

GAME

She want to go home

1. She is due to <sup>be</sup>being discharged today
2. She is scheduled to be discharge <sup>d</sup>
3. She is due to be discharged ✓
4. She is due to discharge <sup>OET wrong</sup>
5. She is due for discharge \_
6. She will be discharge <sup>d</sup>
7. She is due for discharged ✗

1. Review
2. Corrections and feedback
3. Homework: 1 big paragraph

**WRITING SUB-TEST: NURSING**  
**TIME ALLOWED: READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes and complete the writing task which follows.

**Notes:**

**Assume that today's date is 18 August 2019**

You are a ward nurse working in the vascular unit of Ellesmere General Hospital. A patient, Mrs Rachel Brown, has been admitted with an infected venous leg ulcer.

**PATIENT DETAILS:**

**Name:** Rachel Brown  
**DOB:** 12 Dec 1943  
**Marital status:** Widow  
**Next of kin:** Daughter, Jane (48 y.o.)

**Social background:**

Occupation: retired florist  
Has lived in self-contained unit in retirement village for 7 years  
Not supported by any care workers  
Daughter lives nearby with husband and 3 children. Very supportive - visits regularly  
Active - does Pilates  
Interests: theatre, reading, watching football

**Past medical history:**

Hypercholesterolemia (8.9) → Atorvastatin (Lipitor)  
Hypertension (Verapamil 80mg 3 x daily)

**Admission date:** 16 Aug 2019

**Presenting factors:**

Swollen L leg, bleeding from venous ulcer, fever, pain, warmth; brown staining around wound, foul smell.  
Pt. confused  
Pt. noticed ulcer (01 Aug 19) - reluctant to have treatment at that time

**Assessment:** BP (140/90), height 158cm, weight 83kg.  
Urinalysis (5.1) - normal  
Doppler ultrasound to establish ABI (ankle brachial index): (1.2) - normal  
No necrotic tissue, presence of epidermis reconstruction.

**Diagnosis:** Infected venous leg ulcer, L leg

**Medical treatment:**

Leg washed (normal saline, body temperature)  
Cadomexer iodine dressings  
Monitor vital signs  
Monitor cadomexer iodine dressing  
4-layer compression bandaging  
Leg elevation  
Antibiotic therapy (Oxacilin)  
Paracetamol

**Assessment:**

**18 Aug 2019** Good progress - vital signs within normal range  
Pt alert & aware

**Discharge plan:** Discharge to self-contained unit with compression stockings  
Weight loss advised, review of diet (dietitian?) – reduce ulcer reoccurrence  
Pt. to take paracetamol p.r.n.(no more than 8/day, discontinue after 1 week), continue Oxacillin IM, 300 mg, every 4-6 hrs.  
Pt. informed of importance of compression stockings, and bed rest, with leg elevation.  
Dressings (daily): cadomexer iodine, triamcinolone ointment (topical steroid) – reduce irritation, bandaging.  
Community nurse to change dressings daily, monitor for infection/healing rate, help with ADLs (activities of daily living) & refer to OT if needed. Also monitor medication compliance.  
Progress review: 25.08.2019 at Community Clinic

**Writing Task:**

Using the information given in the case notes, write a referral letter to Ms Fiona McKie, Community Health Nurse, 101 Collins St, Elmesmere, outlining wound management for the patient.

**In your answer:**

- **Expand the relevant notes into complete sentences**
- **Do not use note form**
- **Use letter format**

**The body of the letter should be approximately 180–200 words.**

**Referral:**

1. Sending a person to a specialist
2. Go and speak to
3. Points to

Discharge: patient leaving hospital

Transfer: patient moving one's place to another

Referral: patient going to a specialist

DETAILED PLAN:

Introduction	Purpose: monitoring, care and support
Timeline	<ul style="list-style-type: none"> <li>• Infected venous ulcer</li> <li>• Good progress: alert &amp; aware</li> <li>• <b>Please note: medication details</b></li> </ul>
Background	<ul style="list-style-type: none"> <li>• Daughter lives nearby / supportive family</li> <li>• High cholesterol / hypertension</li> <li>• <b>Medications: all details</b></li> <li>• *Mention other medication here* - <i>these ones</i></li> </ul>
Requests	<ul style="list-style-type: none"> <li>• Change the dressings</li> <li>• <b>Monitor medications: <i>details of the NEW medication here</i></b></li> <li>• Help with ADLs</li> <li>• Referral to OT (if needed)</li> <li>• Compression stocking (know about)</li> <li>• Follow up appointment: progressing</li> <li>• Instructed bed rest with elevation</li> <li>• Dietary advice</li> </ul>

Original	Improved
<p>On 16th August, Ms Brown was admitted to hospital due to aforementioned condition. During her hospital stay, she was treated accordingly and as a result, she made good progress. Currently, she is alert and aware and her vital signs are also within normal limits.</p> <p>In terms of Ms Brown social and medical background, she is a widow and has regularly visits from her supportive daughter, who lives close to her. In addition, she has a history of hypertension and hypercholesterolemia, for which she was commenced on atorvastatin and verapamil, 80mg, 3 times per day.</p> <p>Timeline Having been treated effectively at our hospital Mrs Brown's wound management has made good progress and all her vital signs were within normal rage.</p> <p>Background In terms of Mr Brown's background, she is a widow and has one daughter, who lives nearby and is very supportive. Regarding Mrs Brown's medication, she is on atorvastatin due to hypercholesterolemia as well as on verapamil, 80mg, three times daily due to hypertension.</p>	<p>On 16th August, Ms Brown was admitted to hospital due to <b>the</b> <i>aforementioned</i> condition. During her hospital stay, she was treated <i>accordingly</i>, and, as a result, <b>she (has)</b> made good progress. Currently, she is alert and aware and her vital signs are also within normal limits.</p> <p>Accordingly = in the normal way</p> <p>In terms of Ms Brown's social and medical background, she is a widow and has regularly visits from her supportive daughter, who lives close to her. In addition, she has a history of hypertension and hypercholesterolemia, for which she was commenced on atorvastatin and verapamil, <del>80mg, 3 times per day.</del> [have we got time?]</p> <p>What about the paracetamol?</p> <p>Very nice overall. But now you need to do <b>EVEN MORE</b> in the Requests paragraph.</p> <p>Timeline Having been treated effectively at our hospital, Mrs Brown has made good progress and all her vital signs <b>are</b> within normal rage.</p> <p>Background In terms of <b>Mrs</b> Brown's background, she is a widow and has one daughter, who lives nearby and is very supportive. Regarding <b>her</b> medications, she is on atorvastatin due to hypercholesterolemia as well as on verapamil, <u>80mg, three times daily due to hypertension.</u> [Just think your time...?]</p>

Having been admitted to our facility on 16th August, Mrs Brown was diagnosed with the aforementioned condition. During hospitalisation, as a result of her wound being treated accordingly, vital signs being monitored and medication being provided, she has made a good recovery.

In terms of her social background, Mrs Brown has lived in a self-contained unit, and her daughter, who lives nearby, visits her regularly. Regarding her medical history, please be aware that she has hypercholesterolemia and hypertension, for which she takes atorvastatin and 80 mg of verapamil, three times a day.

Having developed a discoloured and swollen wound on her left leg, Mrs Brown was admitted to our hospital on 16th August, resulting in her being diagnosed with the aforementioned condition. Due to being treated accordingly by providing effective wound, pain and infection management, she has responded well to the treatment. Although she was confused on admission, she is alert and aware at present.

Regarding Mrs Brown's background, having hypercholesterolemia and being hypertensive, she currently takes Lipitor and verapamil. Despite not being supported by any social worker, she receives regular visits from her supportive daughter, who lives nearby.

Having been admitted to our facility on 16th August, Mrs Brown was diagnosed with the aforementioned condition. During hospitalisation, as a result of her wound being treated accordingly, vital signs being monitored and medication being provided, she has made a good recovery.

~~A good progress~~

A good *recovery*

In terms of her social background, Mrs Brown has lived in a self-contained unit, and her daughter, who lives nearby, visits her regularly. Regarding her medical history, *please be aware that* she has hypercholesterolemia and hypertension, for which she takes atorvastatin and 80 mg of verapamil, three times a day. **[Possible unnecessary detail here as discussed]**

Having developed a discoloured and swollen wound on her left leg, Mrs Brown was admitted to our hospital on 16th August, resulting in her being diagnosed with the aforementioned condition. Due to being treated **accordingly** by providing effective wound, pain and infection management, she has responded well to the treatment. **Although she was confused on admission, she is alert and aware at present.**

*Contrast is always nice*

Regarding Mrs Brown's background, having hypercholesterolemia and being hypertensive, she currently takes **Lipitor and verapamil**. Despite not being supported by any social worker, she receives regular visits from her supportive daughter, who lives nearby.

Brands need capitals

Generic drugs don't need capitals

Ms Brown presented on the 16<sup>th</sup> of August with fever and a swollen left leg which was warmth to touch. Further assessment showed a bleeding on the ulcerated venous leg accompanied by a foul smelling on a brown stain around her wound which prompted hospitalization. To manage her condition, her infected leg was washed with normal saline and was commenced with cadomexer iodine dressings together with a 4-layer compression bandaging. In addition, an antibiotic therapy (Oxacillin) and paracetamol was prescribed. Although she is now showing good progress and her vital signs are within normal range, she is still in need of care and support.

In terms of Ms Brown's family background, she has a daughter who lives nearby which is very supportive and visits her regularly. Moving on to her medical history, she has been hypertensive for which she takes Verapamil on regular basis, and also with high cholesterol which is managed by atorvastatin.

On 16th August 2019, upon admission, Mrs Brown presented with signs of infection on her left leg from a venous ulcer. During hospitalization, she has been making good progress overall, and she has shown signs of alertness and awareness. Please note that she will continue with Oxacillin, 300 mg, IM, every 4 to 6 hours, and was prescribed paracetamol, no more than 8 per day, if necessary and will stop after 1 week.

Ms Brown presented on the 16<sup>th</sup> of August with fever and a swollen left leg which was warm~~th~~ to touch. Further assessment showed a bleeding on the ulcerated venous leg accompanied by a foul smelling on a brown stain around her wound which prompted hospitalization. To manage her condition, her infected leg was washed with normal saline and was commenced with cadomexer iodine dressings together with a 4-layer compression bandaging. In addition, an antibiotic therapy (Oxacillin) and paracetamol was prescribed. Although she is now showing good progress and her vital signs are within normal range, she is still in need of care and support.

Great writing. As discussed before... do we need all this detail?

In terms of Ms Brown's family background, she has a daughter, who lives nearby, is very supportive, and visits her regularly. *In regards to* her medical history, she has been hypertensive, for which she takes verapamil on regular basis, and also with high cholesterol, which is managed with atorvastatin.

On 16th August 2019, upon admission, Mrs Brown presented with signs of infection on her left leg from a venous ulcer. During hospitalization, she has been making good progress overall, and she has shown signs of alertness and awareness. Please note that she will continue with Oxacillin, 300 mg, IM, every 4 to 6 hours, and was prescribed paracetamol, no more than



In terms of her medical background, Mrs Brown presented hypercholesterolemia, for which she is taking Atorvastatin, and she also is taking Verapamil (80 mg; 3 times per day) for hypertension. It is important to note that her daughter lives near Mrs Brown, resulting in having visits regularly.

Ms. Brown presented us with a swollen leg, bleeding, fever, pain, as well as, warm brown colored around of the wound. On admission. She was confused.. Consequently, she made a good progress, resulting in her having antibiotics and wound care.

In terms of social background, Mrs. Brown, who lives in a self contained unit in a retirement village, is a widow. She has regular family support. . She has been diagnosed with hypertension and cholestelimia , for which she takes Verpamil, 80 mg, daily and atorvastatin respectively.

On 16 August 2019, Ms Brown was admitted in our hospital due to a swollen left leg ulcer following with fever and pain. She was confused at the time of admission but now she is alert and had made a good progress.

In terms of her medical background, she has been suffering from a high cholesterol level and hypertension which is being managed by Atorvastatin and Verapamil. In terms of her social situation, her daughter lives near by her who is very supportive and visit her regularly.

**8 tablets** per day, if necessary and will stop after 1 week.

In terms of her medical background, Mrs Brown **has** hypercholesterolemia, for which she is taking Atorvastatin, and she also is taking Verapamil (80 mg; 3 times per day) for hypertension. It is important to note that her daughter lives near Mrs Brown, resulting in having visits regularly.

**Dosage and schedule not needed**

**Ms. Brown presented us with a swollen leg, bleeding, fever, pain, as well as, warm brown colored around of the wound.**

**– why do we need symptoms?** On admission, she was confused....**and?** Consequently, she made a good progress, **resulting in – why resulting in?** her having antibiotics and wound care.

In terms of social background, Mrs. Brown, who lives in a self contained unit in a retirement village, is a widow. She has regular family support. She has been diagnosed with hypertension and cholestelimia, for which she takes Verpamil, 80 mg, daily and atorvastatin, respectively.

On 16 August 2019, Ms Brown was admitted in our hospital due to a swollen left leg ulcer ~~following with~~ fever and pain – **unsure what you mean here.** She was confused at the time of admission but now she is alert and ~~had~~ **has** made a good progress.

In terms of her medical background, she has been suffering from a high cholesterol level and hypertension, which is being managed by atorvastatin and verapamil. In terms of her social situation, her daughter lives **nearby** her **and** is very supportive, **visiting** regularly.



On the 16th August Ms Brown was admitted to ours unit due to infected venous ulcer on her left leg. She has made the good progress and her vital signs within normal range and also has been informed about it.

Regarding Ms Brown social situation she lives alone, but her daughter is very supportive and lives nearby. In addition, kindly note that, Ms Brown has a high cholesterol and is on Atorvastatin, 7,8 mg, once a day. Also she has hypertension and is currently on Verapamil, 80 mg, three times a day.

Mrs Brown was admitted to our hospital on 16th August 2016. Having experienced pain, fever and bleeding from venous ulcer along with being in a state of confusion on admission, she was diagnosed with an infected left venous ulcer, for which antibiotic was commenced and wound dressings have been done. During her hospitalisation, she responded to treatment plan Well and has made good progress.

In terms of Mrs Brown's social background, she lives in self-contained unit in retirement home, has a good family support and her daughter visits her regularly due to living near by the home. Medically, she has been diagnosed with hypercholesterolemia and hypertension, for which she takes atorvastatin and verapamil, 80mg, three times a day. Additionally, she has been commenced with IM, oxacillin, 300mg, ever 4-6 hours for ulcer and she is taking paracetamol Only for one week.

On the 16th August Ms Brown was admitted to ours unit due to **an** infected venous ulcer on her left leg. She has made the good progress and her vital signs **are** within normal range and also **she** has been informed about it. **About the signs?**

Regarding Ms Brown social situation, she lives alone, but her daughter is very supportive and lives nearby. In addition, kindly note that, Ms Brown has a high cholesterol and is on Atorvastatin, 7,8 mg, once a day. Also she has hypertension and is currently on Verapamil, 80 mg, three times a day.

**Again why dosages for medications that the nurse will not monitor?**

Mrs Brown was admitted to our hospital on 16th August 2016. Having experienced pain, fever and bleeding from venous ulcer along with being in a state of confusion on admission, she was diagnosed with an infected left venous ulcer, for which antibiotics **were** commenced and wound dressings ~~have been~~ done. During her hospitalisation, she responded to **the** treatment plan well and has made good progress.

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**HOMEWORK:**

Introduction	Purpose: monitoring, <u>care</u> and support
Timeline	<ul style="list-style-type: none"> <li>• Infected venous ulcer</li> <li>• Good progress: alert &amp; aware</li> </ul>
Background	<ul style="list-style-type: none"> <li>• Daughter lives nearby / supportive family</li> <li>• High cholesterol / hypertension</li> <li>• Medications: all details</li> <li>• *Mention other medication here*</li> </ul>
Requests	<ul style="list-style-type: none"> <li>• Change the dressings</li> <li>• Monitor medications</li> <li>• Help with ADLs</li> <li>• Referral to OT (if needed)</li> <li>• Compression stocking (know about)</li> <li>• Follow up appointment: progressing</li> <li>• Instructed bed rest with elevation</li> <li>• Dietary advice</li> </ul>

Homework sent to: [alain@set-english.com](mailto:alain@set-english.com)

**Discharge plan:** Discharge to self-contained unit with compression stockings  
Weight loss advised, review of diet (dietitian?) – reduce ulcer reoccurrence  
Pt. to take paracetamol p.r.n.(no more than 8/day, discontinue after 1 week), continue Oxacillin IM, 300 mg, every 4-6 hrs.  
Pt. informed of importance of compression stockings, and bed rest, with leg elevation.  
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