Sickle cell disease after a pain admission: discharge

Assume that today's date is 6 November 2026. Ms Constance Baafi is being discharged home today. This is an original independent practice task with fictional patient-specific clinical findings and treating-team arrangements. You are a registered nurse on the medical ward. Using the case notes, write a discharge letter to Ms Katherine Owusuwaa, Haematology Day-Unit Nurse, Haematology Day Unit, Outpatient Department, 18 Station Road, SE1 7QD. Hand over Ms Baafi's ongoing care following her pain admission and request the day unit's follow-up. 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 Constance Baafi	☐	☐	☐
2. DOB: 14/02/1997 (29 yrs)	☐	☐	☐
3. Sickle cell disease, HbSC; known to day unit	☐	☐	☐
4. Admitted 03/11/26; discharge home 06/11/26	☐	☐	☐
Social background			
5. Usually lives alone; sister staying first 2 nights, leaving 08/11	☐	☐	☐
6. Receptionist; medical certificate already supplied	☐	☐	☐
7. Enjoys baking; recently bought new cake tins	☐	☐	☐
8. Sister privately discussed her divorce with staff	☐	☐	☐
9. Complained that ward meals were repetitive	☐	☐	☐
Medical history			
10. Haematology team confirmed no regular medicines	☐	☐	☐
11. No known drug allergies	☐	☐	☐
12. Appendicectomy aged 11; uncomplicated recovery	☐	☐	☐
13. Usually independent with self-care between pain episodes	☐	☐	☐
Admission assessment			
14. Severe back/leg pain → admitted with sickle cell pain crisis	☐	☐	☐
15. Reported ↓ fluid intake during busy work shifts	☐	☐	☐
16. No fever, chest pain or breathlessness on admission	☐	☐	☐
17. Received IV morphine and IV fluids during acute episode	☐	☐	☐
18. Treating team found no infection or acute chest syndrome	☐	☐	☐
Treatment/Progress			
19. Pain resolved; no analgesia required for 24 hrs	☐	☐	☐
Treatment/Progress			
20. Afebrile; breathing comfortably on room air	☐	☐	☐
21. Eating/drinking normally; mobilising independently	☐	☐	☐
22. IV morphine/fluids stopped; cannula removed; no take-home opioid or outpatient IV treatment planned	☐	☐	☐
23. No transfusion required during this admission	☐	☐	☐
24. Haematology registrar reviewed today → fit for discharge	☐	☐	☐
Discharge plan			
25. Initial teach-back: home measures correct, but believed severe pain could wait until 10/11 → corrected before discharge; repeat teach-back: correctly explains immediate emergency action	☐	☐	☐
26. Individual home plan: drink regularly, avoid dehydration; keep warm; gentle activity as tolerated	☐	☐	☐
27. No fixed daily fluid volume prescribed	☐	☐	☐
28. Day-unit review 10/11/26, 10:00; sister providing transport	☐	☐	☐
29. Nurse telephone follow-up requested 09/11: check recovery; recheck retention of home/emergency advice using teach-back; confirm review attendance	☐	☐	☐
30. Emergency advice: call 999 for high temperature, or suspected crisis with severe pain, breathing difficulty or vomiting	☐	☐	☐
31. For these symptoms: act immediately; do not await telephone follow-up or booked review; do not drive herself to emergency care	☐	☐	☐
32. Written home/emergency instructions supplied; patient consents to sharing discharge information with sister	☐	☐	☐