

OET Writing Week

Medicine - Sally McConville

The task is: *Write a letter to a healthcare professional requesting continuation of care for a patient.*

Planning

10 - 15 minutes:

- Find the purpose
- Identify the case notes you will use
- Organise the case notes into logical paragraphs

What is the situation after the above steps?

I can **focus on writing** = Perfect circumstances in which to write a letter

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Sally McConville case notes:

1. Who am I writing to?	Admitting Officer / Emergency Department
2. What do they already know?	Medical language - conditions - treatments - abbreviations / No knowledge of the patient.
3. What do they need to know in order to <u>continue care</u>?	respiratory signs / symptoms test results current treatment asthma / chest infections history
4. Why am I writing today?	symptoms bad acute management necessary
5. Is it urgent?	Yes

Notes:

Patient: Sally McConville (Ms), aged 38
Occupation: Administrator
Marital Status: Single
Patient History:

- Past history: asthma, hypertension, cholecystectomy, ankle fracture, depression, non-smoker
- Medications: ramipril – 2.5mg daily, paroxetine – 20mg daily, fluticasone 250 – 2 puffs daily, Ventolin (salbutamol) – 2 puffs if required
- Allergies: nil

10/9/14

History: 2-day history of runny nose, cough productive of yellow sputum, slight fever, wheezy, but not short of breath. Asthma usually well-controlled on preventer (fluticasone 250 – 2 puffs daily)

Examination: Temperature 37.5, pulse 82, BP 120/80, respiratory rate 12, obvious nasal congestion, throat red, ears normal, no increased work of breathing, no accessory muscle use, chest scattered wheeze, no crepitations.

Assessment:

1. Viral upper respiratory tract infection
2. Infective exacerbation of asthma

Treatment: Ventolin 2 puffs 4-hrly, continue preventer
 Medical certificate for work
 Review as required

12/9/14

History: Increasing shortness of breath & wheeze over last 24hrs, feeling feverish at times, minimal yellowy sputum, short of breath on minimal exertion.

Examination: Temperature 38, pulse 95, BP 120/80, respiratory rate 16, throat red, ears normal, mildly increased work of breathing, chest – widespread wheeze, no crepitations.

Assessment: Infective exacerbation of asthma – symptoms worse.

Treatment: Amoxicillin 500mg 3x daily, prednisolone 25mg daily x3 days
 Continue 4-hrly Ventolin & preventer

13/9/14

10.30am

History: More short of breath today despite prednisolone & antibiotics. Feeling feverish & unwell.

Examination: Short of breath at rest, respiratory rate 25, obvious accessory muscle use & increased work of breathing, pulse 112, BP 100/65, temp 37.7, chest exam – widespread wheeze, bibasal crepitations.

Assessment: Acute asthma, ?pneumonia.

Treatment: Ventolin Nebules (salbutamol) 5mg, review.

10.45am

No improvement. Still obvious respiratory distress
 Refer to Emergency Department for acute management & investigation
 ?pneumonia

Writing Task:

Using the information given in the case notes, write a letter of referral to the Admitting Officer at the Emergency Department, Newtown Hospital.

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.

Paragraph Plan

Make a paragraph plan using the planning and discussions in class, using any of the below paragraph functions:

Introduction	<ul style="list-style-type: none"> • patient name • general medical context • general request
Timeline 2	<p>13/9/14 <u>10.30am</u></p> <p>History: More short of breath today despite prednisolone & antibiotics. Feeling feverish & unwell.</p> <p>Examination: Short of breath at rest, respiratory rate 25, obvious accessory muscle use & increased work of breathing, pulse 112, BP 100/65, temp 37.7, chest exam – widespread wheeze, bibasal crepitations.</p> <p>Assessment: Acute asthma, ?pneumonia.</p> <p>Treatment: Ventolin Nebules (salbutamol) 5mg, review.</p> <p><u>10.45am</u></p> <p>No improvement. Still obvious respiratory distress Refer to Emergency Department for acute management & investigation ?pneumonia</p>
Timeline 1	<p>10/09 - signs of URTI / assessment & review organised.</p> <p>12/09 - worsening symptoms - SOB, wheeze, fever, yellow sputum</p> <p>- assessment & treatment- full details: prednisolone & antibiotics</p>
Medical Background	asthma, hypertension, typical medications - drug names, non-smoker
Request	Acute management & investigation

Homework: Write your introduction and send to paul@set-english.com