

Medicine Writing Week - Patrick Newton

Notes:

Mr Patrick Newton (born on 6 July 1989) is a patient in your General Practice.

Patient details:

Name: Mr Patrick Newton
Residence: 10 Ashwood Street, Stillwater
Social background: 25-year-old accountant, single, lives with parents

21 Feb 2015

Subjective

Presenting complaint:

Presentation with 4 month Hx of chronic mild diarrhoea & low-grade intermittent R lower quadrant abdo pain; lethargy, ↓appetite, ↓weight (3kg in 4 months)

Social/family Hx:

Smokes 10-15 cigarettes per day
 Regular squash player
 Uncle has Crohn's disease
 ↑↑Anxiety and embarrassment relating to symptoms and impact on social participation:
 – dietary modification unsuccessful in alleviating symptoms
 – recently stopped attending Friday evening squash matches with work colleagues
 – has not sought medical advice until now (has attempted to self-manage illness by diet and OTC pain relief)

Past medical Hx:

6 month Hx low-grade intermittent joint pain in R & L wrists

Medications:

OTC Ibuprofen 200-400mg, 3 or 4 times a day (as required)
 No known allergies

Objective

T – 36.4°C; P – 80 (regular); Ht – 175cm; Wt – 79kg
 Abdomen – generalised tenderness, no HSmegaly (enlargement of liver and spleen)
 Cardiovascular & resp examination – normal
 Urinalysis – normal
 FBE ↑ WCC $11.1 \times 10^9/L$
 ↓ RCC $4.0 \times 10^{12}/L$
 ↓ Hb 125g/L
 Faecal occult blood test – positive
 Mildly elevated CRP (13mg/L) and ESR (14mm/hr)

Assessment:

?Inflammatory bowel disease (IBD)
 ?Crohn's disease/ulcerative colitis (UC)
 No urgent systemic signs

Plan:

Advise on smoking cessation
 Counsel on IBD & likely investigations
 Refer to gastroenterologist for diagnosis & assessment

Writing Task:

Using the information given in the case notes, write a letter of referral to gastroenterologist, Dr Jack Thomas, seeking his advice on diagnosis and assessment. Address the letter to: Dr Jack Thomas, Department of Gastroenterology, City Hospital, Main Road, Stillwater.

Write an introduction and send to paul@set-english.com

Planning

- 1) **Who is the recipient?** gastroenterologist
- 2) **What do they already know?** stomach/digestive experts / medical & technical language / don't know the patient
- 3) **What do they need to learn?** build-up of symptoms/signs, investigations, patient history, family history
- 4) **Why am I writing today?** Patient presented today - subjective & objective findings point to possible diagnoses - need expert opinion
- 5) **Is it urgent?** No

Introduction	<ul style="list-style-type: none"> • Name: Patrick Newton • General medical context: signs suggestive of IBD • General medical request: diagnosis & assessment
Timeline 2	<ul style="list-style-type: none"> • Current condition - presenting complaint: Presentation with 4 month Hx of chronic mild diarrhoea & low-grade intermittent R lower quadrant abdo pain; lethargy, ↓appetite, ↓weight (3kg in 4 months) - objective findings - summary inc. abdomen / FBE / faecal occult blood test/ CRP & ESR - Diagnosis: * include here or in request paragraph ?Inflammatory bowel disease (IBD) ?Crohn's disease/ulcerative colitis (UC) No urgent systemic signs
Background	<ul style="list-style-type: none"> • Social / medical history - Recent history: 6 month Hx low-grade intermittent joint pain in R & L wrists Medications: OTC Ibuprofen 200-400mg, 3 or 4 times a day (as required) No known allergies - summary of recent events, inc. ↑↑Anxiety and embarrassment relating to symptoms and impact on social participation: – dietary modification unsuccessful in alleviating symptoms – recently stopped attending Friday evening squash matches with work colleagues – has not sought medical advice until now (has attempted to self-manage illness by diet and OTC pain relief) family history: – Uncle has Crohn's disease
Request	<p style="text-align: center;">Advise on smoking cessation</p> <ul style="list-style-type: none"> • Inform: Counsel on IBD & likely investigations • Diagnosis: * include here or in timeline paragraph ?Inflammatory bowel disease (IBD) ?Crohn's disease/ulcerative colitis (UC) No urgent systemic signs • Request: Refer to gastroenterologist for diagnosis & assessment