# Shingles during recovery from admission: discharge

Original independent practice. Assume that today's date is 4 November 2026. Mrs Reihana is returning to her residential care facility today. Allow 5 minutes for reading and 40 minutes for writing. You are a registered nurse on a medical ward. Using the case notes, write a discharge letter to Ms Pare Karena, Residential Care Nurse, Residential Care Facility, 18 Park Road, NSW 2000, Australia. Request continued nursing care for Mrs Reihana and explain her documented infection-control plan, including protection of vulnerable contacts. 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: Mrs Teata Reihana | ☐ | ☐ | ☐ |
| 2. DOB: 18/03/1944 (82 yrs) | ☐ | ☐ | ☐ |
| 3. Usual residence: residential care facility; returning to same room | ☐ | ☐ | ☐ |
| 4. Admitted 24/10/26; discharge 04/11/26 | ☐ | ☐ | ☐ |
| 5. Anxious about returning while rash persists; seeks reassurance | ☐ | ☐ | ☐ |
| **Social background** | | | |
| 6. Alert, orientated; understands explanations and requests reassurance about infecting others | ☐ | ☐ | ☐ |
| 7. Mobilises with four-wheeled frame; baseline assistance with showering | ☐ | ☐ | ☐ |
| 8. Daughter plans visit with newborn tomorrow; patient requests advice | ☐ | ☐ | ☐ |
| 9. Complained that ward staff served weak tea | ☐ | ☐ | ☐ |
| **Medical history** | | | |
| 10. Hand osteoarthritis; staff usually assist with skin care | ☐ | ☐ | ☐ |
| 11. No immunosuppressive illness or treatment | ☐ | ☐ | ☐ |
| 12. Cataract surgery 2019; no current visual concerns | ☐ | ☐ | ☐ |
| **Admission and progress** | | | |
| 13. 24/10: gastroenteritis/dehydration; vomiting/diarrhoea resolved, oral intake recovered by 27/10 | ☐ | ☐ | ☐ |
| 14. 26/10: painful left-trunk vesicles; treating doctor diagnosed localised shingles | ☐ | ☐ | ☐ |
| 15. Prescribed antiviral course completed 02/11; no further antiviral ordered | ☐ | ☐ | ☐ |
| **Admission and progress** | | | |
| 16. 03/11: pain settled; sleep restored; eating usual meals | ☐ | ☐ | ☐ |
| 17. 04/11: rash confined to left trunk; several moist blisters remain | ☐ | ☐ | ☐ |
| 18. No facial lesions, fever or new lesions elsewhere | ☐ | ☐ | ☐ |
| 19. Loose cotton clothing comfortable; needs assistance applying dressing | ☐ | ☐ | ☐ |
| **Documented infection-control and discharge plan** | | | |
| 20. 04/11 IPC review: standard + contact precautions until fully crusted; no airborne precautions for current localised, non-immunocompromised presentation | ☐ | ☐ | ☐ |
| 21. Clean/dry rash; cover completely with non-adherent dressing; inspect daily; hand hygiene, gloves/gown for direct contact | ☐ | ☐ | ☐ |
| 22. Until all lesions dry/crusted: avoid immunocompromised contacts, pregnant contacts without chickenpox immunity and babies <1 month | ☐ | ☐ | ☐ |
| 23. Allocate care staff with verified chickenpox immunity | ☐ | ☐ | ☐ |
| 24. Possible vulnerable-contact exposure → promptly contact infection-control team for assessment | ☐ | ☐ | ☐ |
| 25. Rash spreads/cannot remain covered → separate from residents; urgent IPC reassessment | ☐ | ☐ | ☐ |
| 26. Fever or worsening pain → contact GP for review | ☐ | ☐ | ☐ |
| 27. Facility nurse: resume care today; daily rash review until crusted | ☐ | ☐ | ☐ |
| 28. GP review booked 06/11 | ☐ | ☐ | ☐ |
| 29. Patient prefers morning shower before breakfast | ☐ | ☐ | ☐ |
| 30. No other changes to existing residential care plan | ☐ | ☐ | ☐ |



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