1 **Review** 2 Grading your paragraph 3 3 Next assignment

# Logical stages of planning:

UNDERSTAND	CHOOSE	ORGANISE
<u>Critical questions</u> to understand:	• Needed to	Organise paragraphs:
1. Reader? Task?	continued care: essential / <u>directly</u> connected	Introduction: Investigate / diagnose / manage
2. Reader knows patient?	• Appropriate to	9 <sup>th</sup> July – 10 <sup>th</sup> July Second Admission (You score higher like this)
3. Writer (you)? Tasks?	reader: put it in! Useful / helpful / maybe good /	3rd July – 8th July       First Admission
4. Urgent situation?	indirectly 5mls, orally, 4 times a day,	Background
5. Why am I writing today? ( <b>general</b> <b>question</b> )	• Not relevant	<ul> <li>Allergies</li> <li>Mother</li> <li>Eczema</li> <li>SHORT</li> <li>Requests: Investigate / diagnose / manage</li> <li>+ EXPAND?</li> </ul>

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 10 July 2020. You are a family doctor at Hightown Medical Clinic where a mother has brought in her young child to see you.

#### PATIENT DETAILS:

Name: Molly Smith (Miss) DOB: 23 June 2017 (3 y.o.) Address: 1001 Hightown Way, Hightown 
 Medical history:
 All vaccines up to date Eczema: flexor surfaces, arms & legs (occasional, treatment = topical corticosteroid cream)
 Family History: Nil significant Social Background: Mother = homemaker Pather = Jumber 2 older sisters (5 y.o. & 7 y.o.) Cared for by maternal grandmother 2x/wk (mother needs support) Allergies: No known allergies

### Hospital Treatment Record:

Presentation at ED: 3 July 2020

Mother reported: pt pulled tablecloth, pot w hot water fell & scolded her Diagnosis: Diagnosis: 2nd degree partial thickness burns, 18% of TBSA (total body surface area): face, hands, arms & trunk Treatment: Admssion to ICU V fuid & pain relief Move to burns unit (further management)



8 July 2020

Progress: pain level reported = 8/10 FBC: sepsis ruled out Treatment: surgical debridement & grafting to  $\downarrow$ mortality Healing well Pain level reported = 4/10 Pt ready for discharge

Requires pressure garments, sponge bath, no swimming Paracetamol 5 ml oral suspension 4x/day Note: outpatient clinic appt 13 July (dressing change)

#### Presentation at Hightown Medical Clinic: 9 July 2020

Pt & mother attend: mother reports pt's general lethargy & some distress Pain reported as 5/10 Mother compliant w. discharge plan (pressure garments, sponge bath, medication) Asked to return if symptoms persist Subjective: 1pain (6/10), itchiness at burns site 10 Jul 2020 subjective: Tpain (6/10), itchiness at burns site Mother reports: worsening overnight, disorientation, unsteadiness on feet (trip hazards removed), pt fell over dog --bleeding at burns site <u>Objective</u>: temp 38.5°C, burns site red & warm to touch Topical antiseptic applied, burns site redressed Antibiotics prescribed ?infection ?sepsis · \_

Urgent referral to hospital burns unit

## Writing Task:

Plan:

Using the information in the case notes, write a letter of referral to Dr Mayfield, Plastic Surgeon, outlining your concerns about the patient and requesting urgent investigation, definitive diagnosis and further management. Address the letter to Dr Scafett Mayfield, Plastic Surgeon, Outpatient Burns Unit, Hightown Hospital, 123 High Street, Hightown.

- In your answer: Expand the relevant notes into complete sentences
   Do <u>not</u> use note form
   Use letter format
- The body of the letter should be approximately 180-200 words.

Original	Corrections
<b>To refer =</b> to give or pass on	Bark = dog sound / skin of a tree
<b>To <i>admit</i> =</b> it just means permission to come in and treatment	
<b>To present</b> = to walk and give yourself to the hospital Initially, on 3rd July, Molly <i>presented</i> to	Initially, on 3rd July, Molly <b>was admitted</b>
emergency department due to hot water burns and was admitted to ICU as a result of 2nd degree partial thickness burns. She was treated accordingly and was transferred to burns unit. Her condition became worse and was treated with surgical debridment and grafting. On 8th July, she was discharged with paracetamol 5mls orally 4 times a	to the emergency department due to hot water burns and was transferred to the ICU as a result of 2nd degree partial thickness burns <b>DETAIL</b> ? She was treated accordingly and was transferred to the burns unit. Her condition became worse and was treated with surgical debridement and grafting. On 8th July, she was discharged with paracetamol,
day <del>s</del> , advised and follow up on 13th July.	<mark>5 fmls, orally, 4 times a day</mark> , advised and a follow up appointment on 13th July was scheduled.
	A follow up = informal
This is not a problem even though it would better to summarise	<b>'an appointment was <mark>given'</mark> =</b> small amount of informality
You will lose marks for including A LOT of things like this.	

Buy me a hat? Any hat! Buy me hats? Zero Article	<ul> <li>BASIC LOGIC:</li> <li>The: the apple / the apples [plural/singular] – (specific plural and singular)</li> <li>A / AN: an apple / an apples (general singular)</li> <li>ZERO + S: I love dogs (general plural)</li> </ul>
	I love apples alain@set-english.com
Name: PERSON PLACE ORGANISATION Burns Unit (exactly same) burns unit = in general	Wi
Initially Molly <i>had been</i> admitted to ICU on July 3rd due to a 2nd degree partial thickness burns, which affect the 18% of her TBSA. On July 5th, M was moved to the burns unit where underwent a surgical debridement a grafting to decrease the risk of mort On July 8th Molly had no signs of infection, her pain level was mild, a discharge plan was made for the sa day. A follow-up appointment was arraigned for July 13th.	July 3rd due to a 2nd degree partialthickness burns, which had affected theolly18% of her TBSA. On July 5th, Molly wasshemoved to the burns unit where sheandunderwent surgical debridement andcality.grafting to decrease the risk of mortality.On July 8th, Molly had no signs ofnd ainfection, her pain level was mild, and a

Initially, on 3rd July, Molly was admitted	Initially, on 3rd July, Molly was admitted
to ICU due to 2nd degree partial	to ICU due to 2nd degree partial
thickness burns on her 18% of TBSA	thickness burns on <del>her</del> 18% of her TBSA
including her face, hands, arms and	including her face, hands, arms and
trunk. She was treated accordingly.	trunk. She was treated accordingly.
During her hospital stay, her pain level	During her hospital stay, her pain level
was decreased to 4/10 and sepsis was	was decreased to 4/10 and sepsis was
ruled out. On 8th July, she was	ruled out. On 8th July, she was
discharged with Paracetamol 5 ml oral	discharged with Paracetamol, 5 ml, orally,
suspension 4 times a day.	<del>suspension</del> 4 times a day. Okay good overall

Introduction	I am writing regarding Molly Smith, who has suspected sepsis due to burns. She now requires an urgent definitive
	diagnosis, investigation, and further management.
Timeline	On July 9th, Molly was presented by her mother at my clinic one day after being discharged from the hospital burns
	unit. Her mother reported general lethargy, some distress and scored the patient pain at 5 out of 10.
	On today's consultation, the pain had increased to 6 out of 10, and itchiness at the burn site had developed. Her
	mother also confirmed that the patient condition tended to worsen overnight leading to disorientation and unsteadiness.
	On the examination, her temperature was 38.5C, and the burn site was red and warm to touch. As a result, a
	diagnosis of a possible infection or sepsis was made. Therefore, antibiotics were prescribed.
Timeline 2	Initially, on 3rd July, Molly was admitted to your hospital with 18% of TBSA affected by 2nd degree burns, for which
Timeune z	she was treated accordingly. Due to having a good recovery after surgical debridement and grafting, she was
	discharged on 8th July with paracetamol, 5ml, orally, 4 times a day and advice.
Background	
	Allergies
	Mother
	Eczema
	VERY SHORT!
Requests	Diagnosis, investigation, management
	Possible: Sepsis
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