Suspected severe asthma exacerbation: update

Original independent practice. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that it is 14:30 on 6 November 2026. Ms Kathy Cowely has already transferred from the Emergency Department to the acute respiratory unit. A laboratory result has subsequently become available. You are the Emergency Department doctor who arranged Ms Kathy Cowely's transfer. Using the case notes, write a supplementary handover letter to Dr Cherrelle Hardie, Respiratory Receiving Doctor, Acute Respiratory Unit, Level 2, Main Building, 18 Hospital Road. Explain the newly available result, distinguish it from information already handed over, and request acknowledgement and medical review. This written update accompanies direct telephone contact. 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 Kathy Cowely	☐	☐	☐
2. DOB: 14/03/1992 (34 yrs)	☐	☐	☐
3. Hospital number: 604182	☐	☐	☐
Social background			
4. Lives with partner; independent	☐	☐	☐
5. Enjoys pottery classes weekly	☐	☐	☐
6. Complained about reception staff's manner	☐	☐	☐
Medical history			
7. Asthma since childhood	☐	☐	☐
8. Asthma admission 2021; no previous intensive care	☐	☐	☐
9. Usual inhaler: budesonide/formoterol; established regimen included in first handover	☐	☐	☐
10. No known drug allergies	☐	☐	☐
11. Appendicectomy 2010; uncomplicated	☐	☐	☐
Assessment and treatment: 06/11/26			
12. 2 days: cough, coryza, progressive wheeze; reliever incompletely effective	☐	☐	☐
13. 12:40 ED: markedly breathless; speaking in short phrases	☐	☐	☐
14. Widespread wheeze; alert	☐	☐	☐
15. Working diagnosis: suspected severe asthma exacerbation	☐	☐	☐
16. Oxygen, nebulised salbutamol, oral prednisolone given; administration record transferred	☐	☐	☐
17. Partial improvement; wheeze persisted before transfer	☐	☐	☐
18. 13:40 CXR: no focal consolidation or pneumothorax	☐	☐	☐
First handover and completed transfer			
19. 14:00 first telephone handover to Dr Cherrelle Hardie: presentation, treatment, response, CXR; medication administration record supplied	☐	☐	☐
20. 14:15 transfer completed → acute respiratory unit	☐	☐	☐
21. 13:00 respiratory swab, sample collected in ED; PCR pending during first handover	☐	☐	☐
Information received after transfer			
22. 14:25 laboratory report: influenza A detected; SARS-CoV-2 and RSV not detected	☐	☐	☐
23. New PCR result absent from first handover; report attached to update	☐	☐	☐
24. 14:28 result telephoned to unit nurse; receiving doctor's acknowledgement still pending	☐	☐	☐
25. Unit nurse: patient alert, supervised at 14:28	☐	☐	☐
Plan			
26. ED senior requests urgent receiving-team medical review of new result and care implications	☐	☐	☐
27. No additional ED prescription since transfer	☐	☐	☐
28. Request confirmation of report receipt and medical review via ED extension 4210	☐	☐	☐
29. Send supplementary update through secure clinical messaging	☐	☐	☐
30. ED senior contacting receiving registrar directly now; letter supplements call	☐	☐	☐