

Medicine Writing Week

Rosemary McQueen

The task is:

Planning

10 - 15 minutes:

- Find the *purpose*
- Identify *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 Rosemary McQueen:

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| 1. Who is the reader? | dietician |
| 2. What is the reader's task? | management of gluten-free diet / repeat blood tests |
| 3. Does the reader know the patient? | no |
| 4. Does the writer have any tasks? | ferrous sulphate – already done / repeated titres |
| 5. Why am I writing <u>today</u> ? | diagnosis confirmed – further management |
| 6. Is it urgent? | no |

<https://drive.google.com/file/d/1UB2jXfXBC8m2lvLLHk8ZHB2qEKozcLqs/view?usp=sharing>

Notes:

Assume that today's date is 8 June 2018.

You are a Paediatric doctor at Brightford Hospital. You have been responsible for the care of Rosemary McQueen who was recently admitted with abdominal pain.

PATIENT DETAILS:

Name: Rosemary McQueen

Marital status: Single

Residence: Briarwood Cottage, Lower Lane, Brightford

DOB: 15 Feb 2004 (15 years)

Next of kin: Mother (Alison) age 45, (piano teacher)

Social background:

Attends High School – good results

Leisure activities: basketball, swimming (stopped May 2018 – ‘too tired’), plays piano and flute

Good relationship with family (two younger sisters)

Past medical history:

Born premature (maternal diabetes)

Bronchiolitis at 1 year old

Intermittent asthma (Albuterol when needed)

No surgeries

No allergies

Family history: Mother: diabetes mellitus type 2, hypertension

Father: Crohn's disease

06 Jun 2018: Admission to A&E

Presenting problem:

Persistent diarrhoea, (“greasy” stools), abdominal pain, blistering rash over elbows, knees and buttocks

Weight loss reported (2.5kg in the past 2 weeks), easy bruising

Vital signs: BP: 108/70 mmHg, P: 74 beats/min, T: 37° C, RR: 16 breaths/min

Diagnosis: Celiac disease

Treatment & test results:

CBC: haematocrit 25% (anaemia), MCV 84 fL, WBCs 3,500/ μ L

06 Jun 2018: platelets 118,000/ μ L (low WBC and platelets)
PT & aPTT: both prolonged
Calcium 6.6mg/dL (low)
Stool culture, WBCs, Ova/Parasites: negative, no blood
Sudan black stain positive for steatorrhea
All antibody tests (antitissue transglutaminase, antiendomysial, antigliadin) positive
Transferred to paediatric unit

08 Jun 2018: Small bowel biopsy performed to exclude bowel wall
lymphoma - characteristic findings of flattened intestinal villi and lymphocyte infiltration
All gluten to be removed from diet

Medications: Ferrous Sulphate 200mg PO q12hr (comm. 07.06.18)
Albuterol 2 puffs inhaled PO q8h

Nursing management:

Gluten-free diet
Check medication compliance, vital signs

Medical progress:

Good
Diagnosis confirmed, differential diagnosis excluded

08 Jun 2018: Pt. ready for discharge

Discharge plan: Eliminate gluten from diet
Ferrous Sulphate for <6 months.
Gluten-free diet \rightarrow gradual resolution of symptoms
Repeat antibody titres (6 weeks' time), CBC and calcium level
Refer to dietician

Writing Task:

Using the information given in the case notes, write a referral letter to Dr Jones, a dietician at Brightford General Hospital, for further management of Rosemary's gluten-free diet. Address the letter to Dr Barbara Jones, dietician, Brightford General Hospital, Brightford.

Write your Timeline 2 paragraph and send to paul@set-english.com

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| Introduction | <ul style="list-style-type: none"> • Patient name: • General Medical Context: • General Request: |
| Early timeline | <p>06 Jun 2018: Admission to A&E</p> <p>Presenting problem:</p> <p>Persistent diarrhoea, ("greasy" stools), abdominal pain, blistering rash over elbows, knees and buttocks ✓</p> <p>Weight loss reported (2.5kg in the past 2 weeks), easy bruising ✓</p> <p>Vital signs: BP: 108/70 mmHg, P: 74 beats/min, T: 37° C, RR: 16 breaths/min - summary</p> <p>Diagnosis: Celiac disease</p> <p>Treatment & test results:</p> <p>CBC: haematocrit 25% (anaemia), MCV 84 fL, WBCs 3,500/μL - summarise/exclude</p> <p>06 Jun 2018:</p> <p>platelets 118,000/μL (low WBC and platelets) ✓</p> <p>PT & aPTT: both prolonged ✓</p> <p>Calcium 6.6mg/dL (low) ✓</p> <p>Stool culture, WBCs, Ova/Parasites: negative, no blood diff. diag.</p> <p>✓ Sudan black stain positive for steatorrhea</p> <p>✓ All antibody tests (antitissue transglutaminase, antiendomysial, antigliadin) positive</p> <p>✓ Transferred to paediatric unit</p> |
| Timeline 2 | <p>08 Jun 2018: Small bowel biopsy performed to exclude bowel wall lymphoma - characteristic findings of flattened intestinal villi and lymphocyte infiltration</p> <p>All gluten to be removed from diet diff. diag.</p> <p>Medications: Ferrous Sulphate 200mg PO q12hr (comm. 07.06.18) ✓</p> <p>Albuterol 2 puffs inhaled PO q8h</p> <p>Nursing management:</p> <p>Gluten-free diet ✓</p> <p>Check medication compliance, vital signs</p> <p>Medical progress:</p> <p>Good ✓</p> <p>Diagnosis confirmed, differential diagnosis excluded ✓</p> <p>08 Jun 2018: Pt. ready for discharge</p> |
| | <p>Discharge plan: Eliminate gluten from diet ✓</p> <p>Pls note → Ferrous Sulphate for <6 months. ✓</p> <p>Gluten-free diet → gradual resolution of symptoms</p> <p>Repeat antibody titres (6 weeks' time), CBC and calcium level - paediatrician</p> <p>Refer to dietician</p> |

Introductions

- Too much information – belonging in other paragraphs
- Missing purpose
- Language: spelling, relative clause issues

| Student | Teacher |
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| <p>8th June 2018 Dr Barbara Jones Dietician Brightford General Hospital Brightford</p> <p>Reg: Rosemary McQueen DOB: 15th February 2004</p> <p>Dear Doctor Barbara Dr-Jones,</p> <p>I am writihng writing regarding Miss Rosemary McQueen, who was admitted in to our emergency department with signs and symptoms of Celiac disease, and now he is being referred for further management and of her gluten free diet.</p> | <p>she has celiac – focus on that</p> |
| <p>Thank you for seeing, Ms Rosemary McQueen, a 15-year-old high school student who was diagnosed of has been diagnosed with celiac disease, for further management of her gluten-free diet.</p> | |
| <p>8th June 2018</p> <p>Dr Barbara Jones Dietician Brightford General Hospital Brightford</p> <p>Dear Dr Jones,</p> <p>Re: Miss Rosemary McQueen, DOB :15/02/2004</p> <p>I am writing to refer Miss Rosemary McQueen, a 15- year -old girl who has recently been diagnosed with celiac disease. She is now ready</p> | |

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| <p>to be discharged and requires your further management of her gluten- free diet.</p> | |
| <p>I am writing to refer Miss Rosemary McQueen, a 15 -year -old girl with a definitive diagnosis of celiac disease. She requires your further management of (-on)? her gluten-free diet .</p> | |
| <p>Dr Barbara Jones Dietician Brightford General Hospital Brightford</p> <p>08/06/2018</p> <p>Dear Dr Jones, Re: Rosemary McQueen DOB :15/02/2004</p> <p>I am writing regarding Rosemary McQueen, who has been diagnosed with celiac disease. She is due to be discharged into your care and requires further management of her gluten-free diet.</p> | |
| <p>Dr.Barbara Jones , Dietician</p> <p>Brightford General Hospital</p> <p>Re: Rosemary McQueen, DOB: 15. Feb 2005</p> <p>Date: 8 June 2018</p> <p>Dear Dr. Jones,</p> <p>I am writing regarding Ms.Rosemary MCQueen who was admitted in our hospital on 6th June 2018 due to persistent diarrhoea, abdominal pain, blistering rash over elbows, knees, and buttocks and diagnosed with Celiac disease. She is discharged from the hospital today. I am requesting you to support her in further management of gluten-free diet and repeated antibody titres.</p> | <p>Introduction – a brief summary of the situation – don’t include symptom details or dates. Be general when describing the context & request</p> |
| <p>I am writing regarding Miss McQueen, who has been admitted to our hospital due to coeliac disease. She is due to be discharged today and requires your further management of a gluten-free diet.</p> | <p>Why focus on admission – focus on the current situation</p> |

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| <p>Dr Barbara Jones Dietician Brightford General Hospital Brightford</p> <p>8th June 2018</p> <p>Dear Jones,</p> <p>Re: Rosemary McQueen, DOB: 15. Feb 2005</p> <p>I am writing regarding Mr Jones Rosemary McQueen, who has been diagnosed with celiac disease and now requires further management of her gluten-free diet.</p> | |
| <p>Dr. Barbara Jones Dietitian Brightford General Hospital Brightford</p> <p>8th June 2018</p> <p>Dear Dr. Jones,</p> <p>Re: Rosemary McQueen, DOB 15/02 /2004.</p> <p>I am writing to refer Rosemary McQueen, who has been diagnosed with celiac disease. She now requires your further management of a gluten-free diet.</p> | |
| <p>Dr Barbara Jones Dietician Brightford General Hospital Brightford</p> <p>8th June 2018</p> <p>Re: Rosemary McQueen DOB: 15th February 2004</p> <p>Dr Dr Jones,</p> <p>I am writing regarding Rosemary McQueen, who has been recently diagnosed with celiac disease. She requires your further management for of her gluten-free diet.</p> | |

I am writing regarding Rosemary McQueen, who **is has been** diagnosed with celiac disease and now requires management of her gluten-free diet.

Dr Barbara Jones
Dietician
Brightford General Hospital
Brightford

8th June 2018

Dear Dr Jones,

Re: Rosemary McQueen,
DOB:15th February 2004

I am writing regarding Rosemary McQueen, who **was has been** diagnosed with celiac disease, and requires further management of a gluten-free diet.

Dr Barbara Jones
Dietician
Brightford General Hospital
Brightford

8 June,2018

Dear Dr Jones,

Re: Ms Rosemary McQueen, DOB:15/02/2004

I am writing to refer Ms Rosemary McQueen, who is now ready for discharge from our facility after being diagnosed with **+** celiac disease . She requires further management of her gluten - free diet.

Early Timeline

06 Jun 2018: Admission to A&E

Presenting problem:

Persistent diarrhoea, ("greasy" stools), abdominal pain, blistering rash over elbows, knees and buttocks ✓

Weight loss reported (2.5kg in the past 2 weeks), easy bruising ✓

Vital signs: BP: 108/70 mmHg, P: 74 beats/min, T: 37° C, RR: 16 breaths/min - summary

~~Diagnosis: Celiac disease~~

Treatment & test results:

CBC: haematocrit 25% (anaemia), MCV 84 fL, WBCs 3,500/μL - summarise/exclude

06 Jun 2018: platelets 118,000/μL (low WBC and platelets) ✓

PT & aPTT: both prolonged ✓

Calcium 6.6mg/dL (low) ✓

~~Stool culture, WBCs, Ova/Parasites: negative, no blood~~

✓ Sudan black stain positive for steatorrhea

✓ All antibody tests (antitissue transglutaminase, antiendomysial, antigliadin) positive

✓ Transferred to paediatric unit

diff. diag.

| Student | Teacher |
|---|---|
| <p>On 6th June, Miss McQueen presented to our A &E and reported having persistent diarrhoea, abdominal pain, blistering rashes over her elbows, knees and buttocks and easy bruising. She had lost 2.5 kg of her weight in the past 2 weeks. Her blood test results showed lower CBC levels than normal, both PT and aPTT were prolonged and her calcium level was 6.6 mg/dl. Her Sudan black stain test was positive for steatorrhea and her all antibody tests were positive. She was diagnosed with celiac disease and was transferred to the paediatric unit.</p> | <p>Miss McQueen presented with persistent</p> <p>She had lost 2.5 kg of her weight in the previous 2 weeks.</p> <p>in the prior two weeks</p> <p>two weeks prior</p> <p>She had lost her keys</p> |
| <p>On 6th Jun 2018 , Rosemary McQueen was admitted to our hospital experiencing persistent diarrhoea, abdominal pain and blistering rash on her extremities. She reported 2,5 kg weight loss in the previous 2 weeks and having had easy bruising. Her preliminary diagnosis was accepted as celiac disease. Blood tests revealed pancytopenia, prolonged PT and aPTT, and low calcium level of 6.6 mg/dl. Stool analyse-analysis was positive for steatorrhea, and antibody tests in blood were positive for celiac disease. She was transferred to the pediatric unit the same day.</p> | <p>perfect participle used to show that one event happened before another</p> <p>She didn't report easy bruising in the previous two weeks – it was a current symptom</p> <p>When you use numbers, don't describe them.</p> |

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| <p>On 8th-6th June, Rosemary presented with persistent diarrhoea, greasy stools, and abdominal pain as well as a blistering rash over her elbows, knees and buttocks. She also reported losing 2.5 kilogrammes of her weight over the past previous two weeks and noted easy bruising was noted. Her tests results showed normocytic anemia with low levels for both platelets and calcium and prolonged PT and APTT. No abnormalities were detected in her stool culture. However, Sudan black stain was positive for steatorrhoea. Additionally, all her antibody tests were also positive .</p> | |
| <p>On 6th June 2018, Rosemary Mc Queen reported having persistent diarrhoea, and experiencing abdominal pain, and a blistering rash over her elbows, as well as her knees and buttocks. In addition, she reported that she had lost 2.5 kgs weight in the prior 2 weeks. However, her vital signs were normal. All antibody tests, which includes antitissue transglutaminase, antiendomysial and antigliadin, were positive. As result, she was transferred to a paediatric unit. His aPTT and PT were prolonged and his calcium was low. sudan black was positive for steatorrhea.</p> | <p>Careful with listing here</p> <p>Do we need the specific antibody tests?</p> <p>A bit disorganised – intra-paragraph organisation</p> |
| <p>On 6 Jun, Miss McQueen presented with persistent diarrhoea with greasy stools, accompanied by abdominal pain and a blistering rash over her elbows, knees and buttocks. She also reported that she had experienced bruising es easily and had lost 2.5kg over the past two weeks. The test results showed a significant decrease of haematocrit to by 25%, MCV 84 fL, WBCs 3,500 and platelets 118,000/uL. Additionally, PT and aPTT both are prolonged as well as a low calcium level of 6.6mg/dL. Stool Sudan black stain revealed evidence of steatorrhea and antibody tests were all positive. Subsequently, a diagnosis of celiac disease was made celiac was confirmed and she was transferred to the paediatric unit.</p> | <p>Test results revealed haematocrit <u>of</u> 25%, MCV <u>of</u> 84 fl....</p> <p>Additionally, she has prolonged PT and APTT, as well as a calcium level of 6.6mg/dL.</p> |
| <p>On 6th June 2018, Miss McQueen was admitted to the E and A due to having abdominal pain, diarrhoea and weight loss. Consequently</p> | |

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| <p>Subsequently, she was diagnosed with celiac disease. Antibody tests including anti-tissue transglutaminase, anti-endomysial, and antigliadin were positive. Additionally, her calcium level was 6.6 mg. Rosemary McQueen's Blood tests showed a prolongation of PT and aPTT and a Sudan black stain was ordered which was positive for steatorrhea. She is also anaemic. subsequently, She was transferred to the pediatric ward .</p> | <p>Do you think this is the best place to put the diagnosis? It would be more logical after all of the test findings etc</p> |
| <p>On 6th June 2018, Rosemary McQueen was presented to our hospital with her mother, complaining of persistent diarrhoea, abdominal pain, blistering rash over the elbows, knees, and buttocks. Her mother reported that Rosemary reported she had lost 2.5kg weight in the past previous 2 weeks and was experiencing easy bruising. A diagnose diagnosis of confirmed celiac disease was made.</p> | <p>Lots of mentions of Rosemary's mother- why?</p> |
| <p>On 6th June 2018 , Rosemary was admitted to the Emergency Department with an abdominal pain, persistent diarrhoea with greasy stools and a significant weight loss (2 .5 kg for the last two weeks). In addition ,she had experienced easy bruising and blistering rashes over her limbs and buttocks. Despite Rosemary's vital signs were being unremarkable her blood test results detected pancytopenia, along with hypocalcemia 6.6mg/dL . Subsequently ,a sudan black stain revealed steatorea and antibody tests pointed to celiac disease , as her anti tissue transclutaminase ,anti endomysial and anti gliadin antibodies were positive. As a result, Rosemary had been was transferred to the pediatric unit for further investigation.</p> | <p>Avoid using brackets. It's easier to put the rash in this list and mention 'she reported 2.5kg weight loss.....'</p> <p>the use of 'as' is considered informal by OET. However, I think it sounds fine in this sentence!</p> |
| <p>On 6th Jun 2018, Rosemary McQueen presented with persistent diarrhoea, abdominal pain, a blistering rash on her elbows, knees, and buttocks, and easy bruising. She has lost 2.5kg in the past 2 weeks. Subsequently, investigations were conducted and revealed pancytopenia and decrease of calcium level. Additionally, both Sudan black stain and antibody tests were positive.</p> | <p>The use of present perfect is just about acceptable here because we're only on 8th June when writing the letter but be careful in future about using present perfect with past dates. See Class Weds 2nd Oct for more discussion.</p> <p>This is a really well written paragraph – well done.</p> |
| <p>On 6 th June ,Ms McQueen was admitted to the ED with persistent diarrhoea and abdominal</p> | |

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| <p>pain, along with a blistering rash on her knees, buttocks and over elbows. Additionally, her blood test revealed that she had anaemia and a low calcium level. Due to her Sudan black stain and celiac antibody tests being positive. Please note that she had lost 2.5 kg in the previous 2 weeks.</p> | <p>Due to is used to show a cause – but there also needs to be a result - what is the result in this sentence? I think simple addition or 'Please note' would have sufficed.</p> |
| <p>On 6th June 2018, Rosemary McQueen was admitted to the ED with persistent diarrhoea, abdominal pain, and a blistering rash over her elbows, knees, and buttocks. Physical examination revealed 2.5 kg weight loss and easy bruising, with stable vital signs. Tests showed pancytopenia, prolonged PT and aPTT, low calcium, and steatorrhoea. Anti-tissue transglutaminase IgA, anti-endomysial IgA, and antigliadin IgA were positive. She was transferred to the Paediatric Unit for further evaluation and management.</p> | <p>Fantastic!</p> |
| <p>Ms McQueen was admitted into accident and emergency two days ago, on account of weight loss of two weeks duration, abdominal pain and persistent diarrhoea including blistering rash over her elbow, knees and buttocks. On examination, her vital signs were stable except her respiratory rate which was 16cpm. <i>Therefore, an assessment of celiac disease was made and blood tests were ordered including stool microscopy, culture and sensitivity(m/c/s).</i></p> <p><i>The laboratory test results revealed;</i> pancytopenia with haematocrit of 25%, calcium of 6.6mg/dl, positive antibody tests and steatorrhea. and all antibody tests were positive as well as steatorrhoea.</p> <p>Subsequently, oral ferrous sulphate was commenced at 200mg twice daily which is to be taken for six months.</p> | <p>Is this really necessary for this reader and this request?</p> <p><i>We can definitely be more concise:</i></p> <p><i>Subsequently, blood tests and stool microscopy revealed....</i></p> <p>This section can go in the next paragraph?</p> |
| <p>On 6th June, Miss McQueen was admitted to A and E due to having signs and symptoms of celiac disease. She reported that she had lost 2kg in the past previous 2 weeks. Additionally, her blood test revealed low WBC, platelets, and low calcium with prolonged PTT, and PT. Her stool culture was negative but all antibody tests and Sudan black stain were positive. consequently, Additionally, her WBC showed a</p> | |

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| <p>hematocrit of 25% for which ferrous sulfate, 200mg was prescribed.</p> | <p>The ferrous sulphate can go here – and it is linked well - but I think it would be better organised in following paragraph.</p> |
| <p>On 6th June, Rosemary was admitted to the emergency department with persistent diarrhoea, abdominal pain and easy bruising, as well as a blistering rash over her elbows, knees and buttocks. She reported that she had lost 2,5 kg in the previous 2 weeks. Her vital signs were in the normal range but her blood tests revealed anaemia, platelets 118.000/uL, calcium 6.6 mg/ml, and her PT and aPTT both were prolonged. Additionally, sudan black stain was positive for steatorrhea and her all antibody tests, including antitissue transglutaminase, antiendomysial and antigliadin, were positive. As a result, Rosemary was transferred to a paediatric unit.</p> | <p>This is really well controlled -possibly not summarised enough but very well written.</p> |
| <p>On 6th June 2018 Miss Rosemary McQueen was experiencing persistent diarrhoea, greasy stools, and abdominal pain with blistering rash over elbows, knees and buttocks. In addition she reported 2.5kg weight loss in two weeks and easy bruising, her vital signs were unremarkable. Her test results showed anemia with low CBC, low platelets and low calcium. Additionally her sudan black stain test was positive for steatorrhea as well as and all antibody tests were positive., for which I transferred her Subsequently, she was transferred to the pediatric unit</p> | <p>Seems like you transferred her to the paediatric ward because of her antibody tests? I think 'Subsequently, she was'is better</p> |
| <p>On 6th June 2018, Rosemary McQueen was admitted to A and E due to having persistent diarrhoea, abdominal pain, and blistering rash over her elbows, knees and buttocks. She reported losing weight 2.5kg over the past previous 2 weeks and easy bruising. Her vital signs were normal. Her blood test results revealed low WBC, platelets, haematocrit, calcium, and prolonged PT and aPTT, which confirmed anaemia. Additionally, sudan black stain and all antibody tests were positive. And as a results, Subsequently, she was transferred to paediatric unit.</p> | |