

 NUR Handover Note SGH-AM [Charted Location: W55A-0003-05] [Authored: 21-Jun-2025 14:51]- for Visit: 6725340463D, Complete, Revised, Signed in Full, General

**Situation:**

- Shift Type AM
- Care Level GW

**Background:**

• Past Medical History

1. Invasive carcinoma of breast, Desc: 3290542017 :  
Invasive carcinoma of breast

2. Distortion of breast, Desc: 476155018 : Distortion  
of breast Basis of Staging=Pending Basis of  
Staging=Pending Basis of Staging=Pending

3. Keratosis pilaris

1. Urticaria, Onset: 20/6/2025

====Demographics====

57 year-old Chinese female

Post menopausal

PS: ECOG 0

DA to celecoxib

Non smoker, non drinker

Divorced with 1 daughter

lives with daughter

not working

FMHx: mother breast ca 70s

====Past Medical History====

Oncology Hx

1. Right breast Stage IV pT2(43mm)N2a(5/14)M1(L  
axilla LN+ve) G2 IDC

- ER+(95%), PR+(10%), HER2 2+, FISH-ve

- Dx Mar25

- s/p R SMAC + contralateral risk reducing L SM +  
SLNBx 23/5/25

-> R breast pT2(43mm)N2a(5/14)

-> L breast - no in-situ/invasive Ca, 1mi/2 LN -> same  
morphology + immunoprofile as R breast

Past Medical History/Past Surgical History:

1. GERD

2. Lumbar spondylosis

3. Uterine fibroids

s/p laparotomy myomectomy on 20/3/15

last seen by DMO 16/6/25

-urticular rash noted, persistent despite antihistamine,  
given TCU Derm

-letrozole stopped

====History of Presenting Complaint====

1. persistent itchy rash x1 week  
affecting face, body, limbs  
worsening past 2 days  
a/w facial swelling and bilat LL swelling  
taking antihistamines but not improving  
no voice changes

previously on letrozole from 10/4/25-12/6/25  
-forgot to take since 12/6/25, then DMO told her to  
stop since 16/6/25  
no new medications  
allergic to celecoxib (rash)  
no recent ingestion of analgesia/NSAIDs  
no known food allergy

2. tactile fever x few days  
did not measure temperature at home  
a/w dry throat

3. chest tightness since Monday  
central chest  
on/off  
not related to exertion  
a/w SOB  
no diaphoresis  
no orthopnea  
no reduced ET

no abdo pain  
BO normal  
no diarrhea  
no vomiting  
no urinary symptoms  
no urinary frequency, no dysuria/hematuria

<Hx revisited>  
Bilateral feet rash and itch started 12/6  
says spread up bilateral LL  
initially involved centre of bilateral palms, then started  
to affect proximal UL  
Involvement of trunk (chest, back, abdo) started at  
midpoint between 12/6 and now  
Now involving face and eyes  
Itchy++++  
No diarrhoea  
No tongue or lip swelling

SOBOE and chest tightness started 2 days ago  
Would feel very tired when trying to shower  
no diaphoresis  
Worried about new occurrence of rash; was previously

well before breast ca diagnosis

====Examination====  
vitals stable, afebrile

alert, nontoxic  
not in respi distress  
speaking in sentences  
no stridor  
no periorbital swelling  
generalized urticaria over face, trunk, upper and lower limbs  
mild periorbital and perioral swelling  
H S1S2  
L clear, no wheeze, no creps  
A SNT  
calves supple, bilat pedal edema over mid shins  
Wound over R breast clean not particularly

====Progress in Emergency====  
IV hydrocort 200mg once  
IM Diphenhydramine 25mg  
PO Paracet once

====Initial Ix====  
Trop flat  
K 3.4  
CRP 69.5  
NTproBNP 648  
Hb 11.1 (baseline 12s)  
TW 5.13 Plt 364  
CXR nil consolidations or pleural effusions  
ECG - NAD

====Issues/Impression====  
1. urticaria for further investigation ?paraneoplastic  
-may not be allergy as pt already had urticaria for 1 week, no obvious trigger, no new meds  
- not improving with hydrocort or diphenhydramine  
2. raised CRP and tactile fever- however, no clear source of infection  
3. nonspecific chest discomfort and SOB - CXR clear, no lung infection, not overloaded, no ACS  
4. b/g breast cancer

====Plan====  
<Nursing>  
Vitals Q4 hourly  
Monitor IO  
Allow diet

CBG TDS + 10pm x1/7 off if NAD

<Ix>  
Trace CXR report

<Mx>  
Mist KCl once  
IV diphenhydramine  
Telfast 180mg BD regular  
Hold off IV abx for now as no clear source of infection  
KIV refer DER cm

<Medication Changes>  
Med recon  
- Restart all old medications

<Discharge Plans>

**Assessment:**

- Vital Signs

Parameters charted in Vital Signs Flowsheet from 20/06/25 06:00 to 21/06/25 14:57:

21/06/2025 09:15:00	<b>Temperature (deg.C):</b> 36.9 (36-36.9) <b>Blood Pressure (NIBP) (mmHg):</b> 109/73 (99-125/53-75) <b>Blood Pressure (NIBP) mean:</b> 84.8 (84.8-84.8) <b>Heart Rate (beats/min):</b> 73 (67-76) <b>SpO2 (%):</b> 98 (98-100) <b>Respiration (breaths/min):</b> 18 (17-18) <b>Pain Score A:</b> 0 (0-0) <b>NEWS:</b> 1 (Low Risk)
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- Nursing Problems List

Comfort

**Progress Note:**

- Nursing Progress Notes

Patient alert and conscious. For home today.  
Discharge documents given and explained to patient.  
Patient collected discharge medications on her own.  
IV plug removed, nil redness or swelling seen. RFID removed.  
Went home herself.  
x1 suture on left leg in situ, opsite dressing dry and intact. Additional dressing supplies given to her and patient was taught on how to change dressing herself if needed. Explained to patient to remove dressing and expose suture after 48hours and apply tetracycline ointment on suture site after off dressing.

Taught patient to watch for signs of infection.  
Discharge call card given to patient. Instructed if any reactions at home can call back the ward level immediately within 7 days of discharge. needs attended to

**Electronic Signatures:**

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*Authored: Assessment*  
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**Last Updated:** 21-Jun-2025 14:58 by Liang Xingyi (Nurse)