Adolescent asthma: referral

Original independent practice. Time allowed: 45 minutes (5 minutes reading and 40 minutes writing). Assume that today's date is 3 November 2026. Nathaniel Mulrain has attended a follow-up asthma appointment. You are a registered nurse in a primary care clinic. Using the case notes, write a referral letter to Ms Sorcha Fitzgibbons, School Nurse, School Health Service, 14 School Road, SW1P 3BT, United Kingdom. Request coordination of Nathaniel's written asthma action plan and practical arrangements enabling participation in school sport. 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: Nathaniel Mulrain	☐	☐	☐
2. DOB: 12/02/2011 (15 yrs); Year 11	☐	☐	☐
3. Attends recipient's school; next PE lesson 05/11/26	☐	☐	☐
Social background			
4. Lives with mother; she supervises home medicines	☐	☐	☐
5. Enjoys football; wishes to rejoin school sport	☐	☐	☐
6. Embarrassed using inhaler before peers; requests discreet support	☐	☐	☐
7. Nathaniel and mother consent to GP–school information sharing	☐	☐	☐
8. Mother discussed another parent's alleged affair during consultation	☐	☐	☐
Medical history			
9. Asthma diagnosed aged 9; seasonal hay fever	☐	☐	☐
10. No previous asthma admissions; no known drug allergies	☐	☐	☐
11. Childhood ear grommets; no current hearing difficulty	☐	☐	☐
12. Daily inhaled preventer prescribed for home use only	☐	☐	☐
13. Salbutamol pMDI + spacer: his reliever; carries neither at school	☐	☐	☐
19/10/26 — initial review			
14. Cough/wheeze during running; occasional night waking over preceding fortnight	☐	☐	☐
15. Reported missed preventer doses; no acute attack during consultation	☐	☐	☐
16. School reliever stored in office; delays accessing it during PE	☐	☐	☐
17. Mother requested permanent sport exemption; GP deferred pending review	☐	☐	☐
27/10/26 — follow-up			
18. Inhaler technique corrected; mother established regular home preventer routine	☐	☐	☐
19. Agreed symptom diary; school access problem remained unresolved	☐	☐	☐
03/11/26 — current review			
20. Adherence improved; no night waking or resting symptoms during past week	☐	☐	☐
21. Chest clear today; avoiding PE despite improved symptoms	☐	☐	☐
22. GP supports sport when well, with reliever/spacer readily accessible	☐	☐	☐
23. School nurse: agree discreet access arrangements with Nathaniel/PE staff before 05/11	☐	☐	☐
24. School nurse: obtain updated written action plan directly from GP	☐	☐	☐
Interim instructions and follow-up			
25. GP's interim attack instructions: sit upright; salbutamol via spacer, 1 puff every 30–60 seconds until symptoms improve, maximum 10; shake inhaler between puffs	☐	☐	☐
26. Call 999 if worsening, unimproved after 10 puffs, or attack without inhaler	☐	☐	☐
27. If unimproved after 10 minutes awaiting ambulance, repeat up to 10 puffs	☐	☐	☐
28. Inform GP of recurrent exercise symptoms or ↑ reliever use	☐	☐	☐
29. GP review booked 17/11/26; bring symptom diary	☐	☐	☐
30. Prefers the earlier bus because friends travel on it	☐	☐	☐
31. Mother complained about PE teacher's spelling in newsletter	☐	☐	☐

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