

## 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: PHARMACY**

**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 8 August 2018**

You are a pharmacist at Newtown Hospital. An elderly patient who has been treated for a fractured femur is being discharged. You are writing a letter to her carer (her daughter) to ensure the medication regime is followed when she returns home.

#### PATIENT DETAILS:

**Name:** Mrs Alice Ramsey

**DOB:** 04 Jan 1929

**Allergies:** Nil

#### Current Medication:

**On Admission:** Zantac (ranitidine) (for GORD): 150mg bd  
Lipitor (atorvastatin): 20mg mane (on empty stomach)  
Pt stabilised on medications for some years

**On Discharge:** Zantac (ranitidine) (for GORD): 150mg bd  
Lipitor (atorvastatin): 20mg mane  
Dalteparin (Fragmin - low molecular weight heparin (LMWH) (anti-coagulant)): 2500IU– SC to be continued until mobile - Pt advised SC administration process  
Panadeine Forte (paracetamol & codeine for pain relief): 500mg 4-hourly/prn  
Durolox (to prevent constipation): 10mg nocte  
Maxolon (metoclopramide) (for nausea with codeine): 10mg tds prn

#### Drug Information: *Adverse Drug Reactions*

Ranitidine headache; GI upset; rash; CNS disturbances (rare)

Atorvastatin Serious: rhabdomyolysis, myopathy, myalgia (0.2%); GI upset (1%); headache (2%); rash (2.5%); flu-like symptoms (1.5%); raised LFTs (1.3%)

Heparin haemorrhage, easy bruising, nausea, vomiting

Codeine/Paracetamol

constipation, stomach pain, nausea, vomiting;

Rare: dependence, tolerance; CNS disturbances incl. impaired alertness

Metoclopramide CNS disturbances incl. impaired alertness (rare); tardive dyskinesia (rare)

**Social History:** Pt normally lives alone. On discharge, staying with daughter.

Pt non-driver. Public transport.

#### Relevant History for Surgical Procedure:

Height 168cm; Weight 75kg; BMI 26.8

Non-smoker

Dentures – upper & lower

Gastro-oesophageal reflux disease (GORD) – controlled by medication

Hypercholesterolaemia – controlled by medication

**11 Jul 2018**

**2:45pm:** Pt brought to Emergency Department by ambulance. Knocked down by car in Garden Nursery car park – landed on bitumen. Driver failed to see her in rear-view mirror → reversed into her. Not run over. Fell on R side on femur.

Presenting symptoms: pain & difficulty standing or walking

**3.00pm:** Pt seen by Dr Hogarth. Pain relief: pethidine (opiate)  
X-rays of affected femur – anterior-posterior & lateral views Repeat films with hip at 15-20° internal rotation → MRI

**5:30pm:** Transferred to ward  
Pt booked for surgery 12 July am – nil by mouth from midnight  
Full pre-operative general investigation: LFTs, platelet count, WBC count, WBC types, RBC count, RBC indices, Hg, haematocrit, blood smear, ECG & chest X-ray

**12 Jul 2018**

Open reduction & internal fixation (ORIF) performed  
GA given: induction – propofol; sevoflurane, fentanyl, midazolam, suxamethonium, ondansetron  
Heparin – thrombus prevention  
IV antibiotic prophylaxis – cefazolin 2g IV 8-hourly for 24 hours post-surgery Immobilised with spica cast

**Post-Op**

- pressure sore prevention & care of pressure areas; wound care
- pain relief
- fluid balance & blood loss monitoring: IV fluids
- nutritional management: oral protein supplementation
- thrombus prevention: low dose, low molecular weight heparin, & compression stockings
- lower limb circulation & sensation
- early mobilisation & weight bearing on injured leg

**24 Jul 2018** Transferred to Rehab Unit

**08 Aug 2018** Due for discharge home – appointment made for 22 Aug 2018 for removal of cast. Letter to carer/daughter (NB: heparin to be continued only until mobile)  
The patient is being discharged to the care of her daughter.

### **Writing Task:**

Using the information in the case notes, write a letter to the daughter, Mrs Holly Kerr, 3 Rose Avenue, Springbank, outlining her mother's medication regime, any potential adverse effects to be aware of, and when to seek medical advice.

**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.

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**Occupational English Test****WRITING SUB-TEST: PHARMACY  
SAMPLE RESPONSE: LETTER**

Mrs Holly Kerr  
3 Rose Avenue  
Springbank

8 August 2018

Dear Mrs Kerr

Your mother, Mrs Alice Ramsey, is being transferred into your care following her operation and it is important that you ensure her medications are taken correctly. This letter lists her current medications and advises what you should do if you notice side effects.

On admission, she was using Zantac, twice daily to control her acid reflux, and cholesterol-lowering medication, Lipitor, in the morning on an empty stomach. These medicines are to be continued as before.

During hospitalisation, she has been prescribed several additional medications.

Panadeine Forte is to be used for pain relief as required, but not more frequently than four-hourly. It can cause stomach pain, constipation, nausea and vomiting, in addition to drowsiness. To prevent constipation, she should take Durolox at night when using Panadeine Forte. To counteract nausea, Maxolon can be taken up to three times daily as needed.

Fragmin, a blood-thinning medication will prevent clot formation from the surgery or immobility. This medication needs to be given by injection under the skin. Your mother has been shown how to do this.

Continue this medication until your mother is mobile, and if any bleeding or bruising occurs seek medical advice.

Please feel free to contact me if you have any questions.

Yours sincerely,

Hospital Pharmacist.