

OET Nursing Writing Week

- 1 Review – you tell me!
- 2 Grading your para
- 3 Give homework

Notes:

Assume that today's date is 3 September 2019.

You are a community nurse looking after an elderly patient who is receiving home palliative care.

PATIENT DETAILS:

Name: Alison Greene (Mrs)
DOB: 12 October 1951 (67 y.o.)
Address: 28 Park Road, Oldtown

Social background: Retired teacher
 Widowed 2017
 1 daughter (w 2-wk-old infant), 50 kms away (Newtown)
 Interests: music, reading

Past medical history: January 2010: diabetes mellitus type 2 (Metformin)
 January 2017: invasive ductal carcinoma diag. → R lumpectomy & lymphadenectomy w chemotherapy (successful)
 December 2017: poorly controlled diabetes → insulin therapy (Lantus) w Metformin
 April 2018: metastatic spread to brain → radiotherapy (successful symptom control)
 March-August 2019: bone metastases → chemotherapy (unsuccessful)
 August 2019: pt. declines further chemo → home palliative care & DNR (do not resuscitate) order (pt. & daughter agreed)

Current Medication: Lantus (insulin) – 12 units/day
 Metformin – 500mg 3x/day
 Morphine sulphate – 15mg over 24 hrs, dilutant water for injection 18ml
 Dulcolax – 5 mg 1x/day bedtime
 Oramorph (oral morphine) – 2.5mg p.r.n (breakthrough pain)

Presenting factors: T4 metastatic breast cancer (bones, brain)
 Sub-cutaneous morphine infusion (pain control) required → priming of syringe driver w morphine 1x/day
 Nurse to monitor glucose levels (August 2019: HbA1c 8.1%)

Community nurse appointment record (palliative home care)

1 September 2019

- Prepared upper L arm w butterfly needle & transparent dressing → primed syringe driver (McKinley T34 pump) w 20ml syringe: morphine sulphate 15mg at 4pm (0.64ml/hr)
- Blood sugar: pre-breakfast = 8mmol, post-lunch = 11mmol
- Insulin (self-administered): 12 units/day
- Symptoms under control

2 September 2019

- Morphine sulphate & insulin as above
- Blood sugar: pre-breakfast = 8.1mmol, post-lunch = 11.2mmol

3 September 2019

- Morphine sulphate & insulin as above
- Blood sugar: pre-breakfast = 8.2mmol, post-lunch = 11.3mmol

Discussion:

Pt visiting daughter 5-7 September (departure: 7 am, return home: 7 pm)

Refer to Newtown community nurse:

- Replenish syringe driver (1x/day) pain relief (McKinley T34 pump, in-situ butterfly needle – no changing required)
- Monitor glucose levels (1x/day)
- Liaise w Newtown hospice if unfamiliar w McKinley pump/for advice on breakthrough pain/ongoing management

Plan: Write to Newtown community nurse

Writing Task:

Using the information in the case notes, write a referral letter to Ms Simons, Head of the Community Nursing Service in Newtown, outlining Mrs Greene's relevant medical history and her care needs while away from home. Address the letter to Ms Joanna Simons, Head of the Community Nursing Service, 87 Amwell Road, Newtown.

<https://www.dropbox.com/scl/fi/lpb6kg0kvxjr1ecw9rnmf/Test-2-Nursing-Writing-Alison-Greene.pdf?rlkey=vdk9q4y0dncptn3x51m81359t&dl=0>

Letter Plan

Introduction	<p>Patient name: Mrs Alison Greene General medical context: Palliative care & visiting daughter General Request: requires care & support whilst away from home</p>
Background	<p>Organise <u>cancer</u> and <u>diabetes</u> (If separate paragraphs required, no problem):</p> <p>Past medical history: January 2010: diabetes mellitus type 2 (Metformin) January 2017: invasive ductal carcinoma diag. → R lumpectomy & lymphadenectomy w chemotherapy (successful) December 2017: poorly controlled diabetes → insulin therapy (Lantus) w Metformin ✓ April 2018: metastatic spread to brain → radiotherapy (successful symptom control) ✓ March-August 2019: bone metastases → chemotherapy (unsuccessful) ✓ August 2019: pt. declines further chemo → home palliative care & DNR (do not resuscitate) order (pt. & daughter agreed) <u>Nurse to monitor glucose levels</u> (August 2019: HbA1c 8.1%)</p> <p>Current Medication: Lantus (insulin) – 12 units/day ✓ Metformin – 500mg 3x/day ✓ Morphine sulphate – 15 mg over 24 hrs, dilutant water for injection 18ml Dulcolax – 5 mg 1x/day bedtime Oramorph (oral morphine) – 2.5mg p.r.n (breakthrough pain) ✓</p>
Current / Routine	<p>Current management includes – pain management & blood sugar monitoring:</p> <p>Community nurse appointment record (palliative home care)</p> <p>1 September 2019</p> <ul style="list-style-type: none"> • Prepared upper L arm w butterfly needle & transparent dressing → primed syringe driver (McKinley T34 pump) w 20ml syringe: <u>morphine sulphate</u> 15mg at 4pm (0.64ml/hr) ✓ • Blood sugar: pre-breakfast = 8mmol, post-lunch = 11 mmol ✓ • Insulin (self-administered): 12 units/day ✓ • Symptoms under control <p>Use of present tense – <u>describe what happens – not what happened</u></p>
Request You choose Yourself...?	<p>Discussion: Pt visiting daughter 5-7 September (departure: 7 am, return home: 7 pm)</p> <p>Refer to Newtown community nurse:</p> <ul style="list-style-type: none"> • Replenish syringe driver (1x/day) pain relief (McKinley T34 pump, in-situ butterfly needle – no changing required) • Monitor glucose levels (1x/day) • Liaise w Newtown hospice if unfamiliar w McKinley pump/for advice on breakthrough pain/ongoing management <p>In view the above, please note that Mrs Greene is visiting her daughter..... Final assignment: paul@set-english.com</p>

Homework: Write background and send to alain@set-english.com

Original	Corrections
<p>Mrs Alison Green's current condition is controlled. She has a butterfly needle upper on her left arm, transparent dressing and she administers insulin by herself. Additionally, she has morphine sulphate 15 mg, at 4pm, 0,64 ml every hour via a syringe driver with 20 ml.</p> <p>Mrs Greene is currently on medications, Metformin,500 mg, three times a day, Dulcolax,5mg, once a day before bedtime; and Oramorph 2.5 mg if required.</p> <p>For pain management Mrs Greene receives morphine sulphate 15mg over 24hr (0.64ml/hr). Her pre breakfast blood sugar is 8mmol and post lunch is 11mmol and she administers 12unit insulin(self administered)per day.</p> <p>Brackets: ()</p> <p>The UK <u>style</u> is to avoid using it <u>too much</u></p>	<p>Dilution?</p> <p>Mrs Green's current condition is controlled. She has a butterfly needle on her left upper arm, transparent dressing, and she administers insulin by herself. Additionally, she has morphine sulphate, 15 mg, at 4pm, 0,64 ml every hour via a syringe driver with 20 ml. Mrs Greene is currently on medications, metformin, 500 mg, three times a day; Dulcolax,5mg, once a day before bedtime; and Oramorph 2.5 mg if required.</p> <p>Is it a brand or not? Brand use capital letters</p> <p>Dilution?</p> <p>For pain management, Mrs Greene receives morphine sulphate 15mg over 24 <u>hours</u> (0.64ml/hr). Her pre breakfast blood sugar is 8<u>mmol</u> and post lunch is 11mmol and she administers 12 units of insulin (self-administered) per day.</p> <p>Note form?</p> <p>OET say we can use note form when it is <u>not practical</u> to use the FULL word</p>

It's just the fashion

Mrs Greene's symptoms are well controlled through her medication regimen, which includes metformin 500 mg three times a day, 12 units of insulin daily, and morphine sulphate 15 mg administered via a syringe driver at 0.64 ml per hour over 24 hours. She also takes Dulcolax 5 mg once daily before bed and Oramorph 2.5 mg for breakthrough pain.

How do we write medication?

1. 500 mg of metformin three times a day

↑
Dose + of

2. metformin 500 mg three times a day (okay but Alain does not like it)

metformin 500 mg three times a day

↑ ↑
easier to read / cleaner

3. metformin (500 mg, three times a day)

Putting together!

Long time / repetitive / stupid

Dilution?

Mrs Greene's symptoms are well controlled through her medication regimen, which includes metformin 500 mg three times a day, 12 units of insulin daily, and morphine sulphate (15 mg administered via a syringe driver at 0.64 ml per hour over 24 hours). She also takes Dulcolax 5 mg once daily *before bed* and Oramorph 2.5 mg for breakthrough pain.

Irrelevant because the reader will not do it?

Yes and no

Do we ever include information that reader will not do?

Yes:

1. Needed
2. Appropriate

This is when you sit quietly and stop thoughts

Regarding Mrs Greene's meditation, she has a butterfly needle and transparent dressing on her left upper arm, through which morphine sulphate 15mg, 18ml dilution, at 0.64ml/hour via a syringe pump is administered at 4pm. Additionally, she is on metformin, 500mg, three times a day and insulin, 12 units, daily, which is self-administered.

Regarding Mrs Greene's medication, she has a butterfly needle and transparent dressing on her left upper arm, through which morphine sulphate, 15mg, 18ml dilution, at 0.64ml/hour via a syringe pump is administered at 4pm. Additionally, she is on metformin, 500mg, three times a day, and insulin, 12 units, daily, which is self-administered.