Bipolar disorder after a manic episode: transfer

Original independent practice. Assume that today's date is 4 November 2026. Mr Segarra's crisis-team support ends today, and the community recovery team has accepted his transfer. Allow 5 minutes for reading and 40 minutes for writing. You are a registered nurse in the community crisis team. Using the case notes, write a transfer letter to Ms Elvira Mateu, Community Mental Health Nurse, Community Recovery Team, 24 Park Road, NSW 2000, Australia. Request continued recovery support for Mr Segarra, highlighting his individual relapse signs, current assessment and agreed follow-up responsibilities. 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 Lucas Segarra	☐	☐	☐
2. DOB: 22/05/1988 (38 yrs)	☐	☐	☐
3. Address: 8 Garden Street, NSW 2000	☐	☐	☐
4. Transfer agreed 04/11/26; patient accepts community recovery support	☐	☐	☐
Social background			
5. Lives alone; sister nearby, visits regularly	☐	☐	☐
6. Accountant; currently on leave; hopes to return gradually	☐	☐	☐
7. Consents to sister sharing observations with recovery nurse	☐	☐	☐
8. Sister described him as selfish and attention-seeking	☐	☐	☐
9. Dislikes clinic waiting-room music	☐	☐	☐
Medical history			
10. Bipolar disorder diagnosed 2021; previous depressive episode	☐	☐	☐
11. Remote appendicectomy; no continuing problems	☐	☐	☐
12. Before recent episode: managing work and home independently	☐	☐	☐
Admission and recovery			
13. 12/10/26: admitted with mania; minimal sleep, overnight business emails, unplanned purchases	☐	☐	☐
14. 27/10: discharged home under crisis-team support	☐	☐	☐
15. 04/11 review: usual sleep restored, calm speech; no reported suicidal thoughts/hallucinations	☐	☐	☐
16. Recognises admission followed change from usual routine	☐	☐	☐
17. Embarrassed by purchases; reluctant to seek help early	☐	☐	☐
Admission and recovery			
18. Daily routine improving; prepares meals independently	☐	☐	☐
19. No current substance misuse reported	☐	☐	☐
Agreed relapse prevention			
20. Personal early signs: ↓ sleep, renewed overnight business emails, unplanned purchases	☐	☐	☐
21. Patient and sister identified these changes together	☐	☐	☐
22. Patient agrees sister may help review spending voluntarily	☐	☐	☐
23. Recovery goal: rebuild regular routine before work return	☐	☐	☐
Transfer plan			
24. Recovery team accepted transfer today; first home visit 05/11: monitor mood, sleep, warning signs, engagement/treatment adherence	☐	☐	☐
25. Crisis-team involvement ends today; recovery nurse to initiate 05/11 contact; missed contact → retry same day, discuss with duty clinician	☐	☐	☐
26. Current psychiatric medication list + monitoring plan attached to transfer; psychiatrist retains prescribing/physical monitoring; review 09/11; no nursing medication administration requested	☐	☐	☐
27. Individual plan: warning signs recur → same-day crisis-team assessment; after hours → NSW Mental Health Line 1800 011 511; immediate danger →000	☐	☐	☐
28. Patient given plan; understands emergency contact instructions	☐	☐	☐
29. GP informed of transfer; no new GP appointment requested	☐	☐	☐
30. Requests telephone reminder before first home visit	☐	☐	☐

Teachers: free class packs at oetace.com/oet/teachers