

OET Writing - Choosing Case Notes

The fundamentals of OET Writing:

- 1) **The task:** *To write a professional quality letter to a healthcare professional in order to enable continuation of care for a patient.*
- 2) **How:** *Understand the **purpose** and present case notes that support the purpose.*
- 3) **How:** *Identify the relevant case notes and present them clearly.*
- 4) **How:** *Make a plan - choose logical paragraph functions*
- 5) **Finally:** *Write professionally.*

There are three types of relevant case notes:

Vital	<p>If you omit these case notes the recipient cannot continue care adequately.</p> <p>ALWAYS INCLUDE! WITH DETAIL!</p>
Relevant - situation	<p>Related either directly or indirectly to the current medical situation.</p> <p>Does not require details.</p>
Appropriate - recipient	<p>Specific subjects will be appropriate for certain readers / certain situations:</p> <p>Is the detail required - consider if a recipient will understand?</p>

The **purpose** of your task determines the status of a case note.

Exercise 1

Try and choose what you think the content should be for the task below:

Notes:

Patient: Mr George Poulos is a 45-year-old man who has hurt his back. He presented at your general practice surgery for the first time in late June.

21/06/14

Subjective: Severe lower back pain of 2 days duration:
2 days ago at home lifting logs (approx. weight each 20-30kg) from ground into wheelbarrow.
Action: bending, lifting and rotation.
Sudden severe pain – mid lower back. Thought he felt a click.
Was locked in semi-flexed position, almost impossible to walk.
Wife helped him into house and bed.
Took 2x Panadeine Forte, repeated 4 hours later.
Disturbed sleep.
Pain only low back, no radiation to thighs.
Yesterday pain less severe, able to ambulate around house.
Today again pain less severe.

Patient History: Stockbroker – 45 y.o.
Married – 3 children secondary school, 1 primary school.
App: Good. Diet irregular.
Bowels: Normal. Diarrhoea if stressed.
Mict: Normal.
Wt: Varies – BMI 27.
Sex: Often too tired.
Exercise: Nil.
Tobacco: 25/day.
Alcohol: Frequently 10+ to 15+ std drinks/day.

Allergies: Pethidine, penicillins, radiographic contrast agent (unspecified) ?? iodine.

Family History: No Ca bowel, no diabetes, no cardiovascular.
HPI: Head injury (football) approx 15yrs ago. MRI brain. NAD.
Reacted to contrast medium.

Objective: Full examination.
CVS, RS, RES, CNS: NAD.
P 68bpm reg. BP 135/80.
Musculo-skeletal: Stands erect. No scoliosis.
Loss of lumbar lordosis.
Lumbar spine: Flexion fingertips to patella. Expression of pain.
Extension limited by pain.
Lateral flexion: L & R full.
Rotation: L & R full.
No sensory loss.
Reflexes: Patellar & Ankle L+ R+.
SLR (straight leg raise): L 90 R 90.

Plan:	Take time off work. Analgesia: paracetamol 500mg 2x 4hrly max 8 in 24hrs or Panadeine Forte, or 1 of each. Warned – risk of constipation with Codeine. Review 1 week.
28/06/14	Has now developed pain which extends down back of R thigh, lateral calf and into dorsum of foot.
Objective:	Examination. As before except that now lumbar flexion limited to fingers to mid thigh and SLR: L 85 R 60. Review 1 week.
05/07/14	Pain worse. Almost immobile. Severe pain down R leg. Tingling in R calf.
Objective:	Examination. Lumbar flexion almost nil. Other movts more restricted by pain. SLR: L 70 R 50. Loss of light touch sensation lateral distal calf & plantar aspect of foot. Loss of R ankle reflex. Diagnosis: Low back pain, probably discogenic, with radiculopathy. Refer to neurosurgeon & request that the neurosurgeon order an MRI and provide advice regarding the possibility of surgery.

Writing Task:

Using the information given in the case notes, write a letter of referral to Dr B White, Neurosurgeon, City Hospital, Newtown.

Exercise 2

Should we include the below case notes? (hint - it's not just relevance that is important in Content, but accuracy too!):

- 1) injured himself picking up logs that weighed 30-40kgs
- 2) injury involved bending, lifting and rotation
- 3) after the injury his wife helped him up the stairs
- 4) he is allergic to iodine
- 5) he is a heavy smoker and drinker
- 6) he has diarrhoea when he's stressed
- 7) he had an unremarkable brain scan 5 years ago
- 8) 21/06 - SLR 90/90
- 9) loss of lumbar lordosis
- 10) 28/06 - pain radiating back of L thigh, lateral calf and dorsum of foot