

## OET Nursing Writing Week

### Robert Smithson

The task is: *Write a letter to a healthcare professional requesting **continuation of care** for a patient.*

180 – 200 Guideline word count

#### 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

Introduction	<ul style="list-style-type: none"> <li>• Patient Name</li> <li>• General Medical Context</li> <li>• General purpose / request</li> </ul>
Timeline 1	<ul style="list-style-type: none"> <li>• From the beginning of <u>this context</u> up to the present</li> </ul>
Timeline 2 / Current	<ul style="list-style-type: none"> <li>• Today</li> </ul>
Background – Medical	<ul style="list-style-type: none"> <li>• Medical issues / conditions that are not directly related to the context but are useful to know about</li> </ul>
Background - Social	<ul style="list-style-type: none"> <li>• Lifestyle / hobbies/ relationships that are not directly related but are useful to know about</li> </ul>
Request	<ul style="list-style-type: none"> <li>• Expand the purpose / request</li> </ul>

## Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Robert Smithson case notes:

1. Who is the reader?	Patient's doctor - GP
2. What is the reader's task?	Take over the care of the patient
3. Does the reader know the patient?	Yes
4. Does the writer have any tasks?	No – already done
5. Why am I writing <u>today</u> ?	Patient ready for discharge
6. Is it urgent?	No

[https://drive.google.com/file/d/16vih\\_c2JbWUMb\\_uhw8x9SlpHHhdImz4/view?usp=sharing](https://drive.google.com/file/d/16vih_c2JbWUMb_uhw8x9SlpHHhdImz4/view?usp=sharing)

### Notes

Assume that today's date is 10 April 2018

You are a ward nurse working in the burns unit of Berkeley General Hospital. A patient, Robert Smithson, has been admitted to your unit from the Emergency Department, after being in a house fire.

<b>Patient:</b>	Robert Smithson
<b>Marital status:</b>	Single
<b>Age:</b>	22
<b>Address:</b>	23 Main Street, Berkeley
<b>Next of kin:</b>	Mary Smithson (mother), lives nearby, close relationship with son.
<b>Admission date:</b>	06 Apr 2018
<b>Discharge date:</b>	10 Apr 2018 (pending consultant's report).
<b>Diagnosis:</b>	Partial-thickness burns on 18% TBSA (neck and chest). Respiratory distress.
<b>Medical history:</b>	Infectious mononucleosis (16yo). No current medications. Tonsillectomy (age 8 yo). Appendectomy (age 15 yo). Varicocele (age 19 yo) percutaneous embolization. NIL allergies.
<b>Medical background:</b>	Partial-thickness burns on neck and chest (18% TBSA). Respiratory distress. Soot in oral cavity.
<b>Social background:</b>	Part-time medical student. Lives alone. Enjoys swimming, amateur dramatics. Active, eats a healthy diet.

**Nursing management and progress:**

- Irrigation with running cool tap water.
- IV fluids.
- High-flow Oxygen.
- Blood: FBC, type and crossmatch, carboxyhaemoglobin, serum glucose, electrolytes. Arterial blood gases (normal range).
- Fiberoptic laryngoscopy – intubation deemed unnecessary.
- Chest X-ray
- Cardiac monitoring (normal ranges).
- Circulation monitoring to rule out hypovolaemic shock.
- BP (130/80).
- Pt closely monitored for development of stridor, hoarseness, coughing, wheezing. (None present).
- Hourly monitoring urinary output - indwelling urinary catheter inserted.
- Elevation of the head and torso.

**Medications:**

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.

**Assessment (09 Apr 2018):**

Patient stabilised, breathing normally .  
 No infection.  
 Afebrile.  
 Bloods normal.

**Discharge plan:**

Wound cleansing and topical dressings (Dr, community nurse, or Burns Outpatients).  
 Daily auscultation by Dr or community nurse.  
 Pt given instructions on how to:
 

- apply high factor sunscreen when out.
- moisturise and massage area to reduce dryness.
- do deep breathing exercises → lung expansion, drainage secretions.

 Follow nutritious, light, high-protein diet, plenty of fluids. Light activity, no contact sports.  
 Follow-up appointment 17 Apr 2018 (Burns Unit Outpatients).

**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.

## Letter Plan

<b>Introduction</b>	<ul style="list-style-type: none"> <li>• <b>Patient Name:</b> Robert Smithson</li> <li>• <b>General medical context:</b> Recovering from burns</li> <li>• <b>General Request:</b> Ongoing / Continued / Continuing care</li> </ul>
<b>Timeline</b>	<p style="text-align: right;">Soot in oral cavity.</p> <p>Partial-thickness burns on 18% TBSA (neck and chest).  <b>Admission :</b> Respiratory distress.</p> <ul style="list-style-type: none"> <li>• <del>Irrigation with running cool tap water.</del></li> <li>• <del>IV fluids.</del></li> <li>• High-flow Oxygen. ✗</li> <li>• ✓ <span style="border: 1px solid green; padding: 2px;">Blood:</span> FBC, type and crossmatch, carboxyhaemoglobin, serum glucose, electrolytes. Arterial blood gases <span style="border: 1px solid green; padding: 2px;">(normal range).</span> <span style="color: green;">summarise</span></li> <li>• <del>Fiberoptic laryngoscopy - intubation deemed unnecessary.</del></li> <li>• <del>Chest X-ray</del></li> <li>• Cardiac monitoring (normal ranges). ✓</li> <li>• <del>Circulation monitoring to rule out hypovolaemic shock.</del></li> <li>• BP (130/80). ✗</li> <li>• Pt closely monitored for development of stridor, hoarseness, coughing, wheezing. (None present). <span style="color: green;">Use list to summarise</span></li> <li>• <del>Hourly monitoring urinary output - indwelling urinary catheter inserted.</del></li> <li>• Elevation of the head and torso. ✗</li> </ul>
<b>Current / Medication</b>	<p>Patient stabilised, breathing normally .          No infection.          Afebrile.  <del>Bloods normal.</del></p> <p>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.</p>
<b>Request</b>	<p>Wound cleansing and topical dressings (Dr, community nurse, or Burns Outpatients).          Daily auscultation by Dr or community nurse.</p> <p>Follow nutritious, light, high-protein diet, plenty of fluids. Light activity, no contact sports.</p> <p>Pt given instructions on how to:</p> <ul style="list-style-type: none"> <li>- apply high factor sunscreen when out.</li> <li>- moisturise and massage area to reduce dryness.</li> <li>- do deep breathing exercises → lung expansion, drainage secretions.</li> </ul> <p>Follow-up appointment 17 Apr 2018 (Burns Unit Outpatients).</p> <p style="text-align: right;"><span style="color: green;">Dr's responsibility</span></p>

**Homework: Write Request paragraph:** send to [paul@set-english.com](mailto:paul@set-english.com)

## Introductions

Student	Teacher
I am writing regarding Mr Robert Smithson, who is recovering from burns, and now requires continued care.	
I am writing regarding Mr. Robert Smithson, who is recovering from burns and <b>now</b> requires your ongoing care and support.	
I am writing regarding Mr Robert Smithson, who is recovering from <b>burns</b> . He is scheduled to be discharged today and requires your ongoing care.	
I am writing regarding your patient Mr Robert Smithson, who is recovering from burns due to a house fire and now requires continued care.	
I am writing regarding Mr Robert Smithson who is recuperating from burns and now requires your ongoing care.	
The purpose of writing this letter is to let you know about Mr Robert Smithson, who is scheduled to <b>be discharged</b> today and requires your ongoing care and support.	I am writing regarding....
I am writing regarding Mr. Robert Smithson, who is admitted to our hospital due to house fire .She is already for discharged and requires now your ongoing care and support.	A few problems – we don't know the medical problem A change of sex – Mr - Mrs
I am writing regarding your patient Mr. Robert Smithson, who is recovering from burns. He is ready to be discharged today and requires continued care.	

## Timeline

<b>Timeline</b>	<p>Partial-thickness burns on 18% TBSA (neck and chest). Respiratory distress. Soot in oral cavity.</p> <p><b>Admission :</b></p> <ul style="list-style-type: none"> <li>• <del>Irrigation with running cool tap water.</del></li> <li>• <del>IV fluids.</del></li> <li>• High-flow Oxygen. ✗</li> <li>• ✓ <b>Blood:</b> FBC, type and crossmatch, carboxyhaemoglobin, serum glucose, electrolytes. Arterial blood gases (normal range). <span style="color: green;">summarise</span></li> <li>• <del>Fiberoptic laryngoscopy – intubation deemed unnecessary.</del></li> <li>• <del>Chest X-ray</del></li> <li>• Cardiac monitoring (normal ranges). ✓</li> <li>• <del>Circulation monitoring to rule out hypovolaemic shock.</del></li> <li>• BP (130/80). ✗</li> <li>• Pt closely monitored for development of stridor, hoarseness, coughing, wheezing. (None present). <span style="color: green;">Use list to summarise</span></li> <li>• <del>Hourly monitoring urinary output – indwelling urinary catheter inserted.</del></li> <li>• Elevation of the head and torso. ✗</li> </ul>
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Student	Teacher
<p>On 6th of April 2018, Mr Smithson was admitted to our hospital with partial-thickness burns on 18% TBSA on neck and chest and respiratory distress, as well as soot in <b>the</b> oral cavity. Following this, blood tests were performed but the results were unremarkable. In addition, Mr. Smithson's BP was 130/80 and the cardiac monitoring was in normal range. However, we were closely monitored him for any development of stridor, hoarseness, coughing and wheezing but no one was remarkle.</p>	<p>However, we <b>were</b> closely monitored him for any development of stridor, hoarseness, coughing and wheezing but <b>none were noted</b>.</p> <p style="color: red;">I like this paragraph – well done.</p>
<p>06 April 2018, Mr Smithson was admitted to the hospital due to having partial thickness burns on his neck and chest following a fire <b>injury</b>. He also experienced respiratory distressed. Upon assessment, FBC and cardiac monitor were within normal range <b>and signs</b> of stridor, hoarseness and cough have not been <b>noted</b>.</p>	<ul style="list-style-type: none"> <li>- TBSA / Soot in oral cavity useful for reader</li> <li>- He also experienced respiratory distress.</li> <li>- cardiac monitoring</li> <li>- avoid 'besides' – not professional</li> <li>- Some language issues but some good summarising too</li> </ul>

<p>Mr Smithson was admitted to our Burns Unit four days ago, following a fire at his residence. He presented with partial thickness burns on 18% of his body, mainly on his chest and neck. He was experiencing respiratory distress and significant quantities of soot were evident in oral cavity. Mr Smithson was treated according to <b>burn</b> protocols. Mr Smithson's cardio-respiratory functions were monitored and had not been noted stridor, hoarseness, coughing or wheezing. His blood <b>tests</b> are in normal range.</p>	<ul style="list-style-type: none"> <li>- <b>be careful introducing info not included - significant</b></li> <li>- <b>Mr Smithson's cardio-respiratory functions were monitored and stridor, hoarseness, coughing and wheezing were not noted.</b></li> </ul> <p>the passive requires an object in front of the verb:</p> <ul style="list-style-type: none"> <li>- Paul was helped</li> <li>- Stridor was noted.</li> <li>- The bridge was built.</li> <li>- The school has been evacuated.</li> </ul>
<p>Mr Smithson was admitted to our hospital on 6th April 2018 with partial-thickness burns on 18% of body surface including neck and chest, respiratory distress and soot in oral cavity. During hospitalisation, his cardiac activity and his blood tests were within normal ranges. Please note that he was monitored for development of stridor, hoarseness, coughing and wheezing, which were not presented.</p>	
<p>On 6th April 2018, as you are aware, having had partial-thickness of burns, accompanied with respiratory distress, Mr Smithson was admitted to our hospital. <b>Subsequently, a series of investigations were conducted, which were unremarkable. In addition to treating his condition accordingly and monitoring his cardiac activities, he has been closely observed for development of respiratory issues and it has been normal.</b></p>	<ul style="list-style-type: none"> <li>- <b>do we know that the GP is aware?</b></li> </ul> <p>having had – perfect participle: something happened before the action in the next clause</p> <p><b>having partial-thickness burns on 18% of TBSA</b></p> <ul style="list-style-type: none"> <li>- <b>the phrasing and concise summarising is very impressive</b></li> </ul>
<p>Mr. Robert Smithson presented to us on 06/04/2018 with diagnosis of partial thickness burn on 18% TBSA. During hospitalization, the patient responded well to the adopted treatment plan and underwent some routine test i.e. ECG and Blood test which were normal. He was also monitored for some danger symptoms that include stridor, hoarseness, coughing, wheezing and none of these were present.</p>	<p>Mr. Robert Smithson <b>was transferred to our Burns Unit</b> on 06/04/2018 with a diagnosis of partial thickness burn on 18% TBSA. During hospitalization, <b>he has responded well</b> to the adopted treatment plan and <b>has undergone</b> some routine <b>tests, including</b> ECG and blood test, which were normal. He was also monitored for stridor, hoarseness, coughing, wheezing and none of these were present.</p>

<p>On the 6<sup>th</sup> of April, Having experienced partial thickness burns on his neck and chest, with 18% of TBSA, Mr Smithson was admitted from the Emergency Department and has been treated at our Burns Unit accordingly, including within normal range, blood tests, cardiac monitoring, and blood pressure. Despite experiencing respiratory distress on admission, Mr Smithson has not presented with coughing, hoarseness, or stridor breathing.</p>	<p>On the 6<sup>th</sup> of April, <b>having</b> partial thickness burns on his neck and chest, with 18% of TBSA Mr Smithson was admitted from the Emergency Department and has been treated at our Burns Unit accordingly, including blood tests, cardiac monitoring, and blood pressure, <b>which are within normal range.</b></p> <ul style="list-style-type: none"> <li>- soot?</li> </ul>
<p>On 6th April, Mr. Smithson was admitted to our hospital due to <del>a</del>partial thickness burns on his neck and chest, as well as respiratory distress. While in the hospital, he was closely monitored for stridor, hoarseness, coughing and wheezing but none was present. In addition, his blood test and cardiac monitoring were unremarkable and he has made a good recovery.</p>	<ul style="list-style-type: none"> <li>- <b>18% TBSA / Soot ?</b></li> <li>- <b>any treatment?</b></li> </ul>
<p>On 6th April, Mr Smithson had been admitted to our hospital's emergency service due to a house fire. On the neck and chest areas had been burns with %18 partial-thickness. Additionally, he had been respiratory distress. There was soot in the oral cavity. During her hospitalization, he had all necessary blood tests, cardiac monitoring, and his blood pressure was within normal range. Although he had been respiratory distress, he did not has any respiratory complications.</p>	<p>On 6th April, Mr Smithson <b>was</b> admitted to our hospital's emergency service due to a house fire. <b>18% partial-thickness burns were noted on his neck and chest areas.</b> Additionally, he <b>had</b> respiratory distress <b>and there</b> was soot in the oral cavity. During his hospitalization, <b>he has had</b> blood tests and cardiac monitoring, and his blood pressure <b>is</b> within normal range. <b>Please note he has not shown</b> any respiratory complications.</p>
<p>On the 6th April Mr Robert Smithson was admitted to our hospital after being in a house fire, with burns on 18% of his body, <b>including chest and neck</b>, along with breathing problems. During hospitalisation he has been treated accordingly <del>his condition</del> and <del>was</del> closely monitored for signs of wheezing, stridor, hoarseness and coughing, <b>which have not been noted.</b></p>	



<p>On the 6th April, he was admitted for the aforementioned incident. He experienced burns on his body including neck, chest and also breathing problems. During hospitalisation, he has been tested and treated <del>correctly, following his condition, accordingly.</del> In addition, he was monitored for signs of wheezing, stridor, hoarseness as well as coughing.</p>	<p>On the 6th April, Mr Smithson was admitted for the aforementioned incident.</p> <p>18%TBSA? / Soot?</p> <p>In addition, he was monitored for signs of wheezing, stridor, and hoarseness as well as coughing, which have not been noted.</p>
<p>On admission, Mr Smithson <del>was</del> presented with partial-thickness burns on 18% TBSA, respiratory distress and soot in the oral cavity. His blood test, arterial blood gases and cardiac monitoring were in normal range. However, Mr Smithson was closely monitored for development of stridor, hoarseness, coughing and wheezing, with none of them present.</p>	
<p>Mr. Smithson admitted to Emergency Department on 06th April 2018 due to burn after being a house fire. He presented with partial burns on 18% TBSA and soot was seen in his oral cavity, as well as having respiratory distress. He has made good progress and his cardiac signs are unremarkable. In addition, blood investigations within normal range and development of stridor, hoarseness, coughing and wheezing are not presented.</p>	<p>Mr. Smithson <del>was</del> admitted to <del>the</del> Emergency Department on 6th April 2018 due to burns after being a house fire. He presented with partial burns on 18% TBSA and soot was seen in his oral cavity, as well as having respiratory distress. (Neck and chest?) He has made good progress and his cardiac signs are unremarkable. In addition, blood investigations are within normal range and development of stridor, hoarseness, coughing and wheezing has not been noted.</p>
<p>Mr Robert Smithson was admitted to our hospital due to partial-thickness burns on 18% TBSA, along with respiratory distress after being in house fire. During hospitalization, his cardiac monitoring has been on normal range and his oxygen flow has been high. In addition, blood tests including FBC, type and cross match, carboxyhaemoglobin, serum glucose and electrolytes were performed and his arterial blood gases were unremarkable. He was closely monitored to prevent development of stridor, hoarseness, coughing and wheezing. Additionally, he was advised to elevate his head and torso.</p>	<p>Chest and neck?</p> <p>During hospitalization, his cardiac monitoring has been within normal range and his oxygen flow has been high. - what does this mean? The case notes state that he has been provided with high-flow oxygen. That is different</p>
<p>Mr Robert Smithson was admitted to our hospital on 06<sup>th</sup> April 2018 due to a house fire. On admission, his oral cavity was covered with soot and he was experiencing respiratory distress, managed with high flow oxygen. He</p>	<p>Mr Robert Smithson was admitted to our hospital on 06<sup>th</sup> April 2018 after a house fire. On admission, his oral cavity contained soot and he was experiencing respiratory distress, which was managed with high flow oxygen. He was</p>

<p>was diagnosed with partial thickness burn on 18% TBSA including neck and chest. During hospitalization, he has been closely monitored for development of stridor, hoarseness, coughing, wheezing and also his cardiac condition. As a result of this monitorization he has not presented any symptoms all of them. And also his arterial blood gases were all within normal range.</p>	<p>diagnosed with partial thickness <b>burns</b> on 18% TBSA including neck and chest. During hospitalization, he has been closely monitored for development of stridor, hoarseness, coughing, wheezing and also his cardiac condition. As a result of this monitorization he has not presented any symptoms. <b>Additionally</b>, his arterial blood gases were all within normal range.</p> <p><b>Good content!</b></p>
<p><b>During hospitalization</b>, Mr. Smithson presented with partial-thickness burns located on his neck and chest, and respiratory distress. Additionally, soot was noted in his oral cavity. Afterwards, appropriate tests were conducted, along with that the results were satisfactory. Please note that cardiac and respiratory monitoring was performed. As a result, no deterioration was noticed.</p>	<p>Afterwards, appropriate tests were conducted, <b>and</b> the results were satisfactory.</p> <p><b>Great summarising!</b></p>
<p>On 6th April, following a house fire, Mr Smithson was admitted to our unit and diagnosed with partial thickness burns on 18% TBSA in the neck and chest, and respiratory distress due to having soot in his oral cavity. Subsequently, in addition to being provided cardiac monitoring, he underwent blood tests, and all of their parameters were normal. Additionally, no signs of worsening respiratory <b>condition</b>, including stridor, hoarseness, coughing and wheezing, were noted.</p>	
<p>Mr Smithson was admitted on 6th April, 2018 due to partial thickness burns on 18% TBSA (neck and chest) and respiratory distress with soot in his oral cavity. He received high-flow oxygen therapy while keeping his head and torso elevated. His blood tests and cardiac monitoring, as well as, the BP are within normal ranges. He was monitored closely for development of stridor, hoarseness, coughing and wheezing, of which, none was present.</p>	<p><b>...TBSA, on his neck and chest, and respiratory....</b></p> <p><b>His blood tests and cardiac monitoring, as well as BP are within normal ranges.</b></p> <p><b>of which, none were present</b></p>
<p>On 6<sup>th</sup> April, Mr Smithson presented to our Emergency Department with partial thickness burns on neck and chest and 18% of TBSA following a house fire. Initially, first aid was implemented and high flow oxygen administered due to respiratory distress. His basic blood investigations were normal. Mr. Smithson was commenced on Naproxen, tramadol, gabapentin. Apart from that, tetanus</p>	<p>On 6<sup>th</sup> April, Mr Smithson presented to our Emergency Department with partial thickness burns on <b>his</b> neck and chest and 18% of TBSA following a house fire. Initially, first aid was implemented – <b>is this necessary?</b> and high flow oxygen administered due to respiratory distress. His basic blood investigations were normal. Mr. Smithson was commenced on Naproxen, tramadol, gabapentin. Apart from that, tetanus</p>

<p>prophylaxis was administered . Currently, Mr Smithson has a normal breathing pattern and has no sings of symptoms of infection.n</p>	<p>prophylaxis was administered . Currently, Mr Smithson has a normal breathing pattern and has no sings of symptoms of infection.</p> <p>A combined timeline and medication paragraph is ok – but not what we agreed!</p>
<p>On 6th April 2018,Mr Smithson was admitted to our hospital after sustaining partial thickness burns on the neck and chest with respiratory distress.Whilst in hospital he was monitored for stridor, hoarseness, coughing and wheezing, which were not present.Additionally,his full blood count and cardiac monitoring were within normal range.</p>	<p>Very concise!</p>
<p>Having experienced burns on his chest and neck, as well as respiratory distress,Mr Smithson was admitted to our hospital on 6th April.During hospitalisation, Mr Smithson has responded well to the treatment, he is recovering well, and, as a result his vital signs are within normal range and he does not present signs of infection.In addition, he was closely monitored for stridor,hoarseness,coughing and wheezing,none of which were present.</p>	<p>'sustained' is better than 'experienced'</p>
<p>Mr Smithson was admitted to our facility on 6th April 2018 with 18% of burns on neck and chest followed by respiratory distress and suspected laryngeal oedema. During hospitalisation his recovery is uneventful, he was administered with high flow oxygen and closely monitored for respiratory distress and laryngeal oedema and none was noted. His vital parameters and blood reports were with in normal range.</p>	<p>Mr Smithson was admitted to our facility on 6th April 2018 with 18% burns on his neck and chest and respiratory distress and suspected laryngeal oedema- ?! Where does it say this? During hospitalisation his recovery has been uneventful, he has been treated with high flow oxygen and closely monitored for respiratory distress, which has not been noted. His vital parameters and blood reports were within normal range.</p>

## Current Condition

<b>Current / Medication</b>	<p>Patient stabilised, breathing normally .          No infection.          Afebrile.  <del>Bloods normal.</del></p> <p>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.</p>
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Student	Teacher
<p>Currently, Mr Smithson is hemodynamically stable, he has no respiratory issues and no signs of infection have been detected. In terms of his medication, he is taking 500mg of Naproxen, one tablet twice a day, 50mg of Tramadol HCL, one tablet b.i.d when required, and Gabapentin one tablet daily before bed. Please note that, Tetanus prophylaxis has been administered.</p>	<p>Very nice sentence – a list with zero grammar errors and professional language</p> <p>300mg – gabapentin?</p> <p>Please note, + verb phrase            Please note that + verb phrase</p>
<p>Mr Smithson’s condition is stabilised, his breathing is normal and there is no sign of infection. He has been commenced on naproxen, 500 mg, 1 tab orally, 2 times daily, tramadol HCL 50 mg, 1 tab orally, 2 times daily, if needed. In addition, Mr Smithson has been treated with gabapentin 300 mg, orally, daily before his bed and he was administered for prevention with tetanus injection.</p>	<ul style="list-style-type: none"> <li>- stable – stabilised gives the idea of a process</li> <li>- and a tetanus injection was administered.</li> </ul>
<p>In yesterday's assessment, he was stabilised and his breathing was normal. There was not any infection, however, he was afebrile. Additionally tetanus prophylaxis was given. He is currently taking 500 mg of naproxen and, 50 mg of tramadol HCL and, 300 mg of gabapentin.</p>	<p>In yesterday's assessment, he was <b>stable</b> and his breathing was normal. There was not any infection <b>and</b> he was afebrile.</p> <ul style="list-style-type: none"> <li>- no instructions for medication – did you deliberately decide that? It’s a good decision to omit – but make sure it’s a decision in future tasks and not an oversight</li> </ul>
<p>Currently, Mr Smithson is stable and asymptomatic. Along with Naproxen 500mg, once a day, his daily medications are Tramadol 50mg, one tablet as needed and Gabapentin 300mg before bed. Please note, tetanus prophylaxis has been administered.</p>	

<p>Mrs Smithson's ongoing treatment is Naproxen 500 mg 1 tablet two times a day orally, Tramadol HCL 50 mg 1 tablet two times a day by mouth as needed, Gabapentin 300 mg orally daily before bed and Tetanus prophylaxis.</p>	<ul style="list-style-type: none"> <li>- is current condition in the previous paragraph? The request?</li> <li>- prophylaxis</li> </ul>
<p>Mr. Smithson is currently taking oral Naproxen 500mg, twice a day, oral Gabapentin, 30mg, for night, and if it is necessary, oral Tramadol HCL, 50mg, twice a day. He has been given tetanus prophylaxis. He is not febrile, breathing difficulties and infection...</p>	<ul style="list-style-type: none"> <li>- naproxen</li> <li>- for = at night</li> </ul> <p>He is not febrile, and has no breathing difficulties or infection.</p> <ul style="list-style-type: none"> <li>- Do some listing practice</li> </ul>
<p>In terms of his current medications, Mr Smithson was (/has been?) commenced on 500mg of Naproxen and 50mg of Tramadol both 1 tab, orally, two times a day and 300mg of Gabapentin, 1 tab, orally, before bed . He is recovering well, has no signs of infection and breathes normally.</p>	<ul style="list-style-type: none"> <li>- has been / was commenced both ok</li> <li>- better way of showing medication &amp; dosage: Naproxen 50 mg, gabapentin 300mg,</li> <li>- breathes normally: no longer has breathing difficulties</li> </ul>
<p>Regarding Mr Smithson current condition, he is on Naproxen ,500 mg, 1 tablet twice a day, Tramadol HCL, 50 mg, 1 tablet twice a day when needed ,and Gabapentin, 300 mg, in the evening. Simultaneously, tetanus profilaxia was provided. On evaluation, he was stabilised, afebrile and his breathing was normal.</p>	<p>Regarding Mr Smithson's current condition, on evaluation, he was stable, afebrile and he had no breathing difficulties. He is on Naproxen ,500 mg, 1 tablet twice a day, Tramadol HCL, 50 mg, 1 tablet twice a day when needed ,and Gabapentin, 300 mg, in the evening. Simultaneously, tetanus prophylaxis was provided.</p> <ul style="list-style-type: none"> <li>- organisation issues</li> </ul>
<p>Mr Smithson presents no signs of infection or fever, his breathing is normal, and he is stabilised. In terms of his medications, he is currently taking twice a day 500mg of naproxen, and 50mg of tramadol HCL, and gabapentin, 300mg, daily before bed. Please note, tetanus prophylaxis was administered.</p>	<ul style="list-style-type: none"> <li>- stable</li> </ul> <p>In terms of his medications, he is currently taking naproxen 500mg, and tramadol HCL 50mg twice a day, and gabapentin, 300mg, daily before bed.</p>
<p>During hospitalisation, Mr Smithson was stabilised and he was breathing normally. Additionally, he showed no signs of infection or fever and Tetanus was administered. Following this, he commenced on Naproxen 500mg, 1 tablet orally, two times a day, Tramadol HCL</p>	<p>Currently, Mr Smithson is stable and breathing normally. Additionally, he shows no signs of infection or fever. He has been commenced on Naproxen 500mg, 1 tablet orally, two times a day, Tramadol HCL 50mg, 1 tablet orally, two times a day when needed and Gabapentin</p>

<p>50mg, 1 tablet orally, two times a day when needed and Gabapentin 300mg by mounth daily before bed.</p>	<p>300mg by mouth daily before bed. Please note, tetanus prophylaxis has been administered.</p> <ul style="list-style-type: none"> <li>- organisation</li> <li>- tense</li> </ul>
<p>Currently, Mr. Robert Smithson has made good progress. He has not presented with infection. Tetanus prophylaxis was administered, and also now he is taking naproxen, tramadol and gabapentin.</p>	<p>He has not developed an infection.</p> <ul style="list-style-type: none"> <li>- no instructions/dosage for medication – did you deliberately decide that? It's a good decision to omit – but make sure it's a decision in future tasks and not an oversight</li> </ul>
<p>Mr. Robert Smithson has made a significant progress in his condition during his stay and no any sign of infection were noted. In addition, He has been prescribed with Naproxen 500mg twice a day, Tramadol 50mg when required and Gabapentin 300mg daily before bed.</p>	<p>Mr. Robert Smithson has made significant progress during his stay and no sign of infection is present. Additionally, he has no breathing difficulties.</p>
<p>Currently, Mr Smithson' condition is stable with no signs of infection and afebrile. In addition, he has been prescribed with naproxen, tramadol, gabapentin and tetanus prophylaxis was administered.</p>	<p>Currently, Mr Smithson's condition is stable, with no signs of infection, and he is afebrile.</p> <p>In addition, he has been prescribed with naproxen, tramadol and gabapentin, and tetanus prophylaxis was administered.</p> <ul style="list-style-type: none"> <li>- practise some listing</li> </ul>
<p>In terms of Mr Smithson's medication, he is taking orally one tablet of naproxen,500mg, and tramadol HCL 50mg, twice daily or if needed, gabapentin, 300mg before bed. In addition, a tetanus vaccine was given as a prophylaxis measure. Upon an assessment on the 9<sup>th</sup> of April, he is stable, including his breathing and he has been free from any type of infection.</p>	<p>In terms of Mr Smithson's medication, he is taking orally one tablet of naproxen,500mg, and tramadol HCL 50mg, twice daily or if needed, and gabapentin, 300mg before bed.</p> <p>In addition, a tetanus vaccine was given as a prophylaxis measure. Upon an assessment on the 9<sup>th</sup> of April, he is stable, including his breathing and he is free from any type of infection.</p>
<p>In terms of his medication, Mr Smithson is taking naproxen 500mg, 1 tab, twice per day, tramadol HCL 500mg, 1 tab. twice per day, if needed and gabapentin 300mg,1 tab, before bed. Additionally to that, tetanus prophylaxis was administered.</p>	<ul style="list-style-type: none"> <li>- is current condition in the previous paragraph? The request?</li> </ul>

<p>Currently, Mr. Smithson is stabilised, with no infection or fever, and normal breathing. Regarding his medication, Mr. Smithson is taking naproxen 500mg 1 tablet b.i.d and gabapentin 300mg daily, as well as tramadol HCL 50mg as needed. Additionally, he is aware and is following the tetanus prophylaxis guidelines.</p>	<p>Currently, Mr. Smithson is stable, with normal breathing and no infection or fever.</p> <p>Regarding his medication, Mr. Smithson is taking naproxen 500mg 1 tablet b.i.d and gabapentin 300mg daily, as well as tramadol HCL 50mg as needed. Additionally, he is aware and is following the tetanus prophylaxis guidelines. – is he? Where does it say that?</p>
<p>Mr Smithson is now stable and shows no signs of infection with his temperature and respiratory rate within normal ranges. Currently, he is on tab naproxen 500mg bid, tab tramadol HCL 500mg bid prn and tab gabapentin 300mg nocte, as well as, tetanus prophylaxis.</p>	<p>Is he on tetanus or has it been done?</p>
<p>Regarding Mr Smithson's current medication, he is on Naproxen 500 mg twice daily, Tramadol HCL 50mg twice daily as needed and Gabapentin 300 mg in the evening. Additionally. tetanus prophylaxis was performed. His burns are now healing well with no signs of infection.</p>	<p>Mr Smithson's burns are now healing well with no signs of infection. Regarding his current medication, he is on Naproxen 500 mg twice daily, Tramadol HCL 50mg twice daily as needed and Gabapentin 300 mg in the evening. Additionally. tetanus prophylaxis was performed.</p> <p>Seems a better organisation?</p>
<p>Regarding Mr. Smithson's current condition, he has made great progress. In addition, no infection or fever is present. In view of his medications, Naproxen,500mg one tablet by the oral route twice a day, Tramadol HCL,50mg one tablet by the oral route twice a day as required, and Gabapentin,300 mg once a day has been continuing. Please note that Tetanus prophylaxis has been performed.</p>	<p>Regarding Mr. Smithson's current condition, he has made great progress and no infection or fever is present.</p>