

Aged care resident - suspected peripheral arterial disease



Assume that today's date is 22 October 2026. You saw Mr Ingleby this morning for his routine nail care and telephoned Dr Shevchenko about your findings straight afterwards. You are the podiatrist who visits the residential aged care facility where Mr Ingleby lives. Using the information in the case notes, write a letter to his GP, Dr Daria Shevchenko, to confirm today's telephone discussion. Update her on your findings and request same-day contact with the vascular service for urgent triage of suspected limb-threatening ischaemia. Address the letter to Dr Daria Shevchenko, Visiting General Practitioner, Residential Aged Care Facility, 42 Hill 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).

Patient details

- | | I | C | O |
|---|--------------------------|--------------------------|--------------------------|
| 1. Name: Mr Kurt Ingleby | ☐ | ☐ | ☐ |
| 2. DOB: 03/05/1940 (86 yrs) | ☐ | ☐ | ☐ |
| 3. Resident since 2024, Room 14 | ☐ | ☐ | ☐ |
| 4. GP: Dr Daria Shevchenko (visits facility weekly) | ☐ | ☐ | ☐ |

Social background

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5. Widower; moved into care after wife's death 2024 | ☐ | ☐ | ☐ |
| 6. Smoker: approx. 15 cigs/day × 65 yrs; goes outside to smoke unaided | ☐ | ☐ | ☐ |
| 7. States he is 'too old to quit'; declined nicotine replacement in past | ☐ | ☐ | ☐ |
| 8. Mobilises independently with 4-wheeled walker | ☐ | ☐ | ☐ |
| 9. Enjoys watching cricket; reads daily newspaper | ☐ | ☐ | ☐ |
| 10. Daughter visits weekly; she and her brother disagree over sale of family home | ☐ | ☐ | ☐ |

Medical history

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 11. Hypertension: amlodipine 5 mg mane | ☐ | ☐ | ☐ |
| 12. Hypercholesterolaemia: declined statin 2023 | ☐ | ☐ | ☐ |
| 13. COPD: tiotropium inhaler daily | ☐ | ☐ | ☐ |
| 14. OA both knees: regular paracetamol | ☐ | ☐ | ☐ |
| 15. Bilat cataract surgery 2019 | ☐ | ☐ | ☐ |
| 16. Not diabetic (HbA1c normal 06/26) | ☐ | ☐ | ☐ |
| 17. Allergies: penicillin (rash) | ☐ | ☐ | ☐ |
| 18. Cognition intact; makes own decisions | ☐ | ☐ | ☐ |

Podiatry visit 22/10/26 (routine 3-monthly nail care)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 19. Nails thickened; L hallux onychogryphosis; debrided, no bleeding | ☐ | ☐ | ☐ |
| 20. Both feet cool, shiny, hairless, L > R; capillary refill delayed L toes | ☐ | ☐ | ☐ |

Podiatry visit 22/10/26 (routine 3-monthly nail care)

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|---|--------------------------|--------------------------|--------------------------|
| 21. DP & PT pulses not palpable bilat (last visit 07/26: faint but palpable) | ☐ | ☐ | ☐ |
| 22. Hand-held Doppler: monophasic signals bilat; ABI R 0.68, L 0.55 | ☐ | ☐ | ☐ |
| 23. Graze dorsum L 2nd toe 0.6 × 0.4 cm; approx. 4/52 (knocked on bed frame); not healing | ☐ | ☐ | ☐ |
| 24. Wound base pale, dry; no erythema, exudate or odour | ☐ | ☐ | ☐ |
| 25. Calf pain after walking approx. 20 m, relieved by rest (approx. 6/12); no rest pain | ☐ | ☐ | ☐ |
| 26. Protective sensation intact (10 g monofilament) | ☐ | ☐ | ☐ |
| 27. Says previous podiatrist was 'rough'; asked not to be seen by them again | ☐ | ☐ | ☐ |

Treatment

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 28. Wound cleaned with NaCl 0.9%; non-adherent dressing applied | ☐ | ☐ | ☐ |
| 29. Care staff to inspect feet daily and change dressing 2nd daily | ☐ | ☐ | ☐ |
| 30. Advised: no hot water bottles/heat packs on feet; loose socks, well-fitting shoes | ☐ | ☐ | ☐ |
| 31. Smoking cessation discussed; pt unwilling at present | ☐ | ☐ | ☐ |

Plan

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|---|--------------------------|--------------------------|--------------------------|
| 32. ?Chronic limb-threatening ischaemia: GP phoned today; GP to contact vascular service same day for urgent triage; arterial duplex US must not delay referral | ☐ | ☐ | ☐ |
| 33. GP to review cardiovascular risk mx (e.g. antiplatelet, statin) | ☐ | ☐ | ☐ |
| 34. Staff instructed: sudden new/worsening pain, pallor, coldness, numbness or weakness → call 000, immediate ED transfer & vascular assessment; wound deterioration/infection → prompt medical r/v according to severity | ☐ | ☐ | ☐ |
| 35. Podiatry r/v 2/52 (wound check) | ☐ | ☐ | ☐ |