Pneumothorax with a chest drain: transfer

Assume that today's date is 5 November 2026. Mr Cheptoo is transferring from the acute admissions unit to the specialist respiratory ward today. This is original independent practice: all patient details, observations and individual treating-team orders below are fictional. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a registered nurse in the acute admissions unit. Using the case notes, write a transfer letter to Ms Cynthia Shariff, Respiratory Receiving Nurse, Respiratory Ward, Marton Road, TS4 3BW, United Kingdom. Ms Shariff already has Mr Ian Cheptoo's admission summary and medication/allergy chart. Provide a brief handover of his current condition, chest-drain care and planned respiratory review. 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 Ian Cheptoo	☐	☐	☐
2. DOB: 18/06/1992 (34 yrs)	☐	☐	☐
3. Admitted 04/11/26; transfer to respiratory ward 05/11/26	☐	☐	☐
4. Respiratory registrar accepted transfer today; receiving nurse has admission summary and medication/allergy chart	☐	☐	☐
Social background			
5. Lives with partner; independent with ADLs before admission; partner visiting this evening	☐	☐	☐
6. Enjoys chess; local club meets every Wednesday evening	☐	☐	☐
7. Complained that overnight staff were unfriendly and slow	☐	☐	☐
8. Partner disclosed a private disagreement about household spending	☐	☐	☐
Medical history			
9. No previous pneumothorax or chronic lung disease; no regular medicines	☐	☐	☐
10. Appendicectomy aged 12; uncomplicated recovery	☐	☐	☐
11. Allergies: nil known	☐	☐	☐
Admission and treatment			
12. 04/11: sudden R chest pain + breathlessness at rest; no trauma	☐	☐	☐
13. CXR: large R spontaneous pneumothorax	☐	☐	☐
14. R chest drain inserted 04/11	☐	☐	☐
15. 05/11 CXR: small residual R apical pneumothorax	☐	☐	☐
Current assessment			
16. Current: alert; comfortable at rest; breathlessness ↓	☐	☐	☐
17. SpO2 97% room air; RR 18/min	☐	☐	☐
18. Afebrile	☐	☐	☐
19. Dressing dry/intact	☐	☐	☐
20. Drain secured; tubing unkinked	☐	☐	☐
21. R drain currently open to underwater seal; no suction	☐	☐	☐
22. Respiratory swinging present; intermittent bubbling with cough	☐	☐	☐
23. Scant serous drainage; no fresh bleeding	☐	☐	☐
24. Needs staff assistance with bottle when mobilising; worried about accidentally dislodging drain	☐	☐	☐
Documented treating-team plan			
25. Registrar's order: continue free drainage; bottle upright below insertion site	☐	☐	☐
26. Registrar: do not clamp for transfer; further drain management decisions by respiratory team	☐	☐	☐
27. Continue routine ward chest-drain observations	☐	☐	☐
28. Team plan: urgent medical review for ↑ breathlessness/severe chest pain; acute deterioration → hospital emergency response + alert respiratory registrar	☐	☐	☐
29. Respiratory team review after arrival	☐	☐	☐
30. Drain observation record, imaging report and written team orders accompany transfer	☐	☐	☐