

Transfer to a rehabilitation unit after knee replacement complicated by delirium



Assume that today's date is 10 November 2026. Mr Kerslake is being transferred to the rehabilitation unit this morning. You are a registered nurse on the orthopaedic ward of a metropolitan hospital. Using the information in the case notes, write a letter to Ms Folake Ogden, Nurse Unit Manager of the Inpatient Rehabilitation Unit, who will be responsible for Mr Kerslake's ongoing care. Address the letter to Ms Folake Ogden, Nurse Unit Manager, Inpatient Rehabilitation Unit, 22 Grove Street. 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).

Patient details

- | | I | C | O |
|--|--------------------------|--------------------------|--------------------------|
| 1. Name: Mr Wayne Kerslake | ☐ | ☐ | ☐ |
| 2. DOB: 12/06/1952 (74 yrs) | ☐ | ☐ | ☐ |
| 3. Admitted: 03/11/26 (elective R total knee replacement); transfer to rehab: 10/11/26 | ☐ | ☐ | ☐ |
| 4. Allergies: nil known | ☐ | ☐ | ☐ |

Social background

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5. Lives with wife (72) in 2-storey house; bedroom upstairs, 14 steps, rail one side only | ☐ | ☐ | ☐ |
| 6. Wife well, independent, keen to support; visits daily | ☐ | ☐ | ☐ |
| 7. Retired carpenter; enjoys fishing | ☐ | ☐ | ☐ |
| 8. Daughter overseas, phones daily; she and wife disagree about selling the house | ☐ | ☐ | ☐ |
| 9. Wears hearing aids (both ears) and reading glasses | ☐ | ☐ | ☐ |

Medical history

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 10. Osteoarthritis R knee — pain limiting walking for 2 yrs | ☐ | ☐ | ☐ |
| 11. Hypertension — amlodipine 5 mg mane | ☐ | ☐ | ☐ |
| 12. Benign prostatic hyperplasia — tamsulosin 400 microg nocte | ☐ | ☐ | ☐ |
| 13. Bilateral cataract surgery 2019 | ☐ | ☐ | ☐ |
| 14. No previous cognitive impairment; independent with all ADLs before admission | ☐ | ☐ | ☐ |

Surgery and post-operative course

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 15. 03/11: R TKR under spinal anaesthetic; surgery uncomplicated | ☐ | ☐ | ☐ |
| 16. Day 2: acute delirium — agitated at night, disoriented to time/place, pulled out IV cannula; 4AT score 6 | ☐ | ☐ | ☐ |
| 17. Contributing factors: opioids, urinary retention, poor sleep, constipation; no infection found (FBC, urine culture, CXR NAD) | ☐ | ☐ | ☐ |
| 18. Mx: opioids ↓; IDC inserted → removed 07/11, voiding well; non-drug strategies only, no antipsychotics required | ☐ | ☐ | ☐ |
| 19. Now: alert & oriented during daytime assessments; brief mild confusion late evening on 07/11, 08/11 & 09/11, settles with reorientation; 4AT 4 on 08/11 & 09/11 (scored for fluctuation only) | ☐ | ☐ | ☐ |

Surgery and post-operative course

- | | I | C | O |
|--|--------------------------|--------------------------|--------------------------|
| 20. Helpful strategies: hearing aids & glasses on, clock/calendar visible, wife visits in evening, low lighting at night | ☐ | ☐ | ☐ |
| 21. Complained hospital food tasteless; asked for meals from home | ☐ | ☐ | ☐ |

Pain and bowels

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 22. Paracetamol 1 g QID regular; oxycodone IR 5 mg PO PRN, min 4 hrly, max 15 mg/24 hrs (as charted by surgical team); 1 dose in last 24 hrs. Before physio: give 30 min prior only if needed for pain AND ≥4 hrs since last dose | ☐ | ☐ | ☐ |
| 23. Pain 3/10 at rest, 6/10 on exercise; ice pack after physio helps | ☐ | ☐ | ☐ |
| 24. Macrogol sachet daily; BO 08/11 | ☐ | ☐ | ☐ |

Wound and VTE prophylaxis

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 25. Midline wound, clips intact; dry, no ooze or redness; waterproof dressing — change only if soiled or lifting | ☐ | ☐ | ☐ |
| 26. Clips for removal 17/11 (day 14) | ☐ | ☐ | ☐ |
| 27. Enoxaparin 40 mg subcut daily until 16/11 | ☐ | ☐ | ☐ |

Mobility

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 28. WBAT; mobilising 30 m with 4-wheeled frame, supervision of 1 | ☐ | ☐ | ☐ |
| 29. R knee flexion 70°, lacks 10° extension; aim ↑ ROM | ☐ | ☐ | ☐ |
| 30. Stairs not yet attempted | ☐ | ☐ | ☐ |
| 31. Falls risk: high (night-time confusion); bed alarm used overnight | ☐ | ☐ | ☐ |
| 32. Pt says physiotherapist 'pushes too hard' — asked for a different therapist | ☐ | ☐ | ☐ |

Plan

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 33. Rehab approx. 2/52: goals — independent walking with stick, safe on stairs, ↑ knee ROM | ☐ | ☐ | ☐ |
| 34. Orthopaedic review 6/52 post-op | ☐ | ☐ | ☐ |
| 35. Wife requests to be present for stair practice before discharge home | ☐ | ☐ | ☐ |