Ulcerative colitis after inpatient treatment: discharge

Assume that today's date is 3 November 2026. Mr Munir Abouzeid is being discharged home today. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. This is original independent practice. You are the hospital doctor preparing Mr Munir Abouzeid's discharge correspondence. Write to his general practitioner, Dr Nisreen Najjar, General Practice, 24 Practice Road, VIC 3000, Australia. Summarise his progress, communicate the gastroenterology team's prescribed steroid taper and continuing treatment, and request community monitoring while the specialist team retains responsibility for treatment changes. 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 Munir Abouzeid	☐	☐	☐
2. DOB: 19/03/1987 (39 yrs)	☐	☐	☐
3. Admitted 28/10/26; discharge home 03/11/26	☐	☐	☐
Social background			
4. Lives with partner; independently manages medicines	☐	☐	☐
5. Office worker; concerned about toilet access when returning	☐	☐	☐
6. Asked not to share partner's private employment dispute	☐	☐	☐
7. Complained about repetitive ward meals	☐	☐	☐
Medical history			
8. Ulcerative colitis diagnosed 2021; GP knows background	☐	☐	☐
9. Established oral mesalazine; unchanged prescription held by GP	☐	☐	☐
10. No known drug allergies; no previous bowel surgery	☐	☐	☐
11. Ankle sprain in 2023; fully recovered	☐	☐	☐
Admission and progress			
12. 28/10: bloody diarrhoea, nocturnal urgency and abdominal cramps	☐	☐	☐
13. Stool culture and C. difficile testing negative	☐	☐	☐
14. IV corticosteroids given under gastroenterology; symptoms improved	☐	☐	☐
15. 02/11: eating normally; abdominal cramps largely settled	☐	☐	☐
16. CRP ↓ during admission; renal function stable	☐	☐	☐
Admission and progress			
17. 03/11: two stools/day, no visible blood; mild residual urgency	☐	☐	☐
Specialist discharge treatment			
18. Prednisolone prescription: 40 mg mane, 03–09/11 inclusive	☐	☐	☐
19. From 10/11: ↓ 5 mg every 7 days; 5 mg 22–28/12; stop 29/12	☐	☐	☐
20. Continue established oral mesalazine unchanged, including when well	☐	☐	☐
21. Gastroenterology supplies steroids and owns taper; contact team before alterations	☐	☐	☐
22. Patient accurately explains schedule; advised against abrupt cessation	☐	☐	☐
23. Written medication information and specialist contact details supplied	☐	☐	☐
Community plan			
24. GP 10/11: stool frequency/bleeding, hydration, medicine tolerance; FBC, CRP, renal function → gastroenterology	☐	☐	☐
25. Gastroenterology appointment confirmed 17/11; specialist reviews response and taper	☐	☐	☐
26. Ongoing fatigue; requests advice about returning to work	☐	☐	☐
27. Recurrent bloody diarrhoea/fever → urgent assessment; severe abdominal pain/heavy rectal bleeding → emergency care	☐	☐	☐
28. Patient understands improvement does not mean cure; ongoing follow-up required	☐	☐	☐
29. Partner available to accompany him to appointments	☐	☐	☐

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