Recovery following pre-eclampsia: discharge

Original independent practice. Assume that today's date is 3 November 2026. Ms Freaney is being discharged home today. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a registered nurse on a postnatal ward. Using the case notes, write a discharge letter to Ms Hue Luong, Child and Family Health Nurse, Postnatal Community Service, 18 High Street, SW1A 2AA, United Kingdom. Request maternal follow-up for Ms Caragh Freaney following pre-eclampsia. Under the agreed team plan, Ms Luong will assess maternal symptoms and blood pressure at the home visit and report her findings to maternity triage the same day. Explain the scheduled reviews and symptom escalation advice; the obstetric team retains responsibility for treatment decisions and subsequent blood pressure monitoring arrangements. 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 Caragh Freaney	☐	☐	☐
2. DOB: 12/02/1995 (31 yrs)	☐	☐	☐
3. Address: 6 Church Road, SW8 2AB, United Kingdom	☐	☐	☐
4. Discharge: 03/11/26; first baby born 30/10	☐	☐	☐
Social background and routine postnatal information			
5. Lives with partner; available to accompany her to appointments and provide transport	☐	☐	☐
6. Anxious after unexpected admission; accepts support; sleep interrupted by infant care	☐	☐	☐
7. Breastfeeding established; routine infant follow-up already arranged through postnatal service	☐	☐	☐
8. Baby's hearing screen completed; no concerns recorded	☐	☐	☐
9. Baby received vitamin K after birth	☐	☐	☐
10. Complained that night staff were slow answering her bell	☐	☐	☐
Medical history			
11. No hypertension or kidney disease before pregnancy	☐	☐	☐
12. Allergies: nil known	☐	☐	☐
13. Previous wrist fracture healed; no functional limitation	☐	☐	☐
Admission and birth			
14. 29/10: hypertension + proteinuria + persistent headache → pre-eclampsia diagnosed	☐	☐	☐
15. 30/10: labour induced at 37+2/40	☐	☐	☐
16. Vaginal birth; baby remained with mother	☐	☐	☐
Postnatal progress			
17. 31/10: headache resolved; no subsequent visual symptoms	☐	☐	☐
18. 01/11: platelet count, renal and liver blood results improving	☐	☐	☐
19. 02/11: obstetric team stopped antihypertensive treatment; none prescribed at discharge	☐	☐	☐
20. 03/11: BP 128/82, then 132/84 mmHg	☐	☐	☐
21. Today: no headache, visual disturbance or pain below ribs	☐	☐	☐
22. Mobilising independently; eating and drinking	☐	☐	☐
Documented discharge plan and education			
23. Agreed team plan: Ms Luong (child and family health nurse), 04/11 home visit → assess maternal symptoms/BP; report findings + BP to maternity triage same day	☐	☐	☐
24. Maternity review booked 05/11; obstetric team retains responsibility for treatment decisions + subsequent BP monitoring arrangements	☐	☐	☐
25. GP postnatal review booked 15/12	☐	☐	☐
26. Team advice: severe persistent headache/visual disturbance/pain below ribs/sudden swelling/very unwell → immediate maternity-triage assessment	☐	☐	☐
27. Do not wait for scheduled review if warning symptoms develop	☐	☐	☐
28. Seizure or collapse → call 999	☐	☐	☐
29. Initially thought delivery removed all risk and further checks were unnecessary; explanation provided	☐	☐	☐
30. Written symptom advice supplied; can now repeat main warning signs	☐	☐	☐
31. Partner will provide transport for booked maternity review	☐	☐	☐

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