

# **WRITING SUB-TEST** – TEST BOOKLET

## **INSTRUCTIONS TO CANDIDATES**

You must write your answer for the Writing sub-test in the Writing Answer Booklet.

You must **NOT** remove OET material from the test room.

## **Occupational English Test**

WRITING SUB-TEST: NURSING

TIME ALLOWED: READING TIME: 5 MINUTES
WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

## Notes:

You are a nurse conducting a Nurse Home Visit as part of routine follow-up care after this patient's recent hospital discharge.

#### **PATIENT DETAILS:**

Name:Ms Patricia StylesDOB:27.04.1957 (Age 62)

Address: 57 Market Drive, Newtown

#### Social background:

Retired primary school teacher

Lives on her own

Husband died 3 yrs ago (lung cancer); no children

## Medical history: Hypertension (HT)

- Diagnosed 2011 mild 145/95
- 2013 moderate 168/105, commenced quinapril
- Regular monitoring, currently well managed at around 140/90

#### Diabetes mellitus (DM) Type 2

- Diagnosed 2013 Pt counselled re diet/lifestyle, incl. weight loss
- 2014 commenced oral hypoglycaemics (metformin + gliclazide)
- · Well managed generally

## Depression

- Diagnosed June 2016
- · Triggered by death of husband
- Regular counselling since July 2016 to control mood swings and support DM management

#### Family medical history:

Mother - HT, DM

Lifestyle: Smoking/Alcohol: Non-smoker; 1-2 glasses wine/wk

**Exercise:** Walks dog 20mins/day

**Diet:** Ongoing counselling re DM management to maintain balanced diet

Medications: Quinapril (Accupril) oral 40mg/2xday

Metformin (Diabex) oral 500mg/2xday

Gliclazide (APO-Gliclazide MR) oral 30mg daily

#### **Green Valley Hospital Treatment Record:**

23/08/2019 Pt visiting sister for weekend, sister lives 3hrs away from Newtown in Green Valley

Pt admitted to Green Valley Hospital late evening with fever, sharp & pleuritic chest pain (worse

on breathing), general weakness & malaise, tachycardia (rapid heartbeat)

24/08/2019

**Assessment:** Vital signs RR 29; BP 170/106; HR 98; T 39.3°C

Full blood examination (FBE): ↑ ESR (erythrocyte sedimentation rate), ↑ CRP (C-reactive

protein), \(\gamma\) WCC (white cell count) i.e. inflammation/stress

Throat swab: viral influenza type B Chest X-ray (CXR) – normal Echocardiogram – pericarditis

Management: IV saline

Ibuprofen 600mg every 8hrs

**Evaluation:** Viral influenza type B plus pericarditis

25/08/2019 Pt discharged and advised on self-care at home

Niece drove Pt home & agreed to stay overnight for 3 nights

Follow-up Nurse Home Visit arranged for 30/08/2019

#### Nurse Home Visit - 30/08/2019:

Observations: Pt unhappy. Reports feeling chest pain (relieved by sitting up), shortness of breath (SOB),

fatigue. Frustrated with progress of recovery

Medication adherence – reports compliance & regular blood glucose monitoring

Vital signs: low-grade fever: T 38.1°C. Elevated RR 28 & HR 115

BP: 125/78 (usual BP 140/90)

Niece no longer staying overnight – work commitments in Green Valley

Assessment: Pt unwell. Nil improvement

?relapse/complications of pericarditis

Plan: Organise urgent hospital transfer to Newtown Hospital (nearest hospital)

Write referral to Emergency Department, include relevant:

MedicationsPatient history

Test results/observations

# **Writing Task:**

Using the information in the case notes, write a letter of referral to the Emergency Department Consultant on Duty, outlining the case and requesting urgent assessment and management for pericarditis. Address the letter to Emergency Department Consultant on Duty, Newtown Hospital, 100 Main Street, Newtown.

#### 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.

Any answers recorded here will not be marked.



## **Occupational English Test**

WRITING SUB-TEST: NURSING

SAMPLE RESPONSE: LETTER OF REFERRAL

Emergency Department Consultant on Duty Newtown Hospital 100 Main Street Newtown

30 August 2019

Dear Doctor

Re: Ms Patricia Styles DOB 27.04.1957

Thank you for seeing Ms Styles, a 62-year-old widow and retired school teacher, who requires your urgent investigation of a possible relapse of pericarditis.

Today, Ms Styles reports chest pain, relieved by sitting up, shortness of breath and fatigue. She has a low-grade fever (38.1°C), tachypnea (28bpm) and tachycardia (115bpm). Her blood pressure is 125/78, lower than her usual 140/90.

Ms Styles became unwell on 23 August while visiting her sister in Green Valley. She was admitted to Green Valley Hospital with fever, pleuritic chest pain, tachycardia and general malaise. Throat swab investigations confirmed viral influenza type B and an echocardiogram indicated pericarditis. Her chest X-ray was normal and Ms Styles was managed with IV saline and ibuprofen. She was discharged home on 25 August. A Nurse Home Visit was arranged for today.

Ms Styles has hypertension, diabetes type 2 and depression, managed with quinapril (Accupril) 40mg twice daily, metformin (Diabex) 500mg twice a day, and gliclazide (APO-Gliclazide MR) 30mg daily.

I suspect a relapse of pericarditis, perhaps with complications. I refer her to you for urgent assessment and management.

Yours faithfully

Nurse