

CASE NOTES – Peripheral Vascular Disease

WRITING SUB-TEST: **NURSING**
TIME ALLOWED: **READING TIME:** **5 MINUTES**
 WRITING TIME: **40 MINUTES**

THERE ARE TWO TASKS. CHOOSE ONE.

You are a Community Health nurse on a home visit. Read the case notes and complete the writing task that follows.

NOTES:

Patient: Patrick O'Rourke **Age:** 68 y.o **Next of Kin:** Sister, 61

Address: 2 Lingley Road, Kingston

Marital Status: Bachelor **Occupation:** Retired (engineer)

Diagnosis: 1) R below knee amputation
2) Peripheral venous disease

Social History: Lives alone in a single-story house. Smoker. Pet cat x 10 years – died 2 months ago.

Medication: Warfarin 7.5 mg p.o once daily

Mar 2016: **Problem:** R below-knee amputation

Background: Admitted 19 Mar - red, painful swollen right lower leg x 1 month. Infected discolored toes x 2 days. No cardiac, respiratory or gastrointestinal problems. Temp 39.8 C.

Assessment: occult deep vein thrombosis and wet gangrene

Post – op care: uncomplicated. Early mobilization - crutches. Occupational therapy for prosthesis use and managing ADLs. Dietitian advice on cautions with medication. Strongly advised to stop smoking –agreed.

Warfarin (long term).

Home situation: sister – roommate and carer.

May 2016 – Jun 2017: 3-monthly check-ups at GP, accompanied by sister – stable, using prosthesis and crutches to go shopping and visit friends. Stopped smoking.

Oct 2017: Sister moved away to live with daughter and grandchildren.

Jan 2018: Sore amputation stump → stopped using prosthesis; uses crutches or wheelchair. Community nurse assigned home visits.

Home visits

12 Jan 2018: Comfortable single story home. Death of pet cat x 1 weeks ago.

Observations: Looks well. BP 142/83 PR – 80/min, temp 37.6C.
R stump: 2 cm shallow ulcer, no bleeding, slightly infected.

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Care: Topical antibiotic dressing changed every 2-3 days. Continue Warfarin. Contact doctor if wound not healing in one week.

15 Feb, 2018

Observations: Cigarettes seen - patient admitted to starting smoking again. Has more medication left than he should – not taking meds regularly.
R stump: fully healed. Vitals - normal

Care: Strongly advised to restart medication and stop smoking.
Blood taken for PT/INR.

22 Mar, 2018

Home untidy. Continues to smoke. Not observing diet; not taking Warfarin. Not interested in going out or socializing. Also L leg aching and swelling, relieved by rest and elevation x 2 weeks. No resp or CV symptoms, or dizziness.

Observations: Looks depressed. Obvious weight gain about 5-6 kg.
BP 142/82, PR 80/min, temp – 37.6. Chest and CVS – normal.
R stump healthy – lesion fully healed. L lower leg and foot – pale, warm, swollen, tender. Ankle pulses – present.
INR from last visit- 1.4 (optimal 2.5 – 3.0)

Assessment: 1) suspected DVT L leg 2) depression

Recommendation: 1) Urgent note to GP for ?recurrent DVT
2) Urged to restart warfarin 3) Panadol for pain
4) Sister to be informed of new issues 5) Counselling for depression

WRITING TASK 1

Use the case notes above to write a letter to Mr. O'Rourke's sister, Patricia Bailey, 6 Henderson Lane, updating her on her brother's situation.

OR

WRITING TASK 2

Using the information given in the case notes, write a referral letter to Jeremy Winters, clinical psychologist at Meadowbrook Clinic, requesting assessment and management.

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**