



Auktorisoidun kääntäjän tutkinto 15.11.2014

Kielet ja käännösuunta
englannista suomeen

Aihepiiri (aukt3)
lääketiede

Käännöstehtävä

Laadi liiteasiakirjasta laillisesti pätevä käännös

Lähde: <http://path.upmc.edu/cases/case594.html>

Käännöksen käyttötarkoitus

Tämä ote Walesin potilasasiamiehen raportista tarvitaan vakuutusyhtiön korvausanomuksen käsittelyä varten.

*Huom! Käännökseen ei saa kirjoittaa vakuuslauseketta eikä nimeä!
Vakuuslausekkeen tai nimen kirjoittaminen käännökseen johtaa
tutkintosuorituksen hylkäämiseen.*

Käännettävän tekstin pituus 1985 merkkiä

Clinical history

On 1 February Mr B attended the ED at the Morriston Hospital at 8.58pm. He was 59 years old at that time. He was complaining of lowerback pain, pain in his right testicle, which was radiating down his right leg, and blurred vision. The Triage Nurse noted that he had taken co-codamol but recorded that he was still in severe pain. The ED Consultant noted that Mr B had been experiencing "severe progressing back pain" for four to five weeks. She recorded that he was tired all the time and that he had lost weight and his appetite. She noted that she had the impression that Mr B's back pain was "sinister". She recorded that his GP had "initiated all necessary investigations" and that he was due to see Mr B the following day. The Health Board discharged Mr B. Mrs A has reported that it sent him home with ibuprofen and co-codamol.

The GP referred Mr B to a Surgical Consultant on 2 February. He noted that Mr B had had gastroenteritis five weeks ago. He reported that his vomiting and diarrhoea had "settled" but said that his abdominal pain had persisted. He observed that this pain was "worsening" and noted that he was unable to determine its cause. He questioned whether Mr B had appendicitis. Mr B was admitted to the Hospital. The Health Board completed X-rays of his chest and abdomen.

On 3 February the Consultant Colorectal Surgeon reviewed Mr B. He considered that degenerative changes were causing Mr B's back pain. He planned to discharge him and refer him back to his GP. The Junior Doctor noted that Mr B and Mrs A were concerned that Mr B's pain was "unbearable" and that he would "not cope" on his own, at home. She recorded that Mr B had been taking co-codamol and tramadol. The Health Board transferred Mr B to Ward One "for pain control over the weekend."

The Nurse recorded, on 6 February, that Mrs A was concerned about Mr B being discharged in the "same pain" that he had been in on admission.