# Venous leg ulcer: referral

This is original independent practice material. Assume that today's date is 5 November 2026. Mr Heriberto Cuervo has been assessed at your general practice today. You are a registered nurse at a general practice. Using the case notes, write a referral letter to Ms Mar Carbonell, Wound-care Community Nurse, Home Dressing Service, 18 Park Road, SW1V 2AB. Request home dressing visits for Mr Heriberto Cuervo, communicating the documented vascular findings, outstanding assessment and interim care instructions. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. 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 Heriberto Cuervo | ☐ | ☐ | ☐ |
| 2. DOB: 12/03/1948 (78 yrs) | ☐ | ☐ | ☐ |
| 3. Home: 7 Grove Street, SW1V 2AB | ☐ | ☐ | ☐ |
| 4. Practice nurse assessment: 05/11/26 | ☐ | ☐ | ☐ |
| **Social background** | | | |
| 5. Lives alone; hip stiffness prevents reaching ulcer for dressing changes | ☐ | ☐ | ☐ |
| 6. Daughter available for clinic transport, not dressings; visits at weekends | ☐ | ☐ | ☐ |
| 7. Retired tailor; enjoys radio quizzes | ☐ | ☐ | ☐ |
| 8. Daughter privately complained about a family inheritance dispute | ☐ | ☐ | ☐ |
| **Medical history** | | | |
| 9. Bilateral hip osteoarthritis; walks independently indoors; uses stick outdoors | ☐ | ☐ | ☐ |
| 10. Longstanding varicose veins; recurrent ankle swelling | ☐ | ☐ | ☐ |
| 11. No known diabetes or previous arterial disease | ☐ | ☐ | ☐ |
| 12. Appendicectomy in early adulthood; uncomplicated | ☐ | ☐ | ☐ |
| 13. Allergies: nil known | ☐ | ☐ | ☐ |
| **Assessment and investigations** | | | |
| 14. Ulcer present 6/52 following minor scratch | ☐ | ☐ | ☐ |
| 15. L medial ankle: 3 × 2 cm, shallow | ☐ | ☐ | ☐ |
| 16. Granulating base; moderate exudate; surrounding skin intact | ☐ | ☐ | ☐ |
| 17. No spreading erythema, fever or systemic illness | ☐ | ☐ | ☐ |
| **Assessment and investigations** | | | |
| 18. L ankle oedema; brown pigmentation surrounding ulcer | ☐ | ☐ | ☐ |
| 19. Venous duplex 29/10: superficial venous reflux documented | ☐ | ☐ | ☐ |
| 20. Pedal pulses palpable; arterial Doppler assessment/ABPI not yet completed | ☐ | ☐ | ☐ |
| 21. No rest pain; foot warm; no reported numbness | ☐ | ☐ | ☐ |
| 22. Treating team's working diagnosis: venous leg ulcer | ☐ | ☐ | ☐ |
| 23. Complained that receptionist spoke too quickly | ☐ | ☐ | ☐ |
| **Treatment and plan** | | | |
| 24. Team's interim order: saline cleanse; non-adherent absorbent dressing 3 times weekly; earlier if saturated/displaced | ☐ | ☐ | ☐ |
| 25. Each visit: record wound size, exudate and surrounding skin condition | ☐ | ☐ | ☐ |
| 26. Team instruction: no compression bandages/stockings pending arterial assessment and documented compression prescription | ☐ | ☐ | ☐ |
| 27. Refer for home dressing visits from 06/11; patient unable to self-dress | ☐ | ☐ | ☐ |
| 28. Leg ulcer clinic 09/11, 10:00: arterial assessment and treatment planning; daughter providing transport | ☐ | ☐ | ☐ |
| 29. Team escalation instructions: spreading redness/↑pain/fever → same-day GP; sudden severe limb pain with cold/pale foot → immediate emergency assessment | ☐ | ☐ | ☐ |
| 30. Dressings supplied for initial visits; written interim instructions accompany referral | ☐ | ☐ | ☐ |
| 31. Patient agrees to referral; understands clinic attendance remains necessary | ☐ | ☐ | ☐ |