# Small partial-thickness burn: referral

Original independent practice. Time allowed: 45 minutes (5 minutes reading and 40 minutes writing). Assume that today's date is 3 November 2026. Ms Ngei has attended a planned dressing review, and same-day specialist assessment has been agreed. You are a registered nurse in an outpatient dressing clinic. Using the case notes, write a referral letter to Ms Charity Ndambuki, Burns Outreach Nurse, Specialist Outpatient Clinic, 16 Clinic Road, SW1P 3BT, United Kingdom. Request specialist burn and dressing review because Ms Ngei's hand movement is restricted. 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 Anita Ngei | ☐ | ☐ | ☐ |
| 2. DOB: 06/05/1994 (32 yrs) | ☐ | ☐ | ☐ |
| 3. Right-handed; attends planned review 03/11/26 | ☐ | ☐ | ☐ |
| **Social background** | | | |
| 4. Lives with sister; sister available to bring her to clinic | ☐ | ☐ | ☐ |
| 5. Works as dental receptionist; typing difficult since injury | ☐ | ☐ | ☐ |
| 6. Usually independent; now needs help fastening clothes | ☐ | ☐ | ☐ |
| 7. Enjoys photography; cancelled an unrelated camera-club meeting | ☐ | ☐ | ☐ |
| 8. Sister complained about emergency department parking charges | ☐ | ☐ | ☐ |
| **Medical history** | | | |
| 9. No diabetes, vascular disease or previous hand impairment | ☐ | ☐ | ☐ |
| 10. No known allergies; no regular prescribed medicines | ☐ | ☐ | ☐ |
| 11. Previous ankle sprain fully resolved | ☐ | ☐ | ☐ |
| **01/11/26 — emergency assessment** | | | |
| 12. Hot-water scald: dorsal R hand, extending across index/middle finger bases | ☐ | ☐ | ☐ |
| 13. Clinician assessed small partial-thickness burn; not circumferential | ☐ | ☐ | ☐ |
| 14. Wound pink, moist and blistered; fingers initially moved fully | ☐ | ☐ | ☐ |
| 15. Cooled promptly under running water for 20 minutes; rings removed | ☐ | ☐ | ☐ |
| 16. Wound cleaned; non-adherent dressing secured with soft bandage | ☐ | ☐ | ☐ |
| 17. Oral paracetamol used for pain; no antibiotics prescribed | ☐ | ☐ | ☐ |
| **01/11/26 — emergency assessment** | | | |
| 18. Burns service contacted; agreed outpatient review through local clinic | ☐ | ☐ | ☐ |
| 19. Advice given: keep dressing dry, elevate hand, gentle finger movement | ☐ | ☐ | ☐ |
| **03/11/26 — dressing review** | | | |
| 20. Pain at rest ↓; sleep improved since emergency attendance | ☐ | ☐ | ☐ |
| 21. Pink, moist wound; no discharge or spreading redness | ☐ | ☐ | ☐ |
| 22. Fingers warm; sensation intact; no colour change reported | ☐ | ☐ | ☐ |
| 23. Index/middle finger flexion restricted by pain and dressing bulk | ☐ | ☐ | ☐ |
| 24. Difficulty holding utensils and completing personal care | ☐ | ☐ | ☐ |
| 25. No fever or systemic symptoms; dressing clean and dry | ☐ | ☐ | ☐ |
| 26. Temporary non-adherent dressing reapplied without constriction; flexion still limited | ☐ | ☐ | ☐ |
| **Referral plan** | | | |
| 27. Burns registrar contacted today; same-day outreach assessment agreed | ☐ | ☐ | ☐ |
| 28. Request specialist burn/dressing review to permit safe hand movement | ☐ | ☐ | ☐ |
| 29. Please arrange hand therapy advice if appropriate after assessment | ☐ | ☐ | ☐ |
| 30. Sister will accompany her today; patient agrees to referral | ☐ | ☐ | ☐ |
| 31. Advised urgent reassessment for worsening pain/swelling, fever or feeling unwell | ☐ | ☐ | ☐ |
| 32. Patient disliked the waiting-room music during her first attendance | ☐ | ☐ | ☐ |



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