

Transfer to a residential aged care facility after delirium



Assume that today's date is 23 October 2026. Mrs Salinas is being transferred to the residential aged care facility for permanent placement this afternoon. You are a resident medical officer on the general medicine ward of the hospital. Using the information in the case notes, write a letter to Ms Akosua Badu, Nurse Unit Manager of the residential aged care facility that will take over Mrs Salinas's ongoing care. Address the letter to Ms Akosua Badu, Nurse Unit Manager, Residential Aged Care Facility, 42 Banksia 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: Mrs Jocelyn Salinas	☐	☐	☐	19. Delirium resolved: 4AT 2/12 on 21/10 (9/12 on admission); daughter reports pt close to her usual self	☐	☐	☐
2. DOB: 07/03/1941 (85 yrs)	☐	☐	☐	20. Pt complained repeatedly that hospital food 'inedible'	☐	☐	☐
3. Admitted: 12/10/26; transfer to RACF for permanent placement: 23/10/26	☐	☐	☐	Progress: mobility & continence			
4. Allergy: trimethoprim (rash)	☐	☐	☐	21. Deconditioned after 4/7 bed rest; physio: walks with 4-wheeled walker + supervision; 1 assist for transfers & showering	☐	☐	☐
Social background				22. Falls risk high: 1 unwitnessed fall at night 14/10 (no injury); bed at lowest height, call bell within reach	☐	☐	☐
5. Widowed; lived alone in 2-storey house; daily home help before admission	☐	☐	☐	23. New urge urinary incontinence day & night; using continence pads; bladder scan post-void residual 40 mL (normal)	☐	☐	☐
6. Daughter = substitute decision-maker; agrees with permanent placement	☐	☐	☐	24. Prompted toileting 2-hrly by day & before bed → fewer episodes	☐	☐	☐
7. Retired primary school teacher; enjoys knitting & listening to the radio	☐	☐	☐	25. Oxybutynin not started: anticholinergic, risk of worsening cognition	☐	☐	☐
8. Son & daughter disagree about selling family home; argued loudly at bedside 19/10	☐	☐	☐	26. Skin intact; Braden score 15 (at risk); reposition & check pressure areas	☐	☐	☐
9. Wears glasses & R hearing aid; both packed with belongings	☐	☐	☐	27. Normal diet; eats well with meal set-up & encouragement; wt 62 kg (stable)	☐	☐	☐
Medical history				28. Bowels opening every 1–2 days on macrogol	☐	☐	☐
10. Mild Alzheimer's disease (dx 2023); baseline: independent personal care with prompting, oriented to person & place, not always to time	☐	☐	☐	Plan			
11. Hypertension	☐	☐	☐	29. Delirium prevention: glasses & hearing aid on, regular orientation, day/night routine, encourage fluids, avoid constipation	☐	☐	☐
12. Osteoarthritis both knees	☐	☐	☐	30. If new confusion/agitation → assess promptly for cause (infection, pain, constipation, urinary retention, meds) & arrange urgent same-day medical review (do not wait for routine GP visit); if clinically unstable or ↓ consciousness → call ambulance (000); urine dipstick not reliable for UTI diagnosis in older people	☐	☐	☐
13. Bilateral cataract surgery 2019	☐	☐	☐	31. Avoid restarting temazepam or other sedatives	☐	☐	☐
14. Meds on transfer (reconciled medication chart accompanies pt): donepezil 10 mg nocte; amlodipine 5 mg mane; paracetamol 1 g TDS (knees); macrogol 1 sachet daily	☐	☐	☐	32. GP (Dr Victor Openshaw) routine review within 1/52; Na 132 mmol/L on 20/10 (baseline 136) → repeat UEC in 1/52	☐	☐	☐
Admission				33. RACF physio: continue walking program; referral to continence nurse advisor for assessment	☐	☐	☐
15. Presented: acute confusion, agitation at night, ↓ oral intake, T 38.4 °C	☐	☐	☐	34. Daughter to visit afternoon of 23/10 to help her settle	☐	☐	☐
16. Urine culture: E. coli; CT brain: no acute change (chronic small vessel changes)	☐	☐	☐				
17. IV ceftriaxone 3/7 → oral cefalexin; antibiotic course completed 19/10	☐	☐	☐				
18. Temazepam nocte (long-term): individualised GP-supervised taper commenced 6/52 before admission; taper completed & ceased 18/10, no withdrawal symptoms; sleeping 6–7 hrs/night without it	☐	☐	☐				