

ULCI Mock Test Use Only

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Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr Harry Moxham
psychiatric registrar
Bayview hospital, 89
Canyon Road, Bayview

01/12/16

Dear Dr Moxham

Re: Mrs Sheila Wilkes, DOB: 02/02/1949

I am writing to refer Mrs Sheila Wilkes, with the symptoms
suggestive of severe depression, for further review and treatment
of her current condition.

Mrs Sheila Wilkes, married and lives alone in bungalow, feels
lonely, depressed, nobody to talk to, misses family, stopped going
out to meet neighbours and friends. She drinks wine daily. She had
history of postnatal depression after second child. She has history
of DM and Hypertension. She has taking Novamix 25 units twice
daily and Avapora 75mg daily. She has taking insulin daily. Her
husband has history of dementia and lives in care home.

Initially on 25/11/16, Mrs Wilkes presented with the chief complaints
of migraine, feeling low and losing memory like husband.
She was very confused, quiet, seeking help and wants to live
with husband in care home. On examination, her blood pressure
was 140/100mmHg with others vitals stable. Her urine dipstick
shows presence of protein and infection for which trimetoprim
1gm daily for 5 days was prescribed. She was advised to take
plenty of fluids, try to contact ^{her} children and review in 4 days

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with urine culture and sensitivity reports to change medication.

On 30/11/16, she missed her appointment despite of trying to contact her by doctor and nurse. Finally, she found ^{9:55 to} ~~intrusions~~ ^{then} in her bedroom when contacted to access property. She was brought by paramedics and police to Emergency Department. During arrival her RR was 18, BP 90/60 mmHg & pulse is 62 b/min. Her baseline investigations were requested, IV line access was maintained and antibiotics were started.

Today, she is shifted to medical ward. Her condition is quite stable, however she is not talking, very agitated, wants to die, slurred speech and constantly crying for husband and children. She is non-compliance with oral medication, refusing food and fluids, unsteady on feet and high risk of fall. She is planned for continue treatment, request visit from psychiatric registrar in hospital and referral to social services. Her lab investigations were normal.

I would highly appreciate, your further review and treatment of her current condition, please, feel free to contact me for any queries regarding her condition.

yours sincerely
Doctor

13

360 +
570

V. good
keep it up!
S.