Hip replacement recovery: advice

Assume that today's date is 5 November 2026. Ms Lorine Kihara is being discharged home today. This is original independent practice material. You are a registered nurse on an orthopaedic ward. Using the case notes, write a letter to Ms Prudence Njuki, the patient's sister and agreed helper, explaining the individual mobility plan and assistance her sister needs at home. Address the letter to Ms Prudence Njuki, Flat 2, 18 Park Road, SW12 8AB. 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 Lorine Kihara	☐	☐	☐
2. DOB: 14/03/1960 (66 yrs)	☐	☐	☐
3. Address: Flat 2, 18 Park Road, SW12 8AB	☐	☐	☐
4. 02/11/26: elective L total hip replacement for osteoarthritis	☐	☐	☐
5. Discharge home: 05/11/26	☐	☐	☐
Social background			
6. Lives alone; single-level flat; no entrance steps	☐	☐	☐
7. Sister Ms Prudence Njuki staying until 12/11; patient consents to written advice	☐	☐	☐
8. Retired librarian; enjoys crossword puzzles	☐	☐	☐
9. Sister privately criticised their brother's marriage	☐	☐	☐
Medical history			
10. Tonsillectomy aged 9; no subsequent problems	☐	☐	☐
11. Reading glasses; hearing satisfactory	☐	☐	☐
12. No falls in previous 12/12	☐	☐	☐
Treatment/Progress			
13. Uncomplicated postoperative recovery; medically fit for discharge	☐	☐	☐
14. Wound dry; pain controlled with oral analgesia; no current dizziness	☐	☐	☐
15. Independent toileting using assessed equipment	☐	☐	☐
Individual therapist and surgical plan			
16. Physio: weight bear as tolerated; frame for all walking until reassessment	☐	☐	☐
Individual therapist and surgical plan			
17. Short comfortable indoor walks independently; sister alongside outdoors until review	☐	☐	☐
18. Transfers: push from chair arms, then grasp frame; never pull frame to stand	☐	☐	☐
19. OT: chair/toilet heights assessed suitable; equipment fitted	☐	☐	☐
20. Surgeon/therapist: no additional hip movement precautions prescribed for this patient	☐	☐	☐
21. Sister asks whether all bending must be banned	☐	☐	☐
22. OT plan: sister assists socks, shoes and showering until reassessed	☐	☐	☐
23. Sister to prepare meals, shop, do laundry; patient not to carry items using frame	☐	☐	☐
24. Sister demonstrated safe supervision; confident assisting	☐	☐	☐
Follow-up and safety advice			
25. Home physiotherapy review 12/11: reassess walking aid and assistance needs	☐	☐	☐
26. Appointment confirmation supplied; sister available	☐	☐	☐
27. Patient independently manages discharge medicines; medication counselling completed	☐	☐	☐
28. Patient complained about ward meals	☐	☐	☐
29. Safety advice: urgent GP/NHS 111 for increasing leg pain/swelling, fever or wound discharge	☐	☐	☐
30. Emergency advice: chest pain or breathing difficulty → call 999	☐	☐	☐
31. Mobility queries → physiotherapy clinic; contact details on supplied appointment confirmation	☐	☐	☐
32. Previous dental crown replacement, 2017	☐	☐	☐