

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:

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
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 → 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 introductions and send to paul@set-english.com

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>