

OET Nursing Writing Week

Lisa Simmonds

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

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Lisa Simmonds case notes:

1. Who is the reader?	Charge nurse – gastroenterology
2. What is the reader's task?	prepare patient for urgent cholecystectomy
3. Does the reader know the patient?	no
4. Does the writer have any tasks?	no
5. Why am I writing <u>today</u> ?	diagnosis – yesterday and treatment decided
6. Is it urgent?	yes

<https://www.dropbox.com/scl/fi/ryop6if1srapugri9py8n/Lisa-Simmonds.pdf?rlkey=k9xt62tsj2eroplq7xci5tk0&dl=0>

Test 5

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 22 May 2017.

You are a nurse in a hospital emergency department where you have been looking after a female patient.

PATIENT DETAILS:

Name: Lisa Simmonds (Ms)
DOB: 2 January 1987 (30 y.o.)
Address: 23 Brighton Avenue, Cookstown

Social background: Fashion designer
 Lives alone in 2-bedroom flat
 Parents – overseas, no siblings
 Generally sedentary – ‘hates’ exercise
 Diet: processed, ready-to-eat meals
 Interests: watching movies, baking

Past medical history: Atopic dermatitis (3–6 y.o.)
 R arm fracture (12 y.o.)
 No smoking or alcohol consumption
 No hypertension/allergies
 BMI 29 (borderline obese) – unsuccessful ‘fad’ diets 2016

Emergency Dept (ED) Admission: 21 May 2017

Presenting factors:

Subjective Acute abdominal pain in RUQ (7/10)
 Regular acid reflux, nausea & vomiting 1 wk
 Fever
 Diaphoresis

Objective BP: 145/90 mmHg (elevated), P: 97 beats/min (elevated), T: 37.8°C (elevated), RR: 18 breaths/min (normal), oxygen saturation (SaO₂): 96% (normal)
 Pt. worried, pain intense → protective behaviour (guarding)

Tests: Murphy's sign (positive)
 Ultrasound = clinical ascending cholangitis, dilated CBD 6 mm, pericholecystic fluid
 LFTs (liver function tests): elevated alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT) & serum bilirubin (6 mg/dL)

Urinalysis: normal
 CRP (C-reactive protein): elevated (infection present)
 Full blood count: elevated WBCs (13,000 μ L)

Diagnosis: Acute cholecystitis (\rightarrow laparoscopic cholecystectomy)

Nursing treatment record:

21 May 2017: Analgesia: diclofenac 75 mg IM (2x/day)
 Anti-emetic: stemetil 12.5 mg IM (2x/day)
 IV: fluids for hydration, cefuroxime 750 mg 3x/day, metronidazole 500 mg 3x/day (antibiotics)
~~NBM (nil by mouth)~~
~~Catheter inserted – monitor urine output: 15 ml/hr (low)~~
~~Pt. stabilised – pain (3/10)~~

22 May 2017: *sum* $\left\{ \begin{array}{l} \checkmark \text{Continued analgesia, anti-emetic} \\ \checkmark \text{Continued IV: fluids, cefuroxime 750 mg 3x/day metronidazole 500mg 3x/day} \\ \text{BP: 119/80 mmHg (normal), P: 92 beats/min (normal), T: 37.4}^\circ\text{C (low-grade fever), RR: 14} \\ \text{breaths/min (normal), oxygen saturation (SaO}_2\text{): 96\% (normal)} \\ \text{WBC: 12,500 } \mu\text{L (elevated)} \end{array} \right.$
cath $\left\{ \begin{array}{l} \text{Pt. stable, comfortable, slight nausea, no vomiting} \\ \text{Urine output: 50 ml/hr (satisfactory)} \end{array} \right.$
 \rightarrow Pain controlled (1/10)

Action: Transfer to gastroenterology department:

- prepare for urgent laparoscopic cholecystectomy (scheduled 24 May)
- continue IV: fluids, cefuroxime, metronidazole
- review analgesia (following 2-day diclofenac dose)
- continue NBM \rightarrow surgery

Plan: Write to gastroenterology nurse

Writing Task:

Using the information in the case notes, write a letter to Ms Brown, the charge nurse of the gastroenterology department, summarising the patient's case and the treatment already provided, and outlining the pre-operative treatment required. Address your letter to Ms Zara Brown, Charge Nurse, Gastroenterology Department, Cookstown Hospital, Cookstown.

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.

Letter Plan

Introduction	<ul style="list-style-type: none"> • Patient name: Lisa Simmonds • General medical context/status: Acute cholecystitis • General request: Pre-op preparation – cholecystectomy • Urgent request
Admission	<p>✓ Acute abdominal pain in RUQ (7/10)</p> <p>✓ <u>Regular acid reflux, nausea & vomiting 1 wk</u></p> <p>Fever</p> <p>Diaphoresis</p> <p>BP: 145/90 mmHg (elevated), P: 97 beats/min (elevated), T: 37.8°C (elevated), RR: 18 breaths/min (normal), oxygen saturation (SaO₂): 96% (normal) sum</p> <p>Pt. worried, pain intense → protective behaviour (<u>guarding</u>)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Murphy's sign (positive) ✓</p> <p>Ultrasound = clinical ascending cholangitis, dilated CBD 6 mm, pericholecystic fluid</p> <p>LFTs (liver function tests): elevated alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT) & serum bilirubin (6 mg/dL) sum</p> </div> <p>Urinalysis: normal</p> <p><u>CRP (C-reactive protein):</u> elevated (infection present)</p> <p>Full blood count: elevated WBCs (13,000 μL)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Acute cholecystitis (→ laparoscopic cholecystectomy) ✓</p> </div>
Treatment	<p>Nursing treatment record:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>21 May 2017:</p> <p>Analgesia: diclofenac 75 mg IM (2x/day)</p> <p>Anti-emetic: stemetil 12.5 mg IM (2x/day)</p> <p>IV: fluids for hydration, cefuroxime 750 mg 3x/day, metronidazole 500 mg 3x/day (antibiotics)</p> <p>NBM (nil by mouth)</p> <p>✓ Catheter inserted – monitor urine output: 15 ml/hr (low)</p> <p>Pt. stabilised – ↓pain (3/10)</p> </div> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>22 May 2017:</p> <p>✓ Continued analgesia, anti-emetic</p> <p>Continued IV: fluids, cefuroxime 750 mg 3x/day metronidazole 500mg 3x/day</p> <p>BP: 119/80 mmHg (normal), P: 92 beats/min (normal), T: 37.4°C (low-grade fever), RR: 14 breaths/min (normal), oxygen saturation (SaO₂): 96% (normal)</p> <p>WBC: 12,500 μL (elevated)</p> <p>Pt. stable, comfortable, slight nausea, no vomiting</p> <p>Urine output: 50 ml/hr (satisfactory)</p> <p>→ Pain controlled (1/10)</p> </div> <p style="margin-left: 20px;">sum</p> <p style="margin-left: 20px;">cath</p>
Background	<p>✓ No hypertension/allergies</p> <p>✓ BMI 29 (borderline obese) – unsuccessful 'fad' diets 2016</p>

Request	<p>Transfer to gastroenterology department:</p> <ul style="list-style-type: none"> • prepare for urgent laparoscopic cholecystectomy (scheduled 24 May) • continue IV: fluids, cefuroxime, metronidazole • review analgesia (following 2-day diclofenac dose) • continue NBM → surgery
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Homework: Write treatment paragraph: send to paul@set-english.com

Introductions

Student	Teacher
<p>22nd May 2017</p> <p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p> <p>Re: Ms Lisa Simmonds, 30 years old</p> <p>Dear Ms Brown,</p> <p>I am writing regarding Ms Lisa Simmonds, who has been admitted to our emergency department due to acute cholecystitis. She is scheduled to undergo an urgent laparoscopic cholecystectomy on 24th May and requires your assistance for the pre-operative treatment.</p>	
<p>I am writing regarding Ms Lisa Simmonds, who is going to be transferred to your department. She now requires an urgent laparoscopic cholecystectomy and your ongoing care.</p>	<p>more concise: and requires pre-operative preparation.</p> <p>pre-op prep would be closer to the truth</p>
<p>Ms Zara Brown</p>	

<p>Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p> <p>22 May 2017</p> <p>Re: Ms Lisa Simmonds, DOB: 2 January 1987.</p> <p>Dear Ms Brown,</p> <p>I am writing regarding Ms Simmonds, who was admitted to our hospital yesterday. She was diagnosed with an acute cholecystitis and now requires an urgent laparoscopic cholecystectomy.</p>	<p>We don't need 'when' in introductions</p> <p>The purpose is unclear – what are we asking the nurse to do?</p>
<p>I am writing regarding Mrs Simmonds, who was admitted to our hospital on 21 May due to acute cholecystitis. She is scheduled for an urgent laparoscopic cholecystectomy on 24 May and now requires pre-op preparations.</p>	<p>We don't need dates in intro</p>
<p>I am writing regarding Ms Lisa Simmonds, who was admitted due to acute cholecystitis. She has to undergo a laparoscopic cholecystectomy, which has been scheduled on 24 May. She needs pre operative preparation urgently for her surgery.</p>	<p>More concise & professional: She will undergo an urgent laparoscopic cholecystectomy on 24th May and needs pre operative preparation urgently.</p>
<p>Ms Zara Brown</p> <p>Charge Nurse</p> <p>Gastroenterology Department</p> <p>Cookstown</p> <p>22 May 2017</p> <p>Dear Ms Brown</p> <p>Re: Lisa Simmonds, 30 years old</p> <p>I am writing regarding Ms Simmonds, who is scheduled for urgent laparoscopic cholecystectomy on 24th May and is going to be transferred to your gastroenterology department. Ms Simmonds requires ongoing</p>	<p>a 30-year-old woman</p> <p>Mr Smith, 76 years old,</p>

<p>medication treatment and pre-op preparation for her surgery.</p>	
<p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital, Cookstown</p> <p>22 May 2017</p> <p>Dear Ms Brown Re: Ms Lisa Simmonds DOB 2 January 1987</p> <p>I am writing regarding Ms Simmonds, who was admitted with acute severe abdominal pain, fever, nausea and vomiting which have been continuing for a week. She is being transferred to you for preparation before an urgent laparoscopic cholecystectomy which has been scheduled on 24th May and ongoing care.</p>	<p>These symptoms do not belong in the introduction – they belong in the timeline, if you are going to include them.</p> <p>We don't need to say pre-op prep and ongoing care.</p>
<p>Ms Zara Brown Change Nurse Gastroenterology Department. Cookstown Hospital Cookstown</p> <p>23th May 2017</p> <p>Dear Ms Brown,</p> <p>RE: Ms Lisa Simmonds (02/01/1987)</p> <p>I am writing regarding Ms Simmonds, who was admitted to our hospital recently due to Aacute Ccholecystitis. She is scheduled to be transferred to you tomorrow and requires urgent you provide pre-operative treatment for Llaparoscopic Ccholecystectomy.</p>	
<p>22nd May, 2017</p> <p>Ms Zara Brown The Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p>	

<p>Re: Ms Lisa Simmonds, Aged 30</p> <p>Dear Ms Brown,</p> <p>I am writing regarding Ms Simmonds, who was admitted to our department due to having an acute abdominal pain. She is being transferred to your department today and now requires urgent laparoscopic cholecystectomy.</p>	<p>save individual symptoms for timeline</p> <p>The purpose is unclear – what are we asking the nurse to do.</p>
<p>Ms Zara Brown Charge Nurse</p> <p>Gastroenterology Department</p> <p>Cookstown Hospital</p> <p>Cookstown</p> <p>22nd May 2017</p> <p>Re: Lisa Simmonds, DoB: 2 January 1987</p> <p>Dear Nurse,</p> <p>I am writing regarding Ms Simmonds, who was admitted to our ED due to acute cholecystitis. She is now scheduled to be transferred to you and requires an urgent cholecystectomy, as well as pre-op preparation.</p>	<p>requires pre-op preparation for an urgent cholecystectomy</p>
<p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p> <p>22nd May 2017</p> <p>Re. Ms Lisa Simmonds, DOB 2nd January 1987</p> <p>Dear Ms Brown,</p> <p>I am writing to transfer Ms Lisa Simmonds, a 30 years old female, who was admitted to the emergency department on account of acute abdominal pain, with signs and symptoms of</p>	

<p>acid reflux associated with nausea, vomiting and fever for a week. Ms Simmonds, was diagnosed with acute cholecystitis and needed urgent laparoscopic cholecystectomy.</p>	<p>Timeline description of symptoms not to be included in introduction.</p> <p>Purpose unclear – why write to this reader?</p> <p>Some basic language errors which lead to miscommunication – it is possible to read this as post-op care needed.</p>
<p>I am writing to request urgent laparoscopic cholecystectomy for Ms. Lisa Simmonds, a 30-year-old, who is diagnosed with acute cholecystitis and is being transferred today into your care. Your further care would be highly appreciated.</p>	<p>What are we actually asking the nurse to do for us?</p> <p>It isn't clear here.</p> <p>Her age will be in the RE line</p>
<p>I am writing regarding Ms Lisa Simmonds, who has been diagnosed with acute cholecystitis. She is scheduled to be transferred to your department and requires preparation for an urgent laparoscopic cholecystectomy.</p>	
<p>I am writing regarding Ms Simmonds, who was diagnosed with acute cholecystitis. She is being transferred into your care for pre-operative preparation for an urgent laparoscopic cholecystectomy.</p>	
<p>Gastroenterology Department Cookstown Hospital, Cookstown</p> <p>22nd May 2017</p> <p>Re: Ms Lisa Simmonds, DOB: 2nd January 1987</p> <p>Dear Ms Brown,</p> <p>I am writing regarding Ms Simmonds, who was brought yesterday to our Emergency department and was diagnosed with acute cholecystectomy. She is scheduled to have an urgent cholecystectomy on 24th May and she requires your pre operative preparation.</p>	<p>Does this need to be in intro? What will your first line in the timeline para say?</p> <p>Good purpose</p>
<p>22nd May 2017</p> <p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p>	

Re: Ms Lisa Simmonds, DOB 2nd January 1987
Dear Zara Brown

I'm writing regarding Ms Lisa Simmonds who has been diagnosed acute cholecystitis ~~after admitted to the hospital emergency department.~~ ~~He~~ She is scheduled to be transferred to your facility and now requires ~~outlining the~~ pre operative ~~treatment~~ preparation for urgent laparoscopic cholecystectomy surgery.

Does this need to be in intro? What will your first line in the timeline para say?

Admission

- under-summarised – unnecessary information (conciseness & clarity)
- over-summarised – missing important content (content & purpose)
- sentence structure
- passive
- linkers

~~✓ Acute abdominal pain in RUQ (7/10)~~
~~✓ Regular acid reflux, nausea & vomiting 1 wk~~
~~Fever~~
~~Diaphoresis~~

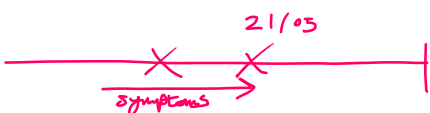
BP: 145/90 mmHg (elevated), P: 97 beats/min (elevated), T: 37.8°C (elevated), RR: 18 breaths/min (normal), oxygen saturation (SaO₂): 96% (normal) sum

~~Pt. worried, pain intense → protective behaviour (guarding)~~

Murphy's sign (positive) ✓
 Ultrasound = clinical ascending cholangitis, dilated CBD 6 mm, pericholecystic fluid
 LFTs (liver function tests): elevated alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT) & serum bilirubin (6 mg/dL) sum

~~Urinalysis: normal~~
~~CRP (C-reactive protein): elevated (infection present)~~
~~Full blood count: elevated WBCs (13,000 µL)~~

Acute cholecystitis (→ laparoscopic cholecystectomy) ✓

Student	Teacher
<p>Ms Simmonds was presented with an acute abdominal pain in her right upper quadrant yesterday. by the time she had experienced symptoms such as acid reflux, nausea and vomiting one week ago. Examinations and laboratory tests was were conducted and revealed she has acute cholecystitis.</p> <p style="color: red;">- too many language errors</p>	<ul style="list-style-type: none"> • present – always active • admit – always passive <p>Acceptable: present perfect</p> <p>She has been experiencing acid reflux, nausea and vomiting for one week.</p> <p>Acceptable because the presentation wasn't very long ago. If the past simple is a long time ago, then use past perfect:</p> <p>Most accurate: past perfect</p> <p>She had been experiencing acid reflux, nausea and vomiting for one week.</p> <div style="text-align: center; margin-top: 20px;">  </div>

<p>On 21st May, Ms Simmonds presented with acute abdominal pain, along with regular acid reflux and, nausea and vomiting for a week. Upon examination, her vital signs were elevated. Additionally, a positive Murphy's sign and an ultrasound, as well as the blood tests confirmed acute cholecystitis.</p>	<p>On 21st May, Ms Simmonds presented with acute abdominal pain, along with regular acid reflux and a one-week history of nausea and vomiting.</p> <p>Listing – although accurate – feels a little unnecessary. We could summarise: eg Examinations and laboratory tests</p>
<p>On 21st May 2017 , Ms Lisa Simmonds was admitted to our ED with acute abdominal pain in the RUQ , and general reflux, along with nausea and vomiting for one week. On examination, her oxygen saturation and respiration rate were normal , but the other tests were elevated.</p> <p>Subsequently, investigations were conducted, which included murphy's sign and ultrasound, and acute cholecystitis was confirmed.</p>	<p>x and y, along with z</p> <p>Question: Does it affect preparation for the surgery if we say some were elevated and some weren't?</p> <p>Question: If we say one is elevated, what do we think about the others?</p> <p>Summarise – and make it easier for yourself</p>
<p>On 21 May, Ms Simmonds was admitted to the emergency department with acute abdominal pain in the right upper quadrant, regular acid reflux, nausea and vomiting.</p> <p>While being monitored for vital signs, have been observed tachycardia, high blood pressure and fever have been observed. During the abdominal examination, a positive Murphy's sign was observed. that she had a positive Murphy's sign. Additionally, the ultrasonic imaging and blood test results were in line with acute cholecystitis.</p>	<p>Issues with the presentation of the passive:</p> <p>While + clause, clause</p> <p>passive starts with an object</p> <p>Too much detail combined with a lengthy / separated style – do more to summarise and be concise. eg:</p> <p>Examination revealed-tachycardia, high blood pressure, fever and testing confirmed acute cholecystitis.</p>
<p>On admission, Ms Simmonds complained she had acute abdominal pain in her right upper quadrant, regular acid reflux, nausea and vomiting for the past week. Her vital signs were checked and they were high, although, her respiratory rate and oxygen saturation level were normal. Additionally, an ultrasound and liver function test were conducted, which revealed an elevated ALP. Please note that her WBC was high and Murphy sign was positive.</p>	<p>Her vital signs were elevated.</p> <p>See above for unnecessary vital signs information</p> <p>This could be summarised more?</p>

<p>On admission, she Ms Simmonds presented initially with acute abdominal pain with signs and symptoms of acid reflux, which were associated with nausea and vomiting. On examination, Ms Simmonds' her vital signs were elevated and Murphy's test was positive. The ultrasound showed cholangitis and pericholecystic fluid. Subsequently, a liver test and CPR were performed which results were elevated.</p>	<p>Always begin a new paragraph with the patient's name!</p> <p>This can be summarised – unnecessary detail <u>for this task</u>.</p> <p>Diagnosis?</p>
<p>On 21st May, Ms Simmonds presented with signs and symptoms indicative of the aforementioned condition, along with elevated vital signs. On examination, Murphy's sign was positive. His Her laboratory and an ultrasound confirmed his diagnosis.</p>	
<p>On admission Ms Simmonds presented with an acute abdominal pain. In addition she reported a regular acid reflux, fever, nausea and vomiting for one week.</p> <p>During hospitalisation she had a low-grade fever of 37,8° C, a heart rate of 97 beats/min and her blood pressure was elevated at 145/95.</p> <p>On Ms Simmonds ultrasound CBD was dilated of 6 mm. Her test results of alkaline phosphatase, C- reactive protein and white blood cells were elevated, which indicated an infection.</p> <p>On physical examination Murphy 's sign test was found positive, for which she was diagnosed with acute cholecystitis.</p>	<p>When we're writing to a specialist for help with diagnosing / managing this information would be vital. In this task it isn't.</p> <p>Importance of information in OET is dictated by the reader/reader tasks.</p>
<p>Ms Simmonds was presented to the Emergency Department having experienced severe abdominal pain, nausea, vomiting and fever. Despite her oxygen, which was normal, all her vital signs were elevated.</p> <p>Tests were performed and they revealed acute cholecystitis, for which she is scheduled to have laparoscopic cholecystectomy on 24th May.</p>	<p>Despite having normal oxygen levels, the remaining vital signs were elevated.</p> <p>Unnecessary content has caused an unnecessary language error – choose your battles more wisely!</p>
<p>On admission, Ms. Simmonds presented with a complaint of acute abdominal pain in the right upper quadrant. In addition, she experienced nausea, vomiting, sweating and fever as well as acid reflux regularly. Her vital s signs were</p>	<p>Good summarising!</p>

slightly elevated and her investigations revealed acute cholecystitis.	
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