

Discharge to the community palliative care nurse: end-of-life care at home



Assume that today's date is 23 October 2026. Mrs Twomey is being discharged home this afternoon. You are a registered nurse on the oncology ward of the hospital. Using the information in the case notes, write a letter to Ms Ximena Rios, Clinical Nurse Boateng at the Community Palliative Care Service, requesting continued end-of-life care for Mrs Twomey at home. Address the letter to Ms Ximena Rios, Clinical Nurse Boateng, Community Palliative Care Service, Community Health Centre, 40 Main Street. 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		I	C	O
Patient details				Symptom management			
1. Name: Mrs Caoimhe Twomey	☐	☐	☐	21. Syringe driver over 24 h: morphine + metoclopramide — doses per signed palliative care medication chart (copy with pt)	☐	☐	☐
2. DOB: 14/03/1958 (68 yrs)	☐	☐	☐	22. SC line L upper chest; site clean, no redness; next syringe change due 24/10 at 10:00	☐	☐	☐
3. Address: 12 Hill Street	☐	☐	☐	23. Breakthrough pain: SC morphine PRN per chart; 2 doses required in last 24 h	☐	☐	☐
4. Admitted: 15/10/26; discharge: 23/10/26	☐	☐	☐	24. Anticipatory meds dispensed & charted: morphine, midazolam (agitation/distress), hyoscine butylbromide (resp. secretions), metoclopramide	☐	☐	☐
Social background				25. Bowels last opened 21/10; regular oral laxative while able to swallow	☐	☐	☐
5. Lives with husband (71), main carer — willing but anxious about managing syringe driver & end-of-life care at home	☐	☐	☐	26. Sacrum reddened but blanching; regular repositioning; barrier cream	☐	☐	☐
6. Daughter arrived from overseas; staying 4/52 to help	☐	☐	☐	Wishes			
7. Retired primary school teacher; sang in church choir for 30 yrs	☐	☐	☐	27. Clear wish to die at home; husband & daughter aware and supportive	☐	☐	☐
8. Son has not visited — daughter says long-standing family dispute over money	☐	☐	☐	28. Advance care directive in place; not for resuscitation — goals of care form signed by consultant (copy with pt); comfort care only	☐	☐	☐
9. Two-storey house; bed set up in ground-floor living room	☐	☐	☐	29. Requests visits from parish priest	☐	☐	☐
Medical history				30. Enjoys choral music; asked for radio beside bed	☐	☐	☐
10. Metastatic adenocarcinoma of pancreas (liver mets) dx 03/26	☐	☐	☐	Equipment			
11. Palliative chemo ceased 08/26 (poor tolerance); pt declines further active tx	☐	☐	☐	31. OT: hospital bed, pressure-relieving mattress & commode delivered 22/10	☐	☐	☐
12. Biliary stent inserted 04/26	☐	☐	☐	32. Shower chair to be delivered 27/10	☐	☐	☐
13. Osteoarthritis both knees; appendicectomy 1979	☐	☐	☐	Discharge plan			
14. Allergies: penicillin (rash)	☐	☐	☐	33. Community palliative care nursing: first visit 24/10 before 10:00 for syringe change; then daily — symptom review, site check, pressure care, family support	☐	☐	☐
Admission				34. Husband shown how to check syringe driver & line, and when to call; given 24-h palliative care phone line	☐	☐	☐
15. Admitted with uncontrolled abdominal & back pain, nausea/vomiting; oral intake ↓	☐	☐	☐	35. GP informed of discharge; agrees to home visits & ongoing prescribing	☐	☐	☐
16. Palliative care team review: oral opioid not tolerated (vomiting) → continuous SC infusion via syringe driver commenced 17/10	☐	☐	☐	36. Hospital palliative care team available for advice	☐	☐	☐
17. Pain now controlled (2/10 at rest); nausea settled; no vomiting since 19/10	☐	☐	☐				
18. Drowsy but rousable & oriented; sips fluids, small amounts of soft food	☐	☐	☐				
19. Prognosis est. short weeks (palliative care team)	☐	☐	☐				
20. Pt complained that night nurse was 'rough' when repositioning her	☐	☐	☐				