COPD exacerbation recovery: discharge

Assume that today's date is 5 November 2026. Mr Eduardo Tamayo is being discharged home today. This is original independent practice; all patient details and recorded treating-team decisions are fictional. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a registered nurse on the respiratory ward. Using the case notes, write a discharge letter to Ms Dixie Hunter, Respiratory Community Nurse, Supported Discharge Service, 24 Station Road, SW1V 2AA, United Kingdom. Request continued support at home, explaining the inhaler discrepancy, the verified prescription and responsibility for the outstanding correction. 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 Eduardo Tamayo	☐	☐	☐
2. DOB: 12/03/1955 (71 yrs)	☐	☐	☐
3. Home: 6 Park Road, SW1V 2AA	☐	☐	☐
4. Admitted 02/11/26; discharge home 05/11/26	☐	☐	☐
Social background			
5. Lives alone; daughter visits evenings; independent personal care	☐	☐	☐
6. Enjoys crosswords and collecting railway postcards	☐	☐	☐
7. Daughter mentioned an unrelated dispute over her brother's inheritance	☐	☐	☐
Medical history			
8. COPD diagnosed 8 yrs ago; ex-smoker, stopped 4 yrs ago	☐	☐	☐
9. Appendicectomy in childhood; uncomplicated recovery	☐	☐	☐
10. Allergies: nil known	☐	☐	☐
Assessment and progress			
11. Admission: ↑ breathlessness, wheeze and cough for 3 days	☐	☐	☐
12. Chest X-ray: no focal consolidation	☐	☐	☐
13. Inpatient acute treatment completed; no take-home steroids or antibiotics prescribed	☐	☐	☐
14. Today: breathlessness at usual baseline; comfortable at rest	☐	☐	☐
15. Mobilising independently; rests when walking along corridor	☐	☐	☐
Inhaler reconciliation			
16. Discharge summary lists salbutamol dry-powder inhaler; supplied: salbutamol pMDI 100 micrograms/puff + spacer	☐	☐	☐
Inhaler reconciliation			
17. Registrar + ward pharmacist checked signed discharge prescription: supplied pMDI + spacer correct; summary incorrect	☐	☐	☐
18. Verified prescription: 1–2 puffs via spacer PRN breathlessness/wheeze, maximum 4 occasions/24 hrs; do not use dry-powder device	☐	☐	☐
19. Initially struggled coordinating inhalation with actuation → improved using spacer	☐	☐	☐
20. Observed repeat demonstration satisfactory; further technique check requested	☐	☐	☐
21. Pharmacist explained discrepancy; pt correctly repeated supplied inhaler's instructions	☐	☐	☐
22. Registrar to issue corrected summary to GP + respiratory service today; outstanding at discharge	☐	☐	☐
23. If correction absent at first visit → contact ward registrar via hospital switchboard	☐	☐	☐
Discharge plan			
24. Pt complained that ward lunches lacked variety	☐	☐	☐
25. Supported discharge: home visit 06/11; assess symptoms, check technique, reconcile paperwork against verified prescription	☐	☐	☐
26. GP appointment booked 10/11; daughter providing transport	☐	☐	☐
27. Team's safety advice: same-day GP assessment for worsening symptoms, inadequate relief or ↑ reliever need	☐	☐	☐
28. Emergency advice: call 999 for severe breathing difficulty, including inability to speak	☐	☐	☐