Pulmonary tuberculosis: referral

Original independent practice. Assume that today's date is 3 November 2026. Mr Althani has attended an outreach review. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a registered nurse in a community outreach service. Using the case notes, write a referral to Ms Maryanne Crist, Public Health Nurse, Community Outreach Service, 24 High Street, SW1A 2AA, United Kingdom. Request consented adherence support for Mr Hamad Althani and coordination of household-contact screening. 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 Hamad Althani	☐	☐	☐
2. DOB: 18/06/1988 (38 yrs)	☐	☐	☐
3. Address: 8 Park Road, SW8 2AB, United Kingdom	☐	☐	☐
4. Outreach review: 03/11/26; attends independently	☐	☐	☐
Social background			
5. Lives with wife and daughter (6); shared household facilities	☐	☐	☐
6. Telephone contact preferred after midday; depends on wife for transport	☐	☐	☐
7. Reads English medicine labels; prefers verbal explanations before written information	☐	☐	☐
8. Recounted delayed luggage when immigrating in 2019	☐	☐	☐
9. Discussed relative's visa dispute; requested privacy	☐	☐	☐
Medical history			
10. No previous TB treatment or known household history of tuberculosis	☐	☐	☐
11. No regular medicines before this illness; no over-the-counter remedies reported	☐	☐	☐
12. Allergies: nil known	☐	☐	☐
Assessment and initial care			
13. 06/10: cough 6/52, night sweats, appetite ↓	☐	☐	☐
14. 12/10: sputum testing confirmed pulmonary TB	☐	☐	☐
15. 12/10: TB team notified; household contact-screening referral initiated	☐	☐	☐
16. Household screening appointment offered for 23/10; letter received but attendance not confirmed	☐	☐	☐
Assessment and initial care			
17. 13/10: isoniazid + rifampicin + pyrazinamide + ethambutol started, with pyridoxine; all once daily; TB specialist retains prescribing responsibility	☐	☐	☐
Treatment and progress			
18. 24/10: cough ↓, appetite improving; reported taking treatment without practical difficulty	☐	☐	☐
19. Medicines available at home	☐	☐	☐
20. 01–02/11: missed medicines despite supply at home; thought improvement meant treatment could stop	☐	☐	☐
21. 03/11: no breathlessness or haemoptysis reported	☐	☐	☐
22. Today: eating better; cough now occasional; denies medication-related nausea or rash	☐	☐	☐
23. TB team informed of omissions today; specialist review 05/11	☐	☐	☐
24. Wife + daughter (6): screening missed (transport); rebook through contact-screening service	☐	☐	☐
25. Both contacts asymptomatic; wife aware of diagnosis and willing to attend screening	☐	☐	☐
Agreed plan			
26. Consents to referral and necessary information sharing for adherence support/contact screening	☐	☐	☐
27. 04/11: contact patient; agree reminders, reinforce treatment completion, explore barriers	☐	☐	☐
28. Report further missed doses promptly to TB team	☐	☐	☐
29. Worried neighbours may discover diagnosis; agree discreet visit arrangements	☐	☐	☐
30. Please help household resolve transport difficulties for screening	☐	☐	☐

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