

OET Nursing Writing Week

Martha 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?

I can focus on writing = Perfect circumstances in which to write a letter

Paragraph Functions

Introduction	<ul style="list-style-type: none"> • patient name • general medical context • general request/purpose
Timeline	<ul style="list-style-type: none"> • Say what happened from the beginning of this medical context • Go towards the present
Timeline - Current	<ul style="list-style-type: none"> • How the patient is now
Background - medical	<ul style="list-style-type: none"> • Unrelated but possibly useful information regarding health/medication
Background – social	<ul style="list-style-type: none"> • General lifestyle: Drinking/smoking, living situation, work etc
Request	<ul style="list-style-type: none"> • Specific detail about what we want - actions to continue care

Any other type: You choose – do you want another paragraph for a specific issue?

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Martha Brown case notes:

1. Who am I writing to?	Community nurse
2. What is the reader's task?	provide follow up care:
3. Do they know the patient?	No
4. Does the writer have any tasks?	appointment booked – 30 th November
5. Why am I writing <u>today</u> ?	Patient is ready for discharge
6. Is it urgent?	No

<https://drive.google.com/file/d/1-nN-B9VCyajUAGnYVKRJHVq7dblrY-/view?usp=sharing>

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 20 October 2019.

You are a nurse in a hospital emergency department where you have been treating an elderly patient.

PATIENT DETAILS:

Name: Mrs Martha Brown

DOB: 23 September 1941 (78 y.o.)

Address: 98 Huntingdon Close, Lamington

Social background: Retired social worker

Lives alone

Husband died 10 yrs ago

Primary caregiver = 40 y.o. daughter Stephanie (away on 6-wk vacation since 15 October 2019)

Interests: knitting, playing cards w friend, TV

Past medical history: 2004: Rheumatoid arthritis (RA)

2016: R lateral malleolus fracture after fall

2018: Diag. diabetes mellitus – HbA1c 6.5% (Metformin 500mg 2x/day)

2018: Smith's fracture (L hand) after fall

June 2019: ↑HbA1c (>7.5%), Metformin ↑ to 500mg 3x/day

Admission to Emergency Dept. (ED):

20 October 2019

Presenting factors: 4 puncture wounds on R hand, inc. deep wound near thenar muscles (2mm depth approx.) after dog bite (brought to ED by neighbour)

Unable to move hand – pain 6/10

Low-grade fever (37.3°C) – pt reported 3-day duration

Tests:

- FBCs, U&Es, X-ray (R hand) – NAD (no abnormalities detected)
- Urinalysis – positive to protein, leucocytes & nitrites; some pain on micturition, UTI evident
- Blood sugar (post-prandial) = 9.7mmols

- Nursing management:**
- Wound cleaned w saline & iodine dressing applied, covered w padding & bandaging
 - Tetanus prophylaxis
 - Analgesia – paracetamol 1g 4x/day (to continue prn)
 - Co-amoxiclav commenced 500mgs 3x/day for 7 days (UTI & wounds)

Assessment:

Pt. stabilised, ready for discharge
Pain ↓ slightly (4/10)
Limited movement of L thumb, index, middle finger (cause = pain)
BP: 120/79, Pulse: 84 BPM, Temp: 37.2°C (normal)

- Discharge plan:**
- Pt. agreed to ↑fluid intake (usual intake: 2 glasses/day)
Refer to community nurse:
- Provide wound & dressing care (change 2–3x/wk x 14 days w iodine-based dressing, padding & bandaging)
 - Monitor UTI symptoms
 - Encourage/monitor ↑fluid intake (>8 glasses/day)
 - Monitor progress & report any problems to family doctor (daughter away)
- Note: Pt's follow-up appt. w family doctor = 30 November

Plan: Write to community nurse

Writing Task:

Using the information in the case notes, write a discharge letter to Ms Smith, the community nurse, summarising the patient's hospital treatment and outlining her ongoing care needs. Address your letter to Ms Naomi Smith, Community Nurse, Community Nursing Centre, Lamington.

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 Plan

Make a paragraph plan using the planning and discussions in class, using any of the below paragraph functions:

Letter Plan

Introduction	<p>Patient: General Medical Context: General Request:</p>
Presentation & management	<p>Admission to Emergency Dept. (ED): 20 October 2019</p> <p>Presenting factors: 4 puncture wounds on R hand, inc. deep wound near thenar muscles (2mm depth approx.) ✓ after dog bite (brought to ED by neighbour) Unable to move hand – pain 6/10 ✓ ✓ Low-grade fever (37.3°C) – pt reported 3-day duration</p> <p>Tests:</p> <ul style="list-style-type: none"> FBCs, U&Es, X-ray (R hand) – NAD (no abnormalities detected) ✓ Urinalysis – positive to protein, leucocytes & nitrites; some pain on micturition, UTI evident ✓ Blood sugar (post-prandial) – 0.7mmole <p>Nursing management:</p> <ul style="list-style-type: none"> Wound cleaned w saline & iodine dressing applied, covered w padding & bandaging ✓ Tetanus prophylaxis ✓ Analgesia – paracetamol 1g 4x/day (to continue prn) ✓ Co-amoxiclav commenced 500mgs 3x/day for 7 days (UTI & wounds) ✓ <p style="text-align: right;">summarise</p>
Current	<p>Assessment:</p> <p>Pt. stabilised, ready for discharge ✓ Pain slightly (4/10) Limited movement of L thumb, index, middle finger (cause = pain) ✓ BP: 120/79, Pulse: 84 BPM, Temp: 37.2°C (normal) ✓</p> <p style="text-align: right;">summarise</p>
Background	<p>Retired social worker Lives alone Husband died 10 yrs ago Primary caregiver = 40-yr. daughter Stephanie (away on 6-wk vacation since 15 October 2019) Interests: knitting, playing cards w friend, TV</p> <p>2004: Rheumatoid arthritis (RA) 2016: R lateral malleolus fracture after fall 2018: Diag. diabetes mellitus – HbA1c 6.5% (Metformin 500mg 2x/day) 2018: Smith's fracture (L hand) after fall</p> <p>June 2019: ↑HbA1c (>7.5%), Metformin ↑ to 500mg 3x/day</p> <p style="text-align: right;">> summarise</p>
Request	<p>Pt. agreed to ↑fluid intake (usual intake: 2 glasses/day) ✓</p> <p>Refer to community nurse:</p> <ul style="list-style-type: none"> Provide wound & dressing care (change 2–3x/wk x 14 days w iodine-based dressing, padding & bandaging) ✓ Monitor UTI symptoms ✓ Encourage/monitor ↑fluid intake (>8 glasses/day) ✓ Monitor progress & report any problems to family doctor (daughter away) ✓ <p>Note: Pt's follow-up appt. w family doctor = 30 November ✓</p>

Homework:

Write presentation & management and send through to paul@set-english.com

Introductions

Common errors:

- Too much content from other paragraphs
- Inaccurate purpose
- Grammar / Spelling errors
- Missing purpose
- Focus on unimportant aspects – summarise the situation

Student	Teacher
<p>Ms Naomi Smith Community Nurse Community Nursing Centre Lamington</p> <p>20th October 2019</p> <p>Re: Mrs Martha Brown, DOB 23rd September 1941</p> <p>Dear Ms Smith,</p> <p>I am writing regarding Mrs Brown, who is due to be discharged from our hospital after a dog bite. She requires your ongoing care.</p>	<p>UTI? Home visits would be good to mention</p> <p>I am writing regarding Mrs Brown, who is recovering from a dog bite and a UTI. She will be discharged and requires home visits.</p>
<p>20 October 2019</p>	

<p>Ms Naomi Smith Community nurse Community Nursing Centre Lamington</p> <p>RE: Mrs Martha Brown, Age: 78 years old</p> <p>Dear Ms Smith,</p> <p>I am writing regarding Mrs Martha Brown, who is recovering from a dog bite and UTI. She was discharged today and requires ongoing care at home.</p>	<p>She has not been discharged yet!</p>
<p>Ms Naomi Smith Community Nurse Community Nurse Centre Lamington</p> <p>20th October 2019</p> <p>Dear Ms Smith,</p> <p>RE: Mrs Martha Brown, 78 years old.</p> <p>I am writing regarding Mrs Brown, who is recovering in our hospital due to a wound in her right hand following a dog bite, and a UTI was diagnosed by routine test. She is ready to be discharged today and requires your further ongoing care and needs.</p>	
<p>20 October 2019</p> <p>Naomi Smith Community Nursing Centre Lamington</p> <p>Dear Ms. Naomi Smith,</p> <p>Re: Mrs. Martha Brown</p> <p>DOB: 23 September 1941</p> <p>I am writing regarding Mrs. Martha Brown, who presented to our hospital with puncture</p>	

<p>wounds due to a dog bite. She has been scheduled to be discharged today and now requires your ongoing care.</p>	<p>What is included in the first line of a timeline paragraph? Try not to just repeat the content!</p> <p>Introductions are summaries of the situation.</p>
<p>Ms Naomi Smith Community Nurse Community Nursing Centre Lamington</p> <p>20th October 2019</p> <p>RE: Mrs Martha Brown, aged 78</p> <p>Dear Madam,</p> <p>I am writing regarding Mrs Brown, who was admitted to our emergency department with four punctured and deep wound near the arm muscle, due to a dog bite. She is being discharged today and needs ongoing care and management.</p>	<p>What are we going to put in the timeline?</p> <p>Where is the UTI?</p>
<p>Ms Naomi Smith Community Nurse Community Nursing Centre Lamington 20 Oct 2019</p> <p>Dear Ms Smith, Re: Mrs Martha Brown, DOB: 23 Sep 1941</p> <p>I am writing regarding with Martha Brown who was admitted to the emergency department due to four puncture wounds near the arm muscles on her right hand caused by a dog bite. She is ready to be discharged and requires ongoing care in terms of wound management.</p>	<p>What are we going to put in the timeline? Don't put timeline detail in the introduction.</p> <p>Where is the UTI?</p> <p>If you write detail in the introduction there is a pressure to avoid repeating the same language in the timeline. Paraphrasing is hard and time consuming.</p>

<p>Ms Naomi Smith Community Nurse Community Nursing Centre Lammington</p> <p>20 October 2019</p> <p>Re: Mrs Martha Brown</p> <p>Dear Ms Smith,</p> <p>I am writing regarding Mrs Martha Brown, who is recovering from a puncture wound following a dog bite. She is due for discharge and now requires ongoing care and support.</p>	<p>UTI?</p>
<p>Ms. Naomi Smith Community Nursing Center Lamington</p> <p>20 October 2019</p> <p>Re: Mrs. Martha Brown DOB: 23 September 1941</p> <p>Dear Ms. Smith</p> <p>I am writing regarding Mrs. Brown who has been presented with puncture wounds on her right hand near the thenar muscles. She is unable to move her hand, presenting moderate pain and low-grade-fever. She is scheduled today for discharge to your Center for ongoing care needs.</p>	<p>There are a few issues here.</p> <p>Tense & passive: who has been presented</p> <p>Content: She is unable to move her hand – this isn't correct</p> <p>Organisation: We're including too much detail from timeline / current condition in intro.</p>
<p>I am writing regarding Mrs Martha Brown, who is recovering from four wounds which is near thenar muscles on her right hand and an urinary tract infection following a dog bite. She is scheduled to be discharged today and now requires your ongoing care.</p>	<p>This sounds like the UTI came from the bite?</p>
<p>Ms Naomi Smith Community Nurse Community Nursing Center Lamington</p>	

<p>20 October 2019</p> <p>Dear Ms Smith</p> <p>Re:Mrs Martha Brown D.O.B 23 September 1941</p> <p>I am writing regarding Mrs Brown, who was admitted in ED due to dog bite. She is being discharged and requires follow up care.</p>	<p>This is very concise but we're not saying what the situation is – eg no UTI – we're saying what the situation was.</p>
<p>20th October 2019</p> <p>Ms Naomi Smith Community Nursing Centre, Lamington</p> <p>Dear Madam, Re: Mrs Martha Brown, 78 years old</p> <p>I am writing regarding Mrs Martha Brown, who was admitted to our hospital recently due to a deep wound following a dog bite. She is scheduled to be discharged 20th October 2019 and now requires continued care and assistance.</p>	<p>Nicely written – but see above for comments on intro focus. UTI?</p>
<p>Ms Naomi Smith The Community Nurse Community Nursing Centre Leamington. 20 October 2019</p> <p>RE: Mrs Martha Brown, Age 78</p> <p>I am writing to refer Mrs Brown to you, who has four puncture wounds and a deep wound near thenar muscles of her right hand after being bitten by a dog.</p>	<p>No purpose – no discharge</p>
<p>Ms Naomi Smith, Community Nurse Community Nurse Centre, Lamington</p> <p>20th October 2020 Re: Mrs Martha Brown (78 yr old).</p>	

<p>I am writing to Mrs Martha brown, who has admitted to ED due to dog bite. She has discharged and required further monitoring on her ongoing treatment.</p>	<p>There are a few issues here.</p> <p>Tense & passive: who has admitted</p> <p>Content: She has discharged – not correct</p> <p>Purpose: She only needs monitoring?</p>
<p>Ms Naomi Smith Community Nurse Community Nursing Centre Lamington</p> <p>20 October 2019</p> <p>RE: Mrs Martha Brown DOB: 28 September 1941</p> <p>Dear Smith</p> <p>I am writing regarding Martha Brown, who is recuperating from a dog bite injury and is scheduled to be discharged today. She will require your ongoing care and monitoring.</p>	<p>UTI?</p>
<p>Ms Naomi Smith Community Nurse Community Nursing Centere Lamington 20th Oct 2019 Re: Mrs Marth Brown DO: 23 Sep 1974 Dear Naomi,</p> <p>I am writing this letter regarding Mrs Martha Brown, who has been presented to the emergency department following a dog bite on her right hand. She is being discharged today and requires a follow up care.</p>	<p>Tense & passive: who has been presented</p>
<p>Ms Naomi Smirth Community Nurse Community Nursing Centre Lamington</p> <p>20th October, 2019</p> <p>Dear Ms Smirth</p>	

<p>Re: Mrs Martha Brown; DOB: 23rd September 1941.</p> <p>I am writing regarding Mrs Martha Brown, who presented into our care with deep punctured wounds following a dog bite. He is being transferred to you for continuity of care.</p>	<p>No one is being transferred UTI? He?</p>
<p>20th October 2019</p> <p>Ms Naomi Smith Community Nurse Community Nursing Centre Lamington</p> <p>Re:Mrs Martha Brown DOB: 23rd September 1941(aged 78)</p> <p>Dear Ms Naomi Smith</p> <p>I am writing regarding Mrs Martha Brown, who has been treated in our emergency department due to a dog bite. She is scheduled to be discharged today and now requires your ongoing care and assistance.</p>	<p>Nice writing – UTI?</p>
<p>I am writing regarding Mrs Brown, who presented to the emergency department with history of four puncture wounds following a dog bite. She is due to be discharged today and now requires further care.</p>	<p>it's not a history of she had the bite on presentation</p> <p>See above for comments on the focus of an intro</p>

Presentation & Management

Admission to Emergency Dept. (ED):

20 October 2019

Presenting factors: 4 puncture wounds on R hand, inc. deep wound near thenar muscles (2mm depth approx.) ✓
after dog bite (brought to ED by neighbour)

Unable to move hand – pain 6/10 ✓

✓ Low-grade fever (37.3°C) – ~~pt reported 3 day duration~~

Tests:

- FBCs, U&Es, X-ray (R hand) – NAD (no abnormalities detected) ✓
- Urinalysis – positive to protein, leucocytes & nitrites; some pain on micturition, UTI evident ✓
- ~~Blood sugar (post-prandial) – 9.7mmole~~

summarise

Nursing management:

- Wound cleaned w saline & iodine dressing applied, covered w padding & bandaging ✓
- Tetanus prophylaxis ✓
- ~~Analgesia~~ paracetamol 1g 4x/day (to continue pm) ✓
- Co-amoxiclav commenced 500mgs 3x/day for 7 days (UTI & wounds) ✓

Assessment: ~~Pt. stabilised~~, ready for discharge ✓

Pain ~~slightly~~ (4/10)

Limited movement of L thumb, index, middle finger (cause = pain) ✓

BP: 120/79, Pulse: 84 BPM, Temp: 37.2°C (normal) ✓

summarise

Student	Teacher
<p>Today, Mrs. Brown presented at the hospital with puncture wounds on her right hand near the thenar muscles. She is was unable to move her hand, presenting moderate pain and low-grade-fever. The test result showed no abnormalities detected but with UTI present. Her wounds were cleaned and covered with bandages. She has started taking co-amoxiclav 500mgs, 3 times daily for 7 days and tetanus prophylaxis was done.</p>	<p>In timeline / story paragraphs we always say when</p> <p>Tests revealed a UTI but no other abnormalities.</p> <p>Content is good – just some language issues</p>
<p>On 20th October, Mrs. Brown presented to our emergency department with four puncture wounds on her right hand and pain rated 6/10. She also reported a low-grade fever. Urinalysis revealed a UTI. the presence of protein and leukocytes, leading to a diagnosis of a urinary tract infection.</p> <p>During her hospitalization, she was managed with a combination of treatments, including tetanus prophylaxis and regular wound dressings. Additionally, she was commenced on a Co-amoxiclav regimen (500 mg, three times daily for one week). Paracetamol (1 g, four times daily) was prescribed as needed for pain relief.</p>	<p>Today, Mrs. Brown presented to our emergency department with four puncture wounds on her right hand and pain rated 6/10. She also reported a low-grade fever. Urinalysis revealed a UTI. She has been managed with tetanus prophylaxis and wound dressing. Additionally, she has been commenced on co-amoxiclav, 500mg three time daily for seven days and paracetamol when necessary.</p> <p>We can definitely be more concise</p>

<p>Subsequently, she has made good progress, and her pain has decreased to 4/10. However, she continues to experience restricted movement in her hand due to pain.</p>	
<p>On the 20th of Oct Today, Mrs Brown was admitted with four puncture wounds near thenar muscles on her right hand caused by a dog bite, and moderate pain. The result of the tests revealed a UTI observed urinary tract infection and she started treatment has been treated with tetanus prophylaxis, paracetamol and Co-amoxiclav, 500 mgs, which is three times a day for 7 days. Additionally, her wound <u>was cleaned</u> with saline, <i>applied iodine dressing</i>, <u>covered</u> with padding and bandaging.</p>	<p>oxford comma</p> <p>It's concise to put three ideas in one sentence – in a list. But we need to control the lists a bit better:</p> <p>Additionally, her wound <u>was cleaned</u> with saline, <u>covered</u> with padding and bandaging, and iodine dressing was applied.</p>
<p>Today, Mrs. Brown was admitted to our emergency department by her neighbour with four puncture dog bite wounds on her right hand. On assessment, she had a deep wound approximately 2 mm near the thenar muscles and a low-grade fever. She was unable to move her hand due to moderate pain. Routine investigations were conducted, and urine analysis revealed symptoms of a UTI. Additionally, her wound was cleaned with saline, and an iodine dressing was applied. She has been prescribed tetanus prophylaxis, paracetamol, and Co-amoxiclav 500mg.</p> <p>Currently, Mrs. Brown's vitals are within normal range, and her pain has been well-controlled, although she has limited movement in her right thumb, index, and middle fingers.</p>	<p>Excellent! It could be more concise but this is a nice try, with good content and no language errors. I like the move from past simple to present perfect.</p> <p>Can you be prescribed tetanus prophylaxis or was it just 'given'?</p>
<p>Mrs Brown presented to our emergency department today with 4 puncture wounds to her right hand due to a dog bite. She had a low-grade fever and was in such pain that she could not move her hand. After some tests, it was Tests determined that she had a UTI. Her wound was cleaned and dressed.closed. She was also given tetanus and paracetamol, and was started</p>	

<p>on co-amoxiclav, 500mg, three times a day for 7 days.</p> <p>Mrs Brown is now ready to be discharged. Her pain has decreased but she still has limited movement of her left-right thumb, index and middle finger. Her vital signs are also stable.</p>	
<p>Mrs Brown was admitted today for the aforementioned condition, received tetanus s vaccine prophylaxis, and started taking medication, which includes paracetamol 1gr- four per day as she needed, and co-amoxiclav 500 mg, three per day for 7 days. Mrs Brown's wounds has required to be cleaned with saline and iodine, dressing applied and covered with padding and banding. and dressed. She has made good progress, her pain is under control and her vital signs are within normal range.</p>	<p>When correcting some language errors, I realised it was probably easier to exclude some content – does the reader need to know the detail of the items I've cancelled?</p> <p>Also, there is no mention of the UTI or the tests – has this been mentioned elsewhere?</p>
<p>Having sustained four dog bite wounds on her right hand, Mrs Brown was admitted to the ED today. Upon examination, she reported a 3-day history of low-grade fever and mild pain in the injured hand, which had limited its movement. Additionally, she experienced pain during micturition, which was confirmed as a UTI following investigations. In addition to receiving tetanus prophylaxis, her wounds were cleaned and dressed. A 7-day course of co-amoxiclav, 500mg, 3 tablets, and paracetamol 1g, were commenced.</p>	<p>Is 6/10 mild pain – I think it is moderate?</p> <p>Although nicely written, do I need to go into this much detail?</p> <p>Very nice writing</p>
<p>Earlier today, Mrs Brown was admitted to our emergency department due to a dog bite on her right hand. On admission, she was unable to move her hand and presented low-grade fever. Specific blood tests confirmed UTI. Mrs Brown's wound was treated accordingly and tetanus prophylaxis was provided made. She commenced treatment with Co-amoxiclav, 500mgs, three times daily and paracetamol and she reported that her pain has decreased.</p> <p>Mrs Brown's vital signs are within normal range and now she is ready for discharge. She has movements limited in her left thumb, index and middle fingers due to an old fracture.</p>	<p>I like the conciseness here. Well done.</p> <p>Shouldn't this be in the next paragraph?</p>
<p>On 20th October 2019 Today, Mrs Brown was admitted to our hospital with deep puncture wounds on her right hand after a dog bite. On admission, she was not able to move her hand owing to severe pain, and she had a low-grade</p>	

<p>fever. On examination, abnormalities were not detected on her right hand. However, urine analysis confirmed the a UTI. Additionally, her wound was cleaned and dressed, and the dressing was supported. Her tetanus prophylaxis was provided. performed. Please note that she has been taking paracetamol, when needed and Co-amoxiclav, 500 mg, three times a day, for seven days.</p>	<p>Unfortunately, this makes it sound like she is on her seventh day of antibiotics. Which is not true!</p>
<p>On 20th October Today, Mrs Brown presented to the Emergency Department with a dog bite. She had sustained 4 punctured deep wounds on her right hand along with pains and low grade fever. Series of test conducted Tests confirmed UTI. Her wounds were treated accordingly and tetanus prophylaxis was administered. She was commenced on paracetamol and Co-Amoxiclav 500mg 3 times daily.</p>	<p>Did she get the low grade fever from the dog bite?</p>
<p>On 20th October 2019 Today, Mrs Martha Brown was admitted to our hospital with puncture wounds on her right hand and a deep wound near the thenar muscles following a dog bite. Additionally, she was experiencing pain scored 6 out of 10 with fever - 37.3C. Due to this, she wasn't able to move her hand. During her hospital stay, her wound was cleaned with saline and iodine, a dressing was applied, and it was covered with padding and bandaging. Following this, she was commenced on treatment with Co-amoxiclav, 500 mg, three times a day and Paracetamol. In order to prevent tetanus, she has been vaccinated. In terms of her current condition, her pain decreased to 4 out of 10 and movement of her left thumb is limited.</p>	<p>Do I need all of this detail?</p> <p>New para for current condition?</p>
<p>Earlier today Mrs Brown, presented to our emergency department following a dog bite, and on routine examination UTI was also evident. Initially, treatment was started by providing tetanus prophylaxis shot and co-amoxiclav three times for a week. Besides Additionally, dressing and bandaging of the wound was also done after thoroughly cleaning. Furthermore, on assessment she complained of pain on her left hand fingers therefore, paracetamol was prescribed.</p>	<p>Avoid 'besides'</p> <p>Not very concise – why not include paracetamol in the earlier medication section?</p>
<p>Earlier today, Mrs Brown presented to our emergency department with four puncture wounds and a deep wound near the thenar</p>	

<p>muscles of the right hand due to a dog bite. Upon assessment, she was unable to move the hand, with a pain score of 6 and a temperature of 37.3 degrees Celsius. During investigation, urinary tract infection was diagnosed.</p> <p>Her wounds have been cleaned with saline, iodine dressing has been applied and it has been covered with pads and bandaged.</p> <p>For medications, Mrs Brown has received Tetanus prophylaxis, and commenced paracetamol tablet and then PRN as well as Co-amoxiclav, 500mg, tablet, three times a day for 7 days.</p>	<p>a low-grade fever?</p>
<p>Mrs Brown came to our hospital with four puncture wounds on her right hand, these wounds were approximately 2mm deep. Her wound was cleaned with saline, an iodine dressing was applied and it was covered with padding and bandaging. She stated that she couldn't move her hand and had pain. Her pain reduced with 1g of paracetamol, 4 times daily and when needed. Additionally, tetanus prophylaxis was administered.</p> <p>Mrs Brown's blood tests result was normal apart from blood sugar (9.7mmols) and an X-ray showed that her right hand was not broken. Urinalysis confirmed result included evidences for UTI and 500mg of Co-amoxiclav was commenced, 3 times daily for 7 days.</p>	<p>Should her current pain level be in this paragraph?</p> <p>I don't think this is particularly relevant</p>
<p>Mrs Brown presented with 4 puncture wounds on her right hand, increasing with a deep wound near the thenar muscle with 2mm. She was currently assessed depth approximately after a dog bite brought in by neighbour. She complain of pain 6 out of 10. She experienced low grade fever that is 37.3 degree Celsius. Mr Brown no abnormalities detected by full blood counts and urine examination and after urinalysis examination the test result shows positive to protein leucocytes and nitrites, experience some pain symptoms while micturition. X-ray was performed on right hand. Dressing applied on right hand puncture site with clean saline and iodine by covering the wound site with padding and</p>	<p>There are a range of grammar issues that make this paragraph quite hard to read, plus lots of unnecessary content. Check the other paragraphs for comparison.</p>

<p>bandaging. Furthermore, to prevent life-threatening clostridian infection tetanus prophylaxis done. Paracetamol to be continue on pm. Medication co-amoxiclav, 500mgs for three times for 7 days.</p>	
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