Infective endocarditis: transfer

Original independent practice. Findings, microbiology results and agreed treatment arrangements are fictional case facts, not universal prescribing instructions. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today is 3 November 2026. Dr Devoy has accepted Mr Spinka for transfer today. The receiving team has already confirmed the antibiotic plan and laboratory forwarding arrangements on the accompanying handover sheet. Summarise continuing treatment; administrative responsibilities need not be repeated. You are the doctor arranging Mr Fritz Spinka's hospital transfer. Using the case notes, write a transfer letter to Dr Heather Devoy, Cardiothoracic Receiving Doctor, Cardiothoracic Receiving Unit, 46 Clinic Road, SW1A 2AA, United Kingdom, explaining the reason for urgent surgical assessment, his current condition, microbiology status and continuing treatment. 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 and background			
1. Name: Mr Fritz Spinka	☐	☐	☐
2. DOB: 18/02/1968 (58 yrs)	☐	☐	☐
3. Admitted 31/10/26; transfer today, 03/11/26	☐	☐	☐
4. Lives with partner; independent before illness	☐	☐	☐
5. Office-based employment; currently on sick leave	☐	☐	☐
6. Known bicuspid native aortic valve; no prosthetic valve	☐	☐	☐
7. Remote ankle sprain; fully recovered	☐	☐	☐
8. Partner alleges delayed diagnosis by another practice; not investigated	☐	☐	☐
Admission and initial management			
9. 31/10: 2/52 fever, night sweats, fatigue; new diastolic murmur	☐	☐	☐
10. Admission blood cultures before antibiotics: Streptococcus oralis, penicillin susceptible	☐	☐	☐
11. IV antibiotics started after cultures, under infection-specialist advice	☐	☐	☐
12. 01/11 TTE: aortic vegetation	☐	☐	☐
13. 02/11 infection review: changed to IV ceftriaxone	☐	☐	☐
14. No known drug allergies	☐	☐	☐
Progress: 2–3 November 2026			
15. 02/11 repeat blood cultures collected	☐	☐	☐
16. 03/11 repeat cultures: no growth to date; final results pending	☐	☐	☐
Progress: 2–3 November 2026			
17. Fever settled; fatigue persists	☐	☐	☐
18. Breathless on minimal exertion; no resting respiratory distress	☐	☐	☐
19. 03/11 TOE: leaflet perforation, severe aortic regurgitation; no abscess identified	☐	☐	☐
20. Alert; no focal neurological deficit on today's examination	☐	☐	☐
21. BP 118/72 mmHg; pulse 94/min; SpO2 96% on room air	☐	☐	☐
22. Renal function unchanged from admission	☐	☐	☐
Agreed transfer plan: 3 November 2026			
23. Dr Heather Devoy accepts urgent transfer for surgical assessment; operation not yet agreed	☐	☐	☐
24. Continue IV ceftriaxone during transfer and after arrival, under agreed infection-team plan	☐	☐	☐
25. Today's ceftriaxone administered; medication orders reconciled directly between prescribers	☐	☐	☐
26. Final repeat-culture report → receiving infection team automatically; delivery arrangement confirmed on handover sheet	☐	☐	☐
27. Monitored ambulance today; echo reports, microbiology and medication records accompany	☐	☐	☐
28. Deterioration before departure → immediate senior review; update receiving unit	☐	☐	☐
29. Patient agrees to transfer; partner informed	☐	☐	☐

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