Resolved acute kidney injury: discharge

Original independent practice. The patient details, observations and individual discharge orders are fictional. Assume that today's date is 3 November 2026. Mr Burns is returning to his aged care facility today. Allow 45 minutes: 5 minutes reading and 40 minutes writing. You are a registered nurse on the medical ward. Using the case notes, write to Ms Humaira Bangash, the residential care nurse, handing over Mr Burns's current medicine and fluid plan, ordered blood tests and follow-up after resolved acute kidney injury. Address the letter to Ms Humaira Bangash, Residential Care Nurse, Residential Care Nursing Office, 34 High Street, SW19 1AA, United Kingdom. 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 Darnell Burns	☐	☐	☐
2. DOB: 05/02/1944 (82 yrs)	☐	☐	☐
3. Admitted 26/10/26; discharge 03/11/26	☐	☐	☐
4. Resident: aged care facility, 34 High Street, SW19 1AA, UK	☐	☐	☐
Social background			
5. Staff administer all medicines; able to drink independently when prompted	☐	☐	☐
6. Mild memory difficulties; often forgets to ask for drinks	☐	☐	☐
7. Usual mobility: independent with walking frame	☐	☐	☐
8. Daughter can accompany him to GP appointment	☐	☐	☐
9. Retired accountant; likes discussing former colleagues	☐	☐	☐
10. Daughter disclosed private inheritance dispute; unrelated to care	☐	☐	☐
Medical history			
11. Hypertension; ramipril taken before admission	☐	☐	☐
12. Knee osteoarthritis; PRN ibuprofen used before admission	☐	☐	☐
13. No known chronic kidney disease or heart failure	☐	☐	☐
Admission and inpatient chronology			
14. 26/10: vomiting/diarrhoea, poor intake and ↓ urine	☐	☐	☐
15. AKI attributed to dehydration by treating team	☐	☐	☐
16. IV fluids given; renal function improved progressively	☐	☐	☐
17. Ramipril and ibuprofen withheld on admission	☐	☐	☐
18. 28/10: temporary fluid restriction during oliguria with oedema	☐	☐	☐
Admission and inpatient chronology			
19. 30/10: oedema resolved; restriction explicitly cancelled	☐	☐	☐
20. 02/11: creatinine back to baseline; team documents AKI resolved	☐	☐	☐
21. 03/11: eating/drinking normally; no vomiting/diarrhoea for 48 hrs	☐	☐	☐
22. Urine output usual; no swelling or breathlessness	☐	☐	☐
Current documented discharge orders			
23. Discharge order: ramipril remains withheld; GP decides restart after blood-result review	☐	☐	☐
24. Ibuprofen ceased; do not restart; medical advice before other NSAIDs	☐	☐	☐
25. Current plan: no fluid restriction; offer drinks regularly, record intake/urine	☐	☐	☐
26. Renal function/electrolytes ordered 06/11; facility arranges collection; request supplied; results to GP	☐	☐	☐
27. GP appointment 09/11: blood results, BP and ramipril decision	☐	☐	☐
28. Urgent GP assessment: ↓ urine, poor intake, recurrent vomiting, new confusion, swelling/breathlessness	☐	☐	☐
29. Call ambulance for severe breathing difficulty	☐	☐	☐
30. Record BP for GP review; no other medicine changes	☐	☐	☐
31. Pharmacist confirmed updated medication supply matches discharge orders	☐	☐	☐
Other recorded information			
32. Renal ultrasound: no obstruction during admission	☐	☐	☐
33. Previous cataract operation; no current visual concerns	☐	☐	☐