

TODAY: Reading Part A

1. What is reading for the main idea?
2. Why is this important & how do we do it?
3. Key words

What is reading for the main idea?

We are looking for what the text is about...

Synonym: gist / general point / summary / theme / topic

Why is it important for OET?

It saves time because we don't have to read ALL texts for each question.

Step 1: analysing the texts

Step 2: Answer questions

Questions 7-13

Complete each of the sentences, 7-13, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

Patients at increased risk of tetanus:

- 7 If a patient has been touching _____ or earth, they are more susceptible to tetanus.
- 8 Any _____ lodged in the site of an injury will increase the likelihood of tetanus.
- 9 Patients with _____ fractures are prone to tetanus.
- 10 Delaying surgery on an injury or burn by more than _____ increases the probability of tetanus.
- 11 If a burns patient has been diagnosed with _____ they are more liable to contract tetanus.
- 12 A patient who is _____ or a regular recreational drug user will be at greater risk of tetanus.

main idea

Tetanus

Tetanus is a bacterial disease that can result in serious illness and death. Tetanus vaccination provides significant protection against the disease.

Many tetanus infections occur in wounds caused by the bacteria *Clostridium tetani*. These bacteria enter a person's nervous system through the disease in early childhood. It can be fatal.

Early symptoms of tetanus include:

- Painful muscle contractions that begin in the jaw (lock jaw)
- Rigidity of neck, abdomen and back muscles
- Difficulty swallowing
- Involuntary muscle spasms
- Breathing difficulties

A person may have a fever and sometimes develop generalized head stiffness. Complications include pneumonia, blood clots and the muscle spasm, respiratory failure and cardiac arrest.

There is no specific diagnostic laboratory test. Diagnosis is made clinically. The vaccine used is a toxoid containing the toxin of the bacteria with a surface which is non-toxic, inactivated and safe.

Tetanus Risk

Tetanus is an acute disease induced by the toxin tetanin toxin. The species of which are susceptible are:

- any wound or burn that requires surgical intervention that is not kept for 10 hours
- any wound or burn at any interval after injury that shows any or most of the following characteristics:
 - a significant degree of tissue damage
 - pus has been removed
 - matter which is likely to harbour tetanus organisms
- any wound from contaminated objects
- any wound or burn in patients who have systemic sepsis
- any bite wound
- any wound from both sea and freshwater

Extensive tetanus prophylaxis is at greater risk of tetanus. Routine doses should be given if there is any doubt about their tetanus prophylaxis status. Routine doses should be given if there is any doubt about their tetanus prophylaxis status. Routine doses should be given if there is any doubt about their tetanus prophylaxis status. Routine doses should be given if there is any doubt about their tetanus prophylaxis status.

TETANUS-PRONE WOUNDS IS

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 - a significant degree of tissue damage
 - pus has been removed
 - matter which is likely to harbour tetanus organisms
- any wound from contaminated objects
- any wound or burn in patients who have systemic sepsis
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2 min reading

We know where to find the answer (usually).

How do we find the main idea?

Text B

Inserting the nasogastric tube ←

All tubes must be radio opaque throughout their length and have externally visible markings.

- Wide bore:
 - for short-term use only.
 - should be changed every seven days.
 - range of sizes for paediatric use is 6 Fr to 10 Fr.
- Fine bore:
 - for long-term use.
 - should be changed every 30 days.

In general, tube sizes of 6 Fr are used for standard feeds, and 7-10 Fr for higher density and fibre feeds. Tubes come in a range of lengths, usually 55cm, 75cm or 85cm.

Wash and dry hands thoroughly. Place all the equipment needed on a clean tray.

- Find the most appropriate position for the child, depending on age and/or ability to cooperate. Older children may be able to sit upright with head support. Younger children may sit on a parent's lap. Infants may be wrapped in a sheet or blanket.
- Check the tube is intact then stretch it to remove any shape retained from being packaged.
- Measure from the tip of the nose to the bottom of the ear lobe, then from the ear lobe to xiphisternum. The length of tube can be marked with indelible pen or a note taken of the measurement marks on the tube (for neonates: measure from the nose to ear and then to the halfway point between xiphisternum and umbilicus).
- Lubricate the end of the tube using a water-based lubricant.
- Gently pass the tube into the child's nostril, advancing it along the floor of the nasopharynx to the oropharynx. Ask the child to swallow a little water, or offer a younger child their soother, to assist passage of the tube down the oesophagus. Never advance the tube against resistance.
- If the child shows signs of breathlessness or severe coughing, remove the tube immediately.
- Lightly secure the tube with tape until the position has been checked.

heading / sub heading

title / sub title

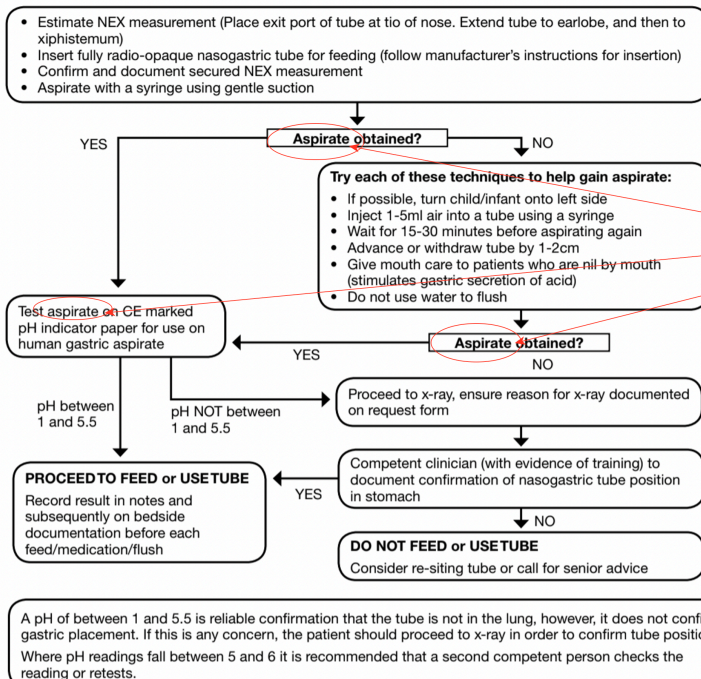
You can write it down to the text:

inserting tube

NOTE:

All the texts are about 'nasogastric tube' therefore I dont need to write down 'nasogastric'

Text C



Main idea:

Aspirate

You can sometimes get the main idea from repeated words

Tetanus is an acute disease induced by the toxin tetanus bacilli, the spores of which are present in soil.

- any wound or burn that requires surgical intervention that is delayed for > 6 hours
- any wound or burn at any interval after injury that shows one or more of the following characteristics:
 - a significant degree of tissue damage
 - puncture-type wound particularly where there has been contact with soil or organic matter which is likely to harbour tetanus organisms
- any wound from compound fractures
- any wound containing foreign bodies
- any wound or burn in patients who have systemic sepsis
- any bite wound
- any wound from tooth re-implantation

Intravenous drug users are at greater risk of tetanus. Every opportunity should be taken to ensure that they are fully protected against tetanus. Booster doses should be given if there is any doubt about their immunisation status.

Immunosuppressed patients may not be adequately protected against tetanus, despite having been fully immunised. They should be managed as if they were incompletely immunised.

First sentence can give you main idea

Summary:

There are 3 main ways to find the main idea:

- 1 read the heading
- 2 repeated words
- 3 read the first sentence

Need a bit of **intuition** sometimes with this!

TEST

Text D

Administering feeds/fluid via a feeding tube

Feeds are ordered through a referral to the dietitian.

When feeding directly into the small bowel, feeds must be delivered continuously via a feeding pump. The small bowel cannot hold large volumes of feed.

Feed bottles must be changed every six hours, or every four hours for expressed breast milk.

Under no circumstances should the feed be decanted from the container in which it is sent up from the special feeds unit.

All feeds should be monitored and recorded hourly using a fluid balance chart.

If oral feeding is appropriate, this must also be recorded.

The child should be measured and weighed before feeding commences and then twice weekly.

The use of this feeding method should be re-assessed, evaluated and recorded daily.

Key words:

Specific words

Helps us because sometimes we predict what the question will refer to.

Almost *guessing* what they might ask about!

TEXT A

Table: Assessment of pneumonia in children

	Mild to moderate	Severe
Infants	Temperature <38.5°C Respiratory rate <50 breaths/min Mild recession Taking full feeds	Temperature >38.5°C Respiratory rate >70 breaths/min Moderate to severe recession Nasal flaring Cyanosis Intermittent apnoea Grunting respiration Not feeding Tachycardia* Capillary refill time ≥2 s
Older children	Temperature <38.5°C Respiratory rate <50 breaths/min Mild breathlessness No vomiting	Temperature >38.5°C Respiratory rate >50 breaths/min Severe difficulty in breathing Nasal flaring Cyanosis Grunting respiration Signs of dehydration Tachycardia* Capillary refill time ≥2 s

*Values to define tachycardia vary with age and with temperature.^{67[8]}

Main idea: Assessment of P in children

Only underline 2 or 3 key words

A good word is often: Numbers

Overview

Intravenous (IV) cannulation is a technique in which a cannula is placed inside a vein to provide venous access.

Indications

Indications for IV cannulation include the following:

- repeated blood sampling
- fluid administration
- medications administration
- chemotherapy administration
- nutritional support
- blood or blood products administration
- administration of radiologic contrast agents for computed tomography (CT), magnetic resonance imaging (MRI), or nuclear imaging

In brackets

Contraindications

No absolute contraindications to IV cannulation exist but avoid injured, infected, or burned extremities if possible. Some vesicant and irritant infusions (pH < 5, pH >9, or osmolarity >600 mOsm/L) can cause tissue necrosis if they leak into the tissue, including sclerosing solutions, some chemotherapeutic agents, and vasopressors. These fluids are more safely infused into a central vein. They should only be given through a peripheral vein in emergency situations or when a central line is not readily available.

Text B

Antibiotic treatment for NF

Type 1

- Initial treatment includes ampicillin or ampicillin–sulbactam combined with metronidazole or clindamycin.
- Broad gram-negative coverage is necessary as an initial empirical therapy for patients who have recently been treated with antibiotics, or been hospitalized. In such cases, antibiotics such as ampicillin–sulbactam, piperacillin–tazobactam, ticarcillin–clavulanate acid, third or fourth generation cephalosporins, or carbapenems are used, and at a higher dosage.

Type 2

- First or second generation of cephalosporins are used for the coverage of methicillin-sensitive Staphylococcus aureus (MSSA).
- MRSA tends to be covered by vancomycin, or daptomycin and linezolid in cases where S. aureus is resistant to vancomycin.

Type 3

- NF should be managed with clindamycin and penicillin, which kill the Clostridium species.
- If Vibrio infection is suspected, the early use of tetracyclines (including doxycycline and minocycline) and third-generation cephalosporins is crucial for the survival of the patient, since these antibiotics have been shown to reduce the mortality rate drastically.

Type 4

- Can be treated with amphotericin B or fluoroconazoles, but the results of this treatment are generally disappointing.

Antibiotics should be administered for up to 5 days after local signs and symptoms have resolved. The mean duration of antibiotic therapy for NF is 4–6 weeks.

Technical terms

Summary:

When analysing texts in terms of key words we are looking for:

- 1 numbers
- 2 brackets
- 3 technical terms
- 4 capital / abbreviations

Anything that **stands out** / **prominent** / ...

It is important to be aware of the fact that...

Footnotes are important we should look for key words here:

Summary term time — 2.3

*Values to define tachycardia vary with age and with temperature.^{67[11]}

TEST:

Technique	Rationale
After skin preparation, use a tourniquet to increase the venous pressure and pull skin taut in opposite direction of needle insertion. Avoid excessive pressure to cannulation site to prevent flattening of vessel.	Increases surface tension so facilitates smoother incision of skin with less surface area contacting cutting edge of needle.
For an easily palpated vessel , use approximately 25° angle with the bevel up.	Less steep angles increase the risk of needle cutting along surface of vessel. Steeper angles increase risk of perforating the back wall of the vessel.
Once vessel has been penetrated <ul style="list-style-type: none"> • Advance the needle slowly with the cutting edge facing the top of the vessel and do not rotate the axis 	Any manipulation may traumatise the intima of the vessel. The use of a back-eye needle will eliminate the need to rotate the needle due to poor flows.
<ul style="list-style-type: none"> • Tape the needle at the same angle or one similar to the angle of insertion 	Pressing the needle shaft against the skin moves the needle tip from the desired position within the vessel.
<ul style="list-style-type: none"> • Remove needle at angle similar to angle of insertion and never apply pressure before the needle is completely out. 	Avoid trauma to the intima by dragging the cutting edge along it.

You don't always need keywords.

Can a text have more than one main idea?

YES!