Pacemaker implantation: advice

Original independent practice. Assume that today is 6 November 2026. Mr Hamisi Wangare is being discharged home today. Patient details, clinical events and individual device-team arrangements are fictional case facts. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are the doctor discharging Mr Hamisi Wangare from the cardiology ward. Using the case notes, write to his agreed brother, Mr Njagi Abdinoor, explaining how to support his recovery at home, the device team's temporary activity restrictions, warning signs and follow-up arrangements. Address the letter to Mr Njagi Abdinoor, Flat 2, 24 Willow Road, SW1V 2AB, 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: Mr Hamisi Wangare	☐	☐	☐
2. DOB: 12/04/1958 (68 yrs)	☐	☐	☐
3. Discharge home: 06/11/26	☐	☐	☐
4. Agreed support contact: brother, Mr Njagi Abdinoor	☐	☐	☐
Social background			
5. Patient consents to written advice being shared with brother	☐	☐	☐
6. Lives alone; brother staying for first week	☐	☐	☐
7. Regular swimmer; asks when swimming can restart	☐	☐	☐
8. Brother believes pacemaker means permanent ban on exercise	☐	☐	☐
9. Brother disclosed private disagreement about another relative's inheritance	☐	☐	☐
Medical history			
10. Symptomatic heart block; recurrent dizziness before admission	☐	☐	☐
11. Hypertension; established treatment unchanged	☐	☐	☐
12. Appendicectomy 1996; uncomplicated	☐	☐	☐
13. Does not drive; usually travels by bus	☐	☐	☐
Treatment/Progress			
14. Admission MRSA screen: negative	☐	☐	☐
15. 05/11: pacemaker implanted beneath skin, L upper chest	☐	☐	☐
16. 06/11: device check satisfactory; discharge approved	☐	☐	☐
17. Wound clean, dry; dressing intact	☐	☐	☐
Treatment/Progress			
18. Walking independently; no further dizziness	☐	☐	☐
19. Mild local soreness; otherwise comfortable	☐	☐	☐
Plan			
20. Device team: keep wound clean	☐	☐	☐
21. Individual team instruction: no heavy lifting, vigorous exercise or L elbow above shoulder height for 6/52 after implantation	☐	☐	☐
22. Team: gentle arm movements encouraged; restrictions temporary; discuss swimming at review	☐	☐	☐
23. Brother to help with shopping, heavy chores and appointment transport	☐	☐	☐
24. Safety advice: increasing wound redness/swelling/pain, leakage, feverishness/shivering → pacemaker clinic or NHS 111 same day	☐	☐	☐
25. Safety advice: previous dizziness returns → contact clinic or NHS 111 promptly	☐	☐	☐
26. Emergency advice: severe breathing difficulty, tight/heavy chest or sudden confusion → call 999 immediately	☐	☐	☐
27. Booked device review: pacemaker clinic, 17/12/26, 10:00; check device and review activities	☐	☐	☐
28. Pacemaker ID card issued; carry and show healthcare professionals before treatment	☐	☐	☐
29. Clinic contact details given to patient and brother	☐	☐	☐
30. Brother requests plain written instructions; unfamiliar with medical terminology	☐	☐	☐