OET Case Notes

Nursing · Proficient · Discharge letter · to Community Palliative Care Nurse

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Nursing — Complex Palliative Discharge to the Community Team

THE CASE NOTES

Patient: Mrs Alice Brennan, 73 years old

Diagnosis: Advanced non-small-cell lung cancer (NSCLC), stage IV; palliative intent confirmed; prognostically weeks to a few months

Reason for admission: 10-day admission for pain and dyspnoea management; not for further oncology treatment

Pain: Now well-controlled on morphine sulfate immediate release 5 mg 4-hourly PRN; morphine MR 20 mg BD commenced; average 2 PRN doses per day

Breathlessness: Managed with low-dose oral lorazepam 0.5 mg PRN; fan therapy and positioning; SpO2 88–92% on 2 L O2 (comfort goal, not curative)

Anticipatory prescriptions: Subcutaneous anticipatory medicines written up and syringe driver initiated if needed: midazolam 2.5–5 mg, morphine 2.5–5 mg, haloperidol 0.5–1 mg; all available at home pharmacy

Nausea: Cyclizine 50 mg TDS — previously nausea, now settled; continue until further review

Bowels: On regular laxatives; constipation managed; stool softener and stimulant in place

Psychological: Anxious about dying at home; social worker review done; daughter is main carer; patient's expressed wish is to die at home if possible

Oncology history: Previous platinum-based chemotherapy (completed 6 months ago); two radiotherapy courses for bone metastases; immunotherapy trial (declined); multiple oncology letters in notes

Incidental: Known GORD on omeprazole; mild bilateral hearing loss (aids in situ); old right hip fracture (healed, non-operative)

Task: Write a discharge letter to the community palliative care nurse, Ms Kelly, summarising Mrs Brennan's current symptom control and the priorities for ongoing community palliative care.

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WHAT TO INCLUDE

+ **The current pain regimen: morphine MR 20 mg BD and the PRN dose/frequency**
  The community nurse must be able to administer PRN doses and know when to escalate. The regimen and the average PRN use per day are the handover data that keep the patient comfortable.
+ **The anticipatory medicines written up, available, and the route if needed**
  In community palliative care, knowing that subcutaneous medicines are already prescribed and accessible is a critical safety handover. Without this, an out-of-hours nurse could not manage a crisis.
+ **The patient's expressed wish to die at home and her anxiety about this**
  The community palliative nurse's entire plan centres on supporting this wish. It is the purpose of the community referral and shapes every care decision.

WHAT TO LEAVE OUT

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- **The oncology treatment history in detail**
  The community palliative team is not treating the cancer. One line — advanced NSCLC, palliative intent — is the relevant context. The platinum-based regimens and radiotherapy courses do not change community care.
- **GORD, hearing aids, and the healed hip fracture**
  Stable, unrelated to the palliative priorities. In a proficient letter, cutting these incidentals is the test. Including them signals poor selection under a word limit.

CRITERION IN FOCUS · ORGANISATION & LAYOUT

Palliative discharge letters have a clear priority order recognised by the community team: symptom control first (pain, breathlessness), then the emergency management plan (anticipatory medicines), then the patient's goals and psychological needs. Letters organised by body system or chronologically miss this structure and lose Organisation & Layout marks.