

OET Nursing Writing Week

Lisa Simmonds

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

180 – 200 Guideline word count

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

General Paragraph Purposes

Introduction	<ul style="list-style-type: none"> • patient name • general medical context • general request • (urgency)
Timeline 1	<ul style="list-style-type: none"> • beginning of this medical context – up to the present
Timeline 2 / Current	<ul style="list-style-type: none"> • focusing on the present situation
Background – Medical	<ul style="list-style-type: none"> • Family history / unrelated yet relevant medical history of patient / BMI
Background - Social	<ul style="list-style-type: none"> • Lifestyle / living situation/ stress / job
Request	<ul style="list-style-type: none"> • expand on the request – discharge plan / follow up care

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Lisa Simmonds case notes:

1. Who is the reader?	Charge nurse Gastroenterology Dept
2. What is the reader's task?	Continue the pre-operative treatment
3. Does the reader know the patient?	No
4. Does the writer have any tasks?	No
5. Why am I writing <u>today</u> ?	She is ready for her op after acute care
6. Is it urgent?	No

<https://www.dropbox.com/scl/fi/ryop6if1srapugri9py8n/Lisa-Simmonds.pdf?rlkey=k9xt62tsj2eroplq7xci5tk0&dl=0>

Test 5

Writing (45 minutes)

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 May 2017.

You are a nurse in a hospital emergency department where you have been looking after a female patient.

PATIENT DETAILS:

Name: Lisa Simmonds (Ms)
DOB: 2 January 1987 (30 y.o.)
Address: 23 Brighton Avenue, Cookstown

Social background: Fashion designer
 Lives alone in 2-bedroom flat
 Parents – overseas, no siblings
 Generally sedentary – ‘hates’ exercise
 Diet: processed, ready-to-eat meals
 Interests: watching movies, baking

Past medical history: Atopic dermatitis (3–6 y.o.)
 R arm fracture (12 y.o.)
 No smoking or alcohol consumption
 No hypertension/allergies
 BMI 29 (borderline obese) – unsuccessful ‘fad’ diets 2016

Emergency Dept (ED) Admission: 21 May 2017

Presenting factors:

Subjective Acute abdominal pain in RUQ (7/10)
 Regular acid reflux, nausea & vomiting 1 wk
 Fever
 Diaphoresis

Objective BP: 145/90 mmHg (elevated), P: 97 beats/min (elevated), T: 37.8°C (elevated), RR: 18 breaths/min (normal), oxygen saturation (SaO₂): 96% (normal)
 Pt. worried, pain intense → protective behaviour (guarding)

Tests: Murphy's sign (positive)
 Ultrasound = clinical ascending cholangitis, dilated CBD 6 mm, pericholecystic fluid
 LFTs (liver function tests): elevated alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT) & serum bilirubin (6 mg/dL)

Urinalysis: normal
CRP (C-reactive protein): elevated (infection present)
Full blood count: elevated WBCs (13,000 μ L)

Diagnosis: Acute cholecystitis (→ laparoscopic cholecystectomy)

Nursing treatment record:

21 May 2017: Analgesia: diclofenac 75 mg IM (2x/day)
Anti-emetic: stemetil 12.5 mg IM (2x/day)
IV: fluids for hydration, cefuroxime 750 mg 3x/day, metronidazole 500 mg 3x/day (antibiotics)
NBM (nil by mouth)
Catheter inserted – monitor urine output: 15 ml/hr (low)

Pt. stabilised – ↓pain (3/10)

22 May 2017: Continued analgesia, anti-emetic
Continued IV: fluids, cefuroxime 750 mg 3x/day metronidazole 500mg 3x/day
BP: 119/80 mmHg (normal), P: 92 beats/min (normal), T: 37.4°C (low-grade fever), RR: 14 breaths/min (normal), oxygen saturation (SaO₂): 96% (normal)
WBC: 12,500 μ L (elevated)
Pt. stable, comfortable, slight nausea, no vomiting
Urine output: 50 ml/hr (satisfactory)

Pain controlled (1/10)

Action: Transfer to gastroenterology department:

- prepare for urgent laparoscopic cholecystectomy (scheduled 24 May)
- continue IV: fluids, cefuroxime, metronidazole
- review analgesia (following 2-day diclofenac dose)
- continue NBM → surgery

Plan: Write to gastroenterology nurse

Writing Task:

Using the information in the case notes, write a letter to Ms Brown, the charge nurse of the gastroenterology department, summarising the patient's case and the treatment already provided, and outlining the pre-operative treatment required. Address your letter to Ms Zara Brown, Charge Nurse, Gastroenterology Department, Cookstown Hospital, Cookstown.

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.

Letter Plan

Intro	<ul style="list-style-type: none"> • Patient Name: • General Medical Context: • General Request:
Initial presentation & Diagnosis	<p>Emergency Dept (ED) Admission: 21 May 2017</p> <p>Presenting factors:</p> <p>Subjective Acute abdominal pain in RUQ (7/10) ← summary Regular acid reflux, nausea & vomiting 1 wk ← summary Fever Diaphoresis</p> <p>Objective BP: 145/90 mmHg (elevated), P: 97 beats/min (elevated), T: 37.8°C (elevated), RR: 18 breaths/min (normal), oxygen saturation (SaO₂): 96% (normal) ← summary Pt. worried, pain intense → protective behaviour (guarding)</p> <p>Tests: <i>continued</i></p> <ul style="list-style-type: none"> Murphy's sign (positive) Ultrasound = clinical ascending cholangitis, dilated CBD 6 mm, pericholecystic fluid LFTs (liver function tests): elevated alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT) & serum bilirubin (6 mg/dL) Urinalysis: normal CRP (C-reactive protein): elevated (infection present) Full blood count: elevated WBCs (13,000 µL) <p>Diagnosis: Acute cholecystitis (→ laparoscopic cholecystectomy)</p>
Treatment	<p>Nursing treatment record:</p> <p>21 May 2017:</p> <ul style="list-style-type: none"> Analgesia: diclofenac 75 mg IM (2x/day) ✓ Anti-emetic: stemetil 12.5 mg IM (2x/day) ? ✓ IV: fluids for hydration, cefuroxime 750 mg 3x/day, metronidazole 500 mg 3x/day (antibiotics) ✓ NBM (nil by mouth) Catheter inserted monitor urine output: 15 ml/hr (low) Pt. stabilised – ↓pain (3/10) <p>22 May 2017: <i>summary</i></p> <ul style="list-style-type: none"> Continued analgesia, anti-emetic Continued IV: fluids, cefuroxime 750 mg 3x/day metronidazole 500mg 3x/day BP: 119/80 mmHg (normal), P: 92 beats/min (normal), T: 37.4°C (low-grade fever), RR: 14 breaths/min (normal), oxygen saturation (SaO₂): 96% (normal) WBC: 12,500 µL (elevated) ✓ Pt. stable, comfortable, slight nausea, no vomiting Urine output: 50 ml/hr (satisfactory) ✓ Pain controlled (1/10)
Request	<p>Action:</p> <p>Transfer to gastroenterology department:</p> <ul style="list-style-type: none"> • prepare for urgent laparoscopic cholecystectomy (scheduled 24 May) • continue IV: fluids, cefuroxime, metronidazole • review analgesia (following 2-day diclofenac dose) • continue NBM → surgery <p>- If desired: BMI / no allergies</p>

Homework: Write initial presentation paragraphs: send to paul@set-english.com

Introductions

Student	Teacher
<p>Ms Zara Brown Gastroenterology Department Cookstown Hospital Cookstown 22 May 2017</p> <p>Dear Ms Brown,</p> <p>Re: Ms Lisa Simmonds, DOB: 2 Jan 1987</p> <p>I am writing regarding Lisa Simmonds, who was admitted to the Emergency Department due to acute abdominal pain, nausea and vomiting. As a result of the tests, her diagnosis of acute cholecystitis was confirmed. I am referring her to your department to prepare for urgent laparoscopic cholecystectomy scheduled on 24 May.</p>	<p>What are you going to write in the first line of your presentation paragraph?</p> <p>..... has acute cholecystitis.</p>
<p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown hospital Cookstown</p> <p>22 May 2017</p> <p>Dear Ms zara Brown</p> <p>Re - Lisa Simmonds ,30 years old</p> <p>I am writing regarding Ms Brown, who was admitted to our hospital recently with the diagnosed of acute cholecystitis. She is being transferred to your department facility and now requires urgent preparation for laparoscopic cholecystectomy on 24th of May.</p>	<p>She did not have the diagnosis on admission</p>
<p>I am writing regarding Ms. Lisa Simmonds, who presented to our emergency department with signs of acute cholecystitis. She has been scheduled for urgent surgery and now requires your pre-operative management. treatment.</p>	
<p>Ms. Zara Brown Charge Nurse</p>	

<p>Gastroenterology Department Cookstown Hospital Cookstown</p> <p>22 May 2017</p> <p>RE: Ms. Lisa Simmonds DOB: 2 January 1987</p> <p>Dear Ms. Brown,</p> <p>I am writing regarding Ms. Lisa Simmonds, who has been diagnosed with acute cholecystitis. Her condition is currently stable, and she is scheduled to be transferred to your department facility for an urgent laparoscopic cholecystectomy. She will require pre-operative care and ongoing monitoring.</p>	<p>We don't really need to know her condition is stable in this paragraph but....this is very well written!</p>
<p>Ms Zara Brown Charge Nurse, Gastroenterology Department Cookstown Hospital Cookstown 22 May 2017</p> <p>Dear Ms Brown,</p> <p>Re: Lisa Simmonds, aged 30-year-old.</p> <p>I am writing regarding Ms Simmonds, who was admitted to our hospital today due to acute abdomen pain and she has been diagnosed acute cholecystitis. She is due to be transferred to your facility department for urgent laparoscopic cholecystectomy, which is scheduled on 24 May, and now requires your continued care and assistance.</p>	<p>Patient admitted 21st May – not today</p> <p>I am writing regarding <u>Ms Simmonds</u>, who was admitted to our hospital today due to acute abdomen pain and she has been diagnosed acute cholecystitis.</p> <p>We don't restate the pronoun when extending a relative clause with 'and'</p>
<p>Ms. Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p> <p>22 May 2017</p> <p>Re: Ms Lisa Simmonds DOB: 2 January 1987</p>	

<p>Dear Ms Brown,</p> <p>I am writing regarding Ms Simmonds, who has been diagnosed with acute cholecystitis. She is being transferred to your department today and now requires pre-operative treatment in preparation for her scheduled cholecystectomy.</p>	
<p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital 23 Brighton Avenue, Cookstown</p> <p>22nd May 2017</p> <p>Dear Ms Brown</p> <p>RE: Ms Lisa Simmonds DOB: 2nd January 1987</p> <p>I am writing regarding Ms Simmonds, who was admitted to our emergency department due to acute abdominal pain, 7/10 in RUQ. Additionally, she had regular acid reflux, nausea and vomiting for 1 week, fever and diaphoresis. She is scheduled to be transferred to you for pre-operative treatment required.</p>	<p>Leave the details of admission to the next paragraph</p>
<p>22/05/2017</p> <p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p> <p>Dear Ms Brown,</p> <p>Re: Ms Lisa Simmonds, aged 30</p> <p>I am writing regarding Ms Lisa Simmonds, who was admitted to our Accident and Emergency department due to acute cholecystitis. She is scheduled to be transferred to your unit for your further preoperative treatment.</p>	<p>In your introductions, don't focus on admission – focus on the current situation.</p>
<p>Ms Zara Brown Gastroenterology department Cookstown Hospital Cookstown</p>	

<p>22nd May 2017</p> <p>Dear: Ms Brown RE: Ms Lisa Simmonds, 30 years old.</p> <p>I am writing regarding Ms Lisa Simmonds, who was admitted to our hospital due to an acute cholecystitis. She is stable, ready to be transferred to you today, and requires pre-operative treatment for laparoscopic cholecystectomy, which is scheduled on 24th May.</p>	<p>In your introductions, don't focus on admission – focus on the current situation.</p>
<p>22 May 2017</p> <p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p> <p>Re: Ms Lisa Simmonds, Age 30 years</p> <p>Dear Ms Brown,</p> <p>I am writing regarding Ms Simmonds, who was admitted to our hospital recently due to an acute cholecystitis. She is scheduled to be transferred to you for continuation of care.</p>	<p>In your introductions, don't focus on admission – focus on the current situation. No mention of the operation?</p>
<p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p> <p>22nd May 2017</p> <p>Re: Ms Lisa Simmonds Age: 30</p> <p>Dear Ms Brown</p> <p>I am writing regarding Ms Lisa Simmonds, who was admitted to the emergency unit due to acute cholecystitis. She is scheduled for</p>	<p>In your introductions, don't focus on admission – focus on the current situation. But still pretty good purpose!</p>

<p>laparoscopic cholecystectomy and now requires your continued pre-operative care.</p>	
<p>I am writing regarding Ms Lisa Simmonds, who was admitted to our hospital due to an acute abdominal pain. She is being transferred to you for further pre-operative treatment.</p>	<p>No diagnosis / no operation? Not the best summary of the current situation.</p>
<p>22 May 2017 MS Zara Brown Gastroenterology Department Cookstown Hospital Cookstown</p> <p>Re: Lisa Simmonds: D.O.B 27 January 1987</p> <p>Dear Ms Zara,</p> <p>I am writing regarding Ms. Simmonds, who was admitted to the hospital with acute cholecystitis and is scheduled for a laparoscopic cholecystectomy. She is being transferred to your facility for further preoperative preparations.</p>	<p>In your introductions, don't focus on admission – focus on the current situation.</p>
<p>I am writing regarding Ms Lisa Simmonds, who will be transferred to the gastroenterology department. She requires pre-operative treatment for her laparoscopic cholecystectomy.</p>	<p>A diagnosis would be good here too? But good purpose.</p>
<p>Ms Zara Brown Charge Nurse Gastroenterology Department Cooktown Hospital Cooktown</p> <p>22 May 2019</p> <p>Dear Ms Brown,</p> <p>Re : Ms Lisa Simmonds , DOB: 2 January 1987</p> <p>I am writing to refer Ms Lisa Simmonds ,who was diagnosed with acute cholecystitis. She requires pre-operative care and assistance to undergo laparoscopic cholecystectomy.</p>	<p>Only improvement would be to use present perfect: , who has been diagnosed with....</p> <p>Sounds more natural</p>
<p>Ms Zara Brown Charge Nurse Cookstown Hospital Cookstown</p>	

<p>22 may 2017</p> <p>Dear Ms. Zara Brown</p> <p>Re: Lisa Simmonds; DOB: 2nd January 1987.</p> <p>I am writing regarding Ms Lisa Simmonds, who is being referred into your care for urgent preparation for a laparoscopic cholecystectomy which is scheduled on 24th May.</p>	<p>a diagnosis?</p>
<p>Ms Zara Brown Charge Nurse Gastroenterology Department Cooks Town Hospital Cooks Town</p> <p>22 May 2017</p> <p>Re:Ms Lisa Simmonds, 30 years old</p> <p>Dear Ms Brown</p> <p>I am writing regarding Ms Lisa Simmonds who is being diagnosed of has been diagnosed with acute cholecystitis. She is being scheduled for laparoscopic cholecystectomy and will require your continuous care and support.</p>	<p>Good focus and purpose</p>
<p>22nd May 2017</p> <p>Ms Zara Brown Charge Nurse Gastroenterology Department Cookstown Hospital Cookstown</p> <p>Re: Ms Lisa Simmonds DOB: 2nd January (aged 30)</p> <p>Dear Ms Zara Brown</p> <p>I am writing regarding Ms Lisa Simmonds, who was admitted to our emergency department due to acute abdominal pain after following diagnosed with acute cholecystitis yesterday. She is scheduled to be transferred your unit today and now requires your ongoing pre-operative treatment, care and assistance.</p>	<p>A bit of an issue with sequencing here but good purpose overall</p>

