

Bo Children's Hospital celebrates another very successful year...



...treating and saving the lives of so many children. This could not have been achieved without the ongoing financial support from our wonderful donors.

THANKING OUR STAFF

This time last year we raised enough extra funds to buy a bag of rice for each staff member to thank them for their tireless work and dedication to the hospital. One bag of rice feeds a family for 1 month, a very welcome and much needed gift.

With your help, we would like to do the same again this year and any contribution you can offer will be greatly appreciated.



Staff receiving their bag of rice last year

BCH RECOGNISED AS AN INSTITUTION

Bo Children's Hospital has been recognized as an Institution to invigilate final year medical examinations for Bachelor of Science and higher Diploma in Paediatrics Clinical examination at Njala University. The health care workers are trained to work at Peripheral Health Units upon graduation from the university. They are the frontline health care workers for primary health care settings and play a very responsible and important role in health delivery.

A student is given a patient to take a detailed history and examination and to be able to provide a provisional diagnosis after comprehensive investigations.

The clinical assessment also entails cross-examination by the Paediatrics doctor on both preventive and promotive medicines.



Students on the wards with patients

SOLOMON GEORGE

9-year old Solomon complained of persistent vomiting, fast breathing, weakness, loss of appetite, fever, and generalised body pain. On examination, his oxygen saturation level was found to be low. Laboratory investigations confirmed a diagnosis of complicated malaria. In addition to oxygen, four medications were administered. Solomon responded to the treatment quickly. By the second day, his appetite was back to normal and he regained his strength to play. Upon discharge on the third day, his parents were advised to bring Solomon back after 2 weeks for a review.



Solomon on arrival at BCH and preparing to go home.

FATMATA MANSARAY

Two-week old Fatmata was brought in with a complaint of fast breathing (oxygen saturation of 80%), fever (higher than 100F), and reddish eyes with discharge. The infant was diagnosed with respiratory distress, malaria, and ophthalmia. Treatment was administered as an in-patient.

By day two, oxygen saturation levels improved, and the patient was no longer under distress. She was able to breast feed and open her eyes. The patient was discharged on the fourth day. A follow up check-up was done after two weeks and the patient showed great improvement. Sleeping with mosquito nets was recommended.



Fatmata on arrival.



Fatmata with her mother and grandmother being discharged.

AMINATA BARRIE

11-year old Aminata complained of persistent vomiting. On examination, she was found to be severely dehydrated and restless. The patient was admitted in the hospital and provided with oral rehydration salt solution. Laboratory investigations were carried out and revealed a high level of malaria infection. IV medications were administered for 3 days, to which the patient responded positively. Vomiting ceased, appetite improved, and she resumed taking fluids and drugs orally. Overall, a fast recovery was observed. She was discharged after 3 days. Photo shows Aminata on arrival at BCH. Upon discharge, further specialised investigations involving liver and kidney function tests were recommended. Kidney creatine and urea levels were found to be high, indicative of a renal infection and chronic glomerulonephritis. However, treatment was provided and after 10 days, patient responded well and was stable.

Aminata on arrival at BCH



Aminata being discharged from BCH.





\$50

**Can provide
treatment for 20
children for
1 month**



\$100

**Can provide
bandages and
catheters for
1 month**



\$120

**Can provide
full hospitalisation
for 5 children for
1 month**

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