OET Writing Week:

1. Review
2. Grade and correct your submissions

SET English

Occupational English Test PPP MEDSAMPL

WRITING SUB-TEST: MEDICINE
TIME ALLOWED: READING TIME: 5 MINUTES
WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

Notes:

Assume that today's date is 21 May 2019.

You are a doctor in the Emergency Department at Shepton Hospital and are assessing a patient who has been involved in a motorcycle accident.

PATIENT DETAILS:

Name: Richard McKie (Mr)
DOB: 26 May 1998 (32 y.o.)
Residence: 24 Rose Avenue, Shepton (student accommodation - shared room)

Social background:
4th-year medical student (Westland University)
Interests: music (plays the flute), travel abroad, keen motorcyclist (no previous accidents)

Family background:
Mother – COPD, hyperlipidemia
Father – prostate cancer, alcoholic since 48 y.o.
Brother – allergic dermatitis

Past medical history:
R wrist fracture 7 y.o. (fall from bicycle)
Social drinker, mainly beer (approx. 6 units/wk)
Light smoker: 3-5 cigs/day
No allergies
No medications

Hospital Admission 21 May 2019:
Pt →Emergency Department after high-velocity motorcycle accident trauma

Treatment record:

21 May 2019 Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min,
Temp - 36.5°C
Respiratory distress
Cervical collar in situ
Diaphoretic & cyanotic,
Pulse-oximetry 88% (room air)
Glasgow Coma Scale (GCS): 15/15
Thorax examination: R distant breath sounds, hyper-resonance on percussion
R tension pneumothorax →prompt needle decompression
Insertion R chest tube & oxygen →pt. stabilised
Chest X-ray: 5th rib midline facture, no hemothorax

Medications: Oxygen nasal cannula 2L/min
Hydromorphone IV 0.5mg/every 4 hrs
Ampicillin-Sulbactam IV 1g/every 6 hrs
Omeprazole PPI IV 40mg/day
Enoxaparin IV 40mg SC (subcutaneous)/day

Secondary survey:
R periorbital ecchymosis & edema
↓visual acuity, mild enophthalmos
Diplopia (especially upgaze) →?blowout fracture
R hyperalgesia in distribution of infraorbital nerve
Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment

Diagnosis:
1. R Blowout fracture
2. LeFort type II fracture
3. R Tension pneumothorax (resolved)

Management: Monitoring of pt: normal vital signs √
no respiratory distress √
hemodynamically stable √
Chest tube in position, pain controlled
Pt to remain overnight then transfer to Plastic Surgery Dept.

Plan: Refer →plastic surgeon for management of blowout fracture
w. plastic or maxillofacial surgery

Writing Task:

Using the information in the case notes, write an internal letter of referral to Dr Bellamy, Plastic Surgery Consultant, for review and further management of Mr McKie's blowout fracture. Address the letter to Dr Ma Bellamy, Plastic Surgery Consultant, Shepton Hospital, Shepton.

PLAN FOR THE WEEK

Introduction	• Purpose: management
Admission	**21 May 2019** Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min, Temp - 36.5°C Respiratory distress Cervical collar in situ Diaphoretic & cyanotic, Pulse-oximetry 88% (room air) Glasgow Coma Scale (GCS): 15/15 Thorax examination: R distant breath sounds, hyper-resonance on percussion R tension pneumothorax →prompt needle decompression Insertion R chest tube & oxygen →pt. stabilised Chest X-ray: 5th rib midline facture, no hemothorax **Medications:** Oxygen nasal cannula 2L/min Hydromorphone IV 0.5mg/every 4 hrs Ampicillin-Sulbactam IV 1g/every 6 hrs Omeprazole PPI IV 40mg/day Enoxaparin IV 40mg SC (subcutaneous)/day
Secondary Survey	**Secondary survey:** R periorbital ecchymosis & edema ↓visual acuity, mild enophthalmos Diplopia (especially upgaze) →?blowout fracture R hyperalgesia in distribution of infraorbital nerve Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment **Diagnosis:** 1. R Blowout fracture 2. LeFort type II fracture 3. R Tension pneumothorax (resolved)
Current Condition	**Management:** Monitoring of pt: normal vital signs √ no respiratory distress √ hemodynamically stable √ Chest tube in position; pain controlled Pt to remain overnight then transfer to Plastic Surgery Dept.
Requests	• Purpose: management • Expand: plastic or maxillofacial surgery

Write the **Paragraph 4 and 5** and mail to *alain@set-english.com*

Usually this is anonymous…

Original	Improved
Mr McKie's secondary survey revealed right-sided ecchymosis and edema along with mild enophthalmos. Additionally, his visual acuity was decreased and diplopia in upgaze was present. **Moreover**, he was hyperalgesic on the right side in the distribution of the infraorbital nerve. Thus, a head CT scan was performed, which revealed LeFort type II fracture, and blowout fracture with inferior rectus entrapment.	Mr McKie's secondary survey revealed right-sided ecchymosis and edema along with mild enophthalmos. Additionally, his visual acuity was decreased and diplopia in **his** upgaze was present. ***Being*** *hyperalgesic on the right side in the distribution of the infraorbital nerve,* a head CT scan was performed, which revealed Le Fort type II fracture, and **a** blowout fracture with inferior rectus entrapment. This is the wrong style: because it sound academic. It sounds like you are writing an essay in university. As well as that – most common error because Concomitantly, Very concise! Listing!
In terms of Mr McKie's secondary survey, right periorbital ecchymosis and edema, decreased visual activity accompanied with mild enophtalmos and upgaze diplopia due to blowout were revealed. Additionally, right hyperalgesia which is located in the distribution of the infraorbital nerve was detected. His head CT scan showed LeFort type II fracture and right blowout fracture with inferior rectus entrapment.	In terms of Mr McKie's secondary survey, right periorbital ecchymosis and edema, decreased visual **acuity** accompanied with mild enophthalmos and upgaze diplopia due to blowout were revealed. Additionally, right hyperalgesia (located in the distribution of the infraorbital nerve) was detected. His head CT scan showed **a** LeFort type II fracture and right blowout fracture with inferior rectus entrapment. What do you all think? It is concise but is not very clear.

SET English

His secondary survey revealed that he has right side periorbital ecchymosis and edema. Additionally, his visual acuity decreased due to mild enophthalmos. It seems his diplopia resulted because of blowout fracture. In addition, he has right side hyperalgesia in distribution of infraorbital nerve. Finally, his head CT scan shows LeFort type II fracture, blowout fracture with inferior rectus entrapment. Watch this video: Reported Speach Consequently, he diagnosed right Blowout fracture, LeFort type II fracture, and right side tension pneumothorax which has been resolved.	Academic His secondary survey revealed that he has right side periorbital ecchymosis and edema. Additionally, his visual acuity decreased due to mild enophthalmos. It seems his diplopia resulted because of a blowout fracture. In addition, he has right side hyperalgesia in **the** distribution of **his** infraorbital nerve. **Finally**, his head CT scan **shows a** LeFort type II fracture **and** blowout fracture with inferior rectus entrapment. Watch this: Commas Showed or shows? Is it still true now? Present Tense or Past tense. Both are good. Today, Alain came into my clinic. We measured his height. He ***is*** 6 foot tall. Consequently, he diagnosed right Blowout fracture, LeFort type II fracture, and right side tension pneumothorax which has been resolved.

In terms of secondary survey, on Mr McKie's right eye, periorbital ecchymosis and oedema along with decreased visual acuity and mild enophthalmos was observed. He has diplopia in upgaze and right-sided hyperalgesia in distribution of the infraorbital nerve. A head CT scan was performed, which confirmed a LeFort type II fracture and a right blowout fracture with inferior rectus entrapment.	In terms of **the** secondary survey, right side periorbital ecchymosis and oedema along with decreased visual acuity and mild enophthalmos were observed. He has diplopia in **his** upgaze and right-sided hyperalgesia in distribution of the infraorbital nerve. A head CT scan was performed, which confirmed a LeFort type II fracture and right blowout fracture with inferior rectus entrapment.
Hair splitting.., You are just splitting hairs…	Timeline paragraph: needs to have past, past, past, present Here we don't need that.
	Had or has?
In terms of Mr Mckie's secondary survey, he had right periorbital ecchymosis and edema, decrease of visual acuity, and mild enophthalmos. Additionally, he had diplopia when he upgaze, which suggested possible blowout fracture. He also experienced right hyperalgesia in distribution of infraorbital nerve. Consequently, head CT scan revealed LeFort type 2 fracture, blowout fracture with inferior rectus entrapment.	In terms of Mr Mckie's secondary survey, he had right periorbital ecchymosis and edema, decrease of visual acuity, and mild enophthalmos. Additionally, he had diplopia **on** ~~when he~~ upgaze, which suggested **a** possible blowout fracture. He also experienced right hyperalgesia in distribution of infraorbital nerve. Consequently, **a** head CT scan revealed LeFort type 2 fracture, blowout fracture with inferior rectus entrapment.
On second survey, Mr McKie has periorbital ecchymosis and edema in his right eye, associated with mild enophthalmos and visual disturbance, as well as diplopia. He has been experiencing hyperalgesia in the distribution of his right infraorbital nerve. Due to this, a head CT scan was performed, and he was diagnosed with a Le Fort type II and a blowout fracture with inferior rectus entrapment.	On second survey, Mr McKie has periorbital ecchymosis and edema in his right eye, associated with mild enophthalmos and visual disturbances, as well as diplopia. He has been experiencing hyperalgesia in the distribution of his right infraorbital nerve. Due to this, a head CT scan was performed, and he was diagnosed with a LeFort type II and a blowout fracture with inferior rectus entrapment. **Nice clarity with conciseness**

SET English

Mr Mickie his secondary revealed a right periorbital ecchymosis and oedema. Additionally, his visual acuity has decreased he has mild enophthalmos and also diplopia. Following this, his right hyperplasia in the distribution of an infraorbital nerve. Mr Mickie had had a head CT-approved diagnosis of right blowout fractured LeFort type II fracture. Please note that he had a right tension pneumothorax but it's resolved.	This is not listing Mr **Mickie** his secondary revealed a right periorbital ecchymosis and oedema. Additionally, his visual acuity has decreased, and he has mild enophthalmos ~~and~~ **as well as** also diplopia. Following this, his right hyperplasia in the distribution of an infraorbital nerve - **What? You haven't finished the clause because there is no verb**. Mr Mickie has had a head CT-approved diagnosis of right blowout fractured LeFort type II fracture. Please note that he had a right tension pneumothorax but ~~it's~~ **it is** resolved [**Did we not talk about this in the last para?**]. Too many grammar errors here.
On the subsequent examination, periorbital ecchymosis, edema and hyperalgesia were noted in the right periorbital area, as well as diminished visual acuity and mild enophthalmos. Additionally, he had diplopia, especially while upgazing, which suggested a blowout fracture. Eventually, a head CT scan revealed LeForte type 2 and blowout fractures, associated with inferior rectus entrapment.	On the subsequent examination, periorbital ecchymosis, edema and hyperalgesia were noted in the right periorbital area, as well as diminished visual acuity and mild enophthalmos. Additionally, he had diplopia, especially while upgazing, which suggested a blowout fracture. Eventually, a head CT scan revealed LeForte type 2 and blowout fractures, associated with inferior rectus entrapment. Better: 'during upgaze' or 'while looking up'

In addition to Mr McKie's aforementioned conditions, ecchymosis,edema, mild enophthalmos, and a decrease in his visual acuity were detected on his secondary survey. Subsequently, he shared that he had visual disturbance while upgazing, which is consistent with diplopia, and had right-sided pain suggestive of infraorbital nerve damage. Consequently, the head CT revealed that him having a right Blowout fracture as well as a LeFort type 2 fracture.	In addition to Mr McKie's aforementioned conditions, ecchymosis, edema, mild enophthalmos, and a decrease in his visual acuity were detected on his secondary survey. Subsequently, he shared that he had visual disturbance while upgazing, which is consistent with diplopia, and had right-sided pain suggestive of infraorbital nerve damage. Consequently, the head CT revealed ~~that~~ him having a right blowout fracture as well as a LeFort type 2 fracture. Same as above Unusual phrasing: did we mention all these conditions already in para 2?

ASSIGNMENT:

Current Condition	**Management:** Monitoring of pt: normal vital signs √ no respiratory distress √ hemodynamically stable √ Chest tube in position, pain controlled Pt to remain overnight then transfer to Plastic Surgery Dept.
Requests	• Purpose: management • Expand: plastic or maxillofacial surgery

Write the **Paragraph 3** and mail to *alain@set-english.com*

Example:

Original	Improved
Today, Mr McKai was admitted with signs and symptoms of respiratory distress.Additionally, he was diaphoretic and cyanotic.However,his GCS was 15/15.His thorax examination revealed right distant breath sounds and hyper-resonance on percussion.Consequently,he was diagnosed with right tension pneumothorax,for which needle decompression was done immediately,followed by chest tube insertion.Please note that he has been commenced on oxygen nasal cannula,2L per minute,hydromorphone,IV,0.5mg,per everyfour hours,ampicillin-sulbactum,IV,1gm,per every 6 hours,omeprazole,IV,40mg,per day and enoxaparin,subcutaneously,per day.	Today, Mr **McKie** was admitted with signs and symptoms of respiratory distress. Additionally, he was diaphoretic and cyanotic. **However, his GCS was 15/15.** His thorax examination revealed right distant breath sounds and hyper-resonance on percussion. Consequently, he was diagnosed with right tension **pneumothorax**, for which needle decompression was done immediately, followed by a chest tube insertion. Please note that he has been commenced on oxygen nasal cannula, 2L per minute, hydromorphone, IV, 0.5mg, every four hours, ampicillin-sulbactum, IV, 1gm, every 6 hours, omeprazole, IV, 40mg, per day and enoxaparin, subcutaneously, per day.
It's the QUALITY of the para not the QUANTITY (word count)	Conciseness and Clarity: why not focus on the diagnosis here? **Passive:** you cannot that verb **'intervene'** in the passive here. Some verbs should only be in ACTIVE

SET English

On admission, Mr McKie was in respiratory distress. Besides having a low oxygen saturation in room air, he was diaphoretic and cyanotic. His thorax examination revealed right-sided tension pneumothorax, which was intervened with a chest tube and oxygen administration. He was also diagnosed with a 5th rib midline fracture following a chest X-ray. Consequently, he was commenced on the following medications: oxygen nasal cannula, 2L/min, hydromorphone, IV, 0.5 mg, ampicillin-sulbactam, IV, 1g, omeprazole, IV, 40 mg, and enoxaparin, IV, 40 mg.	On admission, Mr McKie was in respiratory distress. Besides having a low oxygen saturation, he was diaphoretic and cyanotic. His thorax examination revealed a right-sided tension pneumothorax, which was managed with a chest tube and oxygen administration. He was also diagnosed with a 5th rib midline fracture following a chest X-ray. Consequently, he was commenced on the following medications: oxygen nasal cannula, 2L/min, hydromorphone, IV, 0.5 mg, ampicillin-sulbactam, IV, 1g, omeprazole, IV, 40 mg, and enoxaparin, IV, 40 mg.
On admission, Mr McKie was diaphoretic, cyanotic and in respiratory distress. In additon, his oxygen saturation was 88% , his chest examination revealed hyper-resonance on percussion, right distant breath sounds on auscultation, and right pneumothorax. Consequently, it was necessary to insert a right chest tube for pulmonary decompression. Subsequently, a chest radiography showed a 5th rib midline fracture without hemothorax. He was treated with nasal oxygen, 2L per min, hydromorphone,0,5mg,IV, every 4 hours, ampicillin-sulbactam, 1g,IV,every 6 hours,40 mg of Omeprazole IV, and 40 mg of Enoxaparin, subcutaneous.	Listing! On admission, Mr McKie was diaphoretic, cyanotic and in respiratory distress. **In addition, his oxygen saturation was 88%, his chest examination revealed hyper-resonance on percussion, right distant breath sounds on auscultation, and a right tension pneumothorax.** Consequently, it was necessary to insert a right **side** chest tube for pulmonary decompression. Subsequently, a chest radiography showed a 5th rib midline fracture without a hemothorax. He was treated with nasal oxygen, 2 litres per minute, hydromorphone, 0.5 mg, IV, every 4 hours, ampicillin-sulbactam, 1g,IV,every 6 hours,40 mg of omeprazole IV, and 40 mg of enoxaparin, subcutaneous. Rule? We do capitalise generic drug names unless it is a brand name. Paracetamol – generic Do we capitalise conditions? Only if a name of person. 1. Present = walks in himself Admitted = allowed into the hospital

Today, Mr McKie presented with complaints of respiratory stress, diaphoresis and cyanosis. His examination revealed right distant breath sounds and hyper-resonance on percussion together with 88%(room air) oxygen saturation according to pulse oximetry. His chest X-ray showed a midline fracture of the fifth rib without hemothorax. As a result, his findings were suggestive of right tension pneumothorax for which a right chest tube was inserted. He has been treated with nasal oxygen cannula (2L/min), hydromorphone, IV, 0.5 mg, ampicillin- sulbactam, IV, 1 gr, omeprazole, IV, 40 mg and enoxaparin, SC, 40 mg.	Today, Mr McKie was admitted with respiratory stress, diaphoresis and cyanosis. His examination revealed right distant breath sounds and hyper-resonance on percussion together with 88% (room air) oxygen saturation according to pulse oximetry. Can we not focus on diagnosis? Less appropriate detail? His chest X-ray showed a midline fracture of the fifth rib without hemothorax. As a result, his findings were suggestive of right tension pneumothorax for which a right chest tube was inserted. He has been treated with nasal oxygen cannula (2L/min), hydromorphone, IV, 0.5 mg, ampicillin- sulbactam, IV, 1 gr, omeprazole, IV, 40 mg and enoxaparin, SC, 40 mg.
On 21st May Mr McKie was in respiratory distress,diaphoretic and cyanotic.Additionally,right distant breath sounds and hyper-resonance on percussion were notified	On 21st May, Mr McKie was in respiratory distress, diaphoretic and cyanotic. Additionally, right distant breath sounds and hyper-resonance on percussion were notified in his chest examination. As a result of this, a pneumothorax was diagnosed, for which needle decompression

in his chest examination. As a result of this pneumothorax was diagnosed,for which needle decompression was done,and chest tube was inserted.Subsequently,he was treated with omeprazole, IV,40mg,hydromorphone,IV 0,5 mg,ampicillin-sulbactam,IV 1mg and enoxaparin IV 40mg as well as oxygen nasal cannula ,2l/min.	was done, and a chest tube was inserted. Subsequently, he was treated with omeprazole, IV, 40mg, hydromorphone, IV, 0.5 mg, ampicillin-sulbactam, IV, 1mg and enoxaparin, IV, 40mg as well as oxygen nasal cannula, 2l/min. Maybe a bit more variety in your medication? This is true for most paragraphs. Why not say: Subsequently, he was treated with omeprazole, IV, 40mg, hydromorphone, IV, 0.5 mg, ampicillin-sulbactam, IV, 1mg and 40 mg of enoxaparin, IV, as well as oxygen nasal cannula, 2l/min. Here
On admission, Mr McKie was in respiratory distress, he was diaphoretic and cyanotic due to a right-sided tension pneumothorax. He was stabilized after prompt needle decompression and subsequent chest tube insertion. Additionally, a chest x-ray revealed a 5th rib midline fracture with no signs of hemothorax. He was given oxygen with a nasal cannula. Also, hydromorphone, IV, 0.5 mg every 4 hours, ampicillin-sulbactam, IV, 1 gram every 6 hours, omeprazole, IV, 40 mg per day, and enoxaparin, SC, 40 mg per day, were administered.	On admission, Mr McKie was in respiratory distress, he was diaphoretic and cyanotic due to a right-sided tension pneumothorax. He was stabilized after prompt needle decompression and subsequent chest tube insertion. Additionally, a chest x-ray revealed a 5th rib midline fracture with no signs of hemothorax. He was given oxygen with a nasal cannula. Also, hydromorphone, IV, 0.5 mg every 4 hours, ampicillin-sulbactam, IV, 1 gram every 6 hours, omeprazole, IV, 40 mg per day, and enoxaparin, SC, 40 mg per day, were administered. Really like this: clear and concise. Not too much detail but the main things are there. On admission, Mr McKie had respiratory distress, and he was diaphoretic and cyanotic. His pulse-oximetry

On admission Mr McKie had respiratory distress, and he was diaphoretic& cyanotic. His pulse-oximetry showed 88% (room air) and his Glasgow Coma Scale was 15/15. On his thorax examination we found R distant breath sounds, hyper-resonance on percussion, R tension pneumothorax. We performed prompt needle decompression, and insertion of R chest tube& oxygen which after then patient stabilized. On his chest X-ray we found fracture on 5th rib midline with no sign of hemothorax. He has been administered 2L/min oxygen, hydromorphone IV 05mg/every 4 hrs, ampicillin-sulbactam IV 1g/every 6 hrs, omeprazole PPI IV 40mg/day, and enoxaparin IV 40mg subcutaneous/day.	showed 88% (room air) and his Glasgow Coma Scale was 15/15. On his thorax examination we found R [can you just use the normal English here? I think its easy and it's an English language exam so it helps your score] distant breath sounds, hyper-resonance on percussion, R tension pneumothorax. We performed prompt needle decompression, and insertion of R chest tube and oxygen, ~~which after~~ after which ~~then patient~~ **Mr McKie/he** stabilized. On his chest X-ray, we found a fracture on 5th rib midline with no sign of hemothorax. He has been administered 2L/min oxygen, hydromorphone, IV, 05mg, every 4 hrs, ampicillin-sulbactam, IV 1g, every 6 hrs, omeprazole, PPI IV, 40mg per day, and enoxaparin, IV, 40mg subcutaneous per day. You are using too much note form here. Yes, the reader understands it but at the same time we should only use abbreviations when it is inconvenient to say the full word or it is repetitive. You will lose marks for Genre and Style.
On 21st May, Mr McKie was admitted with respiratory distress having an increased respiratory rate , diaphoresis , cyanosis, a low blood pressure and low levels of O2 saturation(88%). The thoracic examination showed right distant breath sounds and a hyper-resonance on percussion. Being diagnosed with right tension pneumothorax, he underwent a needle decompression and an insertion of a right chest tube. A chest Xray revealed a 5th rib midline fracture, without haemothorax. Mr McKie has been treated with oxygen nasal, 2L/min, Hydromorphone, iv, 0.5mg/every four hours, ampicillin-sulbactam iv, 1g at every six hours, omeprazole PPI ,iv,40mg per day, and enoxaparin, iv, subcutaneous 40mg per day.	On 21st May, Mr McKie was admitted with respiratory distress having an increased respiratory rate , diaphoresis , cyanosis, a low blood pressure and low levels of O2 saturation (88%). The thoracic examination showed right distant breath sounds and a hyper-resonance on percussion. Having been diagnosed with right tension pneumothorax, he underwent a needle decompression and an insertion of a right chest tube. A chest Xray revealed a 5th rib midline fracture, without haemothorax. Mr McKie has been treated with oxygen nasal, 2L/min, Hydromorphone, iv, 0.5mg/every four hours, ampicillin-sulbactam iv, 1g, ~~at~~ every six hours, omeprazole PPI ,iv,40mg per day, and enoxaparin, iv, subcutaneous 40mg per day. **Is it IV or iv? Its not that important. More important is that, like Aditi (paragraph 1) you are not concise enough here. Yes your detail is appropriate but it is a little bit dense for the reader. Para 3 and 4 will be more important for detail.**

Original	Improved
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Dear Dr Bellamy Re: Mr Richard McKie , DOB: 26 May 1998 I am writing regarding Mr McKie,who was admitted to our emergency department following his motorcycle accident trauma. He is due to be transferred to your department for review and further management of his blowout fracture.	Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Dear Dr Bellamy Re: Mr Richard McKie , DOB: 26 May 1998 I am writing regarding Mr McKie, who was admitted to our emergency department following a motorcycle accident. He is due to be transferred to your department for review and further management of his blowout fracture. Great!

SET English

I am writing regarding Mr McKie who was admitted to our hospital due to multiple injuries following the motorcycle accident.Now he is being referred to you and requires your further review and management of his blowout fracture.

Dear, Dr Bellamy,
Re: Richard McKie, D.O.B. 26/05/1988

I am writing regarding a patient, Mr McKie, who was admitted to our Emergency Department today due to a motorcycle accident trauma. He has a blowout fracture and requires your urgent assessment.

It sounds more formal in OET! ~~**Style**~~

I am writing regarding Mr McKie, who was *admitted* to our hospital due to multiple injuries following a motorcycle accident. ~~Now he~~ **He now** is being referred to you and requires your further review and management of his blowout fracture.

Only the doctor or nurse can 'admit'

Usually don't like the word 'patient'

Dear Dr Bellamy,
Re: Richard McKie, D.O.B. 26/05/1988

I am writing regarding Mr McKie, who was admitted to our Emergency Department today due to a motorcycle accident trauma. He has a blowout fracture and requires your **urgent assessment**.

Purpose?

SET English

Dear Dr Bellamy, Thank you for seeing Mr McKie, 32, who was admitted to the emergency department of our hospital following high-velocity motorcycle accident trauma. He requires further management of blowout fracture with plastic or maxillofacial surgery.	Re: Mr Richard McKie , DOB: 26 May 1998 Dear Dr Bellamy, Thank you for seeing Mr McKie, who was admitted to the emergency department of our hospital following high-velocity motorcycle accident trauma. He requires further management of ***his resulting*** blowout fracture with plastic or maxillofacial surgery. Why this detail? We can do that later when we EXPAND the purpose
I am writing regarding Mr McKie, who was admitted to our Emergency Department due to a high-velocity motorcycle accident. Having a stable condition, he requires management of his blowout fracture.	I am writing regarding Mr McKie, who was admitted to our Emergency Department due to a high-velocity motorcycle accident. Having a stable condition, he requires management of his blowout fracture. Here we can see that in case notes there are capitals
I am writing regarding Mr Richard McKie who was admitted in our emergency department yesterday, due to a motorcycle accident with multiple traumas. We transfer him on your department with two different types of facial fractures for review and further management.	I am writing regarding Mr Richard McKie, who was admitted in our emergency department yesterday, due to a motorcycle accident with multiple traumas. We will transfer him ~~on~~ to your department (**when?**) with two different types of facial fractures for review and further management [good].
I am writing to refer Mr McKie, who has multiple facial fractures. He is scheduled to be transferred to you tomorrow and requires management regarding a blowout fracture.	

SET English

	I am writing to refer Mr McKie, who has multiple facial fractures. He is scheduled to be transferred to you tomorrow and requires management regarding a blowout fracture. **This works – I like it! Concise and clear but you could mention 'review'**
Thank you for seeing Mr McKie, who has right blowout fracture and LeFort type II fracture. He has being transferred to you for your further management of blowout fracture.	Thank you for seeing Mr McKie, who has a right blowout fracture and LeFort type II fracture. He has being transferred to you for your further management of blowout fracture. Repetition of 'LeFort type II' Can you try to rewrite without this? Send it to me again: alain@set-english.com
I am writing regarding Mr Mackie who has blowout fracture following a motorcycle accident. He is to be transferred to your department for further management.	I am writing regarding Mr Mackie, who has a blowout fracture following a motorcycle accident. He is due to be transferred to your department for further management.
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21 May 2019 Re: Mr Richard McKie, DOB: 26 May 1998 Dear Dr Bellamy,	Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21 May 2019 Re: Mr Richard McKie, DOB: 26 May 1998

I am writing regarding Mr McKie, who was brought to our ER today after a high-velocity motorcycle accident. He is due to be transferred to your department and now requires your review and further management.	Dear Dr Bellamy, I am writing regarding Mr McKie, who was brought to our ER today after a high-velocity motorcycle accident. He is due to be transferred to your department and now requires your review and further management. **Very good overall! You could change to Emergency Department, etc. but it doesn't make much difference here. Very clear**

NEXT

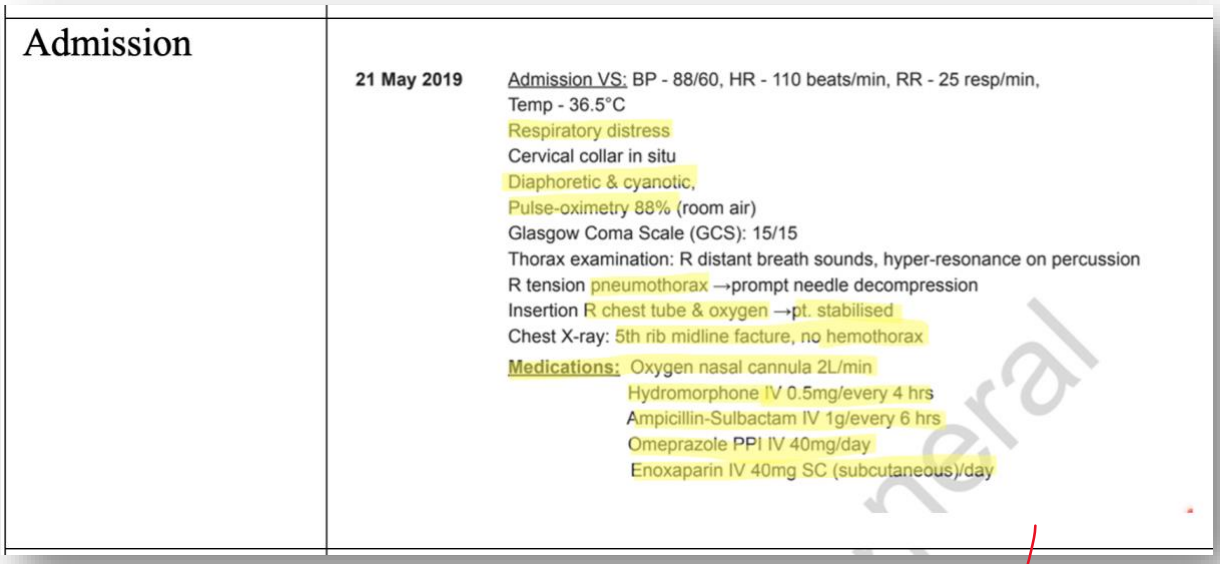
PLAN FOR THE WEEK

Introduction	• Purpose: management
Admission	**21 May 2019** Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min, Temp - 36.5°C Respiratory distress Cervical collar in situ Diaphoretic & cyanotic, Pulse-oximetry 88% (room air) Glasgow Coma Scale (GCS): 15/15 Thorax examination: R distant breath sounds, hyper-resonance on percussion R tension pneumothorax →prompt needle decompression Insertion R chest tube & oxygen →pt. stabilised Chest X-ray: 5th rib midline facture, no hemothorax Medications: Oxygen nasal cannula 2L/min Hydromorphone IV 0.5mg/every 4 hrs Ampicillin-Sulbactam IV 1g/every 6 hrs Omeprazole PPI IV 40mg/day Enoxaparin IV 40mg SC (subcutaneous)/day
Secondary Survey	**Secondary survey:** R periorbital ecchymosis & edema ↓visual acuity, mild enophthalmos Diplopia (especially upgaze) →?blowout fracture R hyperalgesia in distribution of infraorbital nerve Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment **Diagnosis:** 1. R Blowout fracture 2. LeFort type II fracture 3. R Tension pneumothorax (resolved)

Current Condition	**Management:** Monitoring of pt: normal vital signs √ no respiratory distress √ hemodynamically stable √ Chest tube in position, pain controlled Pt to remain overnight then transfer to Plastic Surgery Dept.
Requests	• Purpose: management • Expand: plastic or maxillofacial surgery

Write the Admission paragraph and mail to alain@set-english.com

HOMEWORK:



Admission	
	21 May 2019 Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min, Temp - 36.5°C Respiratory distress Cervical collar in situ Diaphoretic & cyanotic, Pulse-oximetry 88% (room air) Glasgow Coma Scale (GCS): 15/15 Thorax examination: R distant breath sounds, hyper-resonance on percussion R tension pneumothorax →prompt needle decompression Insertion R chest tube & oxygen →pt. stabilised Chest X-ray: 5th rib midline facture, no hemothorax Medications: Oxygen nasal cannula 2L/min Hydromorphone IV 0.5mg/every 4 hrs Ampicillin-Sulbactam IV 1g/every 6 hrs Omeprazole PPI IV 40mg/day Enoxaparin IV 40mg SC (subcutaneous)/day

Write the Admission paragraph and mail to alain@set-english.com

2 Medication styles:

1 He was treated with omeprazole, IV, 40 mg per day.
2 He was administered 40 mg of omeprazole, per day, IV.

Still taking it?

He has been on…
He has been taking…