Spinal cord injury: transfer

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. Mr Soos is transferring to the specialist rehabilitation ward today. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a registered nurse on the acute spinal ward. Using the case notes, write a transfer letter to Ms Sarah-Jane Watters, Spinal Rehabilitation Nurse, Specialist Rehabilitation Ward, 46 Station Road, NSW 2000, Australia. Explain Mr Soos's current assistance needs, abilities that should be preserved, existing bladder care and training needs. 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 and social background			
1. Name: Mr Francisco Soos; DOB 21/02/1992 (34 yrs)	☐	☐	☐
2. Transfer date: 04/11/26; acute spinal ward → specialist rehabilitation	☐	☐	☐
3. Lives with partner; previously independent; employed in office work	☐	☐	☐
4. Home has entrance steps; occupational therapy access assessment pending	☐	☐	☐
5. Partner available evenings; patient consents to involvement	☐	☐	☐
6. Partner complained about visiting-hour arrangements	☐	☐	☐
Medical history and injury			
7. Past history: childhood tonsillectomy; no ongoing medical conditions	☐	☐	☐
8. No known drug allergies	☐	☐	☐
9. 08/10: fall → T10 spinal cord injury; spine now mechanically stable	☐	☐	☐
10. 04/11: no voluntary leg movement; reduced sensation below injury; arm/hand function normal	☐	☐	☐
Functional progress and current assistance			
11. 15/10: hoist transfers; dependent for dressing	☐	☐	☐
12. 28/10: began slide-board transfer practice with physiotherapist	☐	☐	☐
13. 03/11: propels wheelchair independently on level surfaces	☐	☐	☐
14. Eats, washes upper body and dresses top half independently	☐	☐	☐
15. Requires lower-body washing/dressing assistance; asks to choose own clothes	☐	☐	☐
16. Current transfers: slide board + one trained assistant; no independent transfers	☐	☐	☐
Functional progress and current assistance			
17. Previously cycled to work; bicycle remains at workplace	☐	☐	☐
18. Requests staff explain assistance first; wants maximum independence	☐	☐	☐
Bladder care			
19. Initial urinary retention; indwelling catheter inserted during acute admission	☐	☐	☐
20. Current urethral catheter: clear urine, free drainage, no leakage	☐	☐	☐
21. No fever or catheter discomfort reported today	☐	☐	☐
22. Maintain drainage/record output; reduced drainage or leakage → prompt assessment	☐	☐	☐
23. Observed intermittent catheterisation teaching 02/11; no practice; assess readiness/supervise training; specialist team to decide catheter removal	☐	☐	☐
24. Patient anxious about handling catheter; normal hand dexterity	☐	☐	☐
Other care and rehabilitation plan			
25. Skin intact; needs assisted bed turns, pressure-relieving mattress/cushion and regular skin checks	☐	☐	☐
26. Bowel care currently nurse-assisted; individual plan accompanies transfer	☐	☐	☐
27. Sleeping better; accepts psychology appointment	☐	☐	☐
28. Goal: independent bladder care; asks about walking; team explained recovery uncertain, no prognosis promised	☐	☐	☐
29. Rehabilitation requested for mobility, self-care and bladder-care training	☐	☐	☐
30. Medication, physiotherapy and occupational therapy handovers accompany transfer	☐	☐	☐

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