

TODAY:

- Read case notes together
 Discuss in groups & plan
 Produce detailed plan

Homework: Introduction



Robert Smithson

OCCUPATION	NAL ENGLISH TEST	Nursing • management • and progress:	Irrigation with running cool tap water. IV fluids. High-flow Oxygen.
WRITING SUB-TEST:			Blood: FBC, type and crossmatch, carboxyhaemoglobin, serum glucose, electrolytes. Arterial blood gases (normal range). Fiberoptic laryngoscopy – intubation deemed unnecessary.
TIME ALLOWED:	READING TIME: 5 MINUTES WRITING TIME: 40 MINUTES	:	Chest X-ray Cardiac monitoring (normal ranges). Circulation monitoring to rule out hypovolaemic shock.
	and complete the writing task which follows.	:	BP (130/80). Pt closely monitored for development of stridor, hoarseness, coughing, wheezing. (None present).
Smithson, has been admitte fire.	ng in the burns unit of Berkeley General Hospital. A patient, Robert d to your unit from the Emergency Department, after being in a house	Medications:	Hourly monitoring urinary output - indwelling urinary catheter inserted. Elevation of the head and torso. Naproxen 500 mg 1 tab orally b.i.d. Tramadol HCL 50mg 1 tab orally b.i.d. p.r.n. Gabapentin 300 mg by mouth daily before bed. Tetanus prophylaxis.
Patient:	Robert Smithson	Accessment (00 Apr 2018)	
Marital status:	Single	Assessment (09 Apr 2018):	No infection.
Age:	22		Afebrile. Bloods normal.
Address:	23 Main Street, Berkeley	Discharge plan:	Wound cleansing and topical dressings (Dr, community nurse, or Burns
Next of kin:	Mary Smithson (mother), lives nearby, close relationship with son.		Outpatients). Daily auscultation by Dr or community nurse. Pt given instructions on how to:
Admission date:	06 Apr 2018	()	 apply high factor sunscreen when out.
Discharge date:	10 Apr 2018 (pending consultant's report).		 moisturise and massage area to reduce dryness. do deep breathing exercises → lung expansion, drainage secretions.
Diagnosis:	Partial-thickness burns on 18% TBSA (neck and chest). Respiratory distress.	X	Follow nutritious, light, high-protein diet, plenty of fluids. Light activity, no contact sports. Follow-up appointment 17 Apr 2018 (Burns Unit Outpatients).
Medical history:	Infectious mononucleosis (16yo). No current medications. Tonsillectomy (age 8 yo). Appendectomy (age 15 yo). Varicocele (age 19 yo) percutaneous embolization. NIL allergies.	Writing task: Using the information given in the case notes, write a discharge letter to Robert Smithson's doctor, Dr Martins, 29 Cowslip Avenue, Berkeley.	
Medical background:	Partial-thickness burns on neck and chest (18% TBSA). Respiratory distress. Soot in oral cavity.	In your answer:	ant notes into complete sentences
Social background:	Part-time medical student. Lives alone. Enjoys swimming, amateur dramatics. Active, eats a healthy diet.	• do not use note for use letter format	

How do we plan a letter usually?

- 1. Decide on paragraphs*
- 2. Choose what is relevant
- 3. Decide what to summarise [make shorter]



OET SANDWICH:

Introduction	MonitorDischarged 'pending'
Timeline	 6th April: partial thickness burns (18 percent) Chest & neck Respiratory distress Monitored: wheezing, strider, etc. Medication: names only [summary!] SUMMARISE MOST OF THIS
Current Condition	 Stabilised Breathing normal Afebrile / No infection?* Bloods: normal?*
Requests	 Wound care [Dr / Nurse / Outpatients] Daily auscultation [Dr or Nurse] Please note: told about sunscreen, dryness, and breathing exercises Diet* Appointment 17th April

What do we do in the exam? Secretions. Follow putritious, light, high-protein diet, plenty of fluids, Light		- uo deep breating exercises - lung expansion, drainage
Ambiguous activity, no contact sports. Follow-up appointment 17 Apr 2018 (Burns Unit Outpatients).	Ambiguous	secretions. Follow nutritious, light, high-protein diet, plenty of fluids. Light activity, no contact sports.