

GAME:

Booklet

Abnormal – adjective

Abnormality – noun

Vitals = noun

His vitals are normal = informal

His vital signs

Vital = adjective.

Vitality = noun

Vitalised = verb / adj.

Revitalised = adj. [energy]

1. Review yesterday
2. Complete OET Reading Technique
3. Practice full test / focus technique

REVIEW:

Categorical scanning:

Looking for:

- A number
- Medication
- Condition
- Symptom
- Test
- Treatment
- Person
- Equipment
- Time
- Description of

OVERVIEW

STEP 1: analysing texts

30

30

30

30

2 mins Total

STEP 2:

Questions 1-6

For each question, 1-6, decide which text (A, B, C or D) the information comes from. You may use any letter more than once.

In which text can you find information about

5-10 seconds

- 1 the type of injuries that may lead to tetanus? _____
- 2 signs that a patient may have tetanus? _____
- 3 how to decide whether a tetanus vaccine is necessary? _____
- 4 an alternative name for tetanus? _____
- 5 possible side-effects of a particular tetanus medication? _____
- 6 other conditions which are associated with tetanus? _____

Questions 7-13

Complete each of the sentences, 7-13, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

Patients at increased risk of tetanus:

- 7 If a patient has been touching _____ or earth, they are more susceptible to tetanus.
- 8 Any _____ lodged in the site of an injury will increase the likelihood of tetanus.
- 9 Patients with _____ fractures are prone to tetanus.
- 10 Delaying surgery on an injury or burn by more than _____ increases the probability of tetanus.
- 11 If _____ patient has been diagnosed with _____ CONDITION _____ they are more likely to contract tetanus.
- 12 A patient who is _____ or a regular recreational drug user will be at greater risk of tetanus.

13 mins

45 sec per question

Category

ANSWER

Keyword / Unique: not repeated
WHERE?

What about doing the NUMBER or MEDICATION category questions first?

How many times should I give the medicine?

HOW TO ANALYSE TEXTS:

<p>MAIN IDEA</p>	<ol style="list-style-type: none"> 1. Read first sentence (each para) 2. Repeated words 3. Sub heading 4. Thematic words: dog, cat, fish [if possible] 	<p>Text C</p> <p>Supportive care in an ICU is critical to NF survival. This involves fluid resuscitation, cardiac monitoring, aggressive wound care, and adequate nutritional support. Patients with NF are in a catabolic state and require increased caloric intake to combat infection. This can be delivered orally or via nasogastric tube, peg tube, or intravenous hyperalimentation. This should begin immediately (within the first 24 hours of hospitalization). Prompt and aggressive support has been shown to lower complication rates. Baseline and repeated monitoring of albumin, prealbumin, transferrin, blood urea nitrogen, and triglycerides should be performed to ensure the patient is receiving adequate nutrition.</p> <p>Wound care is also an important concern. Advanced wound dressings have replaced wet-to-dry dressings. These dressings promote granulation tissue formation and speed healing. Advanced wound dressings may lend to healing or prepare the wound bed for grafting. A healthy wound bed increases the chances of split-thickness skin graft take. Vacuum-assisted closure (VAC) was recently reported to be effective in a patient whose cardiac status was too precarious to undergo a long surgical reconstruction operation. With the VAC, the patient's wound decreased in size, and the VAC was thought to aid in local management of infection and improve granulation tissue.</p>
<p>KEY WORDS</p>	<p>Underline 3 or 4 – no more</p> <p>What are we looking for:</p> <ul style="list-style-type: none"> ● Numbers ● Jargon ● Medications ● (hello) ● FOOTNOTE: they hide answers here 	<p>Text B</p> <p>Inserting the nasogastric tube</p> <p>All tubes must be radio opaque throughout their length and have externally visible markings.</p> <ol style="list-style-type: none"> 1. Wide bore: <ul style="list-style-type: none"> - for short-term use only. - should be changed every seven days. - range of sizes for paediatric use is 6 Fr to 10 Fr. 2. Fine bore: <ul style="list-style-type: none"> - for long-term use. - should be changed every 30 days. <p>In general, tube sizes of 6 Fr are used for standard feeds, and 7-10 Fr for higher density and fibre feeds. Tubes come in a range of lengths, usually 55cm, 75cm or 85cm.</p> <p>Wash and dry hands thoroughly. Place all the equipment needed on a clean tray.</p> <ul style="list-style-type: none"> • Find the most appropriate position for the child, depending on age and/or ability to cooperate. Older children may be able to sit upright with head support. Younger children may sit on a parent's lap. Infants may be wrapped in a sheet or blanket. • Check the tube is intact then stretch it to remove any shape retained from being packaged. • Measure from the tip of the nose to the bottom of the ear lobe, then from the ear lobe to xiphisternum. The length of tube can be marked with indelible pen or a note taken of the measurement marks on the tube (for neonates: measure from the nose to ear and then to the halfway point between xiphisternum and umbilicus).¹ • Lubricate the end of the tube using a water-based lubricant. • Gently pass the tube into the child's nostril, advancing it along the floor of the nasopharynx to the oropharynx. Ask the child to swallow a little water, or offer a younger child their soother, to assist passage of the tube down the oesophagus. Never advance the tube against resistance. • If the child shows signs of breathlessness or severe coughing, remove the tube immediately. • Lightly secure the tube with tape until the position has been checked. <p>1. Medications are very important for patients</p>
<p>FUNCTIONS</p>	<p>The REASON why it was written.</p> <p>Example:</p> <p>Definition, instruction, information, etc.</p>	<p>Just click this link:</p> <p style="text-align: center;"><u>LEARN MORE HERE</u></p>

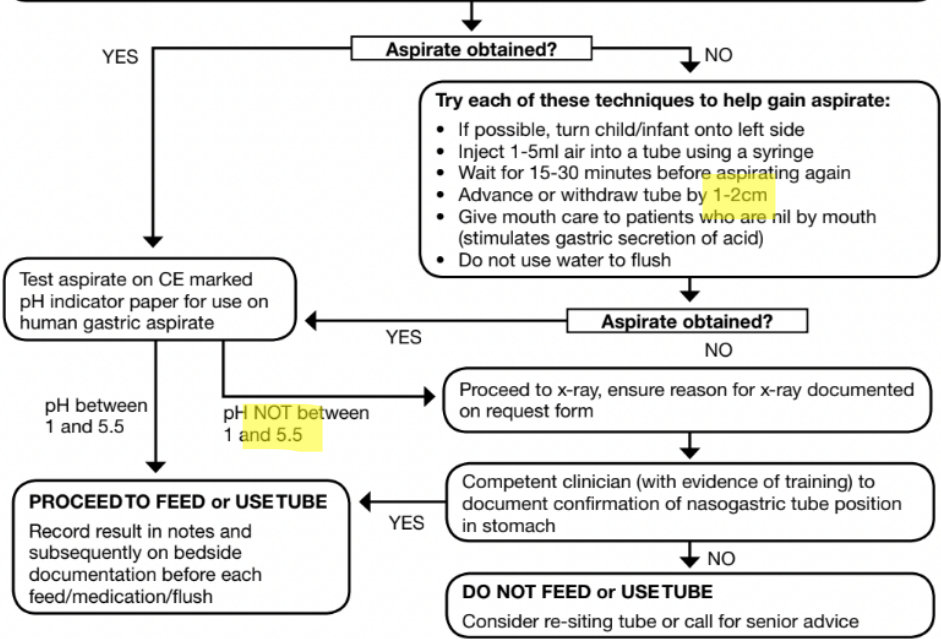


SET English

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Text C

- Estimate NEX measurement (Place exit port of tube at tip of nose. Extend tube to earlobe, and then to xiphisternum)
- Insert fully radio-opaque nasogastric tube for feeding (follow manufacturer's instructions for insertion)
- Confirm and document secured NEX measurement
- Aspirate with a syringe using gentle suction



A pH of between 1 and 5.5 is reliable confirmation that the tube is not in the lung, however, it does not confirm gastric placement. If this is any concern, the patient should proceed to x-ray in order to confirm tube position. Where pH readings fall between 5 and 6 it is recommended that a second competent person checks the reading or retests.