospital. A copy of the documentation is attached.

(j) **What infection control measures were adopted by healthcare workers in Princess Margaret Hospital when the businessman from Hanoi was admitted and being nursed?**

This patient was admitted directly into a single isolation room in Intensive Care Unit. When patients were admitted to the single isolation room in the Intensive Care Unit, all healthcare workers would wear surgical/N95 masks, gloves and gown. Eye/Face protection would also be worn in high risk procedure. The same precaution applied to this patient.

(k) **Under what circumstances may a patient be transferred from a private hospital to a public hospital? Is there a system for such transfer? If there is, how does it work and what are the policy and procedures? If there is not, why not?**

There is a longstanding practice whereby private hospitals may refer a patient to public hospital for further clinical management, with the consent of the patient concerned. The referring doctors can refer the case to the A&E department of the public hospitals with the necessary medical information and investigation findings, or can directly transfer to a particular specialty department of the receiving hospital after making the necessary contact with the on call Medical Officer of the admitting department concerned.

(l) **What procedures were adopted for transferring the Canadian tourist who had stayed at Metropole Hotel from St Paul's Hospital to Queen Mary Hospital (QMH) on 8 March 2003?**

The patient was transferred to QMH through ambulance with arrangement from St. Paul's Hospital. At the time of transfer, there was no special arrangement adopted. However on presentation, the patient was put in the Resuscitation Room and attended by the medical staff of Accident & Emergency Department (A&E). It was the normal practice for staff when attending to patients requiring resuscitation to wear surgical mask and gloves.

(m) **What information was given to Queen Mary Hospital prior to the transfer and upon admission? Please provide copies of the information if it was in written form.**

No additional information was given from St. Paul's Hospital to Accident &Emergency Department, QMH, except a referral letter which only included the patient's history and other medical conditions. A copy of the letter is attached.

(n) **What infection control measures were adopted by healthcare workers in Queen Mary Hospital when the Canadian tourist was admitted and being nursed?**

The infection control measures adopted by Accident &Emergency Department is mentioned in item (l) above.

Concerning the infection control measures adopted in early March 2003 by the ward staff in the cohort ward and Intensive Care Units, it has always been the general hospital policy that universal precaution and droplets precaution be adopted.

沙田國際醫務中心仁安醫院
SHATIN INTERNATIONAL MEDICAL CENTRE
UNION HOSPITAL

22.2.2003

To: Medical Officer
Prince of Wales Hospital
SHATIN.

Dear Colleague.

→ Patient referred to as 'BB' to ensure patient's confidentiality

Re:-

0300964 A-03-191896
[redacted] [redacted]
F 49 yrs 401B Standard 17/02/2003 17:53:45
Attn. Dr.: HO Kwun Wai
Con. Dr.: D299

I was asked to take over this previously healthy lady who presented with an atypical pneumonia picture after a recent travel to Southern China.

Although she has been stable at FIO_2-55% (SaO_2-90, RR 32/min. resting), the progress has been rather stagnant despite intense IV and oral antimicrobial therapy.

In anticipation to the possibility of ventilator support and prolonged recovery course, she and her relatives opted for this transfer to your unit.

She is now afebrile although bilateral pulmonary infiltrate does not show any improvement.

She is on IV Meronem
oral Tamiflu / Avelox / Zithromax / Septrin / Nexium / Gaviscon
(usual dose)
FIO_2 55% (mask)
Bloods stable but cultures negative so far.

Kind Regards,

Yours sincerely,
[signature]

香港沙田大圍富能街18號 電話:2608 3388 傳真:2605 3331 網址:http://www.union.org 電子郵件:union@union.org
18 Fu Kin Street, Tai Wai, Shatin, Hong Kong Tel: 2608 3388 Fax: 2605 3334 WWW: http://www.union.org E-Mail: union@union.org

TOTAL P.06

250006

Department of Health
Disease Prevention and Control Division
FACSIMILE TRANSMISSION LEADER PAGE

Faxline No.: (852) 2575 4110
(852) 2574 2113

From: Dr. Tse Lai Yin, Consultant CM i/c DPCD	To: Dr. Liu Shao Haei, HA Head Office (Attn :)
Our Ref :	Your Fax No : 2194 6889
Date Fax Sent : 12 March 2003	This message (including this leader page) consists of 2 page(s)
Please notify Ms. Amy Chan on Tel No. 2961 8919 if message received is incomplete.	

Message/Remarks:

For your information please.

Copy to
Dr Lily Chiu
Ms Anita Mau.

from = S H Liu

WRITER: AFP-WIRE ATTENTION: EVH TITLE: VIETNAM 250007

03/11/03 ERT: 1:18 AUDIO: TOTAL: 1:18 DCART: @

French hospital in Vietnam closed by mystery disease HANOI, March 11 (AFP) - A French-run hospital in the Vietnamese capital has been closed since Friday (7 Mar 03) after 16 staff members contracted an unidentified disease, diplomats said. Vietnamese health authorities refused to comment Tuesday on the outbreak at the private Hanoi French Hospital, which has caused hospital employees to break out in fevers, headaches and violent coughing fits. The World Health Organization (WHO), which advises the government on health matters, also declined to reveal any details about the disease. "The WHO is working with the health ministry looking into these reports," said Dick Thompson, a spokesman for the organization's communicable disease section in Geneva. On Monday, WHO representatives convened a meeting of foreign diplomats in Hanoi to brief them on the outbreak. "The WHO said that there was no danger to the population in general, but that there was an unknown infection inside the hospital and that they were taking safety measures," one envoy said. The focus of the investigation has centred around a 50-year-old American businessman who was the first to be affected by the disease. He is currently receiving treatment in Hong Kong, diplomats said. ben/dla/th

Vietnam-health-hospital AFP 111005 GMT MAR 03

250008

L'HÔPITAL FRANÇAIS DE HANOÏ

BỆNH VIỆN VIỆT PHÁP
HANOI FRENCH HOSPITAL

Fax to ATTN Charles Heigh: 001 212 354 9172
Fax to WHO Hanoi, ATTN Dr Carlo Urbani: 943 3740
Fax to SOS international, Singapore, ATTN Paul Vandewalle: 00 65 6338 7611

MEDICAL REPORT

Hanoi, 05/03/03

Family name: [redacted]
Given names: [redacted]
HRN: [redacted]
Dob: 09/03/54
Nationality: [redacted]
Date of admission: 26/02/03

Patient is referred to as "DD" to ensure confidentiality

Reason for hospitalisation
Patient travelling from Hong Kong
Admitted at the emergency department for fever, dry cough, muscular pain, no appetite for 3 days before admission
On admission: temperature 39°9 C, , BP 130/80 mmHg, mild sore throat, some crepitants in the base of left lung, no dyspnea, SPO2 94%.
The patient doesn't have any special medical past history, has not been travelling in China (Guanzhou or Fujian province) and has not been to health facilities in Hong Kong.

Initial complementary investigation:
White blood cells 6.6K/uL, thrombopenia 72 K/uL,
CRP slightly elevated 31mg/l
Dengue fever IgM negative, HIV negative
Urine labstix: no leucocytes, no nitrits
Chest Xray: diffuse interstitiel bronchitis
The 28th of February serology Influenza, presence of IgM antibody Influenza B

Diagnosis:
Severe infection by Influenza B virus.
Adult respiratory distress syndrome

Treatment and follow-up:
Empirical treatment at the admission: Amox/Acid clavul 3g/day PO ,Proparacetamol.
The 27/02/03: still hight fever 39°C, continue empirical treatment Amox/Acid clavul IV, with Azithromycin 500mg PO.

The 28/02/03: fever persists 40^0 , no improvement, no respiratory distress, SpO2 94%, BP 130/80mmHg, pulse 96/mn. Thrombopenia more severe 42 K/uL, ASAT and ALAT

normal. Continue the same treatment, Zanamivir and Amantadine not available in Vietnam. Tight follow-up of the patient.

The 01/0303: temperature 38.5 degree, cough +++., SpO2 95%, Chest X ray: no change. At the auscultation ronchi +++. Same treatment.

The 02/03/03: Adult respiratory distress syndrome with severe hypoxia, confusion, SpO2 60%, Blood gas Ph 7.37, PO2 56 mmhg, PCO2 45 mmhg, HCO2 26 mmol/l. BP 90/50, intubation and artificial ventilation in emergency. Chest X ray: diffuse bilateral alveolar infiltrates.

The 03/03/02, the patient is stabilised with artificial ventilation Bipap 25, PEEP 7, I/E: 1/1, FiO2 0.8. Controle haematology: Platelets 75 K/uL. Blood gas PH 7.42, PO2 83 mmHg, PCO2 41 mmhg, O2Sat 96%. BP 120/ 70 , temperature 37.3 degree. Chest X ray: no change. Treatment ceftriaxone/ amikacine/ propofpol/ fentanyl/ dopamine/ pantoprazol. Waiting for some Amantadine to come from Hong Kong. This day a sample of blood has been sent to WHO referent center (USA and Japan) Fibroscopy for bacteriological samples.

The 04/03/03, the patient was awaking and figthing against the respirator this morning, SpO2 50% at 8am, 93% at 11am. We have increased the anaethesia with fentanyl and propofol and we have added some curare. Artificial ventilation with BIPAP 38, PEEP 8, I/E: 2/1, FIO2: 1. Temperature 38.8 degree. Chest X ray: no change.

The 05/03/03, Patient stabilised, temperature 39 degree, SpO2 97%, blood gas PH 7.51, PO2 84 mmHG, PCO2 36 mmHG. Sputum culture negative but presence of candida albicans. Ventilator settings the same as yesterday. Medical treatment: fentany/ propofol/ hypnovel/ lasilix/ vancomycine/ ceftriaxone/ fluconazole/ amantadine/ dopamine/ pantoprazole. Central line, arterial catheter for blood gas. Chest X ray: improved.

The patient will be repatriated to Princess Margaret Hospital in Hong Kong the 5th of March 2003 evening.

ME

Patient fit to fly with intensive care physicians and by medical airplane.

Yours sincerely,
Doctor Olivier Cattin
Medical Coordinator

250010

International SOS

An AEA Company

PRE-FLIGHT EVALUATION "DD"

PATIENT'S NAME: [redacted]	DIAGNOSIS: CHEST INFECTION WITH ARDS
PASSPORT NUMBER: [redacted]	
DATE: 5th MAR 2003 2030 hrs	

HISTORY OF PRESENTING CONDITION:
Developed URTI - worsened .. Progressive rapid development of ARDS
Ventilated. Radiological improvement but still high ventilatory needs.
Sputum C/S : Nil except for Candida., Influenza IgG positive.

GENERAL ASSESSMENT: Ill.
Mild pallor. No jaundice. Sweating. Febrile 37.8°C
HR 90/min regular BP 100/60 mmHg on Dopamine 4 & 8 mg/kg/min.
On BIPAP FiO_2 70% Rate 18/min PEEP 8 PIP 30 cmH2O
Trachea central: Lungs: fine crepts (R)>(L)

CVS: Heart S1S2	RESP: -
CNS: Sedated / Paralysed.	GI: Abds soft liver / spleen not palpable
GU: Dark urine	MS: -

MEDICATIONS: please refer to Medical Summary.

CLINICAL IMPRESSION: Chest Infection with ARDS.

SOS DOCTOR		RECEIVING DOCTOR	
NAME:	Dr. HARNEK SINGH	NAME:	
SIGNATURE		SIGNATURE:	

ORIGINAL TO RECEIVING HOSPITAL
COPY TO SOS

250011

33

International SOS
An ARA Company

RECORD OF MEDICATIONS ADMINISTERED

NAME: [redacted] "DD" PASSPORT NO. [redacted]

ORAL/PARENTERAL MEDICATIONS PRESCRIBED BY TREATING FACILITY

PRESCRIBED BY TREATING FACILITY				ADMINISTERED BY ESCORT TEAM							
ROUTE	MEDICATION	DOSE	FREQUENCY	DATE / TIME ADMINISTERED (DEST. CITY)							
				Date	Time	Date	Time	Date	Time	Date	Time

ORAL/PARENTERAL MEDICATIONS PRESCRIBED BY ESCORT TEAM

ROUTE	MEDICATION	DOSE	FREQUENCY	DATE / TIME ADMINISTERED (DEST. CITY)							
				Date	Time	Date	Time	Date	Time	Date	Time
I/v	I/v Hartmen.	500cls		5/4	2330hrs						

CONTINUOUS MEDICATIONS PRESCRIBED BY TREATING FACILITY/ESCORT TEAM

START DETAILS			MEDICATION	DOSAGE AT TAKEOVER OR TEAM'S START DOSE	ADMINISTERED BY ESCORT TEAM INFUSION DOSAGE (RANGE)
STARTED BY	DATE & TIME (Dest. City)				
HOSP / TEAM	5/4	2330	I/v Dopamine	8 mcg	8mcg – 10 mcg /kg/min.
HOSP / TEAM		2030	I/v Propofol	15mg	15mg –
HOSP / TEAM		2030	I/v Fentanyl / Dormicum	3mg	3mg
HOSP / TEAM		2130	I/v Norcuron.	4mg	4mg
HOSP / TEAM					
HOSP / TEAM					
HOSP / TEAM					
HOSP / TEAM					
HOSP / TEAM					

SOS

As AEA Company

Phone # 21837447		Phone # 29499000	
Fax # 2183512		Fax # 22153066	

To: Business Aviation Center	
Attn: CUSTOMER SERVICES DEPARTMENT	Fax No.:
From: INTERNATIONAL SOS HONG KONG LTD.	Date: March 5, 2003
Re: Tarmac ambulance assistance on [redacted] "DD"	
Total number of pages including this page: 01	

International SOS confirm our telephone request today with your staff Kelvin for tarmac access / meeting services to be provided to our client / patient.

The travel details of our patient / client are as follows:

A. Arrival Ground Handling Service "DD"

Patient / Client: [redacted] Nationality / p.p.#: [redacted] DOB: [redacted]

Medical escort 1: Dr. Harnek Singh Nationality / p.p.#: [redacted] DOB:

2: Mr. Seah Hee Boon Nationality / p.p.#: [redacted] DOB:

3: Nationality / p.p.#: DOB:

Companion: Wife 3: [redacted] Nationality / p.p.#: [redacted] DOB:

Nature of illness: Respiratory failure — Condition of Patient: Conscious / Semi-conscious / Coma

Date of travel: March 5 2003 — Stretcher / wheelchair: on Ventilator

Arrival flight: Private Jet

ETD from origin: Singapore via Hanoi — ETA HK: 0100 HK

Aircraft Operator: PFS LJ 65

Aircraft Routing: Singapore / Hanoi / H.K.

Name of hospital: Princess Margaret Hospital, Lai Chi Kok via A+E

Hospital address: 2 Lai King Hill Road, Lai Chi Kok.

Tel. of hospital: 2310 3111

B. Local Medical Support

Below is the local medical support from International SOS HK Ltd, who will meet patient in airside, please arrange a access permit for them.

Medical escort 1: Nationality / p.p.#: DOB:

2: Nationality / p.p.#: DOB:

Mobile:

Time to meet: (if Guaranteed)

Thanks and best regards

*10574

ISOS Hong Kong Operations

-END-

International SOS

An AEA Company

CLINICAL NOTES

PATIENT'S NAME: [redacted] "DD" PASSPORT NUMBER: [redacted] DATE: 5th Mar 2003

DATE	CLINICAL NOTES
5th Mar 2003	- Pre-Flight Assessment.
	- Preparations for Transfer
	- Transfered to Propaq monitor: ECG/ Invasive BP cont / SaO_2/$EtCO_2$ /Resp Rate
	- IV medications transfered to Syringe Pumps
	- IV Propofol / IV Dopamine / IV Dormicum / Fentanyl
	- Transfered to Transport Ventilator - Pulmonetics LTV 950
	Saturations poor on Pressure Control
	Changed to SIMV c PS 16/min TV 650ml PS +16 FiO_2 80%
	PEEP + 8
	Transfer to Hanoi Airport
	- remained "stable"
	En-Route Hanoi to Hong Kong
	- HR 85-90/min Sinus.
	BP 100-105 systolic SaO_2 90-94%
	$EtCO_2$ 30-33 mmHg.
	IV Hartmann slow drip infused.

HANDOVER: HOSPITAL: PRINCESS MARGARET AIRPORT: ____ OTHERS: ____

CONDITION AT TIME OF HANDOVER: STM

DATE: ____ TIME: ____

SOS DOCTOR

NAME: DR. HARNEK SINGH

SIGNATURE: [signature]

RECEIVING DOCTOR

NAME: Dr. MAN KA KI

SIGNATURE: [signature]

ORIGINAL TO RECEIVING HOSPITAL
COPY TO SOS

250014

International SOS

An AEA Company

"DD"

PATIENT'S NAME : [redacted] PASSPORT NO. : [redacted] DATE : 5/3 - 6/3/03

DATE	5/3/03					6/3/03													
TIME																			
O2 Sat																			
180																			T°
160																			40
P = ●																			
140																			39
BP = VA																			
120																			38
100																			37
80																			36
60																			35
40																			34
20																			
FIO_2	0-15																		
FLOW RATE	-																		
RR / VR	16																		
V / INSP. TIME	650																		
Peak Pressure	25																		
PEEP	+8																		
ECG	SR																		
PUPIL REACTION / SIZE																			
LEFT	S	E	D	A	T	E	D.												
RIGHT																			
LEVEL OF CONSCIOUSNESS : SPONT - 4 VERBAL - 3 PAIN - 2 NIL - 1																			
EYE OPENING																			
VERBAL : ORIENTATED - 5 CONFUSED - 4 INAP - 3 INCOMP - 2 NIL - 1																			
VERBAL																			
MOTOR POWER : OBEY - 6 LOCAL - 5 WITHDRAW - 4 FLEX - 3 EXT END - 2 NIL - 1																			
LEFT																			
RIGHT																			

ORIGINAL TO HOSPITAL
COPY TO SOS

250015

23:38	92	92	92 / 48	63	15
23:36	91	92	98 / 58	66	15
23:34	92	92	93 / 49	64	14
23:32	91	93	95 / 58	65	17
23:30	91	94	92 / 49	64	15
23:28	90	94	92 / 53	68	17
23:26	89	96	85 / 51	64	15
23:24	89	92	88 / 52	66	17
23:22	88	SRCH	89 / 49	65	12
23:20	87	91	98 / 53	71	17
23:18	89	85	86 / 44	60	16
23:16	90	[illegible]	98 / 45	62	29
23:14	90	88	107 / 57	77	8
23:12	91	[illegible]	88 / 38	52	15
23:10	89	92	86 / 44	59	17
23:08	89	91	80 / 42	56	15
23:06	88	92	84 / 45	60	15
23:04	88	92	98 / 47	63	15
23:02	88	92	98 / 43	59	15
23:00	88	93	95 / 45	62	17
22:58	89	92	85 / 42	57	17
22:56	88	92	84 / 42	57	15
22:54	87	93	87 / 43	58	15
22:52	87	93	88 / 43	59	15
22:50	85	93	96 / 47	65	14
22:48	86	94	104 / 58	78	17
22:46	86	89	117 / 63	84	17
22:44	88	92	85 / 38	54	15
22:42	88	92	86 / 39	54	15
22:40	87	92	89 / 41	56	15
22:38	87	92	98 / 40	56	16
22:36	88	92	89 / 39	54	17
22:34	88	92	98 / 40	56	15
22:32	88	92	98 / 39	55	16
22:30	87	92	92 / 40	57	16
22:28	88	92	98 / 39	55	14
22:26	88	92	86 / [illegible]	[illegible]	14
22:24	88	92	86 / 36	52	16
22:22	86	92	91 / 37	53	15
22:20	87	93	94 / 42	58	16
22:18	87	93	91 / 38	54	17
22:16	86	93	96 / 43	60	16
22:14	87	93	94 / 41	58	14
22:12	87	93	98 / 38	54	14
22:10	86	94	97 / 44	61	15
22:08	88	93	84 / [illegible]	[illegible]	15
22:06	89	95	79 / [illegible]	[illegible]	15
22:04	88	96	99 / 39	57	15
22:02	83	96	127 / 61	86	14
22:00	85	96	127 / 61	84	15
21:58	86	96	99 / 46	64	14
21:56	85	96	95 / 41	57	13
21:54	85	96	104 / 45	62	14
21:52	84	97	99 / 42	58	16
21:50	86	97	91 / 39	55	16
21:48	86	97	101 / 48	67	14
21:46	88	95	121 / 56	77	14
21:44	85	96	109 / 47	67	13
21:42	86	95	98 / 40	58	13
21:40	85	95	96 / 40	55	13
21:38	86	96	103 / 44	62	14
21:36	87	95	106 / 46	64	14
21:34	87	95	111 / 48	66	14
21:32	87	[illegible]	114 / 51	70	14
21:30	87	95	109 / 109	109	14
21:28	88	95	111 / [illegible]	112	14
21:26	87	95	112 / 58	78	13
21:24	94	95	112 / 48	69	14
21:22	86	94	115 / 52	73	14
21:20	94	94	109 / 47	69	17
21:18	92	82	95 / [illegible]	52	16
21:16	92	[illegible]	134 / 69	93	14
21:14	92	[illegible]	104 / 45	69	13
21:12	92	[illegible]	102 / 45	63	13
21:10	89	89	94 / 41	57	SRCH
21:08	88	93	NOT RECORDED		SRCH

250016

P1 TREND 03/06/03

TIME	HR/PR	SpO2	SYS / DIA - MEAN		BR
HH:MM	BPM	%	mmHg		Br/M
01:56	98	94	124 / 83	103	14
01:54	92	94	122 / 80	100	14
01:52	92	92	133 / 86	108	14
01:50	97	[illegible]	137 / 87	111	17
01:48	90	91	140 / 91	114	[illegible]
01:46	89	95	120 / 78	97	14
01:44	87	96	120 / 77	96	26
01:42	88	96	124 / 79	99	13
01:40	88	96	121 / 77	96	16
01:38	88	96	120 / 76	95	14
01:36	88	96	121 / 76	96	15
01:34	87	95	122 / 76	96	14
01:32	87	95	116 / 71	89	16
01:30	89	95	116 / 70	88	14
01:28	89	95	114 / 67	86	14
01:26	87	94	118 / 69	88	14
01:24	86	94	116 / 65	84	14
01:22	88	93	114 / 67	85	14
01:20	89	92	111 / 65	82	15
01:18	88	92	108 / 63	80	14
01:16	87	92	108 / 64	81	13
01:14	88	92	109 / 65	82	15
01:12	86	92	111 / 67	85	15
01:10	85	92	107 / 65	82	16
01:08	87	92	107 / 66	82	14
01:06	88	92	107 / 66	83	15
01:04	86	92	106 / 65	81	14
01:02	87	92	106 / 65	82	14
01:00	87	92	108 / 66	83	14
00:58	86	92	104 / 64	80	17
00:56	88	92	104 / 64	80	15
00:54	86	92	105 / 64	81	16
00:52	87	92	104 / 64	80	15
00:50	86	92	104 / 64	80	15
00:48	88	92	102 / 63	78	16
00:46	87	92	102 / 63	78	15
00:44	87	92	101 / 63	78	16
00:42	86	92	103 / 63	78	14
00:40	86	91	103 / 63	79	14
00:38	84	92	106 / 65	81	24
00:36	87	91	104 / 65	81	15
00:34	86	92	102 / 63	78	18
00:32	86	92	104 / 64	79	15
00:30	86	91	103 / 64	79	18
00:28	86	92	104 / 64	80	16
00:26	86	91	105 / 63	79	16
00:24	88	91	103 / 62	78	24
00:22	86	91	104 / 62	78	18
00:20	85	89	106 / 65	81	15
00:18	89	90	105 / 64	80	16
00:16	88	89	111 / 66	83	16
00:14	88	89	[illegible] / 63	[illegible]	[illegible]
00:12	87	89	106 / 63	80	16
00:10	90	88	106 / 64	80	15
00:08	88	88	109 / 64	81	16
00:06	93	88	108 / 64	80	16
00:04	89	89	104 / 64	79	15
00:02	91	89	101 / 67	58	16
00:00	91	89	101 / 66	79	16
23:58	91	89	102 / 66	80	15
23:56	88	90	101 / 64	78	16
23:54	87	91	105 / 65	83	16
23:52	89	91	109 / 67	84	16
23:50	89	90	119 / 72	90	15
23:48	89	86	120 / 73	91	14
23:46	88	89	113 / 69	86	14
23:44	89	91	106 / 65	80	16
23:42	93	92	90 / 47	[illegible]	15
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

聖保祿醫院
St. Paul's Hospital
2 Eastern Hospital Road, Causeway Bay, Hong Kong. Tel: 28906008

8th March 03.

Consultant Physician
A&E
QMH.

Patient referred to as 'FF' to ensure patient's confidentiality

Re: Mr. [redacted] M/72

Please admit this patient with acute community acquired pneumonia with respiratory failure.

Patient admitted on 2nd March 03 for fever for 4 days. Diagnosed to have pneumonia, started on IV. Cravit with clinical response, subjectively well and no fever.

Sudden deterioration with hypoxaemia today

O_2 85% on 5 litre. Likely need ICU care

PMH:- IHD on medical Rx, DM on metformin.

(his) IHD has been stable after admission. [illegible]

On Plavix [illegible] O.D. Diltiazem [illegible] O.D. aspirin, [illegible]

Combivent puff [illegible] [illegible] O.D.

On IV Cravit 500mg OD x for 6 days since 2/3/03.

[signature]

何鶴輝醫生
DR. HO HOK FAI
SPECIALIST IN RESPIRATORY MEDICINE
[illegible]
Tel: 2576 3321