Recurrent hypoglycaemia with impaired awareness: referral

This is original independent practice material. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today's date is 5 November 2026. Ms Bradtke has attended the community review clinic today. You are a registered nurse at the community review clinic. Using the case notes, write a referral letter to Ms Juul Janssen, Diabetes Specialist Nurse, Community Diabetes Service, 24 High Street, SW1A 2AA. Communicate Ms Bradtke's recurrent hypoglycaemia and reduced awareness, and request prompt specialist assessment without proposing an insulin adjustment. 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 Reese Bradtke	☐	☐	☐
2. DOB: 14/02/1980 (46 yrs)	☐	☐	☐
3. Community review clinic: 05/11/26; routine diabetes appointment	☐	☐	☐
Social background			
4. Lives with partner; partner willing to attend diabetes education	☐	☐	☐
5. Retail worker; variable shifts; sometimes delays lunch	☐	☐	☐
6. Does not drive; partner provides transport	☐	☐	☐
7. Enjoys embroidery; attends monthly craft group	☐	☐	☐
8. Complained receptionist was unfriendly during telephone booking	☐	☐	☐
9. Disclosed brother's divorce; requested privacy	☐	☐	☐
Medical history			
10. Type 1 diabetes × 18 yrs; prescribed insulin glargine + insulin aspart	☐	☐	☐
11. Self-administers injections; reports no recent dose changes	☐	☐	☐
12. No alcohol use, intercurrent illness or recent change in exercise	☐	☐	☐
13. Wrist fracture 2009; fully recovered	☐	☐	☐
Recent episodes			
14. Meter diary: 4 hypoglycaemic episodes over past 10 days; 3 before lunch, 1 overnight	☐	☐	☐
15. Recorded BGLs during episodes: 2.7–3.6 mmol/L	☐	☐	☐
16. No usual sweating/shaking before any episode; previously recognised symptoms reliably	☐	☐	☐
Recent episodes			
17. 03/11: confused; partner gave juice; remained awake, swallowing safely; needed assistance	☐	☐	☐
18. All resolved after oral carbohydrate; no seizures or loss of consciousness	☐	☐	☐
19. Other 3 episodes detected during glucose checks; self-treated	☐	☐	☐
20. Two episodes followed delayed lunch; no clear trigger for others	☐	☐	☐
Today's assessment			
21. Today: alert, asymptomatic; capillary BGL 6.1 mmol/L	☐	☐	☐
22. Meter technique observed: satisfactory	☐	☐	☐
23. Finger-prick monitoring only; no CGM or glucagon kit	☐	☐	☐
24. GP reviewed today; supports specialist referral	☐	☐	☐
Education reinforced today			
25. BGL <4 → juice; recheck 10–15 min; if still <4, repeat juice, recheck 10 min	☐	☐	☐
26. Once BGL >4 and symptoms resolve → sandwich or next meal	☐	☐	☐
27. Partner taught: no glucagon kit; suspected hypoglycaemia + not responding normally or unconscious → call 999 immediately; no oral treatment if swallowing unsafe	☐	☐	☐
Plan			
28. Request prompt specialist review: recurrent hypoglycaemia, impaired awareness; assess regimen and suitability for CGM	☐	☐	☐
29. GP retains prescribing pending specialist assessment; no insulin adjustment proposed by referring nurse	☐	☐	☐
30. Agrees to attend; bring meter and food diary	☐	☐	☐

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