Hyperkalaemia in chronic kidney disease: transfer

Assume that today's date is 6 November 2026. It is 10:20. Mr Moraa is awaiting urgent transfer from your acute hospital to the renal receiving unit. This is original independent practice material. You are the doctor caring for Mr Mutisya Moraa in the acute assessment unit. Write a transfer letter to Dr Pearla Ellery, Renal Receiving Doctor, Renal Receiving Unit, 28 Station Road, AB10 1AA, United Kingdom. Explain the reason for transfer, accurately communicate the laboratory's formal correction of the potassium report, and hand over the consultant's recorded plan. 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 Mutisya Moraa	☐	☐	☐
2. DOB: 12/03/1957 (69 yrs)	☐	☐	☐
3. Acute assessment unit admission: today, 09:30	☐	☐	☐
Social background			
4. Lives with wife; independent with daily activities	☐	☐	☐
5. Retired accountant; enjoys crosswords	☐	☐	☐
6. Wife privately described disagreement with son over inheritance	☐	☐	☐
Medical history			
7. CKD stage 4; under renal outpatient care	☐	☐	☐
8. K+ 4.9 mmol/L at review 4/52 ago	☐	☐	☐
9. Hypertension	☐	☐	☐
10. Usual medication: ramipril daily	☐	☐	☐
11. Also takes amlodipine daily	☐	☐	☐
12. No known drug allergies	☐	☐	☐
13. Cataract surgery 2019; uncomplicated	☐	☐	☐
Assessment today			
14. Poor oral intake 3 days; no vomiting/diarrhoea	☐	☐	☐
15. Alert; no chest pain, palpitations or breathlessness	☐	☐	☐
16. BP 138/76 mmHg; pulse 82/min	☐	☐	☐
17. Creatinine 410 micromol/L, ↑ from 290 at review 4/52 ago	☐	☐	☐
18. ECG: sinus rhythm; no hyperkalaemic changes	☐	☐	☐
Laboratory report timeline			
19. 09:40 sample → initial report 10:10: K+ 6.8 mmol/L	☐	☐	☐
20. 10:11: urgent renal transfer requested	☐	☐	☐
21. 10:12: laboratory formally corrected K+ to 5.8 mmol/L; same 09:40 sample; supersedes initial report	☐	☐	☐
22. Laboratory confirmed transcription error; not a new sample	☐	☐	☐
23. No potassium-lowering treatment administered before correction or subsequently	☐	☐	☐
Treatment and transfer plan			
24. 10:15: consultant Dr Milkah Muthiani reviewed corrected report	☐	☐	☐
25. Consultant decision: proceed urgently; while stable, no potassium-lowering medication before repeat testing	☐	☐	☐
26. Ramipril withheld by consultant	☐	☐	☐
27. Dr Pearla Ellery accepted transfer; monitored ambulance departure 10:25	☐	☐	☐
28. Agreed renal-team plan: repeat K+/renal function immediately on arrival; reassess treatment	☐	☐	☐
29. Continuous cardiac monitoring pending departure; deterioration → immediate senior review	☐	☐	☐
30. Original/corrected laboratory reports and ECG accompanying patient	☐	☐	☐
31. Patient complained breakfast arrived cold	☐	☐	☐