New confusion in an older adult: transfer

This is an original independent practice task. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today is 5 November 2026. It is 09:40, and Mr Castelli is awaiting ambulance transfer. You are a registered nurse at a residential care facility. Using the case notes, write a transfer letter to Ms Melissa Tozzi, Emergency Department Triage Nurse, Urgent Receiving Unit, 18 Hospital Road, NSW 2000. Request urgent assessment of Mr Piergiorgio Castelli's new confusion, explaining the acute change from his usual functioning and the transfer already arranged. 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 Piergiorgio Castelli	☐	☐	☐
2. DOB: 12/03/1945 (81 yrs)	☐	☐	☐
3. Residential care resident since 2024	☐	☐	☐
Social background			
4. Daughter visits twice weekly; regular telephone contact	☐	☐	☐
5. Retired tailor; enjoys gardening	☐	☐	☐
6. Daughter privately complained about brother's inheritance demands	☐	☐	☐
7. Pt previously complained that breakfast toast was cold	☐	☐	☐
Usual function and medical history			
8. Baseline: fully orientated; coherent conversation; independent personal care and unaided walking	☐	☐	☐
9. No known dementia/previous confusion; daughter confirms usual cognition yesterday	☐	☐	☐
10. Hypertension; routine review stable 3/12 ago	☐	☐	☐
11. No new medicines/recent dose changes; current medication list accompanies transfer	☐	☐	☐
12. No known drug allergies	☐	☐	☐
13. Bilateral hearing aids: worn and functioning today	☐	☐	☐
14. Appendicectomy 1968; uncomplicated	☐	☐	☐
15. Routine foot-care appointment next week	☐	☐	☐
Assessment: 5 November 2026			
16. 07:30: usual coherent conversation at breakfast; dressed independently	☐	☐	☐
Assessment: 5 November 2026			
17. 09:15: sudden confusion; disorientated to place/date; fluctuating attention	☐	☐	☐
18. Repeatedly attempts to leave to collect children from school	☐	☐	☐
19. Awake; responds to own name; needs repeated redirection	☐	☐	☐
20. 09:20: T 37.1°C; pulse 88/min; RR 18/min	☐	☐	☐
21. BP 146/82 mmHg; SpO2 97% room air	☐	☐	☐
22. Capillary BGL 6.1 mmol/L	☐	☐	☐
23. Speech clear; face symmetrical; equal arm movement	☐	☐	☐
24. No reported fall/head injury	☐	☐	☐
25. No pain reported; unable to give reliable detailed history	☐	☐	☐
Immediate actions and transfer plan			
26. 09:25: on-call clinician advised immediate ED assessment; cause undetermined	☐	☐	☐
27. 09:30: ambulance requested for immediate ED transfer; receiving triage nurse notified	☐	☐	☐
28. Request urgent assessment of acute change/cause; continue close supervision for wandering	☐	☐	☐
29. Nursing plan: stay with pt; reassure; short explanations; avoid repeated questioning	☐	☐	☐
30. Daughter informed; will meet pt at ED	☐	☐	☐
31. Observation sheet and transfer letter accompany medication list	☐	☐	☐
32. 09:40: awaiting ambulance; staff member remains with pt	☐	☐	☐

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