Suspected cauda equina syndrome: transfer

Original independent practice. Assume it is 14:40 on 5 November 2026. All patient findings, telephone conversations and individual transfer arrangements are fictional case facts. You are the doctor in an acute hospital assessment area. Using the case notes, write a transfer letter to Dr Rabi Buhari, Emergency Receiving Doctor, Emergency Department, 24 Station Road, SW1A 2AA. Communicate the reason for emergency transfer, the latest accepting doctor and confirmed destination, and the clinical deterioration reported after the initial handover. 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. Mr Roshan Kodituwakku	☐	☐	☐
2. DOB: 18/03/1980 (46 yrs)	☐	☐	☐
3. 05/11/26, 14:40: acute hospital assessment area; awaiting ambulance	☐	☐	☐
Social background			
4. Warehouse worker; frequent lifting	☐	☐	☐
5. Lives with wife; independent before this episode	☐	☐	☐
6. Enjoys watching cricket	☐	☐	☐
7. Complained receptionist was unfriendly	☐	☐	☐
Medical history			
8. Regular medicines: nil; no anticoagulants	☐	☐	☐
9. Appendicectomy aged 19; uncomplicated	☐	☐	☐
10. No known drug allergies	☐	☐	☐
11. No previous bladder dysfunction	☐	☐	☐
Assessment today			
12. Lower back pain for 3 days; began after lifting a box	☐	☐	☐
13. Today: pain now radiating down both legs	☐	☐	☐
14. No fever or recent trauma	☐	☐	☐
15. New perineal numbness today; examination confirms reduced perineal sensation	☐	☐	☐
16. Difficulty initiating urination since this morning	☐	☐	☐
Assessment today			
17. Impression: suspected cauda equina syndrome → emergency assessment	☐	☐	☐
18. Ankle dorsiflexion power 4/5 bilaterally	☐	☐	☐
19. Haemodynamically stable; alert	☐	☐	☐
20. No analgesia administered; patient declined	☐	☐	☐
Telephone handovers and progress			
21. 14:10: Dr Amal Atapattu, orthopaedic registrar, initially accepted direct orthopaedic ward transfer	☐	☐	☐
22. 14:20: Dr Rabi Buhari, emergency receiving doctor, accepted instead; confirmed destination: Emergency Department	☐	☐	☐
23. No orthopaedic ward bed available; earlier direct ward arrangement superseded	☐	☐	☐
24. 14:25: passed small amount of urine	☐	☐	☐
25. 14:30: new urinary leakage without awareness; not present during earlier handovers	☐	☐	☐
26. 14:35: Dr Buhari notified by telephone of leakage; reconfirmed immediate ED transfer	☐	☐	☐
27. No spinal imaging performed	☐	☐	☐
Current plan			
28. Agreed with Dr Buhari: immediate ambulance transfer; urgent investigation and spinal specialist assessment on arrival	☐	☐	☐
29. Continuous nursing observation pending ambulance departure	☐	☐	☐
30. Ambulance crew given updated destination and symptoms	☐	☐	☐

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