Pelvic fracture managed without surgery: transfer

Original independent practice. All patient details, observations and treating-team orders below are fictional case facts, not general treatment recommendations. Assume that today's date is 6 November 2026. Mr Bhatti is transferring this afternoon. Allow 5 minutes for reading and 40 minutes for writing. You are a registered nurse on an orthopaedic ward. Using the case notes, write a transfer letter to Ms Sara Oquendo, Orthopaedic Rehabilitation Nurse, Step-down Ward, Orthopaedic Rehabilitation Unit, Hills Road, CB2 0QQ. Explain Mr Bhatti's ongoing rehabilitation needs, reconcile the conflicting dated weight-bearing instructions and request confirmation that the verified current instruction has been received and recorded before mobilisation. 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 Waqas Bhatti	☐	☐	☐
2. DOB: 12/03/1954 (72 yrs)	☐	☐	☐
3. Admitted 03/11/26; transfer to step-down ward 06/11/26	☐	☐	☐
Social background			
4. Lives alone; daughter visits weekends; unable to provide daily physical assistance	☐	☐	☐
5. Previously independent indoors and with personal care; stick outdoors	☐	☐	☐
6. Flat reached by stairs; OT home assessment pending	☐	☐	☐
7. Enjoys radio quizzes; retired accountant	☐	☐	☐
8. Reports daughter's private marital difficulties	☐	☐	☐
Medical history			
9. Appendicectomy 1987; uncomplicated	☐	☐	☐
10. No known allergies	☐	☐	☐
Assessment and dated instructions			
11. Fall 03/11: R pubic rami fractures; conservative management	☐	☐	☐
12. CT 04/11: stable injury; no acetabular or posterior-ring fracture	☐	☐	☐
13. 03/11 provisional order: non-weight-bearing R leg pending CT review	☐	☐	☐
14. 05/11 signed consultant order: weight bear as tolerated both legs, walking frame, staff assistance	☐	☐	☐
15. 06/11 registrar verified consultant's newer order; 03/11 order withdrawn, superseded copy clearly marked	☐	☐	☐
Assessment and dated instructions			
16. Outdated transfer draft found this morning; corrected before departure	☐	☐	☐
17. Pt reassured after asking which instruction to follow	☐	☐	☐
Treatment and progress			
18. 06/11 physio assessment under verified order; tolerated short supervised walk without dizziness	☐	☐	☐
19. Current mobility: transfers and walks with frame + one staff member; no independent mobilisation	☐	☐	☐
20. Pain manageable at rest; ↑ during transfers	☐	☐	☐
21. Alert, orientated; follows instructions	☐	☐	☐
22. Help needed with lower-body washing/dressing; upper-body care independent	☐	☐	☐
23. Passing urine normally; bowels opened yesterday	☐	☐	☐
24. Complained that ward tea was cold	☐	☐	☐
25. Skin intact; repositions independently in bed	☐	☐	☐
26. Motivated for rehabilitation; requests encouragement during walking practice	☐	☐	☐
Plan			
27. Orthopaedic review booked 19/11; transport arranged; team to reassess weight-bearing then	☐	☐	☐
28. Continue assisted rehabilitation under current order; medical reassessment if pain suddenly worsens or mobility deteriorates	☐	☐	☐
29. Receiving nurse: confirm receipt, understanding and entry of verified order in nursing/mobility records before first mobilisation	☐	☐	☐
30. Signed current order and marked superseded copy enclosed for reconciliation	☐	☐	☐