# Child recovering from gastroenteritis: discharge

This is original independent practice. Assume that today's date is 5 November 2026. Dinis Benito is being discharged home this afternoon. You are a registered nurse on a children's ward. Using the information in the case notes, write a discharge letter to Ms Jovita Agustin, Paediatric Community Nurse, requesting a home visit to review Dinis Benito and reinforce his mother's understanding of his ongoing care. Address the letter to Ms Jovita Agustin, Paediatric Community Nurse, Paediatric Community Nursing Service, 24 Orchard Road. 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: Dinis Benito; boy | ☐ | ☐ | ☐ |
| 2. DOB: 15/07/2022 (4 yrs) | ☐ | ☐ | ☐ |
| 3. Home: 8 Willow Close | ☐ | ☐ | ☐ |
| 4. Admitted 03/11/26; discharge home 05/11/26 | ☐ | ☐ | ☐ |
| **Social background** | | | |
| 5. Lives with mother, Ms Jordana Pena; main carer | ☐ | ☐ | ☐ |
| 6. Mother available throughout recovery; consents to community nursing visit | ☐ | ☐ | ☐ |
| 7. Attends nursery on weekdays; currently absent | ☐ | ☐ | ☐ |
| 8. Enjoys drawing buses and collecting toy cars | ☐ | ☐ | ☐ |
| 9. Mother criticised ward meals and complained about staff parking | ☐ | ☐ | ☐ |
| **Medical history** | | | |
| 10. Previously well; no regular medicines | ☐ | ☐ | ☐ |
| 11. No known drug allergies | ☐ | ☐ | ☐ |
| 12. Otitis media 6/12 ago; resolved | ☐ | ☐ | ☐ |
| **Admission and progress** | | | |
| 13. 02/11: vomiting and watery diarrhoea began | ☐ | ☐ | ☐ |
| 14. 03/11: ↓ intake and urine; admitted with dehydration | ☐ | ☐ | ☐ |
| 15. Admission assessment: alert; dry mouth; no blood in stools | ☐ | ☐ | ☐ |
| 16. Medical diagnosis: gastroenteritis; no antibiotics indicated by treating team | ☐ | ☐ | ☐ |
| 17. Oral rehydration given under observation; intake improved | ☐ | ☐ | ☐ |
| 18. Last vomit 04/11 morning; none since | ☐ | ☐ | ☐ |
| **Admission and progress** | | | |
| 19. 05/11: dehydration resolved; alert, drinking freely, urine back to usual | ☐ | ☐ | ☐ |
| 20. Two loose stools today; no blood; no abdominal pain | ☐ | ☐ | ☐ |
| 21. Mother relieved; child asking to return to nursery | ☐ | ☐ | ☐ |
| **Discharge teaching and plan** | | | |
| 22. Discharge supplies: oral rehydration sachets, measuring jug and recording sheet | ☐ | ☐ | ☐ |
| 23. Team fluid plan: frequent small drinks, including supplied oral rehydration solution; prepare exactly per packet | ☐ | ☐ | ☐ |
| 24. Team advice: usual food as tolerated; avoid fruit juice/fizzy drinks | ☐ | ☐ | ☐ |
| 25. Mother needs prompts preparing solution; unsure when symptoms require medical help | ☐ | ☐ | ☐ |
| 26. Can record drinks, urine and stools; asked to continue at home | ☐ | ☐ | ☐ |
| 27. NHS-based advice taught: soap-and-water handwashing; nursery only after ≥48 hrs without vomiting/diarrhoea | ☐ | ☐ | ☐ |
| 28. Safety advice: reduced urination, inability to retain fluids or bloody diarrhoea → urgent medical advice | ☐ | ☐ | ☐ |
| 29. Green vomit/sudden severe abdominal pain → emergency assessment immediately; unresponsiveness/severe breathing difficulty → ambulance | ☐ | ☐ | ☐ |
| 30. Mother given written advice; verbal recall incomplete | ☐ | ☐ | ☐ |
| 31. Community nurse: home visit 06/11; assess hydration, review record, reinforce fluid/safety advice using demonstration and teach-back | ☐ | ☐ | ☐ |
| 32. No discharge medicines prescribed | ☐ | ☐ | ☐ |



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