Suspected ectopic pregnancy: transfer

Original independent practice. All patient findings and arrangements are fictional case facts, not general clinical recommendations. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that it is 10:25 on 3 November 2026. Emergency ambulance transfer has already been arranged for Ms Parisian. You are the general practitioner assessing Ms Mell Parisian. Using the case notes, write a transfer letter to Dr Tuan Thai, Emergency Doctor, Emergency Department, 52 Clinic Road, SW1A 2AA, handing over her care for immediate assessment of suspected ectopic pregnancy with possible rupture. The letter will accompany her emergency ambulance transfer, which must proceed without waiting for the letter or outpatient investigations. 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
Patient details			
1. Name: Ms Mell Parisian	☐	☐	☐
2. DOB: 08/04/1997 (29 yrs)	☐	☐	☐
3. GP assessment: 03/11/26; transfer letter prepared 10:25	☐	☐	☐
Social background			
4. Lives with partner; partner present at practice	☐	☐	☐
5. Works in retail; enjoys baking at weekends	☐	☐	☐
6. Upset about a relative's inheritance dispute; unrelated to presentation	☐	☐	☐
Medical and obstetric history			
7. One previous uncomplicated birth; no previous ectopic pregnancy	☐	☐	☐
8. No previous tubal surgery, fertility treatment or known PID	☐	☐	☐
9. No regular medication; no known drug allergies	☐	☐	☐
10. LMP 15/09/26; urine pregnancy test positive today	☐	☐	☐
11. Pregnancy location not established; no ultrasound performed	☐	☐	☐
Current presentation			
12. R lower abdominal pain began yesterday evening	☐	☐	☐
13. Light vaginal bleeding since yesterday; no heavy external bleeding	☐	☐	☐
14. 10:00: sudden severe pain, shoulder-tip pain and marked dizziness	☐	☐	☐
15. Nauseated; no vomiting; no reported loss of consciousness	☐	☐	☐
16. No fever, dysuria or diarrhoea reported	☐	☐	☐
Assessment and immediate care			
17. 10:15: pale, alert; BP 94/60 mmHg; pulse 112/min	☐	☐	☐
18. 10:25: BP ↓ 90/58 mmHg; pulse ↑ 118/min	☐	☐	☐
19. RR 22/min; oxygen saturation 98% on air at 10:25	☐	☐	☐
20. Abdomen: R lower tenderness with guarding	☐	☐	☐
21. Blood group unknown; no previous blood-group report available	☐	☐	☐
22. No serum hCG, FBC or ultrasound results available	☐	☐	☐
23. Last food/drink at 08:00; no further oral intake	☐	☐	☐
24. Concern explained: possible ectopic pregnancy and internal bleeding	☐	☐	☐
25. IV access obtained; direct observation and repeated observations pending paramedics	☐	☐	☐
Transfer plan			
26. Working diagnosis: suspected ectopic pregnancy; possible rupture	☐	☐	☐
27. Emergency ambulance dispatched; Dr Tuan Thai accepted immediate ED transfer by telephone	☐	☐	☐
28. Urgent emergency/gynaecological assessment requested; no outpatient delay for tests	☐	☐	☐
29. Partner informed and will travel separately to emergency department	☐	☐	☐
30. Letter and available pregnancy-test result to accompany patient	☐	☐	☐

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