

## Medicine Writing Week

### Rosemary McQueen

#### Notes:

**Assume that today's date is 8 June 2018.**

You are a Paediatric doctor at Brightford Hospital. You have been responsible for the care of Rosemary McQueen who was recently admitted with abdominal pain.

#### PATIENT DETAILS:

**Name:** Rosemary McQueen  
**Marital status:** Single  
**Residence:** Briarwood Cottage, Lower Lane, Brightford  
**DOB:** 15 Feb 2004 (15 years)  
**Next of kin:** Mother (Alison) age 45, (piano teacher)

#### Social background:

Attends High School – good results  
Leisure activities: basketball, swimming (stopped May 2018 – ‘too tired’), plays piano and flute  
Good relationship with family (two younger sisters)

#### Past medical history:

Born premature (maternal diabetes)  
Bronchiolitis at 1 year old  
Intermittent asthma (Albuterol when needed)  
No surgeries  
No allergies

**Family history:** Mother: diabetes mellitus type 2, hypertension  
Father: Crohn's disease

#### 06 Jun 2018: Admission to A&E

##### Presenting problem:

Persistent diarrhoea, (“greasy” stools), abdominal pain, blistering rash over elbows, knees and buttocks  
Weight loss reported (2.5kg in the past 2 weeks), easy bruising  
Vital signs: BP: 108/70 mmHg, P: 74 beats/min, T: 37° C, RR: 16 breaths/min

**Diagnosis:** Celiac disease

**Treatment & test results:**

CBC: haematocrit 25% (anaemia), MCV 84 fL, WBCs 3,500/ $\mu$ L

**06 Jun 2018:** platelets 118,000/ $\mu$ L (low WBC and platelets)  
PT & aPTT: both prolonged  
Calcium 6.6mg/dL (low)  
Stool culture, WBCs, Ova/Parasites: negative, no blood  
Sudan black stain positive for steatorrhea  
All antibody tests (antitissue transglutaminase, antiendomysial, antigliadin) positive  
Transferred to paediatric unit

**08 Jun 2018:** Small bowel biopsy performed to exclude bowel wall lymphoma - characteristic findings of flattened intestinal villi and lymphocyte infiltration  
All gluten to be removed from diet

**Medications:** Ferrous Sulphate 200mg PO q12hr (comm. 07.06.18)  
Albuterol 2 puffs inhaled PO q8h

**Nursing management:**

Gluten-free diet  
Check medication compliance, vital signs

**Medical progress:**

Good  
Diagnosis confirmed, differential diagnosis excluded

**08 Jun 2018:** Pt. ready for discharge

**Discharge plan:** Eliminate gluten from diet  
Ferrous Sulphate for <6 months.  
Gluten-free diet  $\rightarrow$  gradual resolution of symptoms  
Repeat antibody titres (6 weeks' time), CBC and calcium level  
Refer to dietician

**Writing Task:**

Using the information given in the case notes, write a referral letter to Dr Jones, a dietician at Brightford General Hospital, for further management of Rosemary's gluten-free diet. Address the letter to Dr Barbara Jones, dietician, Brightford General Hospital, Brightford.

**Make a plan!**

**Remember the 5 questions for planning:**

- 1) Who am I writing to?
- 2) What do they already know?
- 3) What do they need to learn to continue care?
- 4) Why am I writing today?
- 5) Is it urgent?

Combine these questions with the concept of paragraph function:

<b>Introduction</b>	The purpose must be immediately clear <ul style="list-style-type: none"> <li>- Name</li> <li>- General medical context</li> <li>- General purpose</li> </ul>
<b>Timeline 1</b>	Tells the story from the past up to the present, sometimes including the present. It depends on the story.
<b>Timeline 2</b>	Current condition
<b>Background - Medical</b>	Conditions, family history, medications
<b>Background - Social</b>	living situation, relationships, job, lifestyle
<b>Request</b>	The purpose is expanded. Detail required here.

<b>Introduction</b>	<ul style="list-style-type: none"> <li>- Rosemary McQueen</li> <li>- celiac disease</li> <li>- request: manage gluten-free diet</li> </ul>
<b>Timeline 1</b>	<p>6<sup>th</sup> June: admission &amp; test results, diagnosis</p> <ul style="list-style-type: none"> <li>- summary of presenting symptoms</li> <li>- diagnosis</li> <li>- summary of test results - calcium, sudan black stain, All antibody tests (antitissue transglutaminase, antiendomysial, antigliadin) positive</li> </ul>
<b>Timeline 2</b>	<p>8<sup>th</sup> June: exclusion testing</p> <ul style="list-style-type: none"> <li>- biopsy &amp; results</li> <li>- Ferrous sulphate</li> <li>- gluten - free diet commenced - good progress</li> </ul>
<b>Background</b>	<ul style="list-style-type: none"> <li>- father - Crohn's</li> <li>- asthma / albuterol</li> </ul>
<b>Request</b>	<p><b>Request:</b></p> <ul style="list-style-type: none"> <li>- Eliminate gluten from diet</li> </ul> <p><b>Inform:</b></p> <ul style="list-style-type: none"> <li>- Ferrous sulphate</li> <li>- Revisit tests</li> </ul>

## Introductions

### Common challenges:

- too much information: timeline / too much detail about the request
- grammar mistakes - extending relative clauses, tense
- punctuation error
- spelling
- lack of purpose
- incorrect purpose

Student	Teacher
I am writing to refer Rosemerry McQueen, a 15-year-old high school girl, who was admitted due to celiac disease. She is scheduled to be discharged today and requires supervision on her gluten-free diet.	I am writing to refer Rosemary McQueen, a 15-year-old girl, who was admitted due to celiac disease. She is scheduled to be discharged today and requires supervision <b>with/for</b> her gluten-free diet.
Thank you for seeing Rosemary, who has been diagnosed with celiac disease. She is due to be discharged into your care for further management of her gluten-free diet.	
<p>Dr. Barbara Jones Dietitian Brightford General Hospital Brightford</p> <p>08/06/2018</p> <p>Dear Dr. Jones,</p> <p>Re: Ms. Rosemary McQueen, DOB:15/02/2004</p> <p>I am writing regarding Rosemary McQueen, who has recently been diagnosed with celiac disease. She is due to be discharged and now requires management of her gluten-free diet.</p>	
Thank you for seeing Miss McQueen, who presented with symptoms suggestive of Celiac disease. Now she requires your further assessment and management for <b>her</b> gluten free diet.	
I am writing to refer Miss McQueen, who presented to emergency department, with complained of diarrhea, abdomen pain, and some bruises on her knees for the last two week due to celiac disease. She now requires your assessment for her gluten free dietary management.	Too much information - timeline details

<p>I am writing regarding Rosemary McQueen who has attended to our hospital. She has diagnosed with Celiac disease and needs your further management for gluten-free diet.</p>	<p>I am writing regarding Rosemary McQueen, who has attended our hospital due to <b>being diagnosed</b> with celiac disease, and needs your further management for <b>her</b> gluten-free diet.</p> <p><b>Be careful:</b></p> <p>attend - go to a place, organised event</p> <p>attend to - go and try and fix something</p>
<p>Thank you for seeing Rosemary McQueen, who is being managed for celiac disease in our hospital. She is being referred to you for further management <b>of</b> her gluten-free diet.</p>	
<p>I am writing regarding Ms McQueen, who has been diagnosed with celiac disease. She is being referred to you and now requires management of her gluten-free diet.</p>	
<p>I'm writing to refer Rosemary McQueen, who has celiac disease. She now requires your further management of her gluten-free diet.</p>	
<p>I am writing regarding Rosemary, who was diagnosed with celiac disease. She is being referred to your specialty and requires your further management of her gluten-free diet.</p>	<p>I am writing regarding Rosemary <b>McQueen</b>, who was diagnosed with celiac disease. She is being referred to you and requires further management of her gluten-free diet.</p>
<p>I am writing regarding Rosemary McQueen, who was admitted to our hospital due to celiac disease. She is being referred to you and now requires further management of her gluten-free diet.</p>	
<p>I am writing regarding Ms. McQueen, who was admitted to our hospital due to abdominal pain and has been diagnosed with celiac disease. She is being discharged today, and she now requires your further management of her gluten-free diet.</p>	<p>I am writing regarding Ms. McQueen, who was admitted to our hospital and has been diagnosed with celiac disease. She is being discharged today, and now requires your further management of her gluten-free diet.</p>
<p>I'm writing regarding Mrs Rosemary McQueen, who presented to our hospital with abdominal pain with the diagnosis of celiac disease. She needs your further management of her gluten free diet.</p>	<p>I'm writing regarding Ms Rosemary McQueen, who <b>has been diagnosed with</b> celiac disease. She needs your further management of her gluten free diet.</p>
<p>I am writing regarding Rosemary McQueen, who recently was diagnosed with celiac disease. He is being referred to you for further management of her diet.</p>	<p>I am writing regarding Rosemary McQueen, who recently was diagnosed with celiac disease. <b>She</b> is being referred to you for further management of her diet.</p>

<p>I am writing regarding Ms. McQueen who has confirmed Celiac disease. She is now being discharged and needs your further management for a gluten-free diet.</p>	<p>I am writing regarding Ms. McQueen, who has celiac disease. She is now being discharged and needs your further management for her gluten-free diet.</p>
<p>I am writing regarding Rosemary McQueen, who was admitted to our hospital due to her gastrointestinal problems. Her symptoms and relevant test results revealed that she has celiac disease and now she requires your management on her gluten-free diet.</p>	<p>This is not concise enough - too much detail, which should be in the timeline.</p>
<p>I am writing this letter regarding Rosemary McQueen, who was admitted to our hospital due to Celiac Disease. She is being discharged today and requires your assistance to start a gluten-free diet.</p>	<p>I am writing regarding Rosemary McQueen, who was admitted to our hospital due to celiac disease. She is being discharged today and requires your assistance with a gluten-free diet.</p>
<p>I am writing regarding Ms McQueen, who was admitted to our hospital due to celiac disease. She is being referred to you and now requires further management.</p>	
<p>I am writing referral letter for miss Rosemary Macqueen , DOB15 02 2004 . Miss rosemary has been diagnosed with celiac disease and she require a management on her gluiteb6free diet.</p>	<p>I am writing to refer Miss Rosemary McQueen. She has been diagnosed with celiac disease and requires management of her gluten-free diet.</p> <p>Be careful - you only have one chance to make a first impression</p>
<p>I am writing regarding Miss McQueen who has been diagnosed with celiac disase. She is scheduled to be disharged and now she requires your further assesment in terms of her gluten-free diet.</p>	<p>I am writing regarding Miss McQueen, who has been diagnosed with celiac disase. She is scheduled to be discharged and now she requires your further management of her gluten-free diet.</p> <p>Be careful - don't misrepresent the Purpose</p>
<p>I am writing to refer Miss McQueen, who was admitted to our hospital recently, due to signs and symptoms suggestive of celiac disease. She is scheduled to be discharged today, and now requires your further management regarding her gluten-free diet.</p>	
<p>I am writing to refer Rosemary, who has been diagnosed with celiac disease,for your further management regarding her gluten-free diet.</p>	<p>I am writing to refer Rosemary McQueen, who has been diagnosed with celiac disease, for your further management regarding her gluten-free diet.</p> <p>Nice relative clause!</p>

Write your timeline paragraphs and send to [paul@set-english.com](mailto:paul@set-english.com)

## Timeline

### Challenges:

- tense - incorrect use of past/present
- we exclude important information
- we include irrelevant information
- we don't summarise
- overuse of linkers
- we include items from other paragraph functions
- sentence structure issues

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### 06 Jun 2018: Admission to A&E

#### Presenting problem:

Persistent diarrhoea, ("greasy" stools), abdominal pain, blistering rash over elbows, knees and buttocks

Weight loss reported (2.5kg in the past 2 weeks), easy bruising

Vital signs: BP: 108/70 mmHg, P: 74 beats/min, T: 37° C, RR: 16 breaths/min



**Diagnosis:** Celiac disease

**Treatment & test results:**

CBC: haematocrit 25% (anaemia), MCV 84 fL, WBCs 3,500/ $\mu$ L

**06 Jun 2018:** platelets 118,000/ $\mu$ L (low WBC and platelets)

PT & aPTT: both prolonged

Calcium 6.6mg/dL (low)

Stool culture, WBCs, Ova/Parasites: negative, no blood

Sudan black stain positive for steatorrhea

All antibody tests (antitissue transglutaminase, antiendomysial, antigliadin) positive

Transferred to paediatric unit

**08 Jun 2018:** Small bowel biopsy performed to exclude bowel wall

lymphoma - characteristic findings of flattened intestinal villi and lymphocyte infiltration

All gluten to be removed from diet

**Medications:** Ferrous Sulphate 200mg PO q12hr (comm. 07.06.18)

Albuterol 2 puffs inhaled PO q8h

**Nursing management:**

Gluten-free diet

Check medication compliance, vital signs

**Medical progress:**

Good

Diagnosis confirmed, differential diagnosis excluded

<b>Timeline 1</b>	<p>6<sup>th</sup> June: admission &amp; test results, diagnosis</p> <ul style="list-style-type: none"> <li>- summary of presenting symptoms</li> <li>- diagnosis</li> <li>- summary of test results - calcium, <u>sudan black stain</u>, All antibody tests (antitissue transglutaminase, antiendomysial, antigliadin) positive</li> </ul>
<b>Timeline 2</b>	<p>8th June: exclusion testing</p> <ul style="list-style-type: none"> <li>- biopsy &amp; results</li> <li>- Ferrous sulphate</li> <li>- gluten - free diet commenced - good progress</li> </ul>

Student	Teacher
<p>On 6th June, McQueen reported that he had been experiencing a persistent diarrhoea, which is described greasy, weight loss and abdominal pain. In addition, she had a blistering skin rash, and tendency to bruise. Subsequently, some tests were ordered, and revealed anemia and low calcium level (6.6 mg/dL). Revealing her Sudan black stain and all celiac antibody tests are positive, she has been diagnosed with celiac disease, and has been transferred to pediatric unit.</p>	<p>On 6th June, Ms McQueen reported that she had been experiencing weight loss, abdominal pain and persistent diarrhoea, which was described as greasy. In addition, she had a blistering skin rash, and tendency to bruise. Subsequently, some tests were ordered, which revealed anemia and a low calcium level (6.6 mg/dL). Due to her Sudan black stain and celiac antibody tests being positive, she has been diagnosed with celiac disease, and has been transferred to the pediatric unit.</p>



On 6th June, Ms McQueen was admitted to A&E with persistent diarrhoea with greasy stools, abdominal pain along with blistering rash over her elbows, knees and buttocks. Her test results were suggestive of Celiac disease. Additionally, her Sudan black stain and all of her antibody tests were positive. As a result of this, she was transferred to pediatric unit with provisional Celiac disease diagnosis.

Today, small bowel biopsy is performed for exclusion of differential diagnosis, and as a result, the diagnosis is confirmed. Ms McQueen is ready to discharge today with Ferrous Sulphate (200 mg), Albuterol inhaler (2 puffs) and gluten-free diet plan.

On 6th June, Ms McQueen was admitted to A&E with **persistent** diarrhoea with greasy stools, **and** abdominal pain, along with blistering rash over her elbows, knees and buttocks. Her test results were suggestive of celiac disease. Additionally, her **Sudan** black stain and all of her antibody tests were positive. As a result of this, she was transferred to the paediatric unit with **a** provisional celiac disease diagnosis.

**x, y and z**

**x and y, along with z**

Today, a small bowel biopsy **was** performed for the exclusion of differential diagnosis, and as a result, the diagnosis **has been** confirmed. Ms McQueen is ready to **be discharged** today with ferrous sulphate (200 mg), **an** albuterol inhaler (2 puffs) and **a** gluten-free diet plan.

Rosemary was initially admitted to our Emergency Department with persistent diarrhoea with greasy stools, abdominal pain, and inclination to easy bruising on her exposed skin. She also reported that she had lost a weight of 2,5 kg in the past 2 months. On examination, blistering rashes on her elbows, knees, and buttocks were noted. She had anemia with a haematocrit of %25, a low calcium level at 6.6 mg/dl, and a positive Sudan black test for steatorrhea. Additionally, her antibody tests, including antitissue transglutaminase, antiendomysial, and antigliadin antibodies, revealed a positive result, which suggested celiac disease. Eventually, a small bowel biopsy performed on 8th June 2018 confirmed the provisional diagnosis. Therefore, she was commenced on a gluten-free diet regimen, and ferrous sulphate, 200 mg, by mouth, for 6 months.

On today's visit, a slight improvement of Rosemary's condition has been observed, despite her having been on the gluten-free diet.

**Too much detail - more summarising required. But grammar is good. It is very well written.**

<p>On 6th June , Ms McQueen presented to A&amp;E with symptoms of diarrhoea , abdominal pain , blistering rash over elbow, knees and buttocks. On examination her vital signs were normal, however her all antibody tests and sudan black stain tests were positive.Resulting in her laboratory test she was diagnosed with anemia for which was prescribed on ferrous sulphate and having hipocalcemia. Small bowel biopsy was performed on 8th june 2018 and gluten was removed from her diet.</p>	<p>On 6th June , Ms McQueen presented to A&amp;E with symptoms of diarrhoea , abdominal pain , blistering rash over her elbows, knees and buttocks. On examination, her vital signs were normal. <b>However</b>, all <b>her</b> antibody tests and Sudan black stain tests were positive. <b>As a result of</b> her laboratory test, she was diagnosed with anemia, for which <b>she</b> was <b>prescribed ferrous sulphate and having hypocalcemia</b>. A small bowel biopsy was performed on 8th June 2018 (<b>diagnosis confirmed</b>) and gluten was removed from her diet. - <b>result? Possibly mentioned in the request?</b></p> <p><b>ferrous sulphate dosage?</b></p>
<p>On 6<sup>th</sup> June 2018, Miss McQueen presented with diarrhea, abdominal pain, along with bruises on her both knees. She also reported that she had lost 2.5 kg weight in past two weeks. Her blood test result showed that she had anemia, low platelet count, low calcium level (6.6mg), and prolong PT, APTT. Two days later, small bowel biopsy was performed to exclude bowel wall lymphoma,. Ferrus sulphate 200mg was prescribed to correct her anemia. Please note that she is on albutamol for her asthma .Regarding her family history, her father is having Crohn disease.</p>	<p>On 6<sup>th</sup> June 2018, Miss McQueen presented with diarrhea, <b>and</b> abdominal pain, along with bruises on both knees. She also reported that she had lost 2.5 kg weight in <b>the previous</b> two weeks. Her blood test result showed that she had anemia, low platelet count, low calcium level (6.6mg), and <b>prolonged</b> PT, APTT. <b>Sudan &amp; antibody?</b></p> <p>Two days later, <b>a</b> small bowel biopsy was performed to exclude bowel wall lymphoma,. Ferrous sulphate 200mg was prescribed to correct her anemia.</p> <p>Regarding Ms McQueen’s background, please note that she is on <b>albuterol</b> for her asthma. Regarding, her family history, her father <b>has Crohn’s</b> disease.</p>
<p>On 6th June 2018 Miss Rosemary McQueen was admitted to our hospital due to persistent diarrhoea, abdominal pain and weight loss. Her blood tests were suggestive of celiac disease and also showed low calcium levels. Today, a small bowel biopsy was performed to exclude bowel wall lymphoma and a gluten-free diet has been commenced which has improved her symptoms.</p>	<p><b>Is this over-summarised?</b></p> <p><b>More details on blood tests?</b></p> <p><b>We’re writing to a dietician who wants to understand the situation.</b></p>

<p>On 6th June, Miss McQueen was admitted to our A&amp;E department due to persistent diarrhoea and abdominal pain, which was accompanied with blistering rash in some parts of her body. Additionally, she reported that she had lost 2,5 kg weight and had experienced occasions of easy bruising over the past two weeks. Her blood tests showed pancytopenia and low calcium level. Also her stool test confirmed the steatorrhea. In addition to this, all her antibody tests which are spesific for celiac disease, resulted positive. Therefore, a diagnosis of celiac disease was made. Two days later a small bowel biopsy was performed which excluded the other possible pathologies. Consequently she was commenced on gluten-free diet and ferrous sulphate treatment which is resulting in a good clinical progress.</p>	<p>On 6th June, Miss McQueen was admitted to our A&amp;E department due to persistent diarrhoea and abdominal pain, which was accompanied <b>by</b> blistering rash <b>on</b> some parts of her body. Additionally, she reported that she had lost 2,5 kg <del>and had experienced easy bruising over the previous two weeks.</del> Her blood tests showed pancytopenia and <b>a</b> low calcium level. Also her stool test confirmed steatorrhea. In addition to this, all her antibody tests <b>were</b> positive. Therefore, a diagnosis of celiac disease was made. Two days later a small bowel biopsy was performed which excluded the other possible pathologies. Consequently, she was commenced on a gluten-free diet and ferrous sulphate treatment which has resulted in good clinical progress. <b>ferrous sulphate dosage?</b></p>
<p>On 6th June 2018, Rosemary was admitted with complaints of persistent diarrhoea, an abdominal pain, and a weight loss. She had reported to have lost 2.5 kg of her weight 2 weeks prior to her admission. Subsequently, she had some laboratory investigations done, including Sudan black stain and all antibody tests, and which all came out positive, suggestive of celiac disease.</p> <p>Earlier today, Rosemary had a small bowel biopsy done, which revealed a characteristic findings of flattened intestinal villi and lymphocyte infiltration, for which confirms the initial diagnosis. As a result of that, she was commenced on gluten-free diet, and currently, she is making a good progress.</p>	<p>On 6th June 2018, Rosemary was admitted with complaints of persistent diarrhoea, abdominal pain, and weight loss. She reported losing 2.5 kg in the 2 weeks prior to her admission. Subsequently, she had some laboratory investigations done, including Sudan black stain and all antibody tests, and which all came out positive, suggestive of celiac disease.</p> <p>Earlier today, Rosemary had a small bowel biopsy done, which revealed characteristic findings of flattened intestinal villi and lymphocyte infiltration, which confirms the initial diagnosis. As a result of that, she was commenced on <b>a</b> gluten-free diet, and currently, she is making a good progress.</p> <p><b>Look at articles!</b></p> <p><b>ferrous sulphate dosage?</b></p>
<p>Ms. McQueen initially presented to our hospital with persistent diarrhea and an abdominal pain on 6th June. She also has lost 2.5 kg in the past two weeks. As a result, she has been diagnosed with celiac disease. Following test result revealing low calcium levels, and positive sudan black stain for steatorrhea. In addition, all antibody tests were also positive. Today, a biopsy has been done due to exclusion testing. Consequently, Ms.McQueen was</p>	<p>Ms. McQueen initially presented to our hospital with persistent diarrhea and abdominal pain on 6th June. She also has lost 2.5 kg in the past two weeks. As a result, she has been diagnosed with celiac disease. <b>Subsequently, test results revealed low calcium levels, and a positive Sudan black stain for steatorrhea.</b> In addition, all antibody tests were also positive.</p> <p>Today, a biopsy has been done <b>for</b> exclusion testing. Consequently, Ms.McQueen was</p>

<p>prescribed ferrous sulphate and commenced on a gluten-free diet. She has made good progress.</p>	<p>prescribed ferrous sulphate and commenced on a gluten-free diet. She has made good progress.</p>
<p>On the 6th of June, Ms McQueen was admitted to the Emergency Department due to abdominal pain and persistent diarrhoea with greasy stools. Additionally, she reported that she had lost 2.5 kg in the past two weeks. Blood tests were done and showed that her blood calcium level was low and she had anaemia for which she was prescribed ferrous sulphate, 200mg orally, every 12 hours. Sudan black stain was positive for steatorrhea. In addition, her celiac disease antibodies were all positive. Therefore, a diagnosis of celiac disease was established and she was transferred to our paediatric unit.</p> <p>Today, a small bowel biopsy was performed to exclude bowel wall lymphoma and any foods that contain gluten were removed from her diet. She has made good progress after that.</p>	<p>On the 6th of June, Ms McQueen was admitted to the Emergency Department due to abdominal pain and persistent diarrhoea with greasy stools. Additionally, she reported that she had lost 2.5 kg in the <b>previous</b> two weeks. Blood tests were done and showed that her blood calcium level was low and she had anaemia, for which she was prescribed ferrous sulphate, 200mg orally, every 12 hours. <b>A</b> Sudan black stain was positive for steatorrhea. In addition, <b>all antibody tests</b> were positive. Therefore, a diagnosis of celiac disease was established and she was transferred to our paediatric unit.</p> <p>Today, a small bowel biopsy was performed to exclude bowel wall lymphoma, and any foods that contain gluten were removed from her diet. <b>She has made good progress.</b></p>
<p>Initially, she presented with persistent diarrhoea in the way of greasy stools which may suggest malabsorption. In addition to that, she had abdominal pain and 2.5 kg of weight loss in the past 2 weeks. Subsequently, both Sudan black stain and all antibody tests were positive and her bowel biopsy indicated celiac disease. The diagnosis was confirmed after she made good progress following gluten had been removed from her diet. Also, please note that her calcium level is a little bit low and she was prescribed Ferrous Sulfate for her anaemia.</p>	<p>Initially, Ms McQueen presented with persistent diarrhoea, with greasy stools. In addition to that, she had abdominal pain and 2.5 kg of weight loss in the <b>previous</b> 2 weeks. Subsequently, both Sudan black <b>stain</b> and all antibody tests were positive and her bowel biopsy indicated celiac disease. The diagnosis was confirmed after she made good progress following gluten <b>being</b> removed from her diet. Also, please note that her calcium level is a low and she was prescribed ferrous sulphate for her anaemia.</p> <p>- <b>ferrous sulphate dosage?</b></p>
<p>On 06<sup>th</sup> June 2018, Ms McQueen complained of diarrhoea, abdominal pain, along with having weight loss, 2.5 kilograms over the past 2 weeks. Subsequently, on laboratory, decreased level of calcium and anaemia were detected. Additionally, specific antibody tests of celiac disease and a Sudan black stain for steatorrhea resulted in positive.</p> <p>Today, a small bowel biopsy confirmed celiac disease, which also eliminated other differential diagnosis including a lymphoma. As a result, she was commenced on gluten-free</p>	<p>On 06<sup>th</sup> June 2018, <b>Ms McQueen</b> complained of diarrhoea, <b>and</b> abdominal pain, along with <b>losing 2.5 kilograms over the previous</b> 2 weeks. Subsequently, <b>investigations revealed a</b> decreased level of calcium, and anaemia <b>was</b> detected. Additionally, specific antibody tests <b>for</b> celiac disease and a Sudan black stain for steatorrhea <b>were</b> positive.</p> <p>Today, a small bowel biopsy confirmed celiac disease. As a result, she was commenced on <b>a</b> gluten-free diet and ferrous sulphate. She has made good progress.</p> <p><b>ferrous sulphate dosage?</b></p>

<p>diet and ferrous sulphate, making her good progress.</p>	
<p>Initially, Ms McQueen presented, on 6th June, with persistent diarrhoea, abdominal pain, rash, easy bruising, and, additionally, she had lost 2,5 kg over the past 2 weeks. Her test results revealed anaemia, for which she was commenced on ferrous sulfate, a low WBC, platelets, along with low level of calcium. Following positive antibody (antitissue transglutaminase, antiendomysial, antigliadin) and sudan black stain tests, celiacs disease was diagnosed.</p> <p>On 6th June, a small bowel biopsy revealed flattened villi and lymphocyte infiltration, which confirmed the diagnosis. In addition, other differential diagnoses were excluded.</p>	<p>Initially, Ms McQueen presented, on 6th June, with persistent diarrhoea, abdominal pain, rash, easy bruising, and, additionally, she had lost 2,5 kg over the <b>previous 2 weeks. Her test results revealed low WBC and platelets, along with low level of calcium, and anaemia, for which she was commenced on ferrous sulphate.</b> Following positive antibody (antitissue transglutaminase, antiendomysial, antigliadin) and Sudan black stain tests, celiac disease was diagnosed.</p> <p>On 6th June, a small bowel biopsy revealed flattened villi and lymphocyte infiltration, which confirmed the diagnosis. In addition, other differential diagnoses were excluded.</p> <p><b>ferrous sulphate dosage?</b></p>
<p>On 6<sup>th</sup> June 2018, the patient presented to our hospital with persistent diarrhea(Greasy stool),and abdominal pain .she had been experiencing 2.5 kg weight loss since 2 weeks , meanwhile she had easy bruising. On physical examination vital signs were within normal limits. Lab test results showed ,anemia ,decreased platelet counts, calcium level was low, and stool examination showed steatorrhea. Diagnosis of celiac disease was confirmed ,and the patient transferred to paediatric ward.</p> <p>Om 8<sup>th</sup> June 2018,the patient underwent small bowl biopsy for lymphoma, which was ruled out, subsequently she was commenced on ferrous sulfate,200mg po q12h,and albuterol 2 puff inhaled po q8h,and gluten free diet was started. The patient is scheduled to be discharged ,with gluten free diet recommendation, ferrous sulfate for less that six months ,and dietician visit.</p>	<p>On 6<sup>th</sup> June 2018, the patient presented to our hospital with persistent diarrhoea, with greasy stools, and abdominal pain . <b>She had lost 2.5 kg weight in the previous 2 weeks, and she had easy bruising. <del>On physical examination vital signs were within normal limits.</del></b> Lab test results showed anemia ,decreased platelet counts, a low calcium level, <b>and a Sudan black stain revealed steatorrhea.</b> Diagnosis of celiac disease was confirmed ,and the patient transferred to paediatric ward.</p> <p>On 8<sup>th</sup> June 2018,the patient underwent a small bowl biopsy for lymphoma, which was ruled out. <b>Subsequently,</b> she was commenced on ferrous sulphate,200mg po q12h,<del>and albuterol 2 puff inhaled po q8h,</del> and a gluten free diet was started.</p> <p>- <b>albuterol is for asthma</b></p>
<p>On 6th June 2018, Miss McQueen presented complaining of abdominal pain, diarrhea, and weight loss. Consequently, she has been diagnosed with celiac disease. Following this, she was ordered antibody tests(antitissue transglutaminase, antiendimysial, antigliadin)</p>	<p>On 6th June 2018, Miss McQueen presented complaining of abdominal pain, diarrhea, and weight loss. Consequently, she <b>was</b> diagnosed with celiac disease. Following this, antibody tests were ordered (antitissue transglutaminase, antiendimysial, antigliadin) ,</p>

<p>,which were all positive. Additionally, her calcium level was low and Sudan black stain was positive for steatorrhea. She is also anaemic.</p> <p>Earlier today, small bowel biopsy was done, which excluded bowel wall lymphoma and confirmed the diagnosis. Miss McQueen is commenced on ferrous sulphate and gluten-free diet. She is now making a good progress.</p>	<p>which were all positive. Additionally, her calcium level was low and a Sudan black stain was positive for steatorrhea. She is also anaemic.</p> <p>Earlier today, a small bowel biopsy was done, which excluded bowel wall lymphoma and confirmed the diagnosis. Miss McQueen has been commenced on ferrous sulphate and gluten-free diet. She is now making good progress.</p> <p>- ferrous sulphate dosage?</p>
<p>On 6<sup>th</sup> June, Miss McQueen presented to ER room complaining of persistent diarrhoea, abdominal pain, and she said that she has lost 2,5 kg in the previously 2 weeks. Additionally, she had been experienced a rash and blisters over her ellbows, knees and buttock. Consequently, full blood tests were ordered for her. Her test results revealed a low level of calcium, sudan black stain positive for steatorrhea, and all her antibody tests were positive. She was diagnosed with celiac disease and was admitted to the paediatric unit.</p> <p>During her hospitalization, a small bowel biopsy was performed to exclude other bowel wall conditions, and she commenced a gluten-free diet, along with 200 mg of ferrous sulphate, every 12 hours, and 2 puffs of Albuterol,3 times per day. Today, her vital signs were unremarkable, her diagnosis was confirmed, and she is compliant with her medication and diet, consequently, she had a well progress, and is scheduled to be discharged.</p>	<p>On 6<sup>th</sup> June, Miss McQueen presented to ER room complaining of persistent diarrhoea, abdominal pain, and she said that she had lost 2,5 kg in the previous 2 weeks. Additionally, she had experienced a rash and blisters over her elbows, knees and buttock. Consequently, full blood tests were ordered for her. Her test results revealed a low level of calcium, Sudan black stain positive for steatorrhea, and all her antibody tests were positive. She was diagnosed with celiac disease and was admitted to the paediatric unit.</p> <p>During her hospitalization, a small bowel biopsy was performed to exclude other bowel wall conditions, and she commenced a gluten-free diet, along with 200 mg of ferrous sulphate, every 12 hours, and 2 puffs of Albuterol,3 times per day. Today, her vital signs were unremarkable, her diagnosis was confirmed, and she is compliant with her medication and diet. Consequently, she has made good progress, and is scheduled to be discharged.</p> <p>- albuterol - asthma</p>
<p>On 6/08/2018 Miss Mcqueen presented complaining of Persistent diarrhoea, grassy stool and abdominal pain. Also she had reported 2.5 kg weight loss in 2 week. Consequently, her blood test resuly shows that Calcium level is low. Her sudan black stain for steatorhea and all antibody test ( antitissue transglutaminase, antiendomysial, antigliadin) results are positive. With regard to test results, she had diagnosed Celiac disease.</p>	<p>On 6<sup>th</sup> June Miss McQueen presented complaining of persistent diarrhoea, greasy stools and abdominal pain. Also she had reported 2.5 kg weight loss in 2 weeks. Consequently, her blood test result shows that her calcium level is low. Her Sudan black stain for steatorhea and all antibody tests ( antitissue transglutaminase, antiendomysial, antigliadin) results were positive, which confirmed celiac disease.</p>



<p>Today, She had biopsy to exclude small bowel lymphoma and the results are normal. She had been started to use Ferrous Sulphate since 7th of June. Her Gluten free diet had been commenced. Now she shows good progress and feels better.</p>	<p>Today, she had <b>a</b> biopsy to exclude small bowel lymphoma and the results are normal. She had been started <b>on</b> ferrous sulphate. Her Gluten free diet had been commenced. <b>She is making good progress.</b></p> <p>- <b>ferrous sulphate dosage?</b></p>
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## Background & Request

### Past medical history:

Born premature (maternal diabetes)  
 Bronchiolitis at 1 year old  
 Intermittent asthma (Albuterol when needed)  
 No surgeries  
 No allergies

**Family history:** Mother: diabetes mellitus type 2, hypertension  
 Father: Crohn's disease

### Medical progress:

Good  
 Diagnosis confirmed, differential diagnosis excluded

**08 Jun 2018:** Pt. ready for discharge

**Discharge plan:** Eliminate gluten from diet  
 Ferrous Sulphate for <6 months.  
 Gluten-free diet → gradual resolution of symptoms  
 Repeat antibody titres (6 weeks' time), CBC and calcium level  
 Refer to dietician

Student	Teacher
<p>Regarding her background, Rosemary has asthma, and she uses albuterol for it. She has a family history of Crohn's disease.</p> <p>In view of the above, it would be greatly appreciated if you could provide Rosemary <b>with</b> your further management regarding her gluten-free diet.</p> <p>Please do not hesitate to contact me if you have any queries.</p> <p>Yours sincerely,</p>	<p>for which - more professional</p> <p>Why emphasise asthma? Be careful about how you present information - especially when it isn't vital.</p> <p>intra-paragraph organisation</p>



<p>Doctor</p>	
<p>Her current medication includes ferrous sulfate 200mg, 12 hourly, which she can take not more than six months. Please note that she has a positive family history of <b>Crohn's</b> disease.</p> <p>It would be highly appreciated if you could eliminate gluten-containing food from her dietary routine.</p> <p>Please do not hesitate to contact me if u require further information.</p> <p>Yours sincerely,</p>	<p>Her current medication includes ferrous sulfate 200mg, 12 hourly, which <b>she cannot take for</b> more than six months. Please note that she has a positive family history of <b>Crohn's</b> disease.</p>
<p>Doctor</p>	
<p>In terms of her medical history, she has a family history of Chron’s disease and she was born as a premature baby due to maternal type 2 diabetes. She has been diagnosed with intermittent asthma and uses Albuterol when necessary.</p> <p>In view of the above it would be greatly appreciated if you could provide further management for Miss McQueen’s diet. Please eliminate all glutes from her diet and kindly advise her a balanced diet. Finally please note that she has been commenced on Ferrous sulphate and has an appointment 6 weeks today to repeat blood tests.</p>	<p>In terms of her medical history, Ms McQueen has a family history of <b>Crohn’s</b> disease and she was born as a premature baby due to maternal type 2 diabetes. She has intermittent asthma and uses albuterol when necessary.</p> <p>- <b>premature necessary?</b></p> <p>In view of the above it would be greatly appreciated if you could provide further management <b>of</b> Miss McQueen’s diet. Please eliminate all glutes from her diet and <b>kindly advise her a balanced diet</b>. Finally please note that she has been commenced on ferrous sulphate and has an appointment 6 weeks today to repeat her blood tests.</p> <p>- <b>ferrous sulphate dosage - useful</b></p>
<p>In terms of Ms McQueen’s background, she has asthma and bronchiolitis, for which she is on albuterol. She has no known allergies. Please note that, she has a family history of Crohn’s disease.</p> <p>In view of the above, it would be greatly appreciated if you could provide Ms McQueen with further management of her</p>	<p><b>Be careful - this is irrelevant and inaccurate</b></p>

<p>gluten-free diet. <del>Please eliminate a gluten from her diet.</del> Kindly note, her antibody titres, CBC, and calcium level will be tested. - when?</p>	
<p>Regarding her background, Ms. McQueen has asthma for which she is using albuterol. Additionally, her father has Crohn's disease.</p>	<p>organisation - emphasise what is important to the reader</p>
<p>Please note that Ms McQueen has intermittent asthma and is on albuterol when needed. Additionally, her father has Chron's disease.</p> <p>In view of the above, it would be greatly appreciated if you could manage Ms McQueen's gluten-free diet. Please be aware that she will be using ferrous sulphate for six months, and her blood tests will be done in six weeks. If you have any queries, please do not hesitate to contact me.</p> <p>Yours sincerely, Doctor</p>	<p>organisation - emphasise what is important to the reader</p> <p><b>ferrous sulphate dosage - useful (if mentioned above, don't worry!)</b></p>
<p>Regarding medical background, Miss McQueen has asthma for which she has been on albuterol treatment. And also, her father has a diagnosis of Crohn's disease.</p> <p>It would be greatly appreciated if you could provide further management regarding Miss McQueen's gluten-free diet. Please also note that she will be on ferrous sulfate treatment for the next six months.</p> <p>Yours Sincerely,</p>	<p>Regarding medical background, Miss McQueen has asthma, for which she takes albuterol. <b>In addition</b>, her father has a diagnosis of Crohn's disease.</p> <p>It would be greatly appreciated if you could provide further management regarding Miss McQueen's gluten-free diet. Please also note that she will be on ferrous sulfate treatment for the next six months.</p> <p>Yours Sincerely,</p>
<p>Regarding her background, Miss McQueen has asthma, for which she is on albuterol. Her father has Crohn's disease.</p> <p>Please note that Miss McQueen is advised to continue with ferrous sulphate and repeat some tests later.</p> <p>In view of the above, it would be greatly appreciated if you could provide Miss McQueen with further management</p>	<p>'some' is vague and unprofessional - give the summary but use the correct technical language</p>

<p>regarding eliminating gluten from her diet.</p> <p>Thanks Meer</p>	
<p>Rosemary has a family history of Crohn's disease through her father, and has been experiencing mild asthma at times, for which she uses albuterol.</p> <p>In view of the above, it would be greatly appreciated if you could provide her with a new diet plan, and her antibody titres, CBC, and calcium levels <b>will be repeated</b> in six weeks' time.</p> <p>Please do not hesitate to contact me if you have any further questions.</p> <p>Yours sincerely,</p> <p>Doctor</p>	
<p>Regarding her family back ground, her father has Crohn's disease.</p> <p>In view of the above, it would be greatly appreciated if you could provide your assessment and management for her gluten free diet.</p> <p>Please do not hesitate to contact me if you have any questions.</p> <p>Your sincerely, doctor</p>	<p>Regarding <b>Ms McQueen's</b> family back ground, her father has Crohn's disease.</p> <p>In view of the above, it would be greatly appreciated if you could provide your assessment and management for her gluten free diet.</p> <p>Please do not hesitate to contact me if you have any questions.</p> <p>Your sincerely,</p> <p>Doctor</p>
<p>Regarding her medical history, Rosemary has asthma and a family history of Crohn`s disease. Her current medication is albuterol for her asthma, along with ferrous sulphate <b>(200mg) , which has been prescribed for</b> her for the next 6 months.</p> <p>In view of the above, it would be greatly appreciated if you could provide further management regarding <b>a</b> gluten-free diet for Rosemary. Please note that a gradual</p>	<p><b>diet</b></p> <p>a diet - a specific set of food items / with a specific outcome in mind</p> <p>diet - Diet is an important aspect of health.</p> <p>to ameliorate - to make something better</p>

<p><b>amelioration of her symptoms has</b> been noted, due to excluding gluten from her diet. Please be aware that she has been scheduled to repeat her full blood test, calcium level, and her antibody titres in 6 weeks' time after discharge.</p> <p>Yours sincerely,</p> <p>Dr. Alina Ignatescu</p>	<p>a gradual amelioration</p> <p><b>This could possibly be considered a mistake as it is a clear misinterpretation of the notes.</b></p> <p><b>If you are actually stating what will happen in the future, use this phrase:</b></p> <p>A gradual resolution her symptoms is expected through the use of a gluten-free diet.</p> <p><b>Check the comma:</b></p> <ul style="list-style-type: none"> <li>- <b>Please note that she is under sedation</b></li> <li>- <b>Please note, she is under sedation</b></li> <li>- <b>titres, ferrous sulphate, etc?</b></li> </ul>
<p>Regarding Ms. McQueen's background, she has a family history of Type 2 diabetes, hypertension, and Crohn's disease. Additionally, she takes albuterol when needed due to intermittent asthma.</p> <p>In light of the above, It would be appreciated if you could provide Ms. McQueen with further management of her gluten-free diet.</p> <p>Should there be any queries, please do not hesitate to contact me.</p> <p>Yours sincerely</p> <p>Doctor.</p>	<p><b>Rosemary has asthma, for which she takes albuterol.</b></p> <p>In view of the above, Rosemary needs elimination of gluten from her diet. She will be on ferrous sulphate for the next 6 months. Her antibody titres, CBC and calcium level will be repeated in 6 weeks.</p> <p><b>We've focused on the wrong part of Rosemary's background here, I think.</b></p>
<p>According to Ms McQueen's medical background, she has intermittent</p>	

asthma, and a history of bronchiolitis and prematurity. Along with that, she has a family history of type 2 DM, HT and Crohn's disease.

- is bronchiolitis relevant?

## Model Letter

Dr. Barbara Jones  
Dietitian  
Brightford General Hospital  
Brightford

08/06/2018

Dear Dr. Jones,

Re: Ms. Rosemary McQueen, DOB:15/02/2004

I am writing regarding Rosemary McQueen, who has recently been diagnosed with celiac disease. She is due to be discharged and now requires management of her gluten-free diet.

On 6th June 2018, Miss McQueen presented complaining of abdominal pain, diarrhoea, and weight loss. Consequently, she was diagnosed with celiac disease. Following this, antibody tests were ordered (antitissue transglutaminase, antiendomysial, anti gliadin), which were all positive. Additionally, her calcium level was low and a Sudan black stain was positive for steatorrhea. She is also anaemic.

Earlier today, a small bowel biopsy was done, which excluded bowel wall lymphoma and confirmed the diagnosis. Miss McQueen has been commenced on ferrous sulphate, 200mg and a gluten-free diet. She is now making good progress.

Regarding Miss McQueen's background, she has a family history of Type 2 diabetes, hypertension, and Crohn's disease. Additionally, she takes albuterol when needed due to intermittent asthma.

In view of the above, Rosemary needs elimination of gluten from her diet. She will be on ferrous sulphate for the next 6 months. Her antibody titres, CBC and calcium level will be repeated in 6 weeks.

Should there be any queries, please do not hesitate to contact me.

Yours sincerely

Doctor