

Discharge to community nurse: cellulitis and leg wound care



Assume that today's date is 18 November 2026. Mr Cabrera is being discharged home this afternoon. You are a resident medical officer on the medical ward. Using the information in the case notes, write a letter to Ms Qing Leung, Clinical Nurse, Community Nursing Service, handing over Mr Cabrera's wound care, blood glucose monitoring and review needs at home. Address the letter to Ms Qing Leung, Clinical Nurse, Community Nursing Service, 14 Harbour 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).

	I	C	O		I	C	O
Patient details				Admission			
1. Name: Mr Melchor Cabrera	☐	☐	☐	20. Oral cefalexin 500 mg QID → complete course 22/11	☐	☐	☐
2. DOB: 07/06/1947 (79 yrs)	☐	☐	☐	21. BGLs 12–18 mmol/L during acute infection; last 48 hrs 5–9 mmol/L	☐	☐	☐
3. Address: Unit 2, 22 Elm Grove	☐	☐	☐	22. Pre-breakfast BGL 4.2 mmol/L on 16/11 → gliclazide MR ↓ to 30 mg mane; metformin unchanged	☐	☐	☐
4. Admitted: 12/11/26; discharge: 18/11/26	☐	☐	☐	23. Complained repeatedly that hospital meals were bland and served cold	☐	☐	☐
5. GP: Dr Amit Tiwari	☐	☐	☐	Wound			
Social background				24. L anterior shin wound 3 × 2 cm, superficial, granulating; small amount serous exudate; no slough	☐	☐	☐
6. Widower, lives alone in ground-floor unit	☐	☐	☐	25. Dressing: cleanse NaCl 0.9%, non-adherent silicone dressing + secondary absorbent pad; change every 2nd day	☐	☐	☐
7. Daughter visits 3x/wk, does shopping; can drive pt to appts	☐	☐	☐	26. Elevate L leg when sitting; no gardening until wound healed	☐	☐	☐
8. Keen gardener; L shin cut on garden stake approx. 1/52 before admission	☐	☐	☐	27. Mild L ankle oedema, improving	☐	☐	☐
9. Daughter told nurses she is 'going through a messy divorce' and finding visits stressful	☐	☐	☐	Progress			
10. Retired carpenter	☐	☐	☐	28. Mobilising independently with stick; independent with personal care	☐	☐	☐
Medical history				29. Self-monitors BGL BD; good technique, reliable diary	☐	☐	☐
11. Type 2 diabetes (12 yrs): metformin 1 g BD, gliclazide MR 60 mg mane (pre-admission)	☐	☐	☐	Discharge plan			
12. HbA1c 7.4% (09/26)	☐	☐	☐	30. Community nurse visits alternate days from 19/11: wound care; check for spreading redness, ↑ pain, ↑ swelling, fever	☐	☐	☐
13. Hypertension: amlodipine 5 mg daily	☐	☐	☐	31. Review BGL diary each visit; BGL < 4 mmol/L → treat per hypoglycaemia protocol + notify GP; BGL persistently > 15 mmol/L → notify GP	☐	☐	☐
14. Osteoarthritis both knees; walks with stick	☐	☐	☐	32. GP review 25/11: gliclazide dose, wound progress	☐	☐	☐
15. R cataract surgery 2021	☐	☐	☐	33. Pt & daughter advised: attend ED if fever, rapidly spreading redness or feeling unwell	☐	☐	☐
16. Allergies: nil known	☐	☐	☐	34. Pt keen to return to garden club meetings next month	☐	☐	☐
Admission							
17. L lower-leg cellulitis from infected shin laceration; erythema to mid-calf; T 38.6°C on arrival	☐	☐	☐				
18. IV cefazolin 4 days → good response	☐	☐	☐				
19. Erythema receded well within marked border; afebrile since 14/11	☐	☐	☐				