Suspected adrenal crisis: transfer

Assume that today's date is 5 November 2026. It is 09:30. Ms Sarpong is being transferred immediately from the Emergency Department to the acute medical unit. This is original independent practice material. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are the Emergency Department doctor. Using the case notes, write a transfer letter to Dr Ambrose Simpson, Acute Medical Registrar, Acute Medical Unit, Building 2, Level 1, 18 Hospital Road. Request immediate ongoing management of Ms Rosemary Sarpong's suspected adrenal crisis, clearly distinguishing prescribed treatment from documented administration and identifying the unverified administration time. The address given is the complete internal delivery address. 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: Ms Rosemary Sarpong	☐	☐	☐
2. DOB: 12/03/1982 (44 yrs)	☐	☐	☐
3. ED arrival: 05/11/26, 09:00; transfer: 09:30	☐	☐	☐
Social background			
4. Lives with partner; independent before current illness	☐	☐	☐
5. Librarian; works part-time	☐	☐	☐
6. Enjoys gardening and crosswords	☐	☐	☐
7. Partner mentioned private dispute with patient's sister	☐	☐	☐
8. Complained that receptionist was unfriendly	☐	☐	☐
Medical history			
9. Addison's disease confirmed 2021; endocrine follow-up	☐	☐	☐
10. Usual oral replacement: hydrocortisone + fludrocortisone	☐	☐	☐
11. No known drug allergies	☐	☐	☐
12. Reports neither replacement medicine retained since vomiting began yesterday	☐	☐	☐
13. Ankle sprain 2019; fully recovered	☐	☐	☐
14. Non-smoker	☐	☐	☐
Assessment			
15. Vomiting + watery diarrhoea since yesterday; poor fluid intake	☐	☐	☐
16. Suspected adrenal crisis; arrival BP 82/48 mmHg, pulse 118/min	☐	☐	☐
17. Today: profound weakness, dizziness, diffuse abdominal pain	☐	☐	☐
18. Dry mucous membranes; clinically dehydrated	☐	☐	☐

	I	C	O
Assessment			
19. Abdomen: mild diffuse tenderness; no guarding	☐	☐	☐
20. Blood taken; electrolytes, renal function and laboratory glucose pending	☐	☐	☐
21. 09:25: BP 86/50 mmHg; remains alert	☐	☐	☐
Treatment/Progress			
22. IV access secured; bedside monitoring ongoing	☐	☐	☐
23. Hydrocortisone 100 mg IV injection prescribed 09:05; prescription time only	☐	☐	☐
24. Hydrocortisone 100 mg IV injection: administration entry signed 'given'; time illegible/unverified	☐	☐	☐
25. Hydrocortisone 200 mg over 24 h continuous IV infusion prescribed; NOT commenced at transfer	☐	☐	☐
26. 0.9% sodium chloride 1 L IV over 30 min; commenced 09:12; still running at transfer	☐	☐	☐
27. No home emergency injection used	☐	☐	☐
Plan			
28. Dr Ambrose Simpson accepted immediate acute medical transfer	☐	☐	☐
29. Direct transfer: monitored trolley, nurse escort	☐	☐	☐
30. Urgent review/implementation of ongoing steroid prescription; continue resuscitation, reassess fluid requirements; monitor BP, pulse, electrolytes/glucose	☐	☐	☐
31. Verify injection time; must not delay emergency care	☐	☐	☐
32. Original prescription and administration records accompany patient	☐	☐	☐