

OET Nursing Writing Week

Robert England

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

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Robert England case notes:

1. Who is the reader?	Community nursing service
2. What is the reader's task?	Follow up care at patient's home
3. Does the reader know the patient?	No
4. Does the writer have any tasks?	yes – advice has been given / review appointment has been arranged
5. Why am I writing today ?	patient ready for discharge
6. Is it urgent?	no

Notes:

Assume that today's date is 27 May 2019.

You are a charge nurse working in the surgical ward of Longford General Hospital. A male patient was admitted to your unit for open stent graft surgery.

PATIENT DETAILS:

Name: Robert England (Mr)
DOB: 09 Nov 1957 (62 y.o.)
Address: 76 Laburnum Close, Longford
Next of kin: Wife, Anna (60 y.o.), no children

Social background:

Recently retired wine waiter - now works freelance as wine taster
 Interests: gardening, cooking, reading, TV, travel
 Sedentary lifestyle

Past medical history:

Current BMI 29.5 (overweight – borderline obese)
 High-fat, high-salt diet & 'lots of red meat'
 Ex heavy smoker (30 cigs/day) - quit 55 y.o.
 Moderate alcohol intake (2 glasses wine/day w. meals)
 Hypertension diag. 2017

Family history: Father dec. 57 y.o. - ruptured AAA (abdom. aortic aneurysm)
 Mother dec. 83 y.o. - Alzheimer's

Current medications:

Verapamil (80mg 3x/day) - hypertension

Hospital admission: 19 May 2019

Presenting problem:

Lower back pain, pulsing sensation & generalised abdominal pain
 Full blood count/ liver function test – unremarkable
 Ultrasound
 CT abdomen with contrast → large (7cm) AAA (Abdominal Aortic Aneurysm)

Diagnosis: AAA (Abdominal Aortic Aneurysm)
 Need for urgent stent graft surgery

Medical treatment:

20 May 2019 Stent graft surgery (open)
 Pt transferred →ICU for 48 hrs post-op

Nursing management:

Indwelling Foley catheter in situ
 Wound drain (Redivac) in situ
 PCA (patient-controlled analgesia) device in situ
 Mepore dressing on surgical site (dissolvable sutures)
 Need to observe for DVT risk & check breathing – pt. in upright position
 IV antibiotics (Cefazolin 2g pre-op, 1g intra-op)

Assessment: Good progress: vital signs within normal range

27 May 2019 Pt instructed in necessary lifestyle changes:

- ↓intake of alcohol, animal fats, fried foods, salt
- ↑dietary fibre
- Achieve & maintain optimal weight (?referral to dietician)
- No weight-bearing/strenuous exercise (→6 wks.)
- Gentle exercise, gradually ↑
- No driving →4 wks.

Pt discharged w. low-dosage aspirin
 Community nurse home visits arranged (1x/day →1 wk.)

Discharge plan: Community nurse to monitor breathing, cleanse & dress wound, check vital signs
 Check compliance w. lifestyle advice
 NB Review 30 May 2019 in Outpatients Dept.

Plan: Write to Community Nursing Service

Writing Task:

Using the information given in the case notes, write a letter to Mrs Moore, Head of the Community Nursing Service. In your letter, briefly outline Mr England's condition, medication and recommended follow-up care. Address your letter to Mrs Fiona Moore, Head of the Community Nursing Service, 26 Park Road, Longford.

<https://drive.google.com/file/d/1MQ6Yh3wcUSQ5SvG71L29zrEmDz73m5w/view?usp=sharing>

Paragraph Planning

Introduction	
Early timeline	<p>Hospital admission: 19 May 2019</p> <p>Presenting problem:</p> <p>Lower back pain, pulsing sensation & generalised abdominal pain Full blood count/ liver function test – unremarkable Ultrasound CT abdomen with contrast → large (7cm) AAA (Abdominal Aortic Aneurysm)</p> <p>Diagnosis: AAA (Abdominal Aortic Aneurysm) Need for urgent stent graft surgery</p> <p>Medical treatment:</p> <p>20 May 2019 Stent graft surgery (open) ✓ Pt transferred → ICU for 48 hrs post op</p> <p>Nursing management:</p> <p>Indwelling Foley catheter in situ Wound drain (Redivac) in situ PCA (patient-controlled analgesia) device in situ Mepore dressing on surgical site (dissolvable sutures) Need to observe for DVT risk & check breathing – pt. in upright position IV antibiotics (Cefazolin 2g pre-op, 1g intra-op)</p> <p>Assessment: Good progress: vital signs within normal range ✓</p>
Current	<p>27 May 2019</p> <p>Pt instructed in necessary lifestyle changes:</p> <ul style="list-style-type: none"> • ↓intake of alcohol, animal fats, fried foods, salt ✓ • ↑dietary fibre ✓ • Achieve & maintain optimal weight (referral to dietician) ✓ • No weight-bearing/strenuous exercise (→6 wks.) ✓ • Gentle exercise, gradually ↑ ✓ • No driving →4 wks. ✓ <p>Pt discharged w. low-dosage aspirin ✓ Community nurse home visits arranged (1x/day →1 wk)</p>

Background	<p>Next of kin: ✓ Wife, Anna (60 y.o.), no children</p> <p>Social background: Recently retired wine waiter - now works freelance as wine taster Interests: gardening, cooking, reading, TV, travel Sedentary lifestyle ✓</p> <p>Past medical history: Current BMI 29.5 (overweight - borderline obese) ✓ High-fat, high-salt diet & 'lots of red meat' ✓ SM ← Ex heavy smoker (30 cigs/day) - quit 55 y.o. ✓ Moderate alcohol intake (2 glasses wine/day w. meals) Hypertension diag. 2017</p> <p>Family history: Father dec. 57 y.o. - ruptured AAA (abdom. aortic aneurysm) Mother dec. 83 y.o. - Alzheimer's</p> <p>Current medications: ✓ Verapamil (60mg 3x/day) - hypertension</p>
Request	<p>Discharge plan: Community nurse to monitor breathing, cleanse & dress wound, check vital signs Check compliance w. lifestyle advice NB Review 30 May 2019 in Outpatients Dept.</p>

Write introduction & early timeline and send to paul@set-english.com