

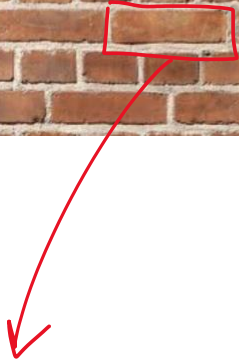
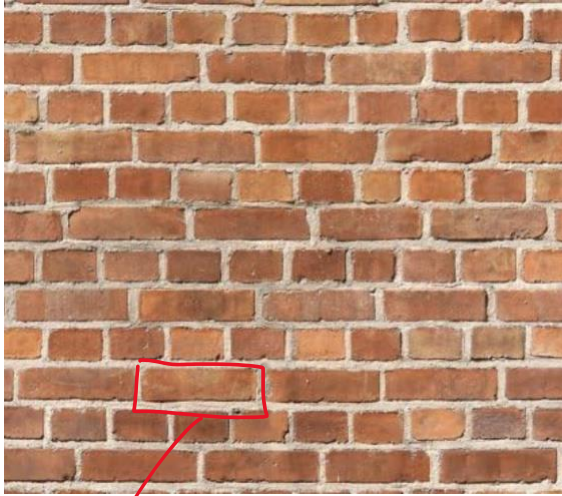
1 Review

2 Identify sentence types

3 Your paras last week

What is sentence structure like...?

Bricks



Alain has a car
mother



Watching TV on Wednesday, I called my

<p>SIMPLE</p>	<p>S v</p> <p>____, Mrs Green was admitted yesterday with her sister in the morning at 9:00 am</p>	<p>RESULTS LANGUAGE:</p> <p>Consequently, Due to this, As a result of this,</p> <p>* You can use these at the start of COMPOUND sentences as well</p>
<p>COMPOUND</p>	<p>S v + S v</p> <p>Mrs Green was sick, and she felt no pain.</p> <p>co-ordinating conjunctions: and, but, or</p>	<p>2 independent bricks</p> <p>RESULTS LANGUAGE:</p> <p>And as a result of this And due to this And as a consequence of this</p> <p>They do not join anything / no linking</p>
<p>COMPLEX</p>	<p>1. S v + S v</p> <p>Although Mr Green was admitted, he was not treated</p> <p>Subordinating conjunctions: although, when, while, even though, if</p> <p>2. S v + N</p> <p>She was sick despite taking the medication</p>	<p>1 independent, 1 dependent</p> <p>RESULTS LANGUAGE 1: Mr Green was sick as a result of which he went to hospital Mr Green was sick as a consequence of which he went to hospital</p> <p>RESULTS LANGUAGE 2: Mr Green was sick due to not taking medication Mr Green was sick resulting in him going to hospital Mr Green was sick as a result of not taking any medication Mr Green was sick which resulted in going to hospital</p> <p>* Preposition always signals need for noun phrase</p>

1. She was prescribed antibiotics, **and due to this she recovered.**
2. Her car crashed into a tree **which resulted in being admitted to hospital.**
3. She was non-compliant **as a result of which** she had a second illness.

S v

On 1 February , 2014, Mr. Aloisius was admitted to our emergency department _____ having signs and symptoms suggestive of pulmonary tuberculosis . On examination, he was cachectic and scattered rales on chest examination were noted . A chest X-ray revealed apical infiltration. Two days later, his acid-fast stain and mycobacterial culture were reported positive. _____, respiratory isolation was implemented, **and** isoniazid, 5mg, Rifampin 10mg, Pyrazinamide, 15-30mg, Vitamin B6, 50mg, and Ethambutol, 2.8g, were commenced. Today, 11th February, **Mr. Aloisius'** sputum acid-fast stain were negative **and due to this he is ready** to be discharged **as** he made good progress during hospitalization.

11th February 2019

Dr Christine Hodges
2 Hill Forest Road
Newtown

RE: Mr. John Aloisius, DOB (04/09/1985)

Dear Dr Hodges

I am writing to discharge Mr. Aloisius, who was diagnosed with pulmonary tuberculosis, and now he requires your further management.

On 1st February 2019, Mr. Aloisius was admitted to **our** ER with signs and symptoms suggestive of the aforementioned condition, **resulting in being placed** in a respiratory isolation room. Sputum and mycobacterial culture confirmed tuberculosis on 3rd February 2019. Appropriate treatment was commenced. Despite making good medical progress, he feels lonely and depressed due to isolation. Please note that his sputum test was negative on 11th February 2019.

On 1st February, Mr. Aloisius was admitted to our Emergency Department with night sweats, fever, cough with sputum, and some hemoptysis. He was treated accordingly and **subsequently** on 3rd February the **diagnosis** was confirmed. _____, he was started on isoniazid, 5mg/kg, Rifampin, 10mg/kg/day PO, Pyrazinamide, 15-30 mg/kg, and Ethambutol, 2.8g PO, twice weekly. Please note that on 11th February his sputum test was negative.

On 1st February 2019, Mr Aloisius was admitted to our ED with symptoms of suggestive of **pulmonary tuberculosis**. X-ray and sputum culture were conducted and confirmed the diagnosis **on 3rd February 2019**. _____, he was started **on** treatment on a 4-drug regimen (isoniazid, 5mg/kg, Rifampin, 10mg/kg, pyrazinamide, 15-30mg/kg, and ethambutol, 2.5g), **and** he made a good recovery **on 11th February 2019**.

On 1st February 2019, Mr John Aloisius was admitted to the Emergency Department of our hospital with a history **of fever, night sweet, cough and sputum with hemoptysis over several weeks**. On his examination, he was found cachectic and his BT38.5 and oxygen situations 92% were noted. A **chest x-ray revealed** apical infiltration, which confirmed the aforementioned diagnosis resulting in **him being placed** on respiratory isolation. Two days later, his sputum acid-fast stain and mycobacterial culture were positive for tuberculosis. As a result, he has been commenced on TB oral medication including isoniazid, 5mg/kg, rifampin, 10/kg, daily, pyrazinamide 15- 30mg/kg, ethambutol, 2.8g twice per week and vitamin B6, 50mg ,once a day.

Dr Christine Hodges
2 Hill Forest Road
Newton

11th February 2019

Dear Dr Hodges,

Re: John Aloisius
DOB: 4th September 1985

I am writing regarding your patient, Mr Aloisius, who was admitted to our hospital on 1st February 2019 **as a result of** breathing issues. Appropriate treatment for pulmonary tuberculosis was completed, and now he is scheduled to be discharged and requires your further management.

Initially, he presented with fever (38,5 oC), night sweats, and a productive cough, lasting for several weeks and occasionally accompanied with hemoptysis. Objectively, Mr Aloisius had signs of cachexia, **a saturational** level of 92%, and scattered rales with no consolidation **were** detected by auscultation. Pulmonary ~~TB~~ **tuberculosis was suspected**, and as a result of **this respiratory isolation was implemented**. Subsequently, a chest x-ray and laboratory tests confirmed the diagnosis, and Mr Aloisius was commenced on isoniazid 5 mg/kg daily, rifampin 10 mg/kg daily, pyrazinamide 15-30 mg/kg daily, **v**itamin B6 50 mg daily, and **e**thambutol 2.8 mg twice a week.