NUR Handover Note SGH-ND [Charted Location: W55A-0003-05] [Authored: 21-Jun-2025 03:37]- for Visit: 6725340463D, *Complete, Entered, Signed in Full, General*

Situation:

• **Shift Type**	ND
• **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
• **Diagnosis**	1. Urticaria, Onset: 20/6/2025
• **Presenting Complaints**	===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=== Onco 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 -urticarial 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 occurence 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 03:37:

20/06/2025 22:36:00	**Temperature (deg.C):** 36.7 (36-36.7) **Blood Pressure (NIBP) (mmHg):** 99/62 (99-123/53-70) **Blood Pressure (NIBP) mean:** 74.3 (74.3-74.3) **Heart Rate (beats/min):** 67 (67-76) **SpO2 (%):** 99 (98-100) **Respiration (breaths/min):** 17 (17-18) **Pain Score A:** 0 (0-0) **NEWS:** 2 (Low Risk)

• **Nursing Problems List** Comfort

Progress Note:

• **Nursing Progress Notes**

Alert, afebrile.
IV plug in situ nil redness seen.
Noted rashes on face and upper and lower limbs.
Skin punch biopsy site dressing intact.
Around 12:34am Complained of pain on left side of the throat upon swallowing, informed Dr. Lim Xin Yuan, stat dose of paracetamol served.
Nil SOB or other unusual symptoms noted.
ADL independent.
Monitored for worsening abdominal pain.
Comfort measures done.
Needs attended, cared for.

Electronic Signatures:
Shane Jan Licudan Cerezo (Nurse) (Signed 21-Jun-2025 03:38)
Authored: *Situation, Background, Assessment*

Last Updated: *21-Jun-2025 03:38 by Shane Jan Licudan Cerezo (Nurse)*

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DMO Inpatient Daily Ward Round V1 NCC [Charted Location: W55A-0003-05] [Authored: 21-Jun-2025 07:11]- for Visit: 6725340463D, *Complete, Revised, Signed in Full, General*

General Information:
Care Provider
Reviewed By : Lee Chuan Yaw (62286I) at 21/06/25 08:55
Also Seen By : Dr. Ong Zheng Xuan
Entered By : Arthur Edmond Cheng Nan Boo (68589E)
Admission Date : 20-Jun-2025 02:05:00 Post Admission Day : 2

Clinical Notes:
FINDINGS
Latest Vital Signs: 21-Jun-2025 05:25:00
Vital Signs parameters not charted:
O2 Therapy

21/06/2025 05:25:00
Pain Score: 0
T (deg.C): 36.6, **Tmax (deg.C):** 36.7 (20/06/2025 22:36:00)
BP (NIBP) (mmHg): 125/75 (99-125/53-75), **HR (beats/min):** 70 (67-76)
RR (breaths/min): 17 (17-18), **SPO2 (%):** 99 (98-100)
NEWS: 0 (Low Risk)
Hypo(from 20/06/2025 06:00:00 to 21/06/2025 07:12:05):
5.9(N) <- 5.8(N) <- 6.5(N) <- 7.6(N)

Ht: 163.4 cm (16-Jun-2025 10:20:00), **Wt:** 69 kg (20-Jun-2025 03:20:00)
BMI: 25.8, **BSA:** 1.77 m2

Latest I/O from 20/06/2025 06:01 to 21/06/2025 06:00
Intake: 650 Output: - Net: 650

Intake: 650
- Diet Fluid Volume: 650

Output: 0

- BO (No. of Times): 0

Lab Values:
No lab values

Latest Surgical Care Operation:
Case ID: OT-908695 (Performed on: 23-May-2025 14:35:00, POD: 29)
Procedure(s):
1. 1.Breast Tumour (Malignant, various lesions), Simple Mastectomy with Axillary Clearance, with/without Sentinel Node Biopsy (SA824B)
2. 2.Breast, Tumor (Malignant, various lesions), Simple Mastectomy with Sentinel Node Biopsy/ Axillary Node Sampling (SA827B)

CLINICAL NOTES

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===
Onco 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
-urticarial 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
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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

===Overnight/Subjective===
no overnight events

===Examination===
vitals stable
afebrile
on RA

O/E
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

===Issues===
1. Acute urticaria TRO urticarial vasculitis
- D1 onset: 12/6/25
- Cr and LFT ok, last TFT Oct 2024 normal
- Eos normal
- may not be allergy as pt already had urticaria for 1 week, no obvious trigger, no new meds
- not improving with hydrocort or diphenhydramine
- reviewed by DER (20/6/25), impression as above

2. raised CRP and tactile fever- however, no clear source of infection
- CRP 69.5
- CXR nil consolidations or pleural effusions

3. nonspecific chest discomfort and SOB - CXR clear, no lung infection, not overloaded, no ACS
- Trop flat

- NTproBNP 648
- ECG - NAD
- CXR (20/6): Heart size is normal. No consolidation or pleural effusion. No discernible pneumothorax. Surgical clips over the bilateral chest wall/axilla, and projected over the bilateral perihilar regions.

4. b/g breast cancer

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

<Ix>
Send C3, C4, ANA, anti-dsDNA today (21/6)
Trace Skin punch biopsy histo + DIF (lesional) (sent 20/6)

<Mx>
Telfast 180mg BD regular
IV diphenhydramine once dose

DER on board

Discharge home today (21/6)

<Medication Changes>
Med recon
- Restart all old medications

<Discharge Plans>
TCU DER SOC J 2w STO OA
Keep existing DMO TCUs (16/7/25) and ATU (24/6/25) visits

Assessment:

No	Problem	Description	Onset Date	Status
1.	106889010 : Urticaria		20/6/2025	

Plan:

Is there an existing ATU appointment?	Yes
Appointment Date	24-Jun-2025
Keep or cancel appointment?	Keep appointment

Discharge Planning:
Discharge Today : PM Discharge.

Electronic Signatures:
Arthur Edmond Cheng Nan Boo (Doctor) (Signed 21-Jun-2025 10:43)
Authored: *General Information, Resuscitation and Extent of Care Status Plan, Clinical Notes, Images, Assessment, Plan*

Last Updated: *21-Jun-2025 10:43 by Arthur Edmond Cheng Nan Boo (Doctor)*

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Discharge Summary SGH [Charted Location: W55A-0003-05] [Authored: 21-Jun-2025 10:45]- for Visit: 6725340463D, *Complete, Entered, Signed in Full, General*

Discharge Summary:
Discharge Type:

Clinical Discharge Type	Planned Discharge
Admission Date	20-Jun-2025
Planned Discharge Date	21-Jun-2025
Allergy Acknowledgement	I have acknowledged the patient's allergy information
Patient had a Day Surgery Visit in last 2 days?	No
Patient was readmitted within 30 days?	Yes
Readmit Reason(Inpatient)	Others
Detail	Others (Please specify in the comments)
Relation to Previous Admission	Unrelated
Is admission scheduled?	Unscheduled
Additional Comments	urticaria

Diagnosis:
1.

Discharge Diagnosis	106889010 : Urticaria
Diagnosis Type	Primary

Summary:
Clinical Summary

PS: ECOG 0
DA to celecoxib

Non smoker, non drinker
Divorced with 1 daughter
lives with daughter
not working
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4. b/g breast cancer

===Discharge Plans===
Discharged well and stable on 21/06/25.

Care Plan:
Medication Prescribed

MEDICATION(S) PRESCRIBED :
- Fexofenadine HCl Tablet PO 360 mg, BD -- For 28 Days
- Hydrocortisone 1% Cream Topical 1 application, BD -- For 28 Days
- Lactulose Syrup PO 10 mL, TDS PRN Constipation -- For 28 Days
- Paracetamol Tablet PO 1 g, QDS PRN Pain or Fever -- For 28 Days
- Sennosides 7.5mg Tablet PO 2 tablet, ON PRN Constipation -- For 28 Days
- Tetracycline HCl 3% Ointment Topical 1 application, BD -- For 28 Days dressing change for biopsy site

Care Plan
TCU DER SOC J 2w STO OA
Keep existing DMO TCUs (16/7/25) and ATU (24/6/25) visits

Electronic Signatures:
Arthur Edmond Cheng Nan Boo (Doctor) (Signed 21-Jun-2025 10:46)
Authored: *Discharge Type, Diagnosis, Summary, Care Plan*

Last Updated: *21-Jun-2025 10:46 by Arthur Edmond Cheng Nan Boo (Doctor)*