Restrictive eating disorder: referral

This is original independent practice. All patient-specific observations, events and individual care arrangements are fictional. Assume that today's date is 4 November 2026. Kaitlin is attending the adolescent outpatient service for review. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a registered nurse in the adolescent outpatient service. Using the case notes, write a referral letter to Ms Felicidad Abella, Specialist Eating-Disorder Nurse, Adolescent Outpatient Service, 24 Station Road, NSW 2000, Australia. Request specialist assessment, support and coordination of weekly monitoring, communicating Kaitlin's current condition, the referring team's medical responsibilities and her information-sharing consent. A copy of the written safety plan will accompany your letter. Ask Ms Abella to reinforce this plan; its detailed instructions do not need to be repeated. 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 Kaitlin Carley; DOB 19/03/2009 (17 yrs)	☐	☐	☐
2. Referral date: 04/11/26; adolescent outpatient service	☐	☐	☐
Social background			
3. Lives with mother; attends school; mother available for meal support	☐	☐	☐
4. School attendance ↓ over 3/52; struggling with morning lessons	☐	☐	☐
5. Previously attended lunch club; stopped when eating with peers became difficult	☐	☐	☐
6. Mother complained about reception staff's telephone manner	☐	☐	☐
Medical history			
7. No significant previous illness; no regular medication	☐	☐	☐
8. Denies vomiting, laxatives, diuretics or excessive exercise	☐	☐	☐
9. No fainting, chest pain or palpitations reported	☐	☐	☐
10. Denies self-harm or suicidal thoughts at today's review	☐	☐	☐
Assessment and progress			
11. 14/10: assessment → restrictive eating disorder; breakfast/lunch usually missed	☐	☐	☐
12. Measured weights: 14/10 54.6 kg → 04/11 52.5 kg	☐	☐	☐
13. Dietitian agreed meal support; mother began supporting breakfast	☐	☐	☐
14. 04/11: breakfast now eaten with support; evening meal with mother	☐	☐	☐
15. Fluids: water and milk regularly; no vomiting	☐	☐	☐
16. 04/11: most lunch uneaten; persistent tiredness and poor concentration	☐	☐	☐
Assessment and progress			
17. 04/11: pulse 64 beats/min; seated BP 104/68 mmHg; temperature 36.4°C	☐	☐	☐
18. Anxious about eating at school; accepts specialist help and agrees to referral	☐	☐	☐
19. Weight gain feared; asks staff to avoid commenting on appearance	☐	☐	☐
20. Enjoys photography; recently bought a camera	☐	☐	☐
Consent and plan			
21. Understands referral and information-sharing choices; consent documented	☐	☐	☐
22. Prefers part of each consultation alone	☐	☐	☐
23. 04/11: blood tests pending; referring team to review results	☐	☐	☐
24. Specialist: assess/support; coordinate weekly intake/mood/symptoms/weight/observations; referring team retains medical decisions; next medical review 06/11	☐	☐	☐
25. Mother: consent for appointments/meal-support advice only; exclude weights/therapy discussions	☐	☐	☐
26. School: consent for attendance adjustments only; exclude diagnosis/weights	☐	☐	☐
27. Safety-related confidentiality limits explained; review consent before wider sharing	☐	☐	☐
28. Written safety plan provided to Kaitlin; copy accompanies referral; specialist to reinforce. Plan: non-emergency deterioration → contact team promptly; new thoughts of self-harm/suicide → immediate ED assessment; fainting/chest pain/breathing difficulty/unresponsiveness or immediate danger of self-harm → call 000 immediately; do not delay emergency care to contact team	☐	☐	☐

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