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.
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: 4 January 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
- Durolax (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 July 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 July 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 July 2018 Transferred to Rehab Unit

8 August 2018 Due for discharge home – appointment made for 22 August 2010 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.
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 Durolax 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.