

Discharge to pulmonary rehabilitation after COPD exacerbation



Assume that today's date is 22 October 2026. Mr Ioannou is being discharged home this afternoon. You are the ward physiotherapist on the respiratory ward of the hospital. Using the information in the case notes, write a letter to Ms Keerthana Hossain, Senior Physiotherapist, Community Pulmonary Rehabilitation Service, referring Mr Ioannou for pulmonary rehabilitation. Address the letter to Ms Keerthana Hossain, Senior Physiotherapist, Community Pulmonary Rehabilitation Service, Community Health Centre, 45 Station Road. 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

1. Name: Mr Stavros Ioannou
2. DOB: 14/03/1952 (74 yrs)
3. Address: Flat 6, 8 Park Lane
4. Admitted: 12/10/26; discharge: 22/10/26

Social background

5. Lives alone in 1st-floor flat; 14 stairs, no lift
6. Daughter visits 3x/wk, does shopping; able to drive pt to appointments
7. Retired carpenter; enjoys watching football on TV
8. Ex-smoker: quit 2021, 50 pack-yr
9. Daughter going through divorce — pt says she is 'stressed and short-tempered with everyone'

Medical history

10. COPD dx 2014; FEV1 42% predicted (spirometry 03/26)
11. 2 hospital admissions for COPD exacerbation in past 12/12
12. Hypertension — amlodipine
13. OA R knee — occasional pain on stairs
14. Appendicectomy 1979
15. Bilateral cataract surgery 2022
16. Allergies: nil known

Admission

17. Infective exacerbation of COPD: ↑ SOB, ↑ purulent sputum
18. Treated with nebulised bronchodilators, oral prednisolone (5-day course completed), oral antibiotics (completed)
19. Required O2 via nasal prongs, target SpO2 88–92%; weaned to room air (RA) 18/10
20. Complained about hospital food and slow response to call bell at night

Physiotherapy assessment

21. Mobility: independent with 4-wheeled walker; walks ~50 m before stopping to rest (pre-admission ~200 m, no aid)
22. Stairs: 1 flight with rail, 1 rest halfway; requires supervision. Daughter agreed to supervise on stairs whenever pt goes out (incl. appointments)
23. 6MWT 20/10 on RA: 190 m; SpO2 93% at rest → 87% at 4 min, recovered to 92% after 2 min rest; Borg dyspnoea 6/10
24. Medical team: long-term O2 therapy for resting hypoxaemia not indicated at present (resting SpO2 93–95% RA); need for ambulatory O2 assessment to be reviewed at resp clinic; advise SpO2 monitoring during exercise
25. Airway clearance: ACBT with PEP device, 15 min BD (morning + evening); moderate white sputum
26. Inhalers: LAMA/LABA/ICS once daily + salbutamol MDI via spacer PRN — technique checked, correct
27. Anxious re breathlessness; panics when SOB, avoids leaving flat; taught breathing control + recovery positions (forward lean sitting/standing)
28. Pt says he 'used to walk to the pub every day' when younger
29. Pt goals: walk to local shops (~400 m) and manage stairs without stopping

Plan

30. Refer community pulmonary rehabilitation — start within 4/52 of discharge
31. Written COPD action plan given; advised to seek urgent medical help if severe SOB or chest pain
32. GP review 1/52
33. Respiratory outpatient clinic 6/52