Suspected appendicitis: transfer

Assume that today's date is 3 November 2026. It is 14:15, and Mr Hamed Alshehri is awaiting ambulance transfer. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. This practice timing does not change the transport arrangements: the ambulance must depart as planned at 14:30 and must not be delayed while awaiting completion of this letter. This is original independent practice. You are the doctor treating Mr Hamed Alshehri in a rural emergency department. Write a transfer letter to Dr Khadija Alsubaie, Surgical Registrar, Surgical Department, 18 Hospital Road, NSW 2000, Australia. Summarise the evolving clinical findings, treatment and agreed transport arrangements, requesting urgent surgical assessment for suspected appendicitis. 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: Mr Hamed Alshehri	☐	☐	☐
2. DOB: 14/05/1998 (28 yrs)	☐	☐	☐
3. Rural ED attendance: 03/11/26, 11:30; transfer arranged today	☐	☐	☐
Social background			
4. Lives with partner; independent; works on a farm	☐	☐	☐
5. Partner can follow ambulance; contact details supplied	☐	☐	☐
6. Complained that receptionist seemed uninterested in his indigestion	☐	☐	☐
Medical history			
7. Intermittent post-meal epigastric burning for 6/12; self-treated with OTC antacid	☐	☐	☐
8. Previous episodes brief; no vomiting or lower abdominal pain	☐	☐	☐
9. No prior abdominal surgery; no regular prescribed medicines	☐	☐	☐
10. Allergies: nil known	☐	☐	☐
Assessment chronology			
11. 02/11, 20:00: central abdominal pain; assumed indigestion	☐	☐	☐
12. Antacid ineffective; pain persisted overnight	☐	☐	☐
13. 03/11, 08:00: pain → RIF; worse walking/coughing	☐	☐	☐
14. Anorexia; vomited twice; no diarrhoea or dysuria	☐	☐	☐
15. 11:30: diffuse tenderness; no guarding; pulse 96	☐	☐	☐
16. 13:45: focal RIF tenderness + guarding; no generalised rigidity	☐	☐	☐
Assessment chronology			
17. 13:45: T 38.1°C; pulse 104; BP 118/74; alert	☐	☐	☐
18. FBC: neutrophilia; CRP ↑; renal function preserved	☐	☐	☐
19. Urinalysis: no blood, nitrites or leucocytes	☐	☐	☐
20. No CT/ultrasound available locally; diagnosis not confirmed	☐	☐	☐
Treatment/Progress			
21. Patent IV cannula; IV crystalloid started	☐	☐	☐
22. 13:00: IV paracetamol; pain 8/10 → 5/10	☐	☐	☐
23. 13:45 reassessment: guarding noted despite pain reduction after analgesia	☐	☐	☐
24. No antibiotics administered; registrar informed	☐	☐	☐
25. Nil by mouth; last food 07:00; last water 10:30	☐	☐	☐
Transfer plan			
26. 14:00: Dr Khadija Alsubaie accepts urgent transfer for suspected appendicitis	☐	☐	☐
27. Ambulance departure 14:30; estimated journey 90 min; receiving ED notified	☐	☐	☐
28. Registrar's transport plan: continue IV fluids; ambulance observations; immediate clinical escalation if deterioration	☐	☐	☐
29. Request surgical assessment on arrival; further investigation and management	☐	☐	☐
30. Blood results and medication administration record accompany patient	☐	☐	☐