Multiple sclerosis with urgency: referral

Original independent practice. Assume that today's date is 4 November 2026. You have reviewed Ms Frohlich at home and obtained her consent for referral. Allow 5 minutes for reading and 40 minutes for writing. You are a registered nurse in a community nursing service. Using the case notes, write a referral letter to Ms Nina Goulden, Continence Specialist Nurse, Community Continence Clinic, 36 Park Road, NSW 2000, Australia. Request assessment of Ms Frohlich's persistent urinary urgency and leakage, explaining the practical barriers to toileting and the status of her infection investigation. 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 Doris Frohlich	☐	☐	☐
2. DOB: 09/02/1980 (46 yrs)	☐	☐	☐
3. Address: 12 Garden Street, NSW 2000	☐	☐	☐
4. Community nursing reviews: 14/10/26 and 04/11/26	☐	☐	☐
Social background			
5. Lives with partner; independent decisions and personal care	☐	☐	☐
6. Works from home; travel increasingly tiring	☐	☐	☐
7. Collects antique postcards	☐	☐	☐
8. Complained that previous receptionist sounded unfriendly	☐	☐	☐
Medical history			
9. Multiple sclerosis diagnosed 2018; ongoing specialist follow-up; usual fatigue and walking difficulties	☐	☐	☐
10. Remote wrist fracture; healed without limitation	☐	☐	☐
14 October 2026: home visit			
11. Reports urgency for 6/52; leaks before reaching toilet	☐	☐	☐
12. No reported leakage with cough/sneeze	☐	☐	☐
13. Fatigue worse late afternoon; walks slowly with frame; no recent falls	☐	☐	☐
14. Narrow bathroom doorway excludes frame; difficult clothing fastenings delay toileting	☐	☐	☐
15. Stopped exercise group because worried about accidents	☐	☐	☐
16. Patient wonders whether symptoms mean a urine infection	☐	☐	☐
17. No dysuria, fever, flank pain or visible haematuria reported	☐	☐	☐
18. Agreed bladder diary and trial of easier clothing	☐	☐	☐
4 November 2026: review			
19. Urgency/leakage persist despite slightly quicker clothing removal	☐	☐	☐
20. Urine culture collected today: pending; infection unconfirmed, no antibiotics prescribed; GP owns result review and direct patient contact	☐	☐	☐
21. Completed diary: 9–11 daytime voids, 2 overnight; leaks approaching toilet	☐	☐	☐
22. No bladder scan/emptying assessment yet; no previous continence-clinic assessment	☐	☐	☐
23. Reports bowels regular; no recent constipation	☐	☐	☐
24. No new limb weakness or change from usual mobility	☐	☐	☐
25. Absorbent pads used when leaving home; unsure which product suits	☐	☐	☐
Plan			
26. Refer continence nurse: assess urgency/leakage and bladder emptying; advise products; liaise with occupational therapy re toilet access	☐	☐	☐
27. Diary accompanies referral; patient consents to sharing findings	☐	☐	☐
28. Requests initial telephone contact because clinic travel difficult; partner unavailable during working hours	☐	☐	☐
29. GP remains responsible for reviewing any new symptoms while referral pending	☐	☐	☐
30. Partner can assist with transport if clinic assessment required	☐	☐	☐

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