

OET Nursing Writing Week

Yutaka Ito

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

Spend 10-15 minutes preparing your letter.

Planning

10 - 15 minutes:

- Find the **purpose**
- Identify the **case notes** you will use
- Organise the case notes into **logical paragraphs**

General Paragraph Purposes

Introduction	<ul style="list-style-type: none"> • Name • General medical context • General request • (urgency)
Timeline 1	<ul style="list-style-type: none"> • Beginning of this medical context up to the present. (Sometimes includes the present)
Timeline 2	<ul style="list-style-type: none"> • Current condition / Today's presentation
Background – Medical	<ul style="list-style-type: none"> • Related medical information that is not part of this medical context/timeline
Background - Social	<ul style="list-style-type: none"> • lifestyle / smoking / family / work / exercise
Request	<ul style="list-style-type: none"> • Expands the purpose/request – tasks, updates

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Yutaka Ito case notes:

1. Who is the reader?	district nurse
2. What is the reader's task?	follow up care
3. Does the reader know the patient?	no
4. Does the writer have any tasks?	TWOC / Education
5. Why am I writing <u>today</u> ?	Patient is ready for discharge
6. Is it urgent?	No

Test 4

Writing (45 minutes)

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 18 September 2019.

You are a nurse in a hospital urology unit and an elderly patient is due for discharge.

PATIENT DETAILS:

Name: Yutaka Ito (Mr)
DOB: 1 June 1949 (70 y.o.)
Address: 22 High Street, Newtown

Social background: Retired fire officer
Widower since 2011, lives alone
Son overseas
Interests: golf, reading, walking (30 mins/day)

Past medical history: April 2016 hypertension diag. (Ramipril 5mg 1x/day)

Family doctor appt record: October 2018: nocturia (↑nocturnal urination), L groin pain
Diag. benign prostatic hyperplasia (BPH) w inguinal hernia (L) →silodosin 8 mg 1x/day
August 2019: BPH ↑size, nocturia controlled, pt. requests silodosin cessation – prefers “permanent” solution
Referral →hospital: elective robotic-assisted laparoscopic prostatectomy (RALP)
Pt. concerned about incontinence →pelvic floor exercises leaflet given

Hospital treatment record:

Presenting factors: Elective RALP

11 August 2019: Pre-op assessment:
FBC, LFTs (liver function tests), UEs (urea & electrolytes), MSU, chest X-ray, ECG – all normal
Pt. still worried about incontinence (compliant w exercises)

15 September 2019: Admission for RALP

Nursing treatment record

16 September 2019: BP: 128/80, PR: 70/min, temp: 36.7°C (normal)
Education re catheter (part of RALP)

17 September 2019:	RALP (successful) Anti-embolism stockings IV fluids, analgesia Post-op vitals normal
18 September 2019:	Sitting upright, gently mobilising Slight pain (inguinal hernia)
Medication:	Stool softener lactulose (10 mls 2x/day x 30 days) Ibuprofen (400 mgs 3x/day) or p.r.n. (not >3200 mg/24 hrs) Co-codamol 15 mgs/500mg p.r.n. (not >8 tabs/24 hrs) Dalteparin 5000I Us 1x/day sub-cutaneously x 30 days (anticoagulant) Omeprazole 20 mgs (2x/day)
Date of discharge:	18 September
Discharge plan:	Pt. educated: <ul style="list-style-type: none"> • Foley catheter & meatal care • Self-administration w pre-filled syringe (dalteparin): Pt. confident – 30-day supply given • No driving 1 wk, gradually ↑walking • No vigorous activity 6 wks • Only showers till wound heals • Soft food until 1st bowel movement →normal diet as tolerated Refer to district nurse: Ensure pt. managing catheter Catheter leakage: perform wash-out - contact urology ward if unsuccessful (reinsertion required) &/or bladder spasms Reinforce continence advice Encourage doctor appt. if issues post-catheter removal
Note:	TWOC (trial without catheter) Outpatients Clinic – 28 September
Plan:	Write to district nurse

Writing Task:

Using the information in the case notes, write a letter of referral to Ms Andrews, the district nurse, summarising the patient's relevant medical history and outlining his care needs after discharge. Address your letter to Ms Maria Andrews, District Nursing Team, 4 Hadley Close, Newtown.

Letter Plan

<p>Introduction</p>	<p>Patient name: Yutaka Ito General Medical Context: recuperating from a RALP procedure General request: home visits follow up care</p>
<p>Timeline</p>	<p>Heavily summarised: admission – today</p> <p>Pt. educated:</p> <ul style="list-style-type: none"> • Foley catheter & meatal care • Self-adminstration w pre-filled syringe (dalteparin): <u>Pt. confident – 30-day supply given</u> • No driving 1 wk, gradually ↑walking • No vigorous activity 6 wks • Only showers till wound heals • Soft food until 1st bowel movement →normal diet as tolerated
<p>Background</p>	<ul style="list-style-type: none"> • lives alone • hypertension / ramipril • Continence – compliant with exercises – still worried
<p>Request</p>	<p>Refer to district nurse: Ensure pt. managing catheter Catheter leakage: perform wash-out - contact urology ward if unsuccessful (reinsertion required) &/or bladder spasms Reinforce continence advice Encourage doctor appt. if issues post-catheter removal</p> <p>TWOC (trial without catheter) Outpatients Clinic – 28 September</p>

Write Background: send to laurence@set-english.com

Student	Teacher
<p>I am writing this letter regarding Mr Yutaka Ito, who was admitted to our hospital urology ward and underwent an elective RALP. He is due to be discharged and requires your ongoing management.</p>	<p>This isn't concise or direct – think about what will happen at the beginning of the timeline paragraph. There will probably be some repetition in timeline.</p>
<p>18 September 2019 Ms Maria Andrews District Nursing Team 4 Hardley Close Newtown</p> <p>Dear Ms Andrews,</p> <p>Re:Mr Yutaka Ito,aged 70</p> <p>I am writing regarding Mr Ito, who was admitted to our hospital for an elective robotic-assisted laparoscopic prostatectomy. He is due to be discharged and he requires further care and support.</p>	
<p>I am writing regarding Mr Yutaka Ito, who is recuperating from RALP. He is due to be discharged today, and now requires further care and monitoring.</p>	<p>Very direct and concise!</p>
<p>Date:</p> <p>Ms Maria Andrews District nursing team 4 Hadley Close New town</p> <p>Re: Mr Yutaka Into, 70 years old</p> <p>Dear Ms Andrews,</p> <p>I am writing regarding Mr Ito, who is being discharged today after a successful elective robotic-assisted laparoscopic prostatectomy (RALP) and is-now requires your follow up care.</p>	

18th September 2019

Ms Maria Andrews
District Nursing Team
4 Hadley Close
Newtown

Dear Andrews,

Re: Mr Yutaka Ito Age: 70 Years old

I am writing regarding Mr Yutaka Ito, who is recovering after RALP surgery. He requires further monitoring and follow up care, following his discharge today.

18 September 2019

Ms Maria Andrews
District Nursing Team
4 Hadley Close, Newtown

RE: Mr Yutaka Ito, age 70

Dear Ms Andrews,

I am writing regarding Mr Yutaka Ito, who is recuperating from a robotic-assisted laparoscopic prostatectomy. He is scheduled to be discharged today and requires follow-up care and monitoring.

18th September 2019

Ms Maria Andrews
District Nursing Team
4 Hadley Close
Newtown

Dear Ms Andrews,

Re: Mr Yutaka Ito DOB: 1st June 1949

<p>I am writing regarding Mr Ito, who is recuperating from RALP surgery. He is ready to be discharged and requires continued care and management.</p>	
<p>Ms Maria Andrews District Nursing Team 4 Headley Close Newtown</p> <p>18.09.2019</p> <p>Re: Mr Yutaka Ito, Aged: 70</p> <p>Dear Ms Andrews,</p> <p>I am writing regarding Mr Yutaka Ito, who underwent RALP for incontinence. He will be discharged from our hospital today and now requires your care and support.</p>	<p>He underwent RALP due to having an enlarged prostate / benign prostatic hyperplasia</p>
<p>Ms Maria Andrews District Nursing Team 4 Hadley Close Newtown</p> <p>18th September 2019</p> <p>Dear Ms Andrews,</p> <p>Re: Yutaka Ito, DOB: 1 June 1949 (70 years old)</p> <p>I am writing regarding Mr Yutaka Ito, who was admitted to hospital for elective robotic-assisted laparoscopic prostatectomy. He is scheduled to be discharged today and requires your ongoing care.</p>	
<p>Ms Maria Andrews District Nursing Team 4 Hadley Close Newtown</p> <p>18 September 2019</p> <p>Re: Mr Yutaka Ito, DOB: 1 June 1949</p> <p>Dear Ms Andrews,</p>	

<p>I am writing regarding Mr Yutaka Ito, who has been recuperating following elective robotic-assisted laparoscopic prostatectomy. He is due to be discharged today and requires your further care.</p>	
<p>Ms Maria Andrews The District Nurse District Nursing Team 4 Hadley Close Newtown</p> <p>18th September 2019</p> <p>Dear Ms Andrews,</p> <p>Re: Mr Yutaka Ito, D.O.B: 1st June 1949</p> <p>I am writing to refer Mr Ito, who underwent a successful RALP. He is being discharged today and requires continued post procedure care.</p>	<p>Very concise and direct – well done!</p>
<p>18 September 2019</p> <p>Ms Maria Andrews District Nursing Team 4 Hadley Close, Newtown</p> <p>Re: Mr Yutaka Ito, DOB: 1st June 1949</p> <p>Dear Ms Andrews,</p> <p>I am writing regarding Mr Yutaka, who underwent to a laparoscopic prostatectomy. He is ready to be discharged and now you follow up care is required.</p>	
<p>Ms Maria Andrews,</p> <p>The District Nursing Team,</p> <p>4 Hadley Close.</p> <p>Newtown.</p> <p>18th September 2019</p> <p>Dear Ms Andrews,</p>	

<p>Re: Mr Yutaka Ito; Aged 70</p> <p>I am writing regarding Mr Yutaka Ito, who was admitted to our hospital recently for benign prostatic hyperplasia with an inguinal left hernia and underwent a successful RALP. He is scheduled to be discharged today and now requires your follow up care and support.</p>	<p>There's a lot of information for the introduction then put in the timeline</p>
<p>I' m writing regarding Mr Ito, who was admitted to our hospital recently / 15th September 2019 for elective robotic-assisted laparoscopic prostatectomy (RALP), following urinary problems...../ for permanent solution with urinary..... He is scheduled to be discharged today / 19th September 2019 and now requires your further care and support / continued care and assistance.</p>	<p>your further care and support / your continued care and support – we are not asking the nurse to continue her work – shge hasn't met the patient before</p>

Timeline

Heavily summarised: admission – today

Pt. educated:

- Foley catheter & meatal care
- Self-administration w pre-filled syringe (dalteparin): Pt. confident – 30-day supply given
- No driving 1 wk, gradually ↑ walking
- No vigorous activity 6 wks
- Only showers till wound heals
- Soft food until 1st bowel movement → normal diet as tolerated

Student	Teacher
<p>Mr Ito was admitted on 11 August due to the aforementioned surgery. His post-operative recovery was uneventful. He was given education in caring for his foley catheter and meatus. Also, He was instructed to avoid driving for 1 week and strenuous activity for 6 weeks but to gradually increase his mobilisation through walking. Subsequently, Additionally, showering is recommended once wound heals and diet as he can tolerated.</p>	<p>He was admitted on the 15th September</p> <p>His postoperative recovery has not finished yet – so we need to use present perfect:</p> <ul style="list-style-type: none"> • His post-operative recovery has been uneventful. (adjective) • He has been given (verb) education in caring for his foley catheter and meatus. <p>Avoid 'over-linking' - it's unnatural</p>
<p>Having experienced been diagnosed with a benign prostatic hyperplasia, Mr Yutaka was admitted to our hospital on 15th September 2019, due to a scheduled and successful laparoscopic prostatectomy. During the hospitalisation, he was has been treated accordingly and his vital signs has been normal. Mr Yutaka was has been instructed on how to self administrates dalteparin, through pre-filled syringe, for 30 days, and how to take care of meatal and Foley catheter.</p> <p>Additionally, Mr Yutaka has been advised to avoid driving for one week, eating hard food until his first bowel movement and doing strenuous activities, for six weeks. However, he can start walking gradually and he can have only showers till the wound heals.</p>	<p>... for a laparoscopic prostatectomy, which was successful.</p>

<p>Mr Ito's was admitted for elective RALP on 15th September 2019 and his pre op assessments were unremarkable. Subsequently, the procedure was performed successfully on 17th September 2019. In post op monitoring, apart from having slight left groin pain, which was manageable with pain killers, he was able to sit upright and mobilise gently.</p> <p>Upon discharge, He has been educated on only to shower when the wound is healed, soft diet after first bowel movement and self catheterization and meatal care, for which he was given 30 days supply of pre filled syringe Dalteparin 5000IUs. Futhermore, he was advised to avoid driving and vigorous activities for 1 week and 6 weeks respectively</p>	<p>This is not concise – why mention pre-op? Why not combine information more directly?</p> <p>Summarising: 1) choosing which information is necessary 2) Using tools to make writing more concise</p> <p>On 15th September 2019 Mr Ito's was admitted for elective RALP, which was successful.</p> <p>tense – we should be using present perfect</p> <p>- He has been educated on...</p> <p>You feel that the education was recent and the patient is probably still trying to understand it – they haven't done it yet</p>
<p>On 15th September, Mr Ito underwent RALP successfully, as a result of effective care post-operatively, he has made a good progress. as well as having normal vital signs. Following this, he has been educated about his post operative care, which includes foley catheter and meatal care, avoiding driving and vigorous activity ,as well as self-administration of dalteparin. In addition, he will shower til until his wound heals and consume soft food until his first bowel movement.</p>	<p>This is great – be careful with as well as!</p> <p>Tense is really well managed.</p>
<p>On 15 September 2019, having been admitted to our hospital, Mr Ito underwent the afermentioned surgery, two days later, which was successful. Postoperatively, he has been provided with care and monitored accordingly. Although he is medically stable, currently he is experiencing slight ly hernia pain.</p>	<p>his wound will be healed</p> <p>blood pressure increases / increases</p> <p>temperatures drop / rise</p> <p>fevers break</p> <p>wounds heal</p>

<p>Is important to note that he has been educated about his catheter care and self-administration of dalteparin injection, as a result of which, he demonstrates being confident.</p> <p>Please be aware that he has been instructed to avoid vigorous activities for the next six weeks, not to drive for one week but gradually to increase walking, and to take showers after his wound will be has healed the importance of soft diet, until his first bowel movement.</p>	<p>This is complicated list – there are 4 ‘units’ in this list</p> <p>It is a list of verbs / actions:</p> <ol style="list-style-type: none"> 1) avoid 2) not to drive 3) take 4) no verb/action – we need a verb/action here. <p>The longer the list, the harder it is to remember – consider ending your lists after 3 and adding a new sentence.</p>
<p>On 15 September, Mr Ito was admitted for preparation of a RALP. Although he reported slight pain at the inguinal hernia site, the operation was successful. After that he was educated about the Foley catheter and implementation of dalteparin, which was prescribed for 30 days. He was also instructed not to drive for a week, gradually to walk and to avoid strenuous activity for 6 weeks. Additionally he was informed when he could take a shower.</p>	<p>I think it would be better if you switched these clauses round – so the successful follows immediately after the mention of RALP?</p>
<p>On 15 September, Mr Ito was admitted to our hospital for the aforementioned surgery. Despite the operation being successful, he is experiencing slight pain. During hospitalisation, he has been commenced on dalteparin 5000 iu once a day for 30 days and he is confident for regarding self-administration. Apart of this Additionally, he was has been educated regarding catheter and meatal care. Additionally, he was has been encouraged to start walking gradually, but avoid heavy activities for 6 weeks. Also, he was has been advised to have only shower until wound healing and to avoid driving for one week. He was has been informed to take soft diet until first bowel movement. Please note that he takes lactulose syrup.</p>	
<p>On 15th September, Mr Ito was admitted to our health care facility for elective robotic - assisted laparoscopic prostatectomy. The procedure was</p>	

<p>successful and currently Mr Ito is gently mobilising and has slight pain. In relation to the above mentioned procedure, Mr Ito has been educated on Foley catheter and meatal care, and self-medication about dalteparin. In addition to that, Mr Ito has been advised for not to avoid driving for 1 week, avoiding to avoid vigorous activity for 6 weeks, and only showering till the wound heals, as well as having soft food until his 1st bowel movement. Considering his good progress, Mr Ito is scheduled to be discharged today.</p>	<p>Is this best included in request?</p>
<p>On the 15th September 2019, Mr Ita Ito underwent a RALP which was successful. He is well but experiencing slight hernia pain. Prior to his discharge Mr Ita Ito has being been given basic education concerning his condition, which include including meatal care of the Foley catheter due to incontinence following the surgery . He has also being has also been advised to avoid showering till until the wound is completely healed. Additionally no vigorous activities for 6 weeks but gradually increase in walking, and abstain from driving . Prefilled syringe deltarerm has being been prescribed to be self-administered for 30 days, and above all Mr Ita he is to have tolerated normal a soft diet until his first bowel movement.</p>	<p>Spell patient name correctly!</p> <p>this connection is not made in the case notes?</p> <p>We need a verb here</p> <p>there seems to be some confusion between 'being' and 'been' – this needs some work</p> <p>who said 'above all'?</p>
<p>After admission, on 17 September 2019, Mr Ito underwent aforementioned surgery successfully. Kindly note, he was given education on, foley catheter and metalcare, as well as self administration of deltaparin pre-filled syringe. In addition, prescribed amount of that medication for thirty days also being given. Also, he was instructed about driving and vigorous activities, except for showering should be avoided for one and six weeks respectively. Additionally, he was encouraged to increase his walking gradually and have soft food until his first bowel movement. Currently, he is experiencing some pain on his inguinal hernia site.</p>	<p>Throughout you have used past simple, where present perfect would be more suitable – see above</p> <p>There are a variety of language issues in this paragraph unfortunately, which will need work.</p>

Background

- lives alone
- hypertension / ramipril
- Contenance – compliant with exercises – still worried

Student	Teacher
<p>Please note that Mr Ito lives alone and he was diagnosed with hypertension and takes Ramipril,5mg, daily. Additionally, He is in compliance with exercises due to being incontinent. However, he was worried about his condition.</p> <p>It would be appreciated if you could monitor Mr Ito’s self-catheter care and if you identify any leakage please try to do bladder wash and contact the urology ward if required. Moreover, Mr Ito could be reinforced regarding his exercises. Additionally, He will require medical advice if identifies issues of post removal of the catheter. Please note that he has TWOC outpatients clinic on 28th September.</p> <p>Please do not hesitate to contact us for any questions.</p> <p>Your sincerely,</p> <p>Nurse</p>	<p>Please note that Mr Ito lives alone and he was diagnosed with hypertension in 2016, for which he takes ramipril, 5mg, daily. Additionally, he is compliant with pelvic floor exercises due to incontinence issues. However, he is still worried about his condition.</p> <p>It would be appreciated if you could monitor Mr Ito’s catheter self-care and if you identify any leakage, please undertake a bladder wash and contact the urology ward if necessary. Moreover, Mr Ito would benefit you’re your encouragement regarding his exercises. Additionally, he will require medical advice if there are any issues after the removal of the catheter. Please note that he has a TWOC at the outpatients clinic on 28th September.</p> <p>Please do not hesitate to contact us for any questions.</p> <p>Yours sincerely,</p> <p>Nurse</p> <ul style="list-style-type: none"> • No mention of what TWOC is – could this be confusing for the nurse?
<p>In terms of background history, Mr Ito lives alone. He was diagnosed with hypertension in April 2016, for which he is taking ramipril, 5 mg, daily. In October 2018, he presented with symptoms of BPH and left inguinal hernia. As a result, silodosin, 8 mg, once a day, was commenced. However, Mr Ito requested permanent solution for recurrent BPH. Therefore referral for RALP was sent last month along with pelvic floor exercise leaflet provided.</p>	<p>In terms of background history, Mr Ito lives alone. He was diagnosed with hypertension in April 2016, for which he is taking ramipril, 5 mg, daily. In October 2018, he presented with symptoms of BPH and left inguinal hernia. As a result, silodosin, 8 mg, once a day, was commenced. However, Mr Ito requested permanent solution for recurrent BPH. Therefore, referral for RALP was sent last month along with pelvic floor exercise leaflet provided.</p>

	<ul style="list-style-type: none"> • Too much extra info for background paragraph – maybe it would be better in the timeline? • Use of abbreviations – maybe confusing? Did you use the full version before using the abbreviation? • No mention of the compliance with the pelvic floor exercises or that Mr Ito is still worried about incontinence
<p>In terms of his medical background, Mr Ito has had hypertension for three years, for which he takes ramipril, 5 mg, daily. Socially, he lives alone. Pelvic floor exercises were advised for him incontinence, but he concern about his compliant with exercises.</p>	<p>In terms of his medical background, Mr Ito has had hypertension for three years, for which he takes ramipril, 5 mg, daily. Socially, he lives alone. Pelvic floor exercises were advised for his incontinence issues and he has been compliant with these. However, he is still concerned about his condition.</p> <ul style="list-style-type: none"> • Mr Ito is worried about his incontinence issues not with his compliance with the exercises – he has been compliant with the exercises
<p>Mr Ito lives alone,he is known to have hypertension,for which he is on ramipril.He is still having incontinence,which makes him worry and the compliance of the exercises has been satisfactory untill today.</p>	<p>Regarding his background, Mr Ito lives alone and he has hypertension, for which he takes ramipril, 5mg, daily. He is still worried about incontinence although he has been compliant with his pelvic floor exercises.</p> <ul style="list-style-type: none"> • The last sentence was a bit confusing – it is a good opportunity to use a contrast linker
<p>Regarding his medical background, Mr Ito has had hypertension since April 2016 and is being managed with Ramipril, 5mg per day. In addition to this, he has incontinence which is worrisome for him but has been compliant with his floor pelvic exercises. Kindly note that he is a widower and lives alone.</p>	<p>Regarding his medical background, Mr Ito has had hypertension since April 2016 and is being managed with ramipril, 5mg per day. In addition to this, he has incontinence which is worrisome for him but he has been compliant with his pelvic floor exercises. Kindly note that he is a widower and lives alone.</p> <ul style="list-style-type: none"> • Nice work! This has the right level of content and the language is mostly effective
<p>In terms of his social background, he lives alone and walks 30 minutes per day. Medicaly, he has hypertension, for which takes ramipril, 5mg, one per day. Despite being compliant with his exercises for incontinence, he is still worried.</p>	<p>In terms of his social background, Mr Ito lives alone and walks 30 minutes per day. Medically, he has hypertension, for which he takes ramipril, 5mg, once per day. Despite being compliant with his exercises for incontinence, he is still worried about his condition.</p>

	<ul style="list-style-type: none"> • Some unnecessary detail regarding Mr Ito's background • Some more detail needed regarding Mr Ito's concern
<p>Mr Ito is a widower since 2011 and he has been living alone in Newton . He walks daily for 30 mins, Additionally he likes to read and play golf . In 2016 he was diagnosed with Hypertension for which he is taking ramipril 5mg daily.</p>	<p>Mr Ito has been a widower since 2011 and he lives alone in Newton. He walks daily for 30 mins, Additionally he likes to read and play golf. In 2016, he was diagnosed with hypertension, for which he takes ramipril, 5mg daily.</p> <ul style="list-style-type: none"> • Lots of extra unnecessary detail here – try to consider what would be important for the reader to know regarding the patient and their background • No mention of the pelvic floor exercises and Mr Ito's concern – mentioned before?

Request Paragraphs

Refer to district nurse:

Ensure pt. managing catheter

Catheter leakage: perform wash-out - contact urology ward if unsuccessful (reinsertion required) &/or bladder spasms

Reinforce continence advice

Encourage doctor appt. if issues post-catheter removal

TWOC (trial without catheter) Outpatients Clinic – 28 September

Student	Teacher
<p>It would be appriaceted if you could provide Mr Ito with catheter care. If you observe leakage, it is essential to wash out. If it is unnecessary this is unsuccessful or bladder spasm is observed monitored contact urology ward. In addition, encourage him to see a doctor if he has any issues when his catheter is removed.</p>	<p>There are some strange paraphrases here – be careful, as you have changed the meaning in places.</p> <p>Also, why not mention 'ensure pt managing catheter' or TWOC?</p>

<p>Moreover, Mr Ito could be please reinforce his continence advice d regarding his exercises.</p>	
<p>It would be appreciated if you could follow up caring and supporting of with Mr Ito, who needs to reinforce continence advice and ensure to manage his catheter. Please kindly encourage him about doctor appt. , If it happens post-catheter removal and contact with urology ward if any leakage of catheter or bladder spasms , in spite of unsuccessful of performing wash-out. It is important to note that TWOC procedure is in the outpatients clinic at 28 th September.</p>	<p>Mr Ito, who needs to reinforce continence advice and ensure to manage his catheter – this is not very clear. <u>What does he need?</u></p> <p>We have a number of issues with how these requests are presented. Have a look at some of the other submissions:</p>
<p>In view of the above ,it would be appreciated if you could offer home visits to Mr Ito for further care and support. Kindly ensure proper management of his catheter and reinforce advice on urine continence which he has been educated on. Please encourage doctor appointment if issues of catheter removal. Please encourage a doctor's appointment if there are any issues after catheter removal Additional perform bladder washed out if there is blockage, and in case of unsuccessful reinsertion or bladder spasms contact urologist.</p>	<p>Good start!</p> <p>Additional perform bladder washed out if there is blockage – this is difficult to understand</p> <p>TWOC?</p>
<p>In view of the above it would be greatly appreciated if you could provide follow up care for Mr Ito. Please ensure he is managing his catheter or when leakage happens, kindly perform wash out and if unsuccessful reinsertion or in the presence of bladder spasm kindly contact the urology ward. Reinforcement for continence advice is highly appreciated. Additionally, please encourage him to consult a doctor if he experience issues post-catheter removal. Please note that he has an appointment for trial without catheter in outpatient clinic on 28 September.</p>	
<p>In view of the above, it would be appreciated if you could provide home visits and monitoring of the catheter for Mr Ito. Please be aware that in case of any catheter leakage, a wash-out procedure needs to be completed. If this is unsuccessful or any bladder spasms arise, urology ward can be contacted for the reinsertion if requires. Kindly reinforce continence advice and encourage him to contact his doctor for any issues post catheter removal. It is important to know that a TWOC</p>	<p>Fantastic!</p>

<p>appointment has been arranged for Mr Ito at Outpatient Clinic on 28 September.</p>	
<p>It would be appreciated if you could ensure Mr Ito performs the bladder wash- out successfully if the catheter leaks. Although continence advice has been given, he requires reinforcement on it.</p> <p>Please note that his appointment for trial without a catheter will be due on 28 September as an outpatient. Please encourage him to attend the appointment. Please do not hesitate to contact us on unsuccessful catheter reinsertion and or bladder spasm.</p>	<p>This is not related to the TWOC – it is only if there are issues after catheter removal that a doctor’s appointment is encouraged.</p>