

Discharge to GP after gallstone pancreatitis



Assume that today's date is 22 October 2026. Ms Eze is being discharged home this afternoon. You are a resident medical officer in the General Surgery Unit of the hospital where Ms Eze has been treated. Using the information in the case notes, write a letter to her GP, Dr Hieu Dang, informing him of her admission, the advice she has been given and the warning signs that need urgent review while she waits for surgery. Address the letter to Dr Hieu Dang, General Practitioner, Family Medical Practice, 42 High Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|--|--------------------------|--------------------------|--------------------------|
| 1. Name: Ms Funmilayo Eze | ☐ | ☐ | ☐ |
| 2. DOB: 03/05/1979 (47 yrs) | ☐ | ☐ | ☐ |
| 3. Address: 8 Hillcrest Road | ☐ | ☐ | ☐ |
| 4. Admitted: 17/10/26; discharge: 22/10/26 | ☐ | ☐ | ☐ |

Social background

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5. Married, lives with husband and 2 children (14, 17) | ☐ | ☐ | ☐ |
| 6. Primary school teacher; sings in church choir | ☐ | ☐ | ☐ |
| 7. Alcohol: 4–6 standard drinks/wk (social); non-smoker | ☐ | ☐ | ☐ |
| 8. Husband asked staff not to tell pt's mother about admission — 'she worries too much' | ☐ | ☐ | ☐ |

Medical history

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 9. Hypothyroidism — levothyroxine 100 micrograms mane | ☐ | ☐ | ☐ |
| 10. Obesity — BMI 32 | ☐ | ☐ | ☐ |
| 11. Intermittent RUQ pain after fatty meals × 6/12 — not investigated | ☐ | ☐ | ☐ |
| 12. Appendicectomy aged 12 | ☐ | ☐ | ☐ |
| 13. Allergies: nil known | ☐ | ☐ | ☐ |

Admission

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 14. Presented: severe epigastric pain radiating to back, vomiting × 12 hrs | ☐ | ☐ | ☐ |
| 15. Lipase > 3 × ULN; ALT and bilirubin mildly ↑ on admission | ☐ | ☐ | ☐ |

Admission

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 16. US abdomen: multiple gallstones; CBD not dilated | ☐ | ☐ | ☐ |
| 17. Dx: mild acute gallstone pancreatitis — no organ failure, no local complications | ☐ | ☐ | ☐ |
| 18. Mx: IV fluids, analgesia, antiemetic; oral diet recommenced day 2 | ☐ | ☐ | ☐ |

Progress

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 19. Pain-free since 20/10; tolerating low-fat diet | ☐ | ☐ | ☐ |
| 20. LFTs within normal range 21/10 | ☐ | ☐ | ☐ |
| 21. Afebrile throughout; obs stable | ☐ | ☐ | ☐ |
| 22. Complained ward meals cold and served too late | ☐ | ☐ | ☐ |
| 23. Sister had cholecystectomy 2020 — 'no problems afterwards' | ☐ | ☐ | ☐ |

Discharge plan

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 24. Elective laparoscopic cholecystectomy booked 05/11/26; pre-admission clinic 30/10 | ☐ | ☐ | ☐ |
| 25. Diet: low-fat diet until surgery; small, regular meals | ☐ | ☐ | ☐ |
| 26. Avoid alcohol until after surgery | ☐ | ☐ | ☐ |
| 27. Analgesia: paracetamol 1 g QID PRN | ☐ | ☐ | ☐ |
| 28. Pt educated re warning signs: severe/persistent abdo pain, fever/rigors, jaundice, dark urine/pale stools, persistent vomiting → attend ED immediately | ☐ | ☐ | ☐ |
| 29. GP: review 1/52; refer urgently to ED if any warning signs | ☐ | ☐ | ☐ |
| 30. Written low-fat diet sheet given to pt | ☐ | ☐ | ☐ |