SET English

OET Medicine Writing Week

Richard McKie

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 Richard McKie case notes:

1. Who is the reader?	Mary Bellamy, plastic surgery consultant
2. What is the reader's task?	Review & further management of blowout fracture
3. Does the reader know the patient?	No
4. Does the writer have any tasks?	Refer to surgeon
5. Why am I writing today?	Patient is haemodynamically stable after motorbike accident
6. Is it urgent?	no

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Occupational English Test

PPP MEDSAMPLE07

WRITING SUB-TEST: MEDICINE
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 21 May 2019.

You are a doctor in the Emergency Department at Shepton Hospital and are assessing a patient who has been involved in a motorcycle accident.

PATIENT DETAILS:

Name: Richard McKie (Mr)

DOB: 26 May 1998 (32 y.o.)

Residence: 24 Rose Avenue, Shepton (student accommodation - shared room)

Social background:

4th-year medical student (Westland University)
Interests: music (plays the flute), travel abroad, keen motorcyclist (no previous accidents)

Family background:

Mother – COPD, hyperlipidemia
Father – prostate cancer, alcoholic since 48 y.o.
Brother – allergic dermatitis

Past medical history:

R wrist fracture 7 y.o. (fall from bicycle)
Social drinker, mainly beer (approx. 6 units/wk)
Light smoker: 3-5 cigs/day
No allergies
No medications

Hospital Admission 21 May 2019:

Pt →Emergency Department after high-velocity motorcycle accident trauma

Treatment record:

21 May 2019 Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min,
Temp - 36.5°C
Respiratory distress
Cervical collar in situ
Diaphoretic & cyanotic,
Pulse-oximetry 88% (room air)
Glasgow Coma Scale (GCS): 15/15
Thorax examination: R distant breath sounds, hyper-resonance on percussion
R tension pneumothorax →prompt needle decompression
Insertion R chest tube & oxygen →pt. stabilised
Chest X-ray: 5th rib midline facture, no hemothorax

Medications: Oxygen nasal cannula 2L/min
Hydromorphone IV 0.5mg/every 4 hrs
Ampicillin-Sulbactam IV 1g/every 6 hrs
Omeprazole PPI IV 40mg/day
Enoxaparin IV 40mg SC (subcutaneous)/day

Secondary survey:
R periorbital ecchymosis & edema
↓visual acuity, mild enophthalmos
Diplopia (especially upgaze) →?blowout fracture
R hyperalgesia in distribution of infraorbital nerve
Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment

Diagnosis:
1. R Blowout fracture
2. LeFort type II fracture
3. R Tension pneumothorax (resolved)

Management: Monitoring of pt: normal vital signs √
no respiratory distress √
hemodynamically stable √
Chest tube in position, pain controlled
Pt to remain overnight then transfer to Plastic Surgery Dept.

Plan: Refer →plastic surgeon for management of blowout fracture
w. plastic or maxillofacial surgery

Writing Task:

Using the information in the case notes, write an internal letter of referral to Dr Bellamy, Plastic Surgery Consultant, for review and further management of Mr McKie's blowout fracture. Address the letter to Dr Mary Bellamy, Plastic Surgery Consultant, Shepton Hospital, Shepton.

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.

https://drive.google.com/file/d/1we_7OzzEmCePquNeNYQCXL1AoCvBnZw3/view?usp=share_link

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Letter Plan

Introduction	• Patient Name: • General Medical Context: • General Request:
Timeline / Accident & treatment	Summary of injuries & treatment **Treatment record:** **21 May 2019** Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min, Temp - 36.5°C Respiratory distress Cervical collar in situ✓ Diaphoretic & cyanotic, Pulse-oximetry 88% (room air)✓ ~~Glasgow Coma Scale (GCS): 15/15~~ Thorax examination: R distant breath sounds, hyper-resonance on percussion R tension pneumothorax →prompt needle decompression Insertion R chest tube & oxygen →pt. stabilised Chest X-ray: 5th rib midline facture, no hemothorax haemodynamically unstable summarise
Face Situation	Detail regarding face **Secondary survey:** R periorbital ecchymosis & edema ↓visual acuity, mild enophthalmos Diplopia (especially upgaze) →?blowout fracture R hyperalgesia in distribution of infraorbital nerve Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment
Medicine / Current Paragraph	**Medications:** Oxygen nasal cannula 2L/min Hydromorphone IV 0.5mg/every 4 hrs Ampicillin-Sulbactam IV 1g/every 6 hrs Omeprazole PPI IV 40mg/day Enoxaparin IV 40mg SC (subcutaneous)/day No dosages/ instructions Current condition – haemodynamically stable / Chest tube in position?
Request	Refer →plastic surgeon for management of blowout fracture w. plastic or maxillofacial surgery

Homework: Medications/request paragraph – send to paul@set-english.com

Introductions

- Content: Missing / inaccurate
- Conciseness: Too much content – timeline/request
- Purpose: missing
- Language: relative clause / passive / spelling

Student	Teacher
I am writing regarding Mr Richard McKie, who was admitted to our hospital today after a motorcycle accident. He is due to be referred to you and now requires review and further management ~~particularly~~ for a blowout fracture.	A good idea, style-wise, to full name the patient in the introduction and then surname in the remaining paragraphs.
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shrpton 21 May, 2019 Dear Dr Bellamy, Re: Mr Richard McKie, DOB: 26/05/1998 I am writing to refer Mr McKie, who has a right blowout fracture and a LeFort type 2 fracture and requires further management of the blowout fracture.	We have omitted the motorcycle accident but repeated blowout fracture
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Dear Dr Bellamy Re: Mr Richard McKie, 32 years old	

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I am writing regarding Mr Richard McKie , who was admitted to the Emergency department earlier today due to a motor vehicle accident, is now being referred to you for a review and further management.	I am writing regarding Mr Richard McKie, who was admitted to the Emergency department earlier today due to a motor vehicle accident and is now being referred to you for a review and further management. general medical context: possibly the inclusion the type / location of injury would be helpful
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Dear Dr Bellamy, Re: Mr Richard McKie, 32 years old I am writing regarding Mr McKie, a fourth-year medical student, who has a LeFort type II fracture and blowout fracture after a high-velocity motorcycle accident ~~trauma~~. He is being referred to you for review and further management.	
21 May 2019 Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton Re: Mr Richard McKie, DOB: 26 May 1998 Dear Dr Bellamy, I am writing to refer Mr Richard McKie, who sustained a right blowout fracture and Lefort type II fracture in a motor accident, for a review and further management.	putting accident helps – don't you think?
Plastic Surgery Consultant Shepton Hospital Shepton 21/5/2019	

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Dear Dr Bellamy, Re: Richard McKie DOB: 26/5/1998 I am writing to refer Mr McKie, who has a blowout fracture as a result of a motorcycle accident. He requires review and further management.	
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21.05.2019 Dear Dr Bellamy Re:Mr Richard McKie DOB:26.05.1987 I am writing to refer Mr McKie, who has a blowout fracture following a motorcycle accident. He now requires your review and further management.	
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Dear Dr Bellamy, *Re: Richard McKie,* *DOB: 26th May 1998* *I am writing to refer to Mr McKie for review and further management of his blowout fracture, following a road traffic accident.*	
Dr Mary Bellamy Plastic Surgery consultant Shepton Hospital Shepton 21st May 2019	

Dear Dr Bellamy Ref:Mr Richard McKie DOB:26th May 1998 I am writing regarding Mr McKie, who has a blowout fracture due to *a road traffic accident* and now requires review and further management.	
21st May 2019 Dr Mary Bellamy Plastic Surgery consultant Shepton Hospital Shepton, Dear Dr Bellamy Re: Mr Richard McKie DOB: 26th May 1998 I am writing regarding Mr McKie, who has been diagnosed with a right blowout and LeFort type II fracture. ~~Now I refer him to your facility for your~~ He requires review and further management.	
Dr: Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Re: Richard McKi DOB.26.May.2019 Dear Dr. Bellamy I am writing to refer Mr. Richard McKie, who now requires review and further management of his blowout fracture, following *a road traffic accident.*	

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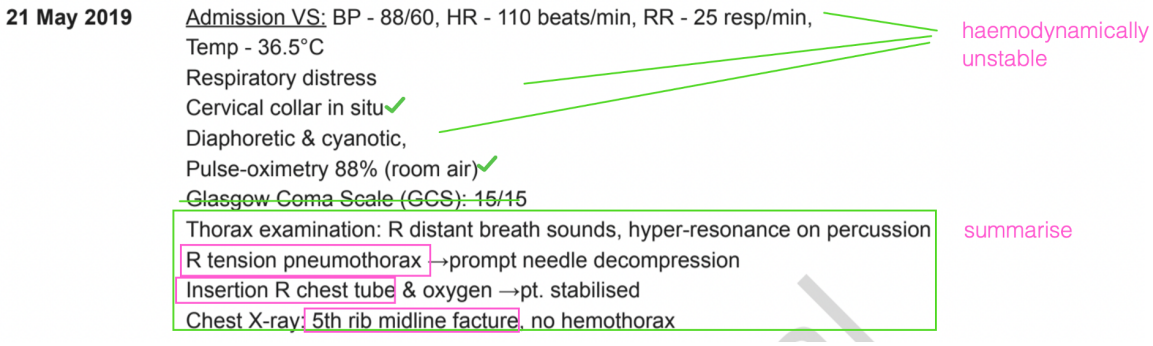
Summary of injuries & treatment

Treatment record:



Student	Teacher
Today, Mr McKie was admitted to the ED in a haemodynamically unstable condition due to a right tension pneumothorax. Needle decompression and chest tube insertion were performed, and oxygen was supplied. As a result, he stabilised. His chest X-ray showed no haemothorax but revealed a midline fracture.	
~~On 21st May 2019~~ Today, upon admission, Mr McKie's condition~~, haemodynamically,~~ was haemodynamically unstable but his Glasgow coma scale was normal. Examination revealed a right tension pneumothorax, which was promptly needle decompressed and chest tube was in positioned and was commenced on oxygen, and as result, patient was stabilised	adverbs • to describe verbs: eat quickly, walk slowly • to describe adjectives: very happy, extremely slow needle decompressed is an odd, unnatural verb – the sentence requires a rethink
Today, Mr McKie was admitted to our Emergency Department after motorcycle accident trauma. He was hemodynamically unstable and has a right tension pneumothorax. After insertion a chest tube his condition was stabilised.	and examination revealed a right tension pneumothorax After chest tube insertion, his condition stabilised.

	After being hit by a bus, Paul was taken to hospital
Earlier today, Mr McKie arrived hemodynamically unstable with his pulse oximetry being 88% on room air and a cervical collar ~~was~~ in situ. On thorax examination, a right tension pneumothorax was noted, for which needle decompression was done. Additionally, a chest tube ~~on his right side~~ was inserted and as a result, he became stable. *Having conducted* a chest x ray, a 5th rib fracture was detected with no sign of haemothorax ~~seen~~.	Does the cervical collar and 88% etc affect what the surgeon will do? Probably not. This *perfect participle* clause is a little strange A chest x ray revealed a rib fracture but no haemothorax.
On admission today, Mr McKie was ~~hemodinamically~~ hemodynamically unstable but his GCS was normal. ~~Having conducted the thorax~~ Upon examination, a right tension pneumothorax was found and needle decompression was performed. Consequently, after right chest tube insertion, he ~~was~~ stabilised. A chest X-ray revealed a 5th rib midline fracture with no sign of haemothorax.	
~~On 21st May~~ Today, Mr McKie was admitted to the ED, ~~as he was~~ due to being haemodynamically unstable after the accident. Examination revealed a tension pneumothorax and and a chest X ray showed a fifth rib fracture, *both of which were treated accordingly.*	*Nice summary!*
Today, Mr McKie was admitted conscious and alert at the Emergency Department but showing signs of respiratory distress and haemodynamically instability ~~unstable~~. He had a tension pneumothorax that was decompressed with a needle. He was supported with nasal oxygen and intravenous opioids and antibiotics, as well as subcutaneous anticoagulant and a gastric protector.	distress is a noun / unstable is an adjective OK – you have included a mention of the use of medications here. I'm not saying this is wrong – but we'll have to make a note of the medications later, so there might be some repetition?

Today, Mr. McKie was admitted to our emergency department in a hemodynamically unstable condition but with a GCS score of 15. Upon thoracic examination, a right tension pneumothorax was identified and managed appropriately. In addition, his chest X-ray revealed a midline fracture of the 5th rib, with no evidence of hemothorax.	Fantastic!
~~On 21st May 2019~~ Today, Mr McKie was admitted into the emergency department due to a motorbike accident. He was hemodynamically unstable with a Glasgow coma scale of 15/15. On thoracic examination, ~~hyperresonance sound was audible by percussion, which confirmed~~ right tension pneumothorax was confirmed. Consequently, ~~a~~ needle decompression was applied accordingly, ~~and~~ resulting in him ~~becoming stable~~ stabilising. Additionally, a chest x-ray revealed a 5th rib fracture with no hemothorax.	
On 21st May 2019, Mr McKie was admitted to the Emergency Department following the ~~an~~ aforementioned accident. Being ~~haemodinamically~~ hemodynamically unstable, and having respiratory distress with oxygen saturation 88%, Mr McKie was diagnosed with a right tension pneumothorax and a 5th rib midline fracture. As a result, the patient ~~had been~~ stabilised with ~~an urgent~~ needle decompression and oxygen, and in addition a right chest tube ~~had been~~ was inserted.	
Earlier today, Mr McKie was admitted to our emergency department hemodynamically unstable and with respiratory distress. His Glasgow coma scale was 15/15. A thorax examination revealed a right tension pneumothorax, which was managed with decompression and oxygen. Additionally, an x-ray showed a fifth-rib-midline fracture and no haemothorax.	Fantastic!

Initially, Mr McKie hemodynamically was unstable due to a right tension pneumothorax. Consequently, needle decompression was done ~~promoted~~ and a right chest tube was inserted, along with oxygen. After stabilizing, a chest X-ray confirmed a midline fracture of the 5th rib.	I think initially is a little vague – we should say 'today/earlier today' etc sounds like oxygen was inserted?
Today, Mr McKie was admitted to the Emergency Department due to having a motorcycle accident, and he was hemodynamically unstable. His oxygen saturation was 88%, and his Glasgow Coma Scale was normal. A cervical collar is in situ. His chest X-ray revealed a 5th rib midline fracture. Upon examination, a right tension pneumothorax was noted, for which a chest tube was inserted, and oxygen therapy was initiated.	The x-ray happened after the diagnosis and treatment of pneumothorax? Intra-paragraph organisation needs to be clearer.
Mr McKie is hemodynamically stable after respiratory distress, and his pulse oximetry is 88%. He has a chest tube in place due to ~~managed~~ pneumothorax management, and a cervical collar in situ. Additionally, he has a rib fracture and *hyper resonance sound on percussion.*	This is telling me how the patient is, rather than what happened. It's not a problem but it isn't an early timeline para. It's an interesting approach but it seems a bit jumbled. The respiratory distress – isn't that due to the pneumothorax? *this* is a sign which is indicative of a pneumothorax, so why include it here? All the parts in green are related to the pneumothorax – but they are not connected in the writing. This would be considered bad intra-paragraph organisation.

Secondary Survey

Detail regarding face

Secondary survey:

R periorbital ecchymosis & edema
↓visual acuity, mild enophthalmos
Diplopia (especially upgaze) →?blowout fracture
R hyperalgesia in distribution of infraorbital nerve
Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment

Diagnosis:

1. R Blowout fracture
2. LeFort type II fracture
3. R Tension pneumothorax (resolved)

Student	Teacher
Upon further evaluation, Mr McKie has right periorbital ecchymosis and edema, decreased visual acuity, and mild enophthalmos. Additionally, he has diplopia, on upgaze and right hyperalgesia in distribution of the infraorbital nerve. ~~Subsequently,~~ A head CT scan confirmed a LeFort type II fracture and a blowout fracture with inferior rectus entrapment.	rule 1 of using linkers: do I need one? Do I need a sequence? Is it a result? Is it a cause? Don't use linkers for the reason 'they sound good'
Currently, Mr McKie~~'s face situation are as follows: he~~ has ~~a~~ reduced visual acuity and mild enophthalmos. Additionally, he has right-sided periorbital ecchymosis and hyperalgesia of the infraorbital nerve. A CT scan shows a Lefort type 2 fracture as well as a blowout fracture with inferior rectus entrapment. *In addition, he presents with diplopia and edema.*	Why put those symptoms at the end, separate from the others? Intra-paragraph organisation is strange.

Mr McKie 's secondary survey revealed right periorbital ecchymosis with ~~edyma~~ edema ,reduced visual acuity, mild enophthalmos, and diplopia especially on upgaze as well as right hyperalgesia in distribution of the infraorbital nerve. A head CT scan showed a blowout fracture with inferior rectus entrapment ,in addition to LeFort type 2 fracture.	
On ~~a~~ secondary examination, ~~it was observed~~ right periorbital ecchymosis, oedema and enophthalmos, as well as diplopia, with the consequent decrease in Mr McKie's visual acuity were observed. Additionally, he exhibits right hyperalgesia in distribution of the infraorbital nerve. A head CT scan showed a Lefort type II fracture and confirmed a suspected blowout fracture of the right orbit in association with an inferior rectus entrapment.	Be careful with 'it was observed that' A head CT scan confirmed a Lefort type II fracture and blowout fracture of the right in association with an inferior rectus entrapment.
~~He~~ Mr McKie also has a right periorbital ecchymosis and edema, along with reduced visual acuity with mild enophthalmos. He reported a vision disturbance especially when looking up ~~above~~ and the CT scan ~~came with symptoms~~ confirmed ing a blowout fracture and ~~also revealed~~ a LeFort type 2 fracture, in addition to inferior rectus entrapment.	• looking above – higher than something • looking up - direction Don't use paraphrasing unnecessarily!
Regarding Mr McKie's facial assessment, there were findings of right periorbital ecchymosis and oedema, as well as enophthalmos. Diplopia on upgaze and reduced visual acuity were also observed. Additionally, there was right hyperalgesia in distribution of the infraorbital nerve. A ~~blowout fracture was suspected, and a~~ head CT scan confirmed a LeFort type II fracture with a blowout fracture, involving entrapment of the inferior rectus muscle.	there were findings of – a bit long A phone call to my wife confirmed she wants a divorce.

On second survey of Mr Richard Mckie, right periorbital~~,~~ ~~a~~ ecchymosis ,edema, mild enophthalmos and decreased acuity were noted. In addition ,he had ~~a~~ diplopia, especially in an upgaze position, due to a possible blowout fracture and was experiencing right hyperalgesia~~plasia~~ in distribution of the infraorbital nerve. A CT scan confirmed LeFort type 2 fracture and a blowout fracture.	A few language issues here – may be related to rushing?
Facial examination revealed ~~,~~ a right periorbital ecchymosis and oedema with decreased visual acuity, mild enophthalmos and diplopia on upgaze. ~~A r~~Right hyperalgesia in distribution of the infra orbital nerve was observed. ~~Thus~~ Subsequently, a diagnosis of Lefort type 2 fracture , and a blowout fracture with inferior rectus entrapment was confirmed by a head CT scan.	
On Mr McKie's face, right side periorbital ecchymosis and hyperalgesia were noted. His visual acuity was decreased and ~~a~~ mild enophthalmos was observed. His CT scan confirmed a LeFort type II blowout fracture with entrapment of inferior rectus.	
In Mr McKie's examination ~~at late~~ today, right periorbital ecchymosis, oedema, diplopia, mild enophthalmos, and right hyperalgesia in the distribution of the infraorbital nerve were noted. Additionally, his visual acuity has reduced. A head CT scan ~~shows~~ confirmed a LeFort type II fracture and a blowout fracture with inferior rectus entrapment. Consequently, oxygen via nasal cannula, hydromorphone, ampicillin-sulbactam, omeprazole, and enoxaparin IV have been initiated.	Good writing!
~~The secondary survey,~~ Subsequent examination revealed periorbital ecchymosis and edema in the right eye,	Lots of very good writing here.

along with decreased visual acuity and mild enophthalmos. Additionally, Mr. McKie reported hyperalgesia in the distribution of the infraorbital nerve and diplopia, especially when attempting to look upward. Due to these symptoms, a head scan was conducted which ~~showed~~ confirmed a LeFort type 2 fracture and a blowout fracture with inferior rectus entrapment on the right side.	
Mr McKie's ~~face~~ facial examination revealed, right periorbital ecchymosis, edema and diplopia. Additionally, right hyperalgesia in distribution of infraorbital nerve and mild enophthalmos were observed, and his visual acuity had decreased. Consequently, a head CT scan was ordered, which confirmed a LeFort type II fracture and inferior rectus entrapment, along with a blowout fracture .	Great!
On the secondary survey of Mr McKie, ~~there were~~ right periorbital ecchimosis with edema, impaired visual acuity and mild enophtalmus as well as diplopia were noted. A CT head scan revealed right a blowout fracture with inferior rectus entrapment and a LeFort type II fracture. *Addionally, his tension pneumothorax had resolved.*	*This last part isn't necessary here.*
Upon secondary survey, Mr Mckie has right periorbital ecchymosis and edema, as well as upgaze diplopia. He ~~has experienced~~ is experiencing reduced visual acuity, mild enophthalmos and right hyperalgesia in the distribution of the infraorbital nerve. Additionally, a Lefort type ll fracture, a blowout fracture and inferior rectus entrapment ~~has been revealed~~ was confirmed by head CT scan.	
Upon secondary survey, Mr McKie had right periorbital ecchymosis, oedema, and right hyperalgesia in the infraorbital nerve distribution. His visual acuity was reduced, and mild enophthalmos was detected. Additionally, Mr McKie has been	

experiencing diplopia, especially in upgaze~~d~~. His head CT scan ~~showed~~ confirmed a LeFort type II fracture and a blowout fracture with inferior rectus entrapment.	
~~Late today~~ *On examination of Mr McKie's face, right periorbital ecchymosis and edema with decreased visual acuity in up gaze state and possibly of blowout fracture, as well as right hyperalgesia in distribution of infraorbital nerves was seen.* His CT scan revealed a LeFort type 2 and a blowout fracture with inferior rectus entrapment. Please note that ~~he receives~~ he is receiving oxygen, hydromorphane and ampicillin as well as enoxaparin ~~accordingly~~.	*This list* would benefit from being split into two – it is quite hard to keep a track of for the reader. We don't get the verb until the very end of a massive list!

SET English

Medication/Current & Current/Request Paragraphs

Medications: Oxygen nasal cannula 2L/min
Hydromorphone IV 0.5mg/every 4 hrs
Ampicillin-Sulbactam IV 1g/every 6 hrs
Omeprazole PPI IV 40mg/day
Enoxaparin IV 40mg SC (subcutaneous)/day

No dosages/ instructions

Current condition – haemodynamically stable / Chest tube in position?

Refer →plastic surgeon for management of blowout fracture w. plastic or maxillofacial surgery

Student	Teacher
Currently, Mr McKie is stable and he is on medications ~~such as~~ including hydromorphone, ampicillin, enoxaparin and omeprazole. It would be ~~appropriated~~ appreciated if you could provide a review and further management of Mr McKie's blowout fracture and he ~~may~~ requires plastic or maxillofacial surgery. Yours sincerely Dr	
Regarding ~~to~~ Mr McKie's current condition, he has normal vital signs and is hemodynamically stable. His chest tube is in ~~a normal~~ position and there is no ~~any~~ respiratory discomfort. His medications are hydromorphone iv, 0,5 mg every4 hours, ampisilin-sulbactam , iv 1 gr every 6 hours and omeprazole, iv 40 mg daily, as well as enoxiparin 40 mg subcutaneous daily. It would be appreciated if you could provide review and further management of Mr	Can you please manage Mr McKie's blowout fracture and review the need for plastic or maxillofacial surgery.

McKie's blowout fracture and consider plastic or maxillofacial surgery. Please, do not hesitate to contact me if you have any question. Yours sincerely Doctor	Mr McKie requires management for his blowout fracture, with plastic or maxillofacial surgery. It is requested that Mr McKie's blowout fracture is managed, with plastic or maxillofacial surgery.
Currently, Mr McKie is on oxygen , hydromorphone , ampicillin - sulbactam, omeprazole , and enoxaparin ~~subconsciously~~ subcutaneously. He has no ~~known any~~ allergies . Please note Mr McKie is hemodynamically stable, his vital signs are normal along with normal respiration, and the-chest tube is in position and now ready to transfer in to your unit~~e~~ . Can you please review and manage Mr McKie's blowout fracture with maxillofacial or plastic surgery. If you need further information please do not hesitate to contact me. Yours sincerely	Please note Mr McKie is hemodynamically stable, his vital signs are normal along with normal respiration, and the-chest tube is in position and he is now ready to be transferred in to your unit~~e~~

Mr McKie remains haemodynamically stable with ~~his~~ chest tube in situ and ongoing nasal oxygen. Hydromorphone is given regularly, and ampicillin-sulbactam, omeprazole, as well as enoxaparin ~~are~~ have been started. In light of the above, it would be appreciated if you could manage the blowout fracture with plastic or maxillofacial surgery. Please do not hesitate to contact me if you have any concerns or questions. Your sincerely, Doctor	with a chest tube
~~Additionally,~~ Mr McKie has been taking enoxaparin, Ampicillin-Sulbactam and Hydromorphone. Please note that he is stable and his chest tube is in position. Can you please provide Mr McKie with review and further management. If you have questions please feel free to contact me.	I think it's good OET practice to always include the specifics of the task in the request paragraph.
In view of the above, *I referred Mr McKie for* further management of his blowout fracture with plastic or maxillofacial surgery. Please note, ~~at the moment~~ he is hemodynamically stable and his chest tube is in position. Additionally, he is on oxygen, hydromorphone, ampicillin Sulbactam and enoxaparin. ~~Subsequently, I would appreciate to answer~~ If you have any questions, please contact me. ~~about him.~~ Yours faithfully doctor	Avoid first person *Mr McKie has been referred for …..* *direct*

in terms of Mr. McKie's medication, he has been treated with an oxygen nasal cannula, hydromorphone, ampicillin, sulbactam, and omeprazole, as well as Enoxaparin. In view of the above, it would be appreciated if you could provide Mr McKie with management of his blowout fracture with plastic or maxillofacial surgery.	
Mr McKie has been treated with Oxygen, Hydromorphone, Ampicilin-Sulvactam and Omeprazole, as well as Enoxaparin. Being hemodynamically stable, he is ready to be transferred to your department tomorrow. In view of the above, it would be greatly appreciated if you could review and management ~~of~~ Mr McKie's blowout fracture, and provide plastic or maxillofacial surgery if needed.	
Mr McKie has been commenced on hydromorphone, ampicillin-sulbactam, omeprazole and enoxaparin. In addition, he has a chest tube in position and an oxygen nasal cannula. Currently, Mr McKie is haemodynamically stable with blowout fracture. I would be grateful if you could accept him for review and further management.	We know he has a blowout fracture from the previous paragraph
Mr McKie's medications include oxygen ~~nasal cannula~~, Hydromorphone, Ampicilin-Sulbactam, Omeprazole and Enoxaparin. Currently, he is hemodynamically stable with controlled pain and a chest tube in position. I would be grateful if you could provide review and further management, including ~~a possibility of~~ plastic or maxillofacial surgery ~~if~~ as appropriate. ~~for Mr McKie's condition~~.	

Please be aware that he will be transferred tomorrow to your department. Please do not hesitate to contact me if you have any questions Yours sincerely, Doctor	
Mr Mickie vitals signs are normal ,no respiratory distress and haemodynamically stable .His chest tube is in position and the pain is controlled. During admission, he has been commenced on 2/l oxygen, hydromorphone, Ampicillin-sulbactam,omeparazol, and enoxamparin subcutaneously and has been transferred to Plastic Surgery department.	we're missing a couple of verbs here: *he is not experiencing / he is* Why has he been transferred? This is the purpose of the letter!
Consequently, an oxygen nasal cannula was applied, additionally hydromorphone ,ampicillin, omeprazole and enoxaparin were infused. Could you please manage Mr McKie 's blowout fracture with a plastic surgery. Should you have any queries ,please do not hesitate to contact me. Yours sincerely, Doctor	Avoid starting new paragraphs with linkers. See above for other approaches.