Diverticulitis after inpatient care: discharge

Original independent practice. Assume that today's date is 6 November 2026. Ms Celena Hilll has returned home following discharge and telephoned about contradictory instruction sheets. Patient-specific findings and treating-team decisions in this fictional case are invented for practice. You are the hospital medical officer responsible for Ms Celena Hilll's discharge. Using the case notes, write to her general practitioner, Dr Giang Chau, explaining her recovery, identifying the formally superseded instruction sheet and communicating the valid plan. Clarify your responsibility for explaining the correction and the GP's role in confirming her understanding and reviewing recovery. Address the letter to Dr Giang Chau, General Practice, 24 High Street, SW1A 1AA, United Kingdom. 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 Celena Hilll	☐	☐	☐
2. DOB: 12/03/1964 (62 yrs)	☐	☐	☐
3. Admitted 01/11/26; discharged home 06/11/26	☐	☐	☐
4. GP holds established medical history	☐	☐	☐
Social background			
5. Lives alone; independent with meals/medicines	☐	☐	☐
6. Daughter visiting this weekend	☐	☐	☐
7. Enjoys gardening	☐	☐	☐
8. Complained that ward staff were unfriendly	☐	☐	☐
Medical history			
9. Hypertension; usual amlodipine unchanged	☐	☐	☐
10. Appendicectomy 1984	☐	☐	☐
11. NKDA	☐	☐	☐
12. No previous diverticulitis	☐	☐	☐
Admission			
13. Admission: LLQ pain, fever, reduced intake	☐	☐	☐
14. CT: sigmoid diverticulitis; no abscess/perforation	☐	☐	☐
15. Inflammatory markers ↓ during admission	☐	☐	☐
16. Treated with IV fluids and antibiotics during admission	☐	☐	☐
Treatment/Progress			
17. Today: afebrile; observations stable	☐	☐	☐
18. Minimal residual LLQ tenderness; no guarding	☐	☐	☐
Treatment/Progress			
19. Tolerating food/fluids; passing stools; without nausea or vomiting	☐	☐	☐
20. Consultant stopped antibiotics today; none prescribed for home	☐	☐	☐
Contradictory discharge instructions			
21. After discharge: pt phoned, confused by two instruction sheets; no new symptoms; wants written clarification sent to GP	☐	☐	☐
22. Sheet A, dated 03/11: clear fluids only; await hospital dietary review	☐	☐	☐
23. Consultant formally superseded A today; signed sheet B (06/11) sole valid plan	☐	☐	☐
24. B: balanced diet; gradually ↑ fibre; adequate fluids	☐	☐	☐
25. B: GP review 09/11	☐	☐	☐
26. A withdrawn electronically; pt still has both paper copies	☐	☐	☐
Plan			
27. Discharging doctor to telephone today: explain correction, check understanding by teach-back, document response	☐	☐	☐
28. GP on 09/11: assess recovery/intake; reconfirm B and understanding	☐	☐	☐
29. B safety advice: urgent assessment for worsening pain, fever or inability to retain fluids	☐	☐	☐
30. B: emergency attendance for severe pain with vomiting, abdominal distension or inability to pass stool/flatus	☐	☐	☐
31. No hospital dietary review arranged or required under B	☐	☐	☐
32. Discharge prescriptions otherwise unchanged	☐	☐	☐

Teachers: free class packs at oetace.com/oet/teachers