

## OET Medicine Writing Week

Kevin Brown

The task is: *Write a letter to a healthcare professional requesting continuation of care for a patient.*

### 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?



### Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Kevin Brown case notes:

1. Who is the reader?	Patient's GP / family doctor
2. What is the reader's task?	further investigation and management
3. Does the reader know the patient?	yes
4. Does the writer have any tasks?	no
5. Why am I writing <u>today</u> ?	There has been no improvement despite suggestions
6. Is it urgent?	no

**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 October 2020.**

You are a school nurse at Arbury school where a young boy has recently been admitted as a pupil.

**PATIENT DETAILS:**

**Name:** Kevin Brown (Mr)  
**DOB:** 2 July 2012 (8 y.o.)  
**Address:** 29 Humphreys Road, Arbury

**Social background:** Father – fire officer (37 y.o), mother – physiotherapist (39 y.o.)  
 Siblings: sister (14 y.o.)  
 Previous school: Covetown Primary (family moved from Covetown Aug 2020)  
 Interests: painting, playing the piano, coin collecting

**Medical history:** 2017: Chickenpox  
 2018: Influenza  
 2019: Gastroenteritis

Immunisations: 2012 6-in-1 vaccine, rotavirus, MenB (all doses)  
 2013: MMR (measles, mumps, rubella) – 1st dose  
 2015: MMR 2<sup>nd</sup> dose  
 Allergies: shellfish & peanuts

**School nurse treatment record**

- 15 September 2020:** School clinic  
 Fall in playground after bullying episode – 1st aid for minor cuts (R knee) & grazes (R elbow)  
 Pt: 'the bully noticed the wee on my trousers, so pushed me over', admits occasional daytime enuresis (approx. 1x/fortnight) & bedwetting at night (approx. 3x/wk)  
 Pt. worried, embarrassed  
 Height/weight: 116 cms, 23 kgs (normal)
- 20 September 2020:** School clinic  
 Bullying continues  
 Home visit organised (pt. consent given)
- 22 September 2020:** Home visit  
 Parents supportive – waterproof covers used on bed  
 Bed-wetting frequency confirmed by parents (approx. 3x/wk)  
 Onset of bed-wetting = June 2019 (following grandfather's death)  
 No constipation, no other symptoms  
 Pt. reported to be 'heavy sleeper'  
 Sister 'grew out of' bed-wetting' at 9 y.o.  
 Advice to parents:  
 Diet: avoid food/drink 1 hr before bedtime – no daytime restriction  
 Toileting: encourage regular daytime toileting, bladder emptying before bedtime  
 Urine sample collected – no UTI (urinary tract infection) present  
 Parents reassured: enuresis relatively common in boys <13 y.o., information leaflet given
- 22 October 2020:** School visit by parents  
 Discussion: No improvement in symptoms – Pt. worried: 'If the problem doesn't stop, I'll keep on getting bullied'  
 All recommendations tried  
 Advised to continue w dietary & toileting suggestions  
 Consent given for referral to family doctor (for investigation & treatment)  
 (?referral to enuresis clinic)
- Plan** Write to family doctor

**Writing Task:**

Using the information in the case notes, write a letter of referral to the patient's family doctor, Dr Hatton, explaining your concerns about the patient and requesting further investigation and appropriate management. Address the letter to Dr Alicia Hatton, Flintwood Medical Practice, 17 Flintwood Street, Arbury.

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.

Paragraph Planning

Introduction	Patient Name General Medical Context General Request
Early Timeline	<p><b>15 September 2020:</b> School clinic Fall in playground after bullying episode – 1st aid for minor cuts (R knee) &amp; grazes (R elbow) Pt. <del>the bully noticed the wee on my trousers, so pushed me over</del>, admits occasional daytime enuresis (approx. 1x/fortnight) &amp; bedwetting at night (approx. 3x/wk) Pt. worried, embarrassed Height/weight: 116 cms, 23 kgs (normal)</p> <p><b>20 September 2020:</b> School clinic Bullying continues <del>Home visit organised (pt consent given)</del></p>
Home Visit	<p><b>22 September 2020:</b> Home visit Parents supportive – waterproof covers used on bed Bed-wetting frequency confirmed by parents (approx. 3x/wk) Onset of bed-wetting = June 2019 (following grandfather's death) <del>No constipation, no other symptoms</del> Pt. reported to be 'heavy sleeper' Sister 'grew out of' bed-wetting' at 9 y.o.</p> <p>Advice to parents: Diet: avoid food/drink 1 hr before bedtime – no daytime restriction Toileting: encourage regular daytime toileting, bladder emptying before bedtime <del>Urine sample collected – no UTI (urinary tract infection) present</del> Parents reassured: enuresis relatively common in boys &lt;13 y.o., information leaflet given</p>
Today	<p><b>22 October 2020:</b> School visit by parents Discussion: No improvement in symptoms – Pt. worried: 'If the problem doesn't stop, I'll keep on getting bullied' All recommendations tried Advised to continue w dietary &amp; toileting suggestions Consent given for referral to family doctor (for investigation &amp; treatment) (?referral to enuresis clinic)</p>
Request	Request further investigation and management

Write home visit and send to [paul@set-english.com](mailto:paul@set-english.com)

[Send before 8 am !](#)

Link: <https://drive.google.com/file/d/1ftX3YWZ3dTUEAmlxeEnyP1F-RjRVmRi/view?usp=sharing>

### Introductions

Student	Teacher
<p>22 October 2020 Dr Alicia Hatton Flintwood Medical Practice 17 Flintwood Street Arbury</p> <p>Dear Dr Hatton,</p> <p>Re: Ke<del>l</del>vin Brown, DOB: 2 July 2012</p> <p>I am writing regarding Ke<del>l</del>vin, who has been <del>suffering</del> bullying at school. He <del>is being referred to your facility, and</del> now requires your further investigation and management.</p>	<p><b>experiencing – neutral</b></p> <p><b>Important content missing: enuresis?</b> <b>Accurate use of English!</b></p>
<p>Dr Alicia Hatton Flintwood Medical Practice 17 Flintwood Street Arbury</p> <p>22nd October 2020</p> <p>Dear Dr Hatton,</p> <p>Re: Kevin Brown, Aged 8</p> <p>I am writing regarding Kevin Brown, who has a condition of <del>persistent</del> enuresis and now requires further investigation and appropriate management.</p>	

Dr Alicia Hatton  
Flintwood Medical Practice  
17 Flintwood Street  
Arbury

22nd October 2020

Re: Kevin Brown, DOB: 2 July 2012

Dear Dr Hatton,

I am writing regarding Kevin Brown, ~~who experienced~~ ~~has been experiencing~~ bullying related to enuresis and was subsequently admitted to our school. He is being referred to you for further investigation and ~~appropriate~~ management.

*we've got our timeline mixed up*

22nd October 2020

Dr Alicia Hatton  
Flintwood Medical Practice  
17 Flintwood Street  
Arbury

Re: Kevin Brown, aged 8

Dear Dr Hatton,

I am writing regarding Kevin Brown, our recently admitted pupil, who has been experiencing enuresis. He is ~~being~~ referred to you for / He ~~requires~~ further investigation and appropriate management.

Dr Alicia Hatton  
Flintwood Medical Practice  
17 Flintwood Street

<p>Arbury</p> <p>22 October 2020</p> <p>RE: Mr Kevin Brown</p> <p>DOB: 2 July 2012(aged 8)</p> <p>Dear Dr Alicia Hatton,</p> <p>I am writing regarding Mr Kevin Brown, who has <b>recently</b> been admitted to our school as a pupil and <b>he</b> is worried about being bullied because of his bed-wetting problem. He is being referred to you and now requires your further investigation and appropriate management.</p>	<p>When you extend a relative clause with 'and' we don't re-state the pronoun</p> <p>My mum, who is a painter and lives in Scotland, is 67.</p> <p>introductions are a brief summary / overview of the situation – this could be more concise but....it's very well written</p>
<p>22 October 2020</p> <p>Dr Alicia Hatton Flintwood Medical Practice 17 Flintwood Street Arbury</p> <p>Re: Mr Kevin Brown Aged 8</p> <p>Dear Dr Hatton</p> <p>I am writing regarding your patient, Mr <del>Kevin</del> Brown, <b><u>who is was recently admitted to our school.</u></b> He has been experiencing bullying at school due to enuresis, and requires your further investigation and management.</p>	
<p>22 October 2020</p> <p>Dr Alicia Hatton</p>	

<p>Flintwood Medical practice 17 Flintwood Street Arbury</p> <p>RE: Mr Kevin Brown, DOB: 2 July 2012,</p> <p>Dear Dr Hatton,</p> <p>I am writing to refer Mr Kevin Brown, into your care .who has frequent episode of enuresis, and now requires further investigation and management.</p>	<p>I am writing to refer <b>Mr Kevin Brown</b> <del>into your care,</del> <b>who has been experiencing enuresis, and now requires further investigation and management.</b></p>
<p>22nd October 2020</p> <p>Dr. Alicia Hatton Flintwood Medical Practice 17 Flintwood Street Arbury</p> <p>Dear <b>Dr Hatton,</b></p> <p>RE: Mr. Kevin Brown, DOB: 2nd July 2012</p> <p>I am writing regarding Mr. Kevin Brown, who is <b>suffering from experiencing</b> enuresis and bed wetting at night. He now requires further investigation and management.</p>	
<p>Dr Alicia Hatton Flintwood Medical Practice 17 Flintwood Street Arbury</p>	

<p>22nd October 2020</p> <p>Re: Mr Kevin Brown, aged 8-year</p> <p>Dear Dr Hatton,</p> <p>I am writing regarding Mr Kevin Brown, who has been monitored in our school for 1 month due to incontinence and bullying. Now, he is being referred <del>aled</del> to you owing to no improvement, and requires your further investigation and appropriate management.</p>	<p><b>too much detail – consider how much you need to paraphrase in the rest of the letter as a result!</b></p>
<p>I am writing to introduce Kevin Brown, an 8-year-old boy who has been admitted to our school recently. He has been suffering from bed-wetting since June 2019 and needs your further assessment.</p>	
<p>Dear Madam,</p> <p>I am writing regarding Mr Brown, who has been admitted to our school as a pupil. He has a problem with enuresis during the day and bedwetting at night. Despite all my recommendations about diet and toileting regulations, there are no improvements in his symptoms. Therefore, now he requires your further assessment and evaluation.</p>	<p><b>too much detail – consider how much you need to paraphrase in the rest of the letter as a result!</b></p>
<p>Dr. Alicia Hatton, Flintwood Medical Practice, 17 Flintwood Street Arbury</p>	



22nd October 2022

Dear Dr Hatton,  
RE: Mr Kevin Brown, 8 years old,

I am writing regarding Mr Brown, who has been assessed by the school clinic due to episodes of enuresis without improvement to his symptoms. He is **being** referred to you today for investigation and treatment.

I am writing regarding Mr Kevin Brown, who has enuresis without improvement, which requires your further investigation and management.

Dr Alicia Hatton  
Family Doctor  
Flintwood Medical Practice  
17 Flintwood Street,  
Arbury

22 October 2020

Dear Doctor,

Re: Kevin Brown, aged 8 ~~years old~~

I am writing regarding Mr **Kevin** Brown, who visited the school nurse's office due to persistent nocturnal and daytime urinary incontinence. He is being referred to your facility for further evaluation **and management.**

**It isn't quite right is it – he didn't present with these problems. He presented because of the bullying.**

## Early Timeline

- 15 September 2020:** School clinic  
 Fall in playground after bullying episode – 1st aid for minor cuts (R knee) & grazes (R elbow)  
 Pt. 'the bully noticed the wee on my trousers, so pushed me over', admits occasional daytime enuresis (approx. 1x/fortnight) & bedwetting at night (approx. 3x/wk)  
 Pt. worried, embarrassed  
 Height/weight: 116 cms, 23 kgs (normal)
- 20 September 2020:** School clinic  
 Bullying continues  
 Home visit organised (pt. consent given)

Student	Teacher
<p>On 15th of September, Mr. Brown had a fall after an episode of bullying due to day time enuresis. He was worried, embarrassed, and admitted that he <u>has had</u> been experiencing occasional daytime enuresis once per week and bedwetting three times per week. Additionally, <u>bullying has continued till 20th.</u></p>	<p>A very good attempt at conciseness / summary</p> <p>Just a few errors with tense</p> <ol style="list-style-type: none"> <li>1) content - accurate</li> <li>2) conciseness - good</li> <li>3) language – tense problems / sentence structure - good</li> </ol>
<p>On 15th September, Kevin fell following a bullying episode due to enuresis <u>and</u> he was worried and admitted that he <u>has had</u> experienced occasional daytime enuresis and frequent episodes at nights.</p>	<p>I understand you've left the frequency details out – I hope you did that because you are going to put them in the home visit paragraph.</p>

<p>On 15th September, Kevin, presented in the school clinic for minor cuts <del>on his right knee and grazes on his right shoulder</del>, following a bullying episode. <del>First aid was provided</del>. Upon assessment, he reported that he <del>has had</del> been experiencing <del>the aforementioned condition enuresis</del> once every fortnight as well as bedwetting approximately three times a week. Additionally, on his subsequent visit he presented with the same complaint and bullying episode.</p>	<p>We need to be more concise – ask yourself ‘Does the reader need to know this?’</p>
<p>On 15 September 2020, Kevin visited our clinic following a fall after bullying, and he had slightly hurt his right elbow and knee. He stated that he had had <del>occasional</del> daytime enuresis approximately once a fortnight and bedwetting at night around 3 times a week. Additionally, he was worried about his condition. Five days later, the bullying continued, and we organised a home visit for him.</p>	<p>.....had had daytime enuresis and bedwetting, approximately once a fortnight and 3 times a week, respectively.</p>
<p>On 15th September, Mr Brown came to our School Clinic with some minor injuries due to an episode of bullying. During the examination, he admitted occasional incontinence day and night. On 20th September, Mr Brown was assessed regarding aforementioned situation, and <del>I found there were no changes</del>. <del>no changes were noted</del>.</p>	<p>There is no link between the bullying and the enuresis</p> <p>Incontinence is not specific enough – why risk the paraphrase</p> <p>The bedwetting is not accurate</p> <p>The first person is not used in OET</p>
<p>On 20 September 2020, Mr Brown presented with occasional daytime enuresis once a fortnight accompanied by bedwetting at night three times a week. Subsequently, he is worried and the bullying continues.</p>	<p>15<sup>th</sup> September</p> <p>If you mentioned bullying in the introduction then maybe this is logical – but I think you should mention that it started on 15<sup>th</sup> September</p>
<p>On 15th September, Kevin visited the school clinic after a fall in the playground due to being bullied. He also admitted experiencing occasional daytime enuresis and bedwetting at night that led him to feel worried and embarrassed. During the follow-up</p>	<p>Excellent!</p>

<p>appointment on 20th September, he stated that the bullying persisted.</p>	
<p>On the 15th of September, 2020, Mr Brown fell in the playground after a bullying episode by his colleague at school and sustained minor cuts. Mr Brown admitted occasional daytime enuresis sometimes once a day and <del>wets-wetting</del> the bed at night approximately three times a week. Mr Brown is worried due to his current situation. In addition, home visit was organised five days after with the consent of Mr Brown due to continual bullying episodes.</p>	<p>Daytime enuresis is once a fortnight</p> <p>This could be more concise – just have a look at the examples above.</p>
<p><del>In</del> On 15th September 2020, Kevin was pushed by his friends at school in a result of wetting his pants, and experienced minor cuts on his knee along with grazes on his elbow. Additionally, he has been experiencing enuresis about twice a month and bedwetting at night <del>by</del> three times a week, resulting in <del>being</del> embarrassment. Subsequently, a home visit organised 5 days later with his consent due to continuing bullying.</p>	<p>Probably a bit too much detail at the beginning</p> <p>Interesting paraphrase – but don't take the risk!</p>
<p>On 15th September 2020, Mr Kevin Brown had minor cuts and grazes on his right knee and elbow respectively, following a bullying episode. Additionally, he experienced occasional enuresis which started three weeks ago. He <del>is</del> was also worried and embarrassed about his condition.</p>	<p>I think we should say he reported/admitted enuresis – and bedwetting?</p>
<p>On 15 September 2020, Kevin had a fall after an episode of bullying because of <del>his aforementioned symptoms enuresis</del> and he reported he felt worried and embarrassed. <u>On 20 September, daytime enuresis 1 or 2 in two weeks, as well as bed wetting 3 in a week and the bullying continued.</u> In light of that, a home visit was organised with patient content.</p>	<p>let's just say enuresis instead of 'aforementioned condition'</p> <p>The symptoms were reported on 15<sup>th</sup></p> <p>Additionally, this sentence is missing a verb at the beginning.</p>
<p>On 15th September 2020, Mr Brown was given first aid for minor cuts after a fall because of bullying episode. After that he <del>admitteds</del> enuresis <del>about one-time</del> once a fortnight and bedwetting at night <del>about</del></p>	

<p>three times a week. He <del>looked was</del> worried and embarrassed because of this situation. When the bullying continued, a home visit was organised with his approval.</p>	
<p>Mr Brown first <del>presented to me</del> at the school clinic 15 September 2020, and reported experiencing bullying due to enuresis. He <del>has had</del> been experiencing enuresis for <del>about</del> two weeks along with bedwetting at night <del>about</del> three times in a week.</p> <p>After five days, Mr Brown visited me again and reported that, he <del>is was</del> still being bullied.</p>	

## Home Visit

**22 September 2020:** Home visit  
 Parents supportive – waterproof covers used on bed ✓  
 ✓ Bed-wetting frequency confirmed by parents (approx. 3x/wk)  
 ✓ Onset of bed-wetting = June 2019 (following grandfather's death)  
~~No constipation, no other symptoms~~  
 Pt. reported to be 'heavy sleeper' ✓  
 ✓ Sister 'grew out of' bed-wetting' at 9 y.o.  
 Advice to parents:  
 Diet: avoid food/drink 1 hr before bedtime – no daytime restriction  
 Toileting: encourage regular daytime toileting, bladder emptying before bedtime  
~~Urine sample collected – no UTI (urinary tract infection) present~~  
 Parents reassured: enuresis relatively common in boys <13 y.o., information leaflet given ✓

*8 min* (pointing to the first two lines)  
*Additionally,* (pointing to the 'Sister' line)  
*Full* (pointing to the 'Advice to parents' section)

Student	Teacher
<p>At the In/During the home visit on 22 September, Kevin's parents were supportive and confirmed he <del>Brown</del> began wetting his bed approximately three times a week in June 2019 following the death of his grandfather. <del>His parents were supportive.</del> They were advised on diet and toilet habits to manage bedwetting and were reassured that it was common in boys. Additionally, a urine test revealed no infection.</p>	<p>We use the full name 'Kevin Brown' in the intro – but we say Mr Brown / Kevin in the other paragraphs.</p>
<p>On 22nd September a home visit took place and Mr Brown's condition was confirmed by his parents. They reported that the bed-wetting began after the death of Mr Brown's grandfather, and now they are <del>trying to cope with this by</del> using waterproof covers on his bed. The parents were advised about their son's diet avoiding food and fluids 1 hour before bedtime and how to help with regular toileting during the day and emptying his bladder before bed. They were reassured about the frequency of this condition in boys of this age and given an information leaflet. UTI was excluded</p>	<p>During the home visit on 22<sup>nd</sup> September, Kevin's condition was confirmed by his parents. They reported the bedwetting began after his grandfather's death in 2019, and they use waterproof bed covers.</p> <p>Try and avoid describing if you have details :</p> <p>His parents were advised to avoid food and fluids one hour before bedtime and to encourage him to empty his bladder before bedtime.</p>

<p>During the home visit on 22 September 2020, Kevin’s parents <b>were supportive and</b> admitted that he was a heavy sleeper, and he <del>had been experiencing</del> <b>confirmed</b> frequent bedwetting (<del>approximately 3 times a week</del>) following his grandfather’s death in June 2019. His parents also applied reported using waterproof covers on <b>his</b> bed. <del>to support him.</del></p> <p>Additionally, his sister <del>also had been experiencing</del> <b>(had) experienced</b> bedwetting <del>at</del> <b>until</b> 9 years old. <u>An information leaflet, which advised to avoid food and drink before bedtime, encourage regular daytime toileting, and empty bladder before bedtime, was given to his parents.</u> His parents stated that Kelvin had no UTI, and they had reassured him that enuresis was relatively common in boys under 13 years old.</p>	<p><b>Did the leaflet contain that information or did we explain it personally? It’s not accurate but a great use of non-defining relative clause!</b></p> <p><b>who reassured who? nurse – parents not parents – son</b></p> <p><b>Content misinterpretations!</b></p>
<p>On 22nd September during <b>a</b> home visit, Kevin’s parents were supportive and they reported that bedwetting <b>which</b> <del>approximately three times a week</del> had started following <b>Kevin’s</b> grandfather’s death. <del>as well as Kevin’s</del> <u>His sister grew out of with</u> the same condition <del>until</del> at 9 years old.</p> <p>Additionally, avoiding food <b>and</b> drink, bladder emptying before bedtime <b>and</b> regular daytime toileting were advised. <del>They</del> <b>Kevin’s parents</b> were informed that enuresis is common in children under thirteen years old and a leaflet was given. <del>There was no other symptoms and</del> No UTI was noted.</p>	<p><b>grow out of - verb: finished</b></p> <p><b>Adding ideas to sentences requires ‘licenses’: linkers, relative pronouns, participles etc</b></p> <p><b>Understand them thoroughly before using in your exam.</b></p> <p><b>If you’re not 100% sure about how to add a sentence – end the sentence. Start again.</b></p> <p><b>Listing: x, y and z</b></p> <p><b>Addition practice will help!</b></p>

<p>In June 2019, Mr Brown commenced bed wetting, following his grandfather's death. He has episodes of bedwetting three times a week, according to his parents. In addition, Mr Brown's parents are supportive and a waterproof cover is used on the bed.</p> <p><del>A urine sample was collected, which</del> A test revealed <del>no</del> excluded a urinary infection. In addition, Kevin's parents were reassured that enuresis is common in boys &lt;13 years old and a leaflet was given.</p>	<p>No mention of home visit or parents reporting?</p> <p>Seems a bit disorganised: intra-paragraph organisation</p> <p>During the home visit on 22<sup>nd</sup> September, Mr Brown's parents were supportive and confirmed frequent bedwetting began in June 2019, after Kevin's grandfather's death. They use a waterproof bed cover.</p> <p>No advice? We've prioritised reassurance over advice details.</p>
<p>On 22nd of September, 2020, a home visit was conducted and parents were <del>helpful</del> supportive. They have been using waterproof covers on Mr Brown's bed.</p> <p>According to his parents, Mr Brown wets his bed about three times a week. He started wetting his bed since June, 2019, and he is a heavy sleeper. Additionally, his sister grew out of bed wetting at the age of 9. His parents were advised not to give food and drinks to Mr Brown one hour before bed time and encouraged to ensure regular daytime toileting along with bladder emptying before bed time. Currently, there is no sign of UTI. The parents <del>had</del> have been reassured that enuresis is common in boys below 13 years and an information leaflet has been given.</p>	<p>supportive – for their son helpful – for the nurse</p> <p>Is this necessary, after mentioning Kevin's information during his first visit?</p> <p>Lots of good writing in here – well done!</p>
<p>On 22nd September, during a home visit, Kevin's supportive parents confirmed the frequency of his bedwetting, which began after his grandfather's death in June 2019. They also mentioned using waterproof covers on his bed. The parents noted that Kevin's sister had experienced the same condition but had outgrown it by the age of nine. No evidence of a urinary tract infection (UTI) was found. They were given an information leaflet and reassured that enuresis is relatively common in boys under thirteen. In addition to restricting food and</p>	<p>This is very well written and there is vital/accurate content.</p> <p>Maybe we don't need the reassurance?</p> <p>Also to be more concise we could have done this:</p> <p>On 22nd September, during a home visit, Kevin's supportive parents confirmed the frequency of his bedwetting, which began after his grandfather's death in June 2019, and the use of waterproof bed covers.</p>



<p>drink an hour before bed, the Browns were advised to encourage their son to have regular daytime toilet visits and empty his bladder before bedtime.</p>	<p>The parents noted that Kevin's sister had experienced the same condition until nine years old.</p>
<p>During home visit on 22nd September, Mr. Brown's <del>very</del> supportive parents confirmed <del>the above</del> frequent <del>cy-of</del> bedwetting and reported that <del>all</del> it started after the death of his grandfather in June 2019. Also, they reported that he is a heavy sleeper and there is a family history of bedwetting.</p>	<p><b>No information about the advice you gave/ UTI etc?</b></p>

On 22nd September, during a home visit, Kevin's supportive parents confirmed the frequency of his bedwetting, which began after his grandfather's death in June 2019. They also mentioned using waterproof covers on his bed. The parents noted that Kevin's sister had experienced the same condition but had outgrown it by the age of nine. No evidence of a urinary tract infection (UTI) was found. They were given an information leaflet and reassured that enuresis is relatively common in boys under thirteen. In addition to restricting food and drink an hour before bed, the Browns were advised to encourage their son to have regular daytime toilet visits and empty his bladder before bedtime.