# Community-acquired pneumonia after admission: update

Assume that today's date is 5 November 2026. This is original independent practice material. All patient-specific findings, laboratory findings and treating-team decisions are fictional case facts. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a doctor on the medical ward. Using the case notes, write an update to Dr Carolina Dejesus, General Practitioner, General Practice, 24 Station Road, SW19 2AB. Retract the incorrect blood culture conclusion in Mr Martim Valcarcel's discharge summary, explain the confirmed findings and continuing care, and state the ward's and GP's communication responsibilities. 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 Martim Valcarcel | ☐ | ☐ | ☐ |
| 2. DOB: 18/08/1968 (58 yrs) | ☐ | ☐ | ☐ |
| 3. Discharged home 03/11/26 after pneumonia admission | ☐ | ☐ | ☐ |
| 4. GP: Dr Carolina Dejesus; original discharge summary already received | ☐ | ☐ | ☐ |
| **Social background** | | | |
| 5. Lives with wife; independent | ☐ | ☐ | ☐ |
| 6. Enjoys restoring bicycles | ☐ | ☐ | ☐ |
| 7. Wife works part-time | ☐ | ☐ | ☐ |
| **Medical history** | | | |
| 8. Hypertension; established treatment known to GP | ☐ | ☐ | ☐ |
| 9. Appendicectomy 1994 | ☐ | ☐ | ☐ |
| 10. NKDA | ☐ | ☐ | ☐ |
| **Admission and progress** | | | |
| 11. Admission: fever, productive cough, breathlessness | ☐ | ☐ | ☐ |
| 12. CXR: R basal consolidation | ☐ | ☐ | ☐ |
| 13. IV → oral antibiotics during admission | ☐ | ☐ | ☐ |
| 14. Discharge: afebrile, mobilising independently; no oxygen requirement | ☐ | ☐ | ☐ |
| 15. Prescribed antibiotic course completed before discharge; none prescribed for home | ☐ | ☐ | ☐ |
| **Microbiology correction** | | | |
| 16. 03/11 summary incorrectly stated 'pneumococcal bacteraemia' | ☐ | ☐ | ☐ |
| **Microbiology correction** | | | |
| 17. Laboratory confirms positive culture belonged to another patient; report formally withdrawn | ☐ | ☐ | ☐ |
| 18. Corrected laboratory report + amended discharge summary attached | ☐ | ☐ | ☐ |
| 19. Verified patient's own blood cultures: final no growth; no causative organism established | ☐ | ☐ | ☐ |
| 20. Community-acquired pneumonia diagnosis retained: supported by symptoms + CXR | ☐ | ☐ | ☐ |
| **Current assessment and treatment plan** | | | |
| 21. Latest ward telephone review: cough ↓; tiredness persists; no fever/breathlessness | ☐ | ☐ | ☐ |
| 22. Consultant review: no further antibiotics needed | ☐ | ☐ | ☐ |
| 23. GP recovery review booked 06/11 | ☐ | ☐ | ☐ |
| 24. Consultant: no repeat cultures requested | ☐ | ☐ | ☐ |
| **Communication and follow-up** | | | |
| 25. Pt told incorrect bloodstream infection result before discharge | ☐ | ☐ | ☐ |
| 26. Pt not yet informed of correction | ☐ | ☐ | ☐ |
| 27. Ward doctor to telephone pt today: explain correction + apologise | ☐ | ☐ | ☐ |
| 28. Ward retains responsibility for contacting pt | ☐ | ☐ | ☐ |
| 29. GP: mark bacteraemia claim withdrawn in record; retain pneumonia diagnosis | ☐ | ☐ | ☐ |
| 30. GP: acknowledge receipt of update via secure ward message | ☐ | ☐ | ☐ |
| 31. Original admission observations filed; GP already has full discharge medication list | ☐ | ☐ | ☐ |
| 32. Pt complained about ward meals | ☐ | ☐ | ☐ |