

## OET Nursing Writing Week

### Jeremy Taylor

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

#### General Paragraph Purposes/Functions

<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Patient name</li> <li>• General medical context</li> <li>• General purpose</li> </ul>
<b>Timeline 1</b>	<ul style="list-style-type: none"> <li>• Story from beginning to end – admission – today / 1<sup>st</sup> presentation - today</li> </ul>
<b>Timeline 2</b>	<ul style="list-style-type: none"> <li>• Current situation – vital signs/ progress/capabilities</li> </ul>
<b>Background – Medical</b>	<ul style="list-style-type: none"> <li>• relevant / significant medical information – conditions, current medication / family history</li> </ul>
<b>Background - Social</b>	<ul style="list-style-type: none"> <li>• lifestyle – routines, job, social</li> </ul>
<b>Request</b>	<ul style="list-style-type: none"> <li>• Expanding on the purpose – specific request details</li> </ul>

## Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Jeremy Taylor case notes:

1. Who am I writing to?	Oncologist
2. What do they already know?	Don't know the patient. / Cancer – chemotherapy /procedures / side effects / technical information
3. What do they need to know in order to continue care?	Follow up care – cancer treatment / blood tests / Background – medical context / social?
4. Why am I writing today?	Moving back home
5. Is it urgent?	no

You are a Charge Nurse in the oncology ward looking after Mr Jeremy Taylor, a 54-year-old patient.

**Hospital:** Clare Medical College Hospital, 24 Harley Drive, Brooksbank

### Patient details

Name: Jeremy Taylor (Mr)

DOB: 19.10.1964

**Admission date:** 05.03.2018

Treating doctor: Dr Meena Singh

Moving to: Dr Gerald Jones

### Social background

- Works as a banker
- Marital status: Widower (wife died 3 years ago)
- Next of kin: Daughter, Julie (27 years, artist); son, Brad (25 years, dentist) – both single
- Stressful life, works 13-15 hrs/day; lives alone so has takeaway food; no exercise; drinks socially; smokes 10 cigs/day since age 16
- Previously tried nicotine patches + electric cigarettes unsuccessfully

### Medical history

- 2010 – Diagnosed w/ hypertension (was not compliant with medication)
- No family history of cancer

### 05.03.2018

- Presenting complaint: respiratory infection & rust-coloured sputum (Patient was visiting daughter in Brooksbank)
- Temp: 38°C; BP 128/83
- Amoxicillin 500mg 2/day prescribed for five days

### 10.03.2018

- Temp: 37°C; BP 125/84
- Cough
- Tests revealed Stage IIA non-small cell lung cancer
- CT scan revealed category T1c, N0, M0 (2.5 cm tumour) in left lung
- Bronchial branches not affected

**15.03.2018**

- VATS procedure was successful in removing tumour – 4 incisions
- Tubes removed same day – dressing for incision site
- Percocet for breakthrough pain
- Vital signs: BP hypertensive (130/83) – others within normal limits – Ramipril 5 mg commenced

**17.03.2018**

Discharged (under daughter's care)

**20.03.2018 – 20.05.2018**

- Adjuvant chemotherapy in 4 cycles (once every two weeks) performed to prevent risk of relapse (*Cisplatin* and *Docetaxel*; *Zofran* administered for side effects of nausea); lost 5kg (now at 60kg)
- Borderline leukopenia absolute neutrophil count (ANC) at 1000 (Filgrastim 325mcg daily) – subcutaneous injection

**Discharge plan**

- Needs referral to a dietician to gain 5kgs lost during chemo
- Psychotherapist to help quit smoking
- Regular, mild exercise needs to begin in 2 weeks
- Next CT scan after three months; thereafter annually, and chest X-rays three times per year
- Continue Ramipril 5mg for hypertension
- No alcohol
- Daughter and son to take turns living with father in his New Abbey flat
- Monitor complete blood count (CBC) weekly (2 months)

**Assessment:** Weak from pain, but recovering well from side effects

**Writing task**

Mr Jeremy Taylor is a 54-year-old patient in the oncology ward of a hospital in which you are Charge Nurse. He is transferring from Brooksbank back to New Abbey. Use the information in the case notes to provide a treatment summary and follow up care plan. Address your letter to oncologist Dr Gerald Jones, 24 Sophia Avenue, New Abbey.

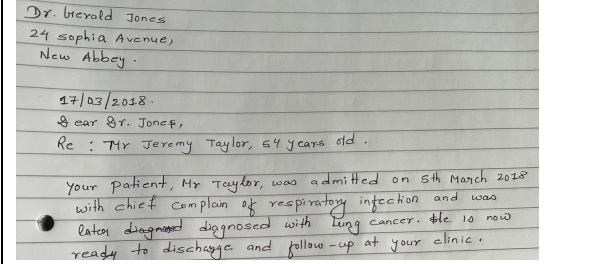
**Letter Plan**

<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Patient: Jeremy Taylor</li> <li>• General medical context: Recovering from chemotherapy for lung cancer.</li> <li>• General request: Follow up care</li> </ul>
<b>Timeline</b>	<ul style="list-style-type: none"> <li>• Heavily summarise 5<sup>th</sup> &amp; 10<sup>th</sup> March – include diagnosis</li> <li>• 15/03 - VATS &amp; ramipril</li> <li>• 17/03- discharged to daughter</li> </ul>
<b>Timeline - Treatment</b>	<ul style="list-style-type: none"> <li>• Chemotherapy – full detail</li> </ul>
<b>Request</b>	<p style="text-align: center;"><b>discharge plan</b></p> <ul style="list-style-type: none"> <li>• Needs referral to a dietician to gain 5kgs lost during chemo</li> <li>• Psychotherapist to help quit smoking</li> <li>• Regular, mild exercise needs to begin in 2 weeks</li> <li>• Next CT scan after three months; thereafter annually, and chest X-rays three times per year</li> <li>• Continue Ramipril 5mg for hypertension</li> <li>• <del>No alcohol</del></li> <li>• Daughter and son to take turns living with father in his New Abbey flat</li> <li>• Monitor complete blood count (CBC) weekly (2 months)</li> </ul> <p><b>Assessment:</b> Weak from pain, but recovering well from side effects</p> <p><i>Handwritten annotations:</i> A red bracket labeled "mention" spans the first four items of the discharge plan. A blue arrow labeled "request" points from the last two items of the discharge plan to the right.</p>

## Introductions

### Common errors:

- Purpose is essential – 100% accurate
- Too much information
- Not enough information
- Grammar errors

Student	Teacher
 <p>Dr. Gerald Jones 24 Sophia Avenue, New Abbey.</p> <p>17/03/2018.</p> <p>Dear Dr. Jones,</p> <p>Re : Mr Jeremy Taylor, 54 years old.</p> <p>Your patient, Mr Taylor, was admitted on 5th March 2018 with chief complain of respiratory infection and was later diagnosed diagnosed with lung cancer. He is now ready to discharge and follow-up at your clinic.</p>	<p>I am writing to refer Jeremy Taylor, who is recovering from lung cancer and requires follow up and care.</p> <p><b>Language:</b></p> <ul style="list-style-type: none"> <li>• the chief complaint of</li> <li>• He is now ready to be discharged.</li> </ul> <p><b>Don't include timeline information in your introduction!</b> <b>Be accurate – represent notes correctly</b></p>
<p>20/03/2018</p> <p>Dr Gerald Jones 24, Sophia Avenue New Abbey</p> <p>Re: Mr Jeremy Taylor aged 54-year-old / Re: Mr Jeremy Taylor, 54 years old</p> <p>Dear Dr Jones,</p> <p>I am writing to introduce Mr Taylor, who has been recovering from chemotherapy due to lung cancer and now he is ready to be discharged and requires follow up care.</p>	<p>20/03/2018</p> <p>Dr Gerald Jones 24, Sophia Avenue New Abbey</p> <p>Re: Mr Jeremy Taylor, 54 years old</p> <p>Dear Dr Jones,</p> <p>I am writing to introduce Mr Taylor, who has been recovering from chemotherapy due to lung cancer <b>and</b> now <u>is</u> ready to be discharged and requires follow up care.</p>
<p>I'm writing to transfer Mr Jeremy Taylor, who is recovering from lung cancer. He is moving back to New Abbey and requires your follow up and care.</p>	
<p>I am writing regarding to Jeremy Taylor, who was admitted to Brooksbank due to lung cancer. He is now due to be discharged and requires on going care.</p>	<p>I am writing regarding Jeremy Taylor, who <b>has been treated</b> at Brooksbank hospital due to lung cancer. He is now due to be discharged and requires <b>follow up</b> care.</p>
<p>Oncologist Dr Gerald Jones 24 Sophia Avenue New Abbey</p> <p>20 May 2018</p> <p>Dear Dr Jones,</p> <p>Re: Jeremy Taylor , DOB 19/10/1964</p>	

<p>I am writing to transfer Mr Taylor into your care he has been recovering from chemotherapy for non- small lung cancer. He requires a follow up treatment care.</p>	<p>I am writing to transfer Mr Taylor into your care. <b>He</b> has been recovering from (chemotherapy for) non- small lung cancer. He requires <b>follow up care</b>.</p>
<p>I am writing regarding Mr Jeremy Taylor, who is recovering from chemotherapy for his lung cancer. He has been transferred to you and requires follow-up care.</p>	<p>I am writing regarding Mr Jeremy Taylor, who is recovering from chemotherapy for his lung cancer. He <b>is being transferred</b> to you and requires follow-up care.</p>
<p>I am writing to introduce Mr Taylor, who is recuperating from chemotherapy, following lung cancer, and now requires your follow up care.</p>	
<p>I am writing to refer Mr Jaremy Talor, who has just completed his 4 cycles of adjuvant chemotherapy following the removal of his lung tumours. He is scheduled to be discharged and requires your follow-up care and ongoing management.</p>	<p>I am writing to refer <b>Mr Jeremy Taylor</b>, who has just completed his 4 cycles of adjuvant chemotherapy following the removal of his lung tumours. He is scheduled to be discharged and requires your follow-up care and ongoing management.</p> <p><b>Purpose is good but in future be careful about how much information you include in the introduction. In this letter there is a risk of repetition. Save the detail for your letter body.</b></p>
<p>I am writing regarding Mr Jeremy Taylor, who was admitted to our hospital recently due to lung cancer and he is recovering from chemotherapy. He requires your follow up care and support.</p>	<p>I am writing regarding Mr Jeremy Taylor, who was admitted to our hospital recently due to lung cancer and is recovering from chemotherapy. He requires your follow up care and support.</p>
<p>I am writing regarding Mr Taylor, who was admitted to our hospital due to a respiratory infection. He is now being transferred to you and requires <b>follow up</b> care and management.</p>	<p><b>Medical context relates to the cancer – we are writing to an oncologist! You will lose points for purpose.</b></p>
<p>I am writing regarding Mr Taylor, who currently is recuperating from chemotherapy following lung cancer. He is being discharged today and will require your further follow up care.</p>	

## Timeline Paragraphs

### Common errors:

- Too much information – unnecessary to continue care
- Missing vital information – necessary to continue care
- Poor summarising skill – listing
- Grammar errors

Student	Teacher
<p>On 5th March Mr Jeremy was admitted to our hospital due to respiratory infection. He was commenced with amoxicillin, 500mg, twice a day, for five days.</p> <p>On 10th March, a CT Scan was done and test revealed category TIC,NO,MO(2.5cm tumor) in left lung. After five days, a VATS procedure was done to him and a tumor was successfully removed. In addition, Mr Jeremy is a known case of hypertension and he has been commenced with ramipril, 5mg. Post the procedure, his BP was 130/83, and other vital signs were within normal limits. He was discharged on 17th March, under his daughter's care.</p> <p>Consequently, Mr Jeremy was commenced with Cisplatin, Docetaxel and Adjuvant chemotherapy in four cycles, once every two weeks to prevent the risk for relapse. He lost 5kg due to nausea, and as a result, he has been commenced with Zofran.</p> <p>In addition, his leukopenia is at border line ANC at 1000, and Filgrastim, 325 mcg, has been given to him subcutaneously daily.</p>	<p>On 5th March <b>Mr Taylor</b> was admitted to our hospital due to respiratory infection. <b>He was discharged with antibiotics.</b></p> <p>On 10th March, <b>he returned and</b> a CT Scan revealed <b>category TIC,NO,MO(2.5cm tumor)</b> in <b>his</b> left lung. After five days, he <b>underwent a successful VATS procedure.</b> In addition, his BP was 130/83 and he has been commenced <b>on</b> ramipril, 5mg. He <b>was discharged</b> on 17th March, under his daughter's care.</p> <p>Consequently, Mr Jeremy was commenced with Cisplatin, Docetaxel and Adjuvant chemotherapy in four cycles, once every two weeks to prevent the risk for relapse. He lost 5kg due to nausea, and as a result, he has been commenced with Zofran.</p> <p>In addition, his leukopenia is at border line ANC at 1000, and Filgrastim, 325 mcg, has been given to him subcutaneously daily.</p>
<p>On 5th March 2018, Mr Tylor was admitted to our hospital due to a respiratory infection and rust-colored sputum, for which he was prescribed 500 mg of amoxicillin, twice a day, for five days. Subsequently, tests and CT scan revealed stage IIA non-small cell cancer in his right lung, however, bronchial branches were not affected. Consequently, VATS procedure was carried out successfully to remove tumour, commenced on 5mg of ramipril, and on 17th March he was given discharge under his daughter's care.</p> <p>Regarding his cancer treatment, between 20th March and 20th May, adjuvant chemotherapy was performed with cisplatin and docetaxel in 4 cycles, once every two weeks to prevent risk of relapse. Additionally, Zofran was administered for nausea and filgrastim injection was prescribed subcutaneously daily to treat his borderline leukopenia. Please note that during chemotherapy, he lost 5kg but currently his weight is 60 kg.</p>	<p>On 5th March 2018, Mr Taylor was admitted to our hospital due to a respiratory infection, for which he was prescribed antibiotics for five days. Subsequently, a CT scan revealed stage IIA non-small cell cancer in his right lung, however, bronchial branches were not affected. Consequently, a VATS procedure was carried out successfully, <b>he</b> was commenced on 5mg of ramipril, and on 17th March he was <b>discharged</b> under his daughter's care.</p> <p>Regarding his cancer treatment, between 20th March and 20th May, adjuvant chemotherapy was performed with cisplatin and docetaxel in 4 cycles, once every two weeks to prevent risk of relapse. Additionally, filgrastim injection was prescribed subcutaneously daily to treat his borderline leukopenia. Please note that during chemotherapy, he lost 5kg <b>and</b> currently his weight is 60 kg.</p>

<p>Having experienced a respiratory infection during his visit to his daughter, Mr Taylor was admitted to our hospital on 5th March. Despite being prescribed amoxicillin, his condition did not improve. Consequently, tests which were carried out lead to Stage II A non-small cell lung cancer and 2,5 tumour in his left lung, without affecting his bronchial branches. As a result of that, VAT procedure was performed, and, in addition, he was commenced on 5mg of ramipril due to being hypertensive. On 17th March, he was discharged under his daughter's care.</p> <p>Over the last two months, Mr Taylor has undergone 4 cycles of adjuvant chemotherapy, which included cisplatin and docetaxel. Concomitantly, filgastrim injections (325mcg daily) for borderline leukopenia.</p>	
<p>While Mr Taylor was visiting his daughter in Brooksbank, he had been treated his respiratory infection with antibiotics. On 10<sup>th</sup>March 2018, Due to having some concerned symptoms, for which the relevant examinations were carried out and as a result, he was diagnosed with stage IIA non-small cell of cancer in his left lung, which no evidence of anywhere else.</p> <p>On 15<sup>th</sup> March, Mr Taylor underwent a VATS procedure which successfully removed the tumours, and in 2 days later, he was discharged to his daughter home. Subsequently, 4 cycles of adjuvant chemotherapy had been performed between 20<sup>th</sup> March to 20<sup>th</sup> May. Although currently he is experiencing with losing weight of 5 kg and decreasing of absolute neutrophil count to 1000, for which he is on Zofran and filgrastim.325mcg. subcutaneous injection once a day. He is now moving back to his home with his children's help. Mr Taylor is a widower, and despite having tried various methods, he has smoked 10 cigarettes a day since age of 16.</p>	<p><b>On 5<sup>th</sup> March</b>, while Mr Taylor was visiting his daughter <b>he was treated for</b> his respiratory infection with antibiotics. On 10<sup>th</sup>March 2018, tests and a CT scan were carried out and as a result, he was diagnosed with stage IIA non-small cell cancer in his left lung, <b>which did not affect the bronchial branches</b>. On 15<sup>th</sup> March, Mr Taylor successfully underwent a VATS procedure, and 2 days later, he was discharged <b>under the care of his daughter</b>.</p> <p>Subsequently, 4 cycles of adjuvant chemotherapy <b>have been performed</b> between 20<sup>th</sup> March to 20<sup>th</sup> May. Mr Taylor has lost 5 kg and he has borderline leukopenia, for which he is on filgrastim 325mcg subcutaneous injection once a day.</p> <p>He is now moving back to his home with his children's help. Mr Taylor is a widower, and despite having tried various methods, he has smoked 10 cigarettes a day since age of 16.</p> <p><b>Missing information about the chemotherapy Keep paragraph functions separate!</b></p>
<p>On 5th March 2018, while visiting his daughter in Brooksbank, Mr Taylor developed a respiratory infection and was admitted to our hospital. Despite being prescribed a 5-day course of amoxicillin, his condition did not improve. Subsequently, investigations were conducted, which revealed stage IIA non-small cell lung cancer and a 2.5 cm tumour in his left lung. As a result, a VAST was performed to remove the cancerous nodule. Due to high blood pressure, ramipril 5mg, his non-compliant medication, was commenced.</p> <p>After discharge on 17th March, he underwent four cycles of chemotherapy with cisplatin and docetaxel every fortnight for two months. Zofran was given to relieve his nausea, together with filgrastim to manage his borderline leukopenia. At present, he has made good progress, in spite of losing 5 kg of weight.</p>	<p>On 5th March 2018, while visiting his daughter in Brooksbank, Mr Taylor developed a respiratory infection and was admitted to our hospital. Despite being prescribed a 5-day course of amoxicillin, his condition did not improve. Subsequently, investigations revealed stage IIA non-small cell lung cancer and a 2.5 cm tumour in his left lung. As a result, a VATS <b>procedure</b> was performed. Due to high blood pressure, ramipril 5mg, was <b>recommended</b>.</p> <p><b>After discharge on 17th March, he underwent four cycles of chemotherapy with cisplatin and docetaxel every fortnight for two months. Zofran was given to relieve his nausea, together with filgrastim to manage his borderline leukopenia. At present, he has made good progress, in spite of losing 5 kg of weight.</b></p>

<p>On 5<sup>TH</sup> of March, Mr Jones came to hospital with the chief complaint of respiratory infection and rust-coloured sputum. On assessment he had fever and was prescribed Amoxicillin 500 mg twice a day. After five days he presented again at hospital with persistent cough. However, his fever was resolved at this time. Then a CT scan was carried out which revealed stage II A non-small cell lung cancer. Eventually, he undergone VATS procedure on 15<sup>th</sup> of march which was successful. Post-operatively, his condition is stable except his B.P. is at higher sides and has been prescribed Ramipril. He is all set to discharged today. In order to prevent relapse of his condition, he will begin receiving adjuvant chemotherapy from 20<sup>th</sup> of march in four cycle once every two weeks for almost two months.</p>	<p>On 5<sup>TH</sup> of March, Mr Jones came to hospital with the chief complaint of respiratory infection. On assessment, he was prescribed Amoxicillin 500 mg twice a day. After five days he presented again and a CT scan revealed stage II A non-small cell lung cancer. Eventually, he underwent VATS procedure on 15<sup>th</sup> March. Post-operatively, his condition is stable except <b>for increased BP, for which he has been prescribed Ramipril</b>. He is <b>ready for discharge</b> today.</p> <p><i>In order to prevent relapse of his condition, he will begin receiving adjuvant chemotherapy from 20<sup>th</sup> of march in four cycle once every two weeks for almost two months.</i></p> <p><b>The reader thinks the chemo has not yet happened!</b></p> <p><b>The reader thinks it is 20<sup>th</sup> May now. So they are very confused!</b></p>
<p>On 5th March 2018, Taylor was admitted to Brooksbank hospital. He is experiencing respiratory infection and rust coloured sputum. Taylor presented high temperature 38 and blood pressure 128/83. Amoxilin it was prescribed for five days.</p> <p>In 2010 Taylor was diagnosed with hypertension, absent with medication.</p> <p>On 10 th March 2018 his temperature it was 37 and blood pressure 125/84, he was coughing and CT scan it was done and detected 2,5 cm tumor in the left lung but clear bronchial branches.</p> <p>On 15 th March 2018 VATS procedure was done with 4 incision to remove tumours, consequently successful results. Blood pressure monitored and he commenced in take Percocet and ramipril 5 mg.</p>	<p>On 5th March 2018, Taylor was admitted with a respiratory infection and subsequently Amoxicillin was prescribed for five days.</p> <p>In 2010 Taylor was diagnosed with hypertension, absent with medication.</p> <p>- <b>This does not belong in the timeline paragraph – it is background.</b></p> <p>On 10 th March Mr Taylor returned and a CT scan detected a 2.5 cm tumour in the left lung but clear bronchial branches. On 15 th March 2018 VATS procedure was done with 4 incision to remove tumours, consequently successful results. Blood pressure monitored and he commenced in take Percocet and ramipril 5 mg.</p>
<p>On 3<sup>rd</sup> March, Mr Taylor presented to our hospital with respiratory infection symptoms, for which he had amoxicillin treatment, and after 5 days, his test result and CT scan revealed non-small cell lung cancer in his left lung, and consequently, he underwent successful VATS procedure. In addition, he has commenced ramipril 5mg due to hypertension. On 17<sup>th</sup> March, he was discharged from our hospital, which his daughter was accompanying him.</p> <p>In terms of Mr Taylor 's chemotherapy, from 20<sup>th</sup> March to 20<sup>th</sup> May, he had 4 cycles of adjuvant chemotherapy, which was performed once per two weeks, along with filgrastim 500mg injection daily. Despite having the aforementioned treatment, Mr Taylor was taking cisplatin, docetaxel, and zofran for the adverse system. Additionally, it is important to note that he has lost 5 kg due to the chemotherapy.</p>	<p>On 3<sup>rd</sup> March, Mr Taylor presented to our hospital with respiratory infection symptoms, for which he had amoxicillin treatment, and after 5 days, his test result and CT scan revealed non-small cell lung cancer in his left lung. <b>Consequently</b>, he underwent <b>a</b> successful VATS procedure. In addition, he has commenced ramipril 5mg due to hypertension. On 17<sup>th</sup> March, he was discharged from our hospital, <b>under his daughter's care</b>.</p> <p>In terms of Mr Taylor 's chemotherapy, from 20<sup>th</sup> March to 20<sup>th</sup> May, he had 4 cycles of adjuvant chemotherapy including cisplatin and docetaxel, which was performed once per two weeks, along with filgrastim 500mg injection daily. Additionally, Mr Taylor was taking <b>Zofran</b> for the <b>side effects</b>. <b>It</b> is important to note that he has lost 5 kg due to the chemotherapy.</p> <p><b>Why is cisplatin and docetaxel a contrast? They are chemotherapy drugs.</b></p>



<p>On 5/3/2018, Mr Taylor presented with a respiratory infection. He was prescribed amoxicillin 500mg for five days which proved ineffective. Subsequently, further tests revealed stage IIA non- small cell lung cancer TIC,NO,MO. tumour 2.5 cms in the left lung.</p> <p>Mr Taylor's VATS procedure was successful with a total of four incisions. Due to his hypertensive BP , he has been taking ramipril 5mg. Mr Taylor was discharged under his daughter's care on the 17th of March 2018.</p> <p>Over the next two months, adjuvant chemotherapy was performed using cisplatin and docetaxel, two weeks apart. In addition, zefron was administered for nausea. Since he suffered from borderline leukopenia , with an absolute neutrophil of 1000, Filgrastim 325mcg daily was given by a subcutaneous injection.</p>	<p>Mr Taylor's VATS procedure was successful. Due to his hypertension, he has been recommenced on ramipril 5mg. Mr Taylor was discharged under his daughter's care on the 17th of March 2018.</p> <p>Over the next two months, adjuvant chemotherapy was performed using cisplatin and docetaxel, two weeks apart. In addition, <b>Zofran</b> was administered for nausea. <b>Due to experiencing</b> borderline leukopenia , with an absolute neutrophil of 1000, Filgrastim 325mcg daily was given by a subcutaneous injection.</p>
<p>On 5/3/2018, Mr Taylor was diagnosed with lung cancer, following a complaint of respiratory infection, coloured sputum and high temperature, for which antibiotic therapy was required. Subsequently, on 10/3/2018 a number of tests revealed a tumour with 2.5 cm in his left lung. Mr Taylor's vital signs have shown signs of improvement, although he is still coughing. Having had his tumour successfully removed on 15/3/2018, he was given a prescription of painkillers for pain as well as ramipril, 5mg, due to his BP remaining hypertensive. Please note that he is being transferred into his daughter's care.</p>	<p>On 5/3/2018, Mr Taylor was diagnosed with lung cancer, following a complaint of respiratory infection, coloured sputum and high temperature, for which antibiotic therapy was required.</p> <p>- <b>This isn't correct – he wasn't diagnosed until 10<sup>th</sup> March. Also, too much detail for initial presentation.</b></p> <p>Subsequently, on 10<sup>th</sup> March <b>a CT scan</b> revealed a tumour with 2.5 cm in his left lung. Having <b>undergone a VATS procedure</b> on 15<sup>th</sup> March, he was <b>recommenced on</b> ramipril, 5mg, <b>due to hypertension. On the 17<sup>th</sup> March he was discharged under his daughter's care.</b></p> <p>- <b>Pay attention to what information is necessary to continue care</b> - <b>Also, improvement required in phrasing</b></p>
<p>On 5th March 2018, Mr Taylor was admitted to our ward owing to signs and symptoms suggestive of a respiratory infection. Consequently, amoxicillin was given for 5 days. On 10th March, he underwent a CT scan and it revealed 2.5 cm non-small cell lung cancer. Five days later, VATS procedure was performed successfully. Due to being hypertensive(BP130/83), he was commenced on ramipril, 5mg. On 17th March, he was discharged under his daughter's care.</p> <p>From 20th March to 20th May 2018, Mr Taylor was given adjuvant chemotherapy once every two weeks for 4 cycles. At that time, cisplatin and docetaxel were administered. Due to his side effects of nausea, Zofran was also administered.</p> <p>Please note that he has lost weight 5kg and he is weighing at 60 kg now. He is borderline leukopenia(ANC at 1000), for which filgrastim, 325mcg, subcutaneous injection is prescribed every day.</p>	<p>On 5th March 2018, Mr Taylor was admitted to our ward owing to signs and symptoms suggestive of a respiratory infection. Consequently, amoxicillin was given for 5 days. On 10th March, he underwent a CT scan and it revealed <b>a</b> 2.5 cm non-small cell lung <b>tumour</b>. Five days later, <b>a</b> VATS procedure was performed successfully. Due to being hypertensive(BP130/83), he was commenced on ramipril, 5mg. On 17th March, he was discharged under his daughter's care.</p> <p>- <b>good</b></p> <p>From 20th March to 20th May 2018, Mr Taylor was given adjuvant chemotherapy once every two weeks for 4 cycles. At that time, cisplatin and docetaxel were administered.</p> <p>Please note that he has lost weight 5kg and <b>he weighs</b> at 60 kg now. He <b>has</b> borderline leukopenia(ANC at 1000), for which <b>he has been taking filgrastim, 325mcg, subcutaneous injection every day.</b></p>

<p>Mr Taylor was admitted to our hospital on 5th March 2018 having respiratory infection and rust-coloured sputum together with mild fever while visiting his daughter in Brooksbank. He was prescribed a course of amoxicillin for five days. On 10th March 2018, his temperature was back to normal, however, coughing was reported by Mr Taylor. He was diagnosed with stage IIA non-small cell lung cancer after being confirmed by several tests. Meanwhile, a CT scan showed 2.5cm tumour in his left lung and nothing was noticed in his bronchial branches.</p> <p>On 15th March 2018, Mr Taylor has undergone VATS procedure with four incisions to remove the tumour successfully. After the procedure, his blood pressure increased slightly and he has been prescribed ramipril, 5mg to control it. Apart from that, his vital signs and general condition were normal. On 17th March 2018, he was discharged from our hospital and was sent back to his daughter's care. Additionally, between the period of 20th March 2018 and 20th May 2018, Mr Taylor has been treated with chemotherapy in 4 cycles to prevent risk of relapse. He lost 5kg due to the chemotherapy. In the meantime, filgrastim, 325mcg subcutaneous injection was administered daily.</p>	<p>Mr Taylor was admitted to our hospital on 5th March with a respiratory infection. He was prescribed a course of amoxicillin for five days. On 10th March He was diagnosed with stage IIA non-small cell lung cancer after <b>it was</b> confirmed by several tests <b>and a CT scan revealed a 2.5cm</b> tumour in his left lung. <b>The bronchial branches were unaffected.</b></p> <p>On 15th March 2018, Mr Taylor <b>underwent a</b> VATS procedure successfully. After the procedure, his blood pressure increased slightly and he <b>was</b> prescribed ramipril, 5mg. On 17th March 2018, he was discharged <b>under</b> his daughter's care. Additionally, between the period of 20th March 2018 and 20th May 2018, Mr Taylor <b>was treated</b> with chemotherapy in 4 cycles, <b>using docetaxel and cisplatin</b>. He lost 5kg due to the chemotherapy. In the meantime, filgrastim, 325mcg subcutaneous injection was administered daily <b>due to borderline leukopenia.</b></p> <p><b>Lots of opportunities for conciseness here. Note the corrections.</b></p>
<p>On 5<sup>th</sup> March, Mr Taylor was admitted to our hospital due to a respiratory infection, and rust coloured sputum. Having performed different investigation was confirmed that, he had stage IIA non-small cell lung cancer along with 2.5 cm tumour in his left lung. However, his bronchial broaches remain unaffected. As a result of this he underwent a VATS procedure and tumour was successfully removed. He was been prescribed with ramipril, 5mg, for his hypertension and Percocet was given for the pain. Following surgery, he made a good recovery post-operatively and was discharged two days later.</p>	<p>On 5<sup>th</sup> March, Mr Taylor was admitted to our hospital due to a respiratory infection. <b>Investigations confirmed</b> that he had stage IIA non-small cell lung cancer, along with <b>a 2.5 cm</b> tumour in his left lung. However, his bronchial <b>branches were</b> unaffected. <b>As a result,</b> he underwent a VATS procedure and <b>the</b> tumour was successfully removed. He was prescribed with ramipril, 5mg, for his hypertension. Following surgery, he made a good recovery post-operatively and was discharged <b>under his daughter's care</b> two days later.</p>
<p>On 5th March Mr Taylor was admitted to our hospital with respiratory infection and treated with antibiotic, however on 10th March CT scan revealed tumor in left lung. As a</p>	<p>On 5th March Mr Taylor was admitted to our hospital with respiratory infection and treated with antibiotics. <b>However,</b> on 10th March <b>a</b> CT scan revealed <b>a</b> tumor in</p>

<p>result VAT procedure was done and he was commenced on ramipril 5mg. On 17th March Mr Taylor was discharged under daughter's care.</p> <p>Following his discharge, from March to April 2018 Mr Taylor had done 4 cycles of chemotherapy, once in every 2 weeks resulting in cisplatin, dovetaxel and Zofran. In addition to that, he has borderline leukemia for which he is on filgrastim 325mcg daily.</p>	<p><b>his</b> left lung. As a result, <b>a</b> VAT procedure was done and he was commenced on ramipril 5mg <b>due to hypertension</b>. On 17th March, Mr Taylor was discharged under <b>his</b> daughter's care.</p> <p>Following his discharge, from March to April 2018 Mr Taylor <b>did</b> 4 cycles of chemotherapy, once every 2 weeks involving cisplatin, dovetaxel. In addition to that, he has <b>experienced</b> borderline leukopenia, for which he <b>has been</b> on filgrastim 325mcg daily.</p>
<p>Mr Taylor, while being in a visit to his daughter in Brooksbank, was admitted to our hospital on 5th March, with signs and symptoms of respiratory infection along with a rust coloured sputum, for which he was prescribed with antibiotic. During his five days hospital stay, although his vital signs were within normal limits, his condition regressed. Therefore, his tests and CT scan, which were carried out, revealed a tumour in his left lung and later, on 25th March, he underwent a successful VATS procedure. Although, his vital signs were within normal limits, he remained hypertensive and he was commenced on Ramipril, 5 mg. Two days later, he was discharged under his daughter care.</p> <p>Between 20th March and 20th May Mr Taylor had has a 4 cycles adjuvant chemotherapy, in order to prevent the risk of relapse. Although, he was prescribed with Cisplatin, Docetaxel and Zofran to diminish the side effects of nausea, he lost 5 kg, he is now 60 kg. Additionally, he was prescribed with Filgrastim, 325 mcg, daily, to maintain the borderline of ANC.</p>	<p>On 5<sup>th</sup> March, Mr Taylor, <b>was admitted with a respiratory infection</b>, for which he was prescribed with <b>antibiotics</b>.</p> <p>On 10<sup>th</sup> March, tests and a CT scan revealed a <u>tumour</u> in his left lung and on 25<sup>th</sup> March, he underwent a successful VATS procedure. <b>Additionally, he was recommenced</b> on Ramipril, 5 mg. Two days later, he was discharged under his daughter care.</p> <p>Between 20<sup>th</sup> March and 20<sup>th</sup> May Mr Taylor had 4 cycles of adjuvant chemotherapy, involving cisplatin and docetaxel. <b>Please note, he lost 5 kg during treatment, and is now 60 kg.</b> Additionally, he was prescribed with Filgrastim, 325 mcg, daily, <b>due to having borderline leukopenia.</b></p> <p><b>More detail required about the tumour- we're writing to an oncologist.</b></p> <p><b>An oncologist knows what chemotherapy is for, so no need to explain.</b></p>

## Request

### Common errors:

- Too much information
- Don't include vital information
- Misrepresent case notes
- We ask the reader to do something that isn't their responsibility

### Discharge plan

- Needs referral to a dietician to gain 5kgs lost during chemo
- Psychotherapist to help quit smoking
- Regular, mild exercise needs to begin in 2 weeks
- Next CT scan after three months; thereafter annually, and chest X-rays three times per year
- Continue Ramipril 5mg for hypertension
- No alcohol
- Daughter and son to take turns living with father in his New Abbey flat
- Monitor complete blood count (CBC) weekly (2 months)

**Assessment:** Weak from pain, but recovering well from side effects

Student	Teacher
<p>While in your care, it would be appreciated if you monitor MR Taylors CBC weekly for first two months. Please not that, he requires a chest CT scan after three months,however, Mr.Taylor requires an annual CT scan once a year and an x-ray three times a year.In addition ,kindly be aware that his GP requires to follow-up Mr Taylor’s rampil,5mg, dietitian and psychotherapist referrals,in order to help him to gain weight and quiet smoking.</p> <p>Please don’t hesitate to contact me for any further information .</p>	<p>While in your care, it would be appreciated if you <b>could</b> monitor <b>Mr Taylor’s</b> CBC weekly for <b>the</b> first two months. <i>Please <b>note</b> that he requires a chest CT scan after three months, an annual CT scan <b>and</b> an x-ray three times a year.</i></p> <p><b>In addition, kindly be aware that Mr Taylor’s ramipril, 5mg, will continue and he will be referred to a dietitian and psychotherapist referrals, in order to help him to gain weight and quiet smoking.</b></p> <p>Please don’t hesitate to contact me for any further information .</p> <p><b>Good order but have a look at listing! What about patient current condition?</b></p>
<p>In view of the above, it would be appreciated if you could provide follow up care. Despite monitoring Mr Taylor’s CBC weekly for two months, please note that he has been advised to continue ramipril, to begin regular and mild exercise in 2weeks and to avoid alcohol. Additionally, he has been referred to a dietician to gain 5kgs and psychotherapist to help him quit smoking. Also please be aware that being a widower, he will continue to receive his children’s care.</p>	<p>In view of the above, it would be appreciated if you could provide follow up care. Despite monitoring Mr Taylor’s CBC weekly for two months, please note that he has been advised to continue ramipril, to begin regular and mild exercise in 2weeks and to avoid alcohol. Additionally, he has been referred to a dietician to gain 5kgs and psychotherapist to help him quit smoking. Also please be aware that being a widower, he will continue to receive his children’s care.</p> <p><b>The focus of this paragraph is not correct – we should be asking the reader (oncologist) to do things that are related to their specialism.</b></p> <p><b>X-ray? CT scan? Current condition?</b></p> <p><b>Despite is for contrast – not addition.</b></p>
<p>Mr Taylor is returning to New Abbey and has support from his children. Despite being weak from pain, he has recuperated well from side effects. It would be appreciated if you could provide follow-up care for him. He not only requires a complete blood count fortnightly for two months but also needs a CT scan in three months' time, following yearly, and a chest X-ray three times per year. Please note, in addition to continuing ramipril 5mg, he has been referred to a psychotherapist and a dietician to help with quitting <b>smoking</b> and gaining weight <b>lost</b> during chemotherapy.</p>	<p>He not only requires a complete blood count <b>weekly</b> for two months but also needs a CT scan in three months' time, <b>thereafter</b> yearly, and a chest X-ray three times per year.</p>
<p>In view of above, it would be greatly appreciated if you could provide him further follow-up care. Please arrange to do his CT scan after three months and annually afterwards as well as doing his chest X-rays three times a year. Please kindly assess his CBC every week for two months as well. In addition to this, it is important to note that he needs referral to a dietician to combat his weight</p>	<p>In view of <b>the</b> above, it would be greatly appreciated if you could provide <b>Mr Taylor with</b> follow-up care. Please arrange to do his CT scan after three months and annually afterwards as well as doing his chest X-rays three times a year. Additionally, please assess his CBC every week for two months. In addition to this, it is important to note that he needs referral to a dietician to combat his weight loss during chemotherapy. Also, please be aware of fact</p>

<p>loss during chemotherapy. Also, please be aware of fact that he must continue taking his regular hypertensive medicine and start doing mild exercise from next two weeks. IF you have any queries, please do not hesitate to contact me.</p>	<p>that he must continue taking his regular hypertensive medicine and start doing mild exercise <b>in the</b> next two weeks.</p> <p><b>– we are suggesting that the oncologist manages these things, which doesn't seem correct to the class!</b></p> <p>If you have any queries, please do not hesitate to contact me.</p>
<p>Mr Taylor is now recuperating from chemotherapy and is ready to go back to his house under his children's care. I would appreciate if you could provide your follow-up care and ongoing managements. Please refer him to a dietician, as well as a psychotherapist for a smoking cessation due to him failed after trying a various method in the past. It is important to note that next CT scan is due in 3 months and then, needs to be performed annually. In addition to that, kindly monitor his a complete blood count weekly, for 2 months. Finally, please note that, Ramipril. 5mg will need to be continued, and Mr Taylor needs to start some regular mild exercises in 2 weeks' time.</p> <p>If you have some questions, please do not hesitate to contact me.</p> <p>Yours Sincerely,</p> <p>Nurse</p>	<p>I would <b>appreciate it</b> if you could provide your follow-up care and ongoing <b>management</b>.</p> <p>Please refer him to a dietician, as well as a psychotherapist for a smoking cessation due to him failed after trying a various method in the past. <b>– see above for comments about oncologist duties!</b></p> <p>It is important to note that <b>his</b> next CT scan is due in 3 months and then, needs to be performed annually. In addition to that, kindly monitor his complete blood count weekly, for 2 months. Finally, please note that, <b>ramipril</b> 5mg will be continued, and Mr Taylor will start regular mild exercise in 2 weeks' time.</p>
<p>Now Mr. Taylor ready for transfer into your care and it would be appreciated if referral to dietician to gain weight , psychotherapy to help quit smoking, and continue on Ramipril 5 mg , also no alcohol intake, as well as he needs regular, mild exercise to begin in two weeks , and monitor CBC weekly up to two month. Mr. Taylor has appotmint for next CT scan after three months , and chest X-rays three time per year. For more informations please contact me.</p> <p>Thank you for your continued care for this patient . Your faithfully Nurse</p>	<p><b><u>Mr. Taylor is ready for transfer into your care and it would be appreciated if referral to dietician to gain weight , psychotherapy to help quit smoking, and continue on Ramipril 5 mg , also no alcohol intake, as well as he needs regular, mild exercise to begin in two weeks , and monitor CBC weekly up to two month.</u></b> Mr. Taylor has appotmint for next CT scan after three months , and chest X-rays three time per year. For more informations please contact me.</p> <p>Thank you for your continued care for this patient . Your faithfully Nurse</p> <ul style="list-style-type: none"> <li>- <b><u>This is a list that needs some work.</u></b></li> <li>- <b><u>Additionally, is it the oncologist's job to do these things?</u></b></li> <li>- <b><u>This would benefit from being more organised – Oncologist's tasks / Notifications</u></b></li> </ul>
<p>Regarding to the information above, it would be greatly appreciated if you could provide follow-up care for Mr Taylor. Kindly reminded that Mr Taylor is advised to have a CT scan three months later, then annually CT scan as well as chest X-rays</p>	<p>Regarding the above, it would be greatly appreciated if you could provide follow-up care for Mr Taylor. <b>Mr Taylor requires a CT scan in three months, then annually, as well as chest X-rays three times a year in order to monitor</b></p>

<p>three times a year in order to monitor cancer recurrence. Please be aware that his CBC should be monitored weekly for two months as borderline leukopenia has been noticed. In addition, he is recovering well from side effects, but is still suffering from pain. Moreover, he needs to be referred to a dietician due to weight loss and to be encouraged to do mild and regular exercise starting in the following two weeks. Please note that ramipril, 5mg should be continued to manage his hypertension.</p> <p>Please contact me if you have any queries.</p> <p>Yours Sincerely,</p> <p>Charge Nurse</p>	<p><b>cancer recurrence.</b> Please be aware that his CBC should be monitored weekly for two months. In addition, he is recovering well from side effects, but is still suffering from pain. <u>Moreover, he needs to be referred to a dietician due to weight loss and to be encouraged to do mild and regular exercise starting in the following two weeks.</u> Please note that ramipril, 5mg should be continued to manage <u>his hypertension.</u></p> <p>Please contact me if you have any queries.</p> <p>Yours Sincerely,</p> <p>Charge Nurse</p> <p><u>Are these tasks for the oncologist to do?</u></p>
<p>It would be appreciated if you could provide follow-up care for Mr Taylor. Please monitor his complete blood count every week for 2 months and arrange his next CT scan after three months ,thereafter once a year, as well as chest X-rays three times per year. Please note that he is weak from pain, but he is recovering well from his side effects. He has been told to begin regularly, mild exercise in two weeks, will continue 5mg of ramipril for his hypertension, and his daughter and son will take turns living with him in his New Abby flat. Due to 10 cigarettes a day for 38 years,a psychotherapist will help him quit smoking and he needs a referral to a dietician to gain weight 5 kg during chemotherapy .</p>	<p><b>Excellent!</b></p> <p><b>Due to 10 cigarettes a day for 38 years, A psychotherapist will help him quit smoking and he will be referred to a dietician to gain weight 5 kg lost during chemotherapy.</b></p>
<p>In view of the above, it would be appreciated if you could provide Mr Taylor with follow up care, which includes monitoring his CBC weekly for two months, a CT scan is required after three months, subsequently thereafter annually, as well as a chest X-ray three times a year is recommended.</p> <p>Kindly note that a referral to a dietician is important in order to regain 5 kilos lost during his chemotherapy. Additionally, a referral to a psychotherapist to help him to quit smoking and also alcohol is prohibited. Please note that he needs to continue to take ramipril for hypertension. it might be beneficial to do a regular and mild exercise, which can be started in two weeks. Lastly, note his children will be charge.</p>	<p><b>When you say 'which includes'.... You must follow that with nouns:</b></p> <p><b>....which includes monitoring his CBC weekly for two months, a CT scan after three months, subsequently thereafter annually, as well as a chest X-ray three times a year.</b></p> <p><b>- We're making it sound like the oncologist has to do these tasks.</b></p> <p><b>Is alcohol relevant?</b></p> <p><b>It might be beneficial? Does it say that in the notes?</b></p>
<p>It would be greatly appreciated if you could provide Mr Taylor with further follow- up care. Kindly order a CT scan after three months , thereafter yearly and chest X-ray to</p>	<p>It would be greatly appreciated if you could provide Mr Taylor with further follow- up care. Kindly order a CT scan after three months , thereafter yearly <b>and a chest X-ray</b></p>

<p>be done quarterly. As well as, monitoring his complete blood count once a week for two months. Note that ramipril will be continued, and a psychotherapist is required to help him quit smoking.</p>	<p><b>needs</b> to be done quarterly. <b>In addition, please monitor</b> his complete blood count once a week for two months. Note that ramipril will be continued, and a psychotherapist <b>will</b> help him quit smoking.</p> <p><b>No mention of his current condition? Referral to dietician?</b></p>
<p>Upon on his discharge, Mr Taylor will require your further follow-up and monitoring. Even though he recovered well from medications side effects, he is still weak from pain. Please note that during his chemotherapy session he lost kgs and he will need a referral to a dietitian to help him gain weight, as well as, a referral to a psychotherapist to help him to quit smoking. Kindly monitor his CBC weekly for two months, also, his next CT scan should be done after three months, thereafter annually, as well as, chest X-ray three times per year. Please note, in two weeks he should start his regular, mild exercise.</p>	<p>Upon discharge, Mr Taylor will require follow-up <b>care</b> and monitoring. Even though he <b>has</b> recovered well from medications side effects, he is still weak from pain. Please note that during his chemotherapy session he lost <b>5</b> kgs and he <b>will be referred</b> to a dietitian to help him gain weight, as well as, a referral to a psychotherapist to help him to quit smoking. Kindly monitor his CBC weekly for two months, <b>and</b> his next CT scan should be done after three months, thereafter annually, <b>as well as a</b> chest X-ray three times per year. Please note, in two weeks he <b>will</b> start his regular, mild exercise.</p> <p><b>This would benefit from being more organised – Oncologist’s tasks / Notifications</b></p> <p><b>Right now it is confusing to understand what the oncologist has to do. Prioritise the monitoring tasks.</b></p>
<p>It would be appreciated if you could provide Mr Taylor with a follow up care plan. Please schedule his first CT scan after three months, followed by once annually and kindly arrange chest x-rays, three times per year, along with complete blood count monitoring, weekly, for the next two months. Additionally, because of losing weight and smoking habit, a referral to a dietitian and psychotherapist <b>will be made</b> for him. Please note that in two weeks he <b>will</b> begin his mild exercise.</p>	<p><b>Be clear about what tasks are for the oncologist.</b></p>