

OET Nursing Writing Week

Martha Brown

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

Planning

10 - 15 minutes:

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

What is the situation after the above steps?

I can focus on writing = Perfect circumstances in which to write a letter

Paragraph Functions

Introduction	<ul style="list-style-type: none"> • patient name • general medical context • general request/purpose
Timeline	<ul style="list-style-type: none"> • Say what happened from the beginning of this medical context • Go towards the present
Timeline - Current	<ul style="list-style-type: none"> • How the patient is now
Background - medical	<ul style="list-style-type: none"> • Unrelated but possibly useful information regarding health/medication
Background – social	<ul style="list-style-type: none"> • General lifestyle: Drinking/smoking, living situation, work etc
Request	<ul style="list-style-type: none"> • Specific detail about what we want - actions to continue care

Any other type: You choose – do you want another paragraph for a specific issue?

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Martha Brown case notes:

1. Who am I writing to?	Community nurse
2. What is the reader's task?	provide follow up care:
3. Do they know the patient?	No
4. Does the writer have any tasks?	appointment booked – 30 th November
5. Why am I writing <u>today</u> ?	Patient is ready for discharge
6. Is it urgent?	No

https://drive.google.com/file/d/1_nN-B9VCyajiUAGnYVKRJHVq7dblry_-/view?usp=sharing

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 20 October 2019.

You are a nurse in a hospital emergency department where you have been treating an elderly patient.

PATIENT DETAILS:

Name: Mrs Martha Brown

DOB: 23 September 1941 (78 y.o.)

Address: 98 Huntingdon Close, Lamington

Social background: Retired social worker

Lives alone

Husband died 10 yrs ago

Primary caregiver = 40 y.o. daughter Stephanie (away on 6-wk vacation since 15 October 2019)

Interests: knitting, playing cards w friend, TV

Past medical history: 2004: Rheumatoid arthritis (RA)

2016: R lateral malleolus fracture after fall

2018: Diag. diabetes mellitus – HbA1c 6.5% (Metformin 500mg 2x/day)

2018: Smith's fracture (L hand) after fall

June 2019: ↑HbA1c (>7.5%), Metformin ↑ to 500mg 3x/day

Admission to Emergency Dept. (ED):

20 October 2019

Presenting factors: 4 puncture wounds on R hand, inc. deep wound near thenar muscles (2mm depth approx.) after dog bite (brought to ED by neighbour)

Unable to move hand – pain 6/10

Low-grade fever (37.3°C) – pt reported 3-day duration

Tests:

- FBCs, U&Es, X-ray (R hand) – NAD (no abnormalities detected)
- Urinalysis – positive to protein, leucocytes & nitrites; some pain on micturition, UTI evident
- Blood sugar (post-prandial) = 9.7mmols

- Nursing management:**
- Wound cleaned w saline & iodine dressing applied, covered w padding & bandaging
 - Tetanus prophylaxis
 - Analgesia – paracetamol 1g 4x/day (to continue prn)
 - Co-amoxiclav commenced 500mgs 3x/day for 7 days (UTI & wounds)

Assessment:

Pt. stabilised, ready for discharge
Pain ↓ slightly (4/10)
Limited movement of L thumb, index, middle finger (cause = pain)
BP: 120/79, Pulse: 84 BPM, Temp: 37.2°C (normal)

- Discharge plan:**
- Pt. agreed to ↑fluid intake (usual intake: 2 glasses/day)
Refer to community nurse:
- Provide wound & dressing care (change 2–3x/wk x 14 days w iodine-based dressing, padding & bandaging)
 - Monitor UTI symptoms
 - Encourage/monitor ↑fluid intake (>8 glasses/day)
 - Monitor progress & report any problems to family doctor (daughter away)
- Note: Pt's follow-up appt. w family doctor = 30 November

Plan: Write to community nurse

Writing Task:

Using the information in the case notes, write a discharge letter to Ms Smith, the community nurse, summarising the patient's hospital treatment and outlining her ongoing care needs. Address your letter to Ms Naomi Smith, Community Nurse, Community Nursing Centre, Lamington.

In your answer:

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

The body of the letter should be approximately 180–200 words.

Paragraph Plan

Make a paragraph plan using the planning and discussions in class, using any of the below paragraph functions:

Letter Plan

Introduction	Patient: General Medical Context: General Request:
Presentation & management	Admission to Emergency Dept. (ED): 20 October 2019 Presenting factors: 4 puncture wounds on R hand, inc. deep wound near thenar muscles (2mm depth approx.) ✓ after dog bite (brought to ED by neighbour) Unable to move hand – pain 6/10 ✓ ✓ Low-grade fever (37.3°C) – pt. reported 3-day duration Tests: <ul style="list-style-type: none"> FBCs, U&Es, X-ray (R hand) – NAD (no abnormalities detected) ————— summarise Urinalysis – positive to protein, leucocytes & nitrites; some pain on micturition, UTI evident Blood sugar (post-prandial) = 0.7mmole Nursing management: <ul style="list-style-type: none"> Wound cleaned w saline & iodine dressing applied, covered w padding & bandaging ✓ Tetanus prophylaxis ✓ Analgesic paracetamol 1g 4x/day (to continue prn) ✓ Co-amoxiclav commenced 500mgs 3x/day for 7 days (UTI & wounds) ✓
Assessment	Assessment: Pt. stabilised , ready for discharge ✓ Pain slightly (4/10) Limited movement of L thumb, index, middle finger (cause = pain) ✓ BP: 120/79, Pulse: 84 BPM, Temp: 37.2°C (normal) ————— summarise
Background	Retired social worker Lives alone Husband died 10 yrs ago Primary caregiver = 40-y.o. daughter Stephanie (away on 6-wk vacation since 15 October 2019) Interests: knitting, playing cards w friend, TV 2004: Rheumatoid arthritis (RA) 2016: R lateral malleolus fracture after fall 2018: Diag. diabetes mellitus – HbA1c 6.5% (Metformin 500mg 2x/day) 2018: Smith's fracture (L hand) after fall > summarise June 2019: ↑HbA1c (>7.5%), Metformin ↑ to 500mg 3x/day
Request	Pt. agreed to ↑fluid intake (usual intake: 2 glasses/day) ✓ Refer to community nurse: <ul style="list-style-type: none"> Provide wound & dressing care (change 2–3x/wk x 14 days w iodine-based dressing, padding & bandaging) ✓ Monitor UTI symptoms ✓ Encourage/monitor ↑fluid intake (>8 glasses/day) Monitor progress & report any problems to family doctor (daughter away) ✓ Note: Pt's follow-up appt. w family doctor = 30 November ✓

Homework:

Write s and send through to laurence@set-english.com

Introductions

Student	Teacher
<p>I am writing regarding Mrs Martha Brown, who has was admitted to our hospital due to 4 puncture wounds following a dog bite. She is due to be discharged today and now requires your further care and monitoring.</p>	<p>Presentation content – not needed in intro</p>
<p>Ms Naomi Smith Community Nurse Community Nursing Centre Lamington</p> <p>20th October 2019</p> <p>Re: Mrs Martha Brown, DOB: 23rd September 1941</p> <p>Dear Ms Smith,</p> <p>I am writing regarding Mrs Brown, who is recovering from a dog bite and UTI. She is ready to be discharged today and requires your follow up care and monitoring.</p>	<p>Grammar: No errors!</p> <p>Format & layout: Perfect!</p> <p>Nice summary of the situation: recovering</p>
<p>I am writing regarding Mrs Brown, who sustained puncture wounds following a dog bite. She is has also been diagnosed with urinary tract infection and now requires home visits for follow-up care upon discharge today.</p>	
<p>Ms Naomi Smith Community Nurse Community Nursing Centre Lamington</p> <p>20 October 2019</p> <p>Dear Ms Naomi Smith,</p> <p>Re: Mrs Martha Brown, DOB: 23 September 1941 (aged 78)</p>	

<p>I am writing regarding Mrs Martha Brown, who was admitted to hospital with 4 puncture wounds on her right hand following a dog bite. She is ready for discharge and requires your ongoing care.</p>	<p>Leave the specifics for the presentation</p>
<p>Community Nurse Community Nursing Centre Laminghton</p> <p>Dear Nurse,</p> <p>Re: Mrs Martha Brown, aged is 78</p> <p>I am writing regarding Mrs Martha Brown, who was admitted to the emergency department due to a deep wound near the thenar muscles after a dog bite. She is stabilised and is now ready for discharge and needs ongoing care.</p>	<p>Paul Craven</p> <p>Mr Craven</p> <p>In introduction it's ok to put full name and title:</p> <p>Mrs Martha Brown</p> <p>In remaining paras: Mrs Brown</p> <p>Why focus on muscles and not which hand?</p> <p>Did we have stabilise her?</p>
<p>20th October 2019</p> <p>Ms Naomi Smith Community nurse Community nursing centre Lamington</p> <p>Re: Martha Brown, 78 years old</p> <p>Dear Ms Smith,</p> <p>I am writing to you regarding Mrs Brown, who is ready to be discharged after dog bite wounds from our emergency department. She now requires your follow up care and support.</p>	<p>Be careful. These are better options:</p> <p>I am writing to you regarding Mrs Brown, who is ready to be discharged from our emergency department, after dog bite wounds.</p> <p>I am writing to you regarding Mrs Brown, who presented to our emergency department with a dog bite and is now ready to be discharged.</p>
<p>I am writing regarding Mrs Martha Brown, who is going to be discharged today with UTI symptoms and she requires your further care and support.</p>	<p>Strange focus – does she have symptoms now?</p> <p>The reader is supposed to monitor them – but that is, I think, only if they return. I think the focus here should be on what she is recovering from?</p>
<p>20th October 2019</p>	

Ms Naomi Smith
 Community Nurse
 Community Nursing Centre,
 Lamington

Re: Mrs Martha Brown, DOB 23rd September 1941

Dear Ms Smith

I am writing regarding Mrs Martha Brown, who was admitted to our emergency department due to a dog bite incident. She is scheduled to be discharged and now your ongoing care and monitoring is required.

20th October 2019

Ms Naomi Smith
 Community Nurse
 Community Nursing Centre,
 Lamington

Dear Ms Smith,

Re: Mrs Martha Brown DOB: 23rd September 1941

I am writing regarding Mrs Martha Brown, ~~whose~~ ~~for whom~~ wounds care and treatments were provided following a dog bite. She is scheduled to be discharged today and now requires your follow up care.

20th October 2019

Ms Naomi Smith
 Community nurse
 Community Nursing center
 Lamington.

Dear Ms Simth,

RE: Mrs Martha Brown. DOB:23rd September 1941.Age 78.

I am writing this letter regarding Mrs Martha Brown who has punctured ~~wounds~~ following a dog bite. She is been discharged today, and now ~~request~~ ~~requires~~ ongoing care.

Dear Ms Naomi Smith,

I am writing regarding Mrs Martha Brown who was admitted to our hospital recently due to ~~deep wound near the thenar muscles her right hand following~~ a dog bite. She is due to be discharged today and now requires your further care and support.

Ms Naomi Smith

Community Nurse

Community Nursing Centre

Lamington

20th October 2019

Dear Ms Smith,

Re: Mrs Martha Brown, aged 78

I am writing regarding Mrs Martha Brown, who has been attended to due to wounds on ~~a~~ her right hand. She is ready to be discharged today and requires your follow-up care.

Community Nurse

Community Nursing Center

Lamington

20 th October 2019

Dear Nurse,

Re: Mrs Martha Brown, DOB: 23, September

I am writing to refer Mrs Brown who was admitted to our Emergency Department where I have been treating elderly patient. After having a complete management for condition of bitten by a dog and UTI, patient is to be discharged on the same day. Please provide your follow-up care in assisting this patient especially by

A lot of information here! Is it direct and does it give a brief summary?

<p>considering a appointment with family doctor on 30 th September.</p>	
<p>I am writing regarding Mrs Martha Brown, who was admitted our hospital due to be deep wound near thennar muscles (-2mm deep approx.) following bite by a dog. She is due to be discharged today and now requieres your further care and monitoring.</p>	<p>Save wound description for presentation.</p>
<p>I am writing regarding Ms Smith, who is recovering from a dog bite. She is scheduled to be discharged today, and now requires ongoing care and monitoring.</p>	

Presentation & Treatment Paragraph

Admission to Emergency Dept. (ED):

20 October 2019

Presenting factors: 4 puncture wounds on R hand, inc. deep wound near thenar muscles (2mm depth approx.) ✓
 after dog bite (brought to ED by neighbour)
 Unable to move hand – pain 6/10 ✓
 ✓ Low-grade fever (37.3°C) – ~~pt reported 3 day duration~~

Tests:

- FBCs, U&Es, X-ray (R hand) – NAD (no abnormalities detected) ✓
- Urinalysis – positive to protein, leucocytes & nitrites; some pain on micturition, UTI evident
- ~~Blood sugar (post-prandial) – 0.7mmols~~

summarise

Nursing management:

- Wound cleaned w saline & iodine dressing applied, covered w padding & bandaging ✓
- Tetanus prophylaxis ✓
- ~~Analgesia~~ paracetamol 1g 4x/day (to continue prn) ✓
- Co-amoxiclav commenced 500mgs 3x/day for 7 days (~~UTI & wounds~~) ✓

Student	Teacher
<p>Today, Mrs Brown has been admitted to our Emergency Department having/with deep wounds on her R hand near the thenar muscles, after a dog bite incident. During her short stay the necessary ily tests were have been performed and she has been treated accordingly.</p> <p>Despite her stable condition, her L thumb mobility is limited, urinalysis has shown positive evident of UTI for which, Mrs Brown was prescribed Co-amoxiclav and she agreed to increase her fluid intake. Currently her pain has been decreased and she is ready to be discharged.</p>	<p>Past simple would be better at the beginning.</p> <p>Present perfect would be better with 'during her stay'</p> <p>A little mixed up but still makes sense.</p> <p>Think about the exam – you're under pressure – look for simple organisational solutions</p>
<p>Mrs Brown presented with deeper wounds on her right hand after being bitten by a dog. Upon assessment, she has had a low-grade fever, which she has been experiencing for the past 3 days. Her laboratory examinations were in normal ranges. However, her urinalysis revealed a UTI.</p>	

<p>Mrs Brown's wounds were cleaned and dressed, along with tetanus prophylaxis injection. She was prescribed paracetamol and amoxiclav 500mg to be taken three times a day for 7 days. Additionally, she was advised to increase her fluid intake. After the management provided for her, Mrs Brown's vital signs are all in the normal range.</p>	<p>Mrs Brown's wounds were cleaned and dressed, along with tetanus prophylaxis injection <u>being injected</u>.</p> <p>Mrs Brown's wounds were cleaned and dressed, and tetanus prophylaxis injection <u>was administered</u>.</p> <p>It's understandable to combine the assessment – but don't oversummarise</p>
<p>On 20 October 2019 Today, she Mrs Brown had a wound on her right hand, which was approximately 2 mm deep and she was unable to move her hand. In addition, she had a low-grade fever. Urinalysis was performed. Protein was positive and UTI was evident, and as well as some pain on micturition, for which she was commenced Co-amoxiclav for 7 days, which was 500 mgs three times a day and was on paracetamol.</p> <p>Mrs Brown's wound was cleaned with saline and iodine dressing was applied. Additionally, her wound was covered with padding and bandaging. Tetanus prophylaxis was administered.</p>	<p>In new para – re-introduce patient name</p> <p>We don't need protein / micturition</p> <p>fever urinalysis UTI evident</p> <p>In addition, she had a low grade fever, and as a result, urinalysis was performed, which revealed a UTI. Paracetamol PRN and co-amoxiclav were commenced, for 7 days, 500mg three times a day.</p> <ul style="list-style-type: none"> - addition - result - relative clause
<p>On 20th October 2019, Mrs Brown presented to our ED after having with a dog bite, resulting in her having four puncture wounds on her right hand. The wounds were kept cleaned and dressed with iodine-based dressings. During her stay, she developed low grade fever and experienced moderate pain from the wounds, for which she was given paracetamol. Additionally, she was tested for a UTI, and as a result of this, Co-amoxiclav, 500mg, 3 times a day for one week has commenced. As a precautionary measure, tetanus vaccine was also given. Mrs Brown has been taking metformin, 500mg, three times a day but her sugar levels are still high.</p>	<p>On 20th October 2019, Mrs Brown presented to our ED after being bitten by a dog.</p> <p>This is not accurate</p> <p>If we have a number – 6/10 – use the number</p> <p>did she have a UTI?</p> <p>Urinalysis revealed a UTI, for which co-amoxiclav, 500mg, 3 times a day was commenced for seven days.</p> <p>A number of issues that the examiner would pick up – that affect 5 criteria</p>

<p>Mrs Brown was admitted to emergency department after a dog bite. She has 4 puncture deep wounds near the thenar muscles on her right hand and she was unable to move her hand. Mrs Brown's blood test and X ray result is investigations were unremarkable but her urine test has been showed a urine tract infection evident.</p> <p>Mrs Brown's wound was cleaned with saline, and iodine dressing was applied in addition and it was covered with padding and bandaging. Tetanus injection was also applied and paracetamol was prescribed. Because of dog bite and UTI evident has been found, Please note, co-amoxiclov 500 mgs 3x/day for 7 days has been commenced by doctor. <i>Currently Mrs Brown is stabilised and she has limited movement on her hand. She is ready to go home.</i></p>	<p>If you use 'show' you don't need to say it is also evident</p> <p>an x, y and z list is fine here</p> <p>We don't need to say the doctor here – we already know</p> <p>This last section is too summarised for me – and should be in a separate assessment para</p>
<p>Mrs Brown was presented to our clinic with four puncture wounds on her right hand and one of them is approximately 2 mm depth and near the thenar muscles. The wounds were cleaned and dressed appropriately and a tetanus vaccine was given. She reported that she has been having a low grade fever for the last 3 days. Her test results were normal except urinalysis, which revealed a UTI. It was found that she has been having a UTI. Following this Consequently, co-amoxiclov and paracetamol were commenced.</p> <p>Currently, Mrs Brown's vital signs within normal limits and she is ready to be discharged. Please note that her thumb, index and middle fingers' movement has been limited due to slight pain.</p>	<p>Even though neighbours brought her we still don't say 'was presented'</p> <p>A relative clause makes this much neater</p> <p>Consequently more concise and shows cause/result</p> <p>Would dosage of antibiotic be useful for community nurse?</p> <p>Pain score would be useful?</p>
<p>On examination, Mrs Brown was unable to move her hand. She reported that she had a fever for 3-day duration. Test results showed no abnormalities on her hand, but urinalysis revealed a urinary tract infection. Subsequently, her wound was cleaned with saline, an iodine dressing was applied, and covered with bandaging. Tetanus prophylaxis and paracetamol were administered. In addition, Co-</p>	<p>This seems a little strange – where is the detail about the wound – location, number of punctures, depth etc? In contrast, why do we need to know fever duration?</p>

<p>amoxiclav has been commenced 500 mg, three times a day, for 7 days. <i>On assessment, she has made good progress, but her movement on her right hand was limited due to pain.</i></p>	<p>Pain score?</p>
<p>On 20th October 2019 Today, Mrs Brown had 4 puncture wounds on her right hand and a deep wound near the thenar muscles. Tests were normal but urinalysis revealed UTI and she has been commenced on co-amoxclav 500 mg for 7 days. In addition, her wounds have been cleaned and covered with padding as well as and tetanus prophylaxis was given. <i>Currently, her vital signs are normal and she is ready to be discharged.</i></p>	<p>Be careful with 'as well as'!</p> <p>This is over-summarised for the assessment section</p>
<p>Today, Mrs Brown was brought to our Emergency Department with pain and inability to move her right hand, due to deep wounds near the thenar muscles. On examination, her urinalysis was positive, resulting in her being diagnosed with UTI. However, her other tests are normal. Consequently, she has been treated accordingly, including the administration of tetanus prophylaxis. Additionally, she has been prescribed co-amoxiclav 500mg, 3 per day for 7 days and paracetamol 1g, 4 per day, when required.</p> <p>Currently, Mrs Brown's status remains stable and her pain has decreased, although her movements are limited in her left thumb, index and middle finger.</p>	<p>Fantastic!</p> <p>Pain score?</p>
<p>Mrs Brown presented with 4 puncture wounds on her right hand including an approximately 2mm deep wound near thenar muscle as a result of a dog bite. Afternoon admitted, UTI was evidenced by urine analysis. Her wound was cleaned with saline, applied an iodine dressing was applied, and it was covered with padding and bandaging. In addition, tetanus prophylaxis was given. Co-Amoxiclav, 500mg, 3 times per day for 7 days for UTI and wound has been commenced and paracetamol has also been prescribed.</p>	<p>Does it matter if it's approximate?</p> <p>- not sure what this means?</p> <p>Unfortunately, a wound cannot be applied – only a dressing can.</p>
<p>Today, Mrs Brown was admitted to the Emergency Department due to a dog bite. She had 4 deep puncture wounds on her right hand. In addition, she was in pain and unable to move her hand. Her investigations were normal</p>	<p>Great writing!</p>

except for her urine test, which confirmed a UTI. She has been commenced on Co-amoxiclav 500mg, 3 times per day for 7 days and Paracetamol 1g.

Additionally, her wound has been cleaned with saline and iodine dressing has been applied, ~~as well as~~ and tetanus prophylaxis has been administered.

Currently, Mrs Brown is stable and ready for discharge, despite having a slight pain and limited movement on her right hand.

Be careful with 'as well as'!

- possibly over-summarised – pain score and specifics on movement limitations could be useful for community nurse

Assessment & Background

Assessment	<p>Assessment: Pt. established, ready for discharge ✓</p> <p>Pain decreased (4/10)</p> <p>Limited movement of L thumb, index, middle finger (cause = pain) ✓</p> <p>BP: 120/79, Pulse: 84 BPM, Temp: 37.2°C (normal) _____</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">summarise</div>
Background	<p>Retired social worker.</p> <p>Lives alone</p> <p>Husband died 10 yrs ago</p> <p>Primary caregiver = 40-yr. daughter Stephanie (away on 6-wk vacation since 15 October 2019)</p> <p>Interests: knitting, playing cards w friend, TV</p> <p>2004: Rheumatoid arthritis (RA)</p> <p>2016: R lateral malleolus fracture after fall</p> <p>2018: Diag. diabetes mellitus – HbA1c 6.5% (Metformin 500mg 2x/day)</p> <p>2018: Smith's fracture (L hand) after fall</p> <p>June 2019: ↑HbA1c (>7.5%), Metformin ↑ to 500mg 3x/day</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">summarise</div>

Student	Teacher
<p>On assessment, Mrs Brown's pain has decreased with limited movement of her right thumb, index and middle finger observed. Additionally, her vital signs are unremarkable and she is ready for discharge.</p> <p>Socially, Mrs Brown lives alone and her primary caregiver is her daughter, who is away on a vacation for 6 weeks. Medically, she has had diabetes since 2018 which is being managed with metformin, 500mg 3 times daily.</p>	<p>On assessment, Mrs Brown's pain has decreased with limited movement in her left hand observed. Additionally, her vital signs are normal and she is ready for discharge.</p> <p>Socially, Mrs Brown lives alone and her primary caregiver is her daughter, who is away on a vacation for 6 weeks. Medically, she has had diabetes since 2018, which is being managed with metformin, 500mg, 3 times daily.</p> <ul style="list-style-type: none"> • Mrs Brown has the wound on the right hand but also her left hand has limited movement due to the Smith's fracture in 2018 • Great paragraphs – well-summarised and clear!
<p>Mrs Brown lives alone and her daughter, who has been on six weeks vacation since 15th October, is taking care of her. Regarding Mrs Brown's medical background she has Rheumatoid arthritis and diabetes for which she takes Metformin. Additionally, her L thumb's mobility is limited and she has had history of falls the previous two years.</p>	<p>Mrs Brown lives alone and her daughter, who is currently on a six-week vacation since 15th October, usually takes care of her. Regarding Mrs Brown's medical background, she has Rheumatoid arthritis and diabetes, for which she takes metformin. Additionally, the mobility of her left hand is limited and she has had a history of falls over the previous three years.</p>

	<ul style="list-style-type: none"> • No dosage or schedule for metformin – important for nurse to know? • No assessment paragraph – was this included in another paragraph?
<p>According to the final assessment, Mrs Brown is being experienced limited movement of right thumb, index and middle finger, is causing by 4/10 grade pain. Her vital signs are normal and she is clinically stabilised after initial treatments.</p> <p>Mrs Brown is a retired social worker, who lives alone without any primary care because, her daughter is having been away for 6 weeks since 15th of October. Mrs Brown is currently taking metformin, 500mg, 3 times a day for diabetes.</p>	<p>According to the final assessment, Mrs Brown is experiencing limited movement in her left hand. In addition, her pain has reduced to 4/10. Her vital signs are normal and she is ready for discharge after initial treatments.</p> <p>Mrs Brown is a retired social worker, who lives alone and currently has no primary care giver because, her daughter is on vacation for 6 weeks since 15th of October. Mrs Brown is currently taking metformin, 500mg, 3 times a day for diabetes.</p> <ul style="list-style-type: none"> • Mrs Brown has the wound on the right hand but also her left hand has limited movement due to the Smith's fracture in 2018
<p>Mrs Martha Brown is now ready for discharge. She has been experiencing pain, which is 4 out of 10, and as a result of having limited movement of her right hand. Additionally, her vital signs are normal. Medically, she also has diabetes mellitus, for which she takes metformin 500 mg, three times a day. In addition, she lives alone.</p>	<p>Mrs Martha Brown is now ready for discharge. She has been experiencing pain, which is now 4 out of 10, and has limited movement in her left hand. Additionally, her vital signs are normal. Medically, she also has diabetes mellitus, for which she takes metformin, 500 mg, three times a day. In addition, she lives alone.</p> <ul style="list-style-type: none"> • Mrs Brown has the wound on the right hand but also her left hand has limited movement due to the Smith's fracture in 2018 • No mention of daughter on holiday and being her primary care giver – important for the nurse to know?
<p>Currently, Mrs Brown's status remains stable, her pain has decreased and is ready for discharge, although her movements are limited in her right thumb, index and middle finger.</p>	<p>Currently, Mrs Brown's status is stable, her pain has decreased to 4/10, and she is ready for discharge. However, the movements are limited in her left hand.</p> <p>In terms of her social background, Mrs Brown lives alone and her primary caregiver is her daughter, who is currently on a 6-week</p>

<p>In terms of her social background, Mrs Brown lives alone and her primary caregiver is her daughter, who is currently on 6 weeks vacation. Medically, she has diabetes, for which she takes metformin 500mg, 3 per day .</p>	<p>vacation. Medically, she has diabetes, for which she takes metformin, 500mg, 3 times per day.</p> <ul style="list-style-type: none"> Mrs Brown has the wound on the right hand but also her left hand has limited movement due to the Smith's fracture in 2018
<p>After the management provided for Mrs Brown, her vital signs are all in normal range. Although she has limited movement of her right thumb and mild pain, she is now stable.</p> <p>Socially, Mrs Brown is living alone and her primary caregiver is her daughter, who is on vacation for 6 weeks since 15 October. Medically, she has had diabetes since 2018 for which she has been taking metformin three times a day.</p>	<p>After the management provided to Mrs Brown, her vital signs are all in normal range. Although she has limited movement in her left thumb and mild pain, she is now stable.</p> <p>Socially, Mrs Brown lives alone and her primary caregiver is her daughter, who is currently on vacation for 6 weeks since 15 October. Medically, she has had diabetes since 2018, for which she takes metformin, 500mg, three times a day.</p> <ul style="list-style-type: none"> Mrs Brown has the wound on the right hand but also her left hand has limited movement due to the Smith's fracture in 2018
<p>In terms of Mrs Brown background, she lives alone and her daughter, who is her primary carer, has been away on a six-week vacation. She has diabetes mellitus for which she takes metformin 500 mg 3 times a day. Although Mrs Brown's pain has been decreasing there is still limited movement on her hand. Her vital signs were observed / monitored normal and she is ready to be discharged.</p>	<p>In terms of Mrs Brown's background, she lives alone and her daughter, who is her primary carer, is currently away on a six-week vacation. She has diabetes mellitus, for which she takes metformin, 500 mg, 3 times a day. Although Mrs Brown's pain has decreased, there is still limited movement in both hands. Her vital signs are observed / monitored normal and she is ready to be discharged.</p> <ul style="list-style-type: none"> Mrs Brown has the wound on the right hand but also her left hand has limited movement due to the Smith's fracture in 2018 Maybe it would be clearer to put the assessment paragraph first as this is connected to the previous paragraph regarding treatment?
<p>On assessment, Ms Brown reported that her pain decreased at 4/10 and she has limited movement of her left thumb, index and middle finger. Her vital signs are within normal range,</p>	<p>On assessment, Ms Brown reported that her pain had decreased to 4/10 but she has limited movement in her left hand. Her vital signs are</p>

<p>and as a result she is now ready to be discharged.</p> <p>Regarding her background, Ms Brown lives alone and has her daughter as a primary caregiver, although now she is away on an extended vacation. Medically, Ms Brown has diabetes, for which she takes Metformin 500mg three times a day.</p>	<p>within normal range, and as a result she is now ready to be discharged.</p> <p>Regarding her background, Ms Brown lives alone and has her daughter as a primary caregiver, although she is currently away on an extended vacation. Medically, Ms Brown has diabetes, for which she takes metformin, 500mg, three times a day.</p> <ul style="list-style-type: none"> • Nice clear paragraphs with a good level on content – just some minor language issues
<p>Mrs Martha's hand pain has decreased and her condition has stabilised, although she is still experiencing limited movement in her left fingers.</p> <p>Mrs Martha lives alone. Her daughter is the main caregiver and she is on vacation at the moment. Mrs Martha was diagnosed with diabetes Mellitus, for which she has been taking metformin, 500mg, 3 times a day.</p>	<p>Mrs Brown's hand pain has decreased and her condition has stabilised, although she is still experiencing limited movement in her left hand.</p> <p>Mrs Brown lives alone. Her daughter is her main care giver but she is on vacation at the moment. Mrs Brown has diabetes mellitus, for which she takes metformin, 500mg, 3 times a day.</p> <ul style="list-style-type: none"> • Mostly clear paragraphs – only some language issues • Remember to use Mr/Mrs/Ms with the surname when referring to the patient