

Referral to hospital-in-the-home for intravenous antibiotics



Assume that today's date is 17 October 2026. Mr Wickramasinghe is going home from the ward this afternoon. You are a registered nurse on the medical ward. Using the information in the case notes, write a letter to Ms Niamh Feeney, Clinical Nurse Consultant of the Hospital in the Home Service, referring Mr Wickramasinghe for daily intravenous antibiotics, PICC line care and monitoring at home. Address the letter to Ms Niamh Feeney, Clinical Nurse Consultant, Hospital in the Home Service, Level 1, 85 Harbour Road. 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

1. Name: Mr Tunde Wickramasinghe
2. DOB: 03/05/1979 (47 yrs)
3. Address: Unit 4, 12 Fern Street
4. Admitted: 14/10/26; transfer to HITH: 17/10/26
5. Allergy: adhesive plaster tape → skin blistering

Social background

6. Lives with wife; she works from home, can provide transport & help with leg elevation
7. Bus driver; on sick leave, keen to return to work ASAP
8. Enjoys fishing at weekends
9. Smoker 10 cigs/day; brief intervention given, declined NRT
10. Wife told staff pt is 'lazy about looking after his feet'
11. Two-storey house, bedroom upstairs; managing stairs independently

Medical history

12. Type 2 diabetes (6 yrs): metformin 1 g BD; HbA1c 7.4%
13. Obesity (BMI 34)
14. Appendicectomy 1998
15. Tinea pedis R foot (between toes) — likely entry point for infection

Admission

16. R lower-leg cellulitis: spread despite 3 days oral flucloxacillin from GP; erythema & swelling ankle → mid-shin; T 38.6°C on arrival
17. Blood cultures: no growth at 48 hrs; US leg: no collection, no DVT
18. IV cefazolin 2 g 8-hourly 14–17/10 → from 18/10: probenecid 1 g PO 30 min before each dose of cefazolin 2 g IV once daily (HITH regimen)

Progress

19. Afebrile since 15/10; HR & BP WNL

Progress

20. Erythema receding: border marked with skin pen 16/10; now ankle → lower third of shin
21. CRP 162 → 58 mg/L (14/10 → 17/10)
22. Pain ↓ 7/10 → 3/10. D/C medication review 17/10 (MO & pharmacist): probenecid ↓ paracetamol clearance → ward paracetamol PRN order ceased; pt advised not to take OTC paracetamol; HITH MO to review if analgesia needed
23. Mobilising independently; elevating leg when sitting
24. BGLs 7–12 mmol/L on ward
25. Complained re: hospital meals 'always cold'

PICC line

26. Single-lumen PICC L arm (basilic vein) inserted 16/10/26; tip position confirmed on CXR
27. External length 2 cm; site clean, no redness/swelling/ooze
28. Secured with clear semi-permeable dressing (tolerated, no tape) — next dressing change due 23/10
29. Flush with sodium chloride 0.9% before & after each dose per protocol

Plan

30. HITH daily visits from 18/10: confirm probenecid 1 g taken 30 min before cefazolin, give IV cefazolin, obs, check leg against marked border, PICC care
31. Escalate: fever, erythema spreading beyond border, ↑ pain, line problems (arm pain/swelling, site redness, occlusion) → HITH medical officer; signs of sepsis → ambulance/ED
32. Oral switch assessed by medical team 17/10: not yet suitable (failed oral flucloxacillin pre-admission; erythema still extensive) → continue IV via HITH. HITH MO to reassess IV need within 48 hrs (by 19/10) & at each review; switch to oral & remove PICC as soon as criteria met
33. Continue clotrimazole 1% cream to R toe webs BD
34. GP to review diabetes & smoking after HITH discharge