

OET Case Notes

Dietetics · Proficient · Advice letter · to General Practitioner

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Dietetics — Advice to GP on Nutritional Management of an Elderly Patient with Multi

THE CASE NOTES

Patient: Mr Hugo Fernandez, 82 years old; care home resident; referred for nutritional assessment by care home staff

Diagnoses: Heart failure (EF 40%), type 2 diabetes (HbA1c 61), protein-energy malnutrition (MUST score 2, weight 54 kg, BMI 17.8, 4 kg weight loss in 3 months)

Conflict 1 — malnutrition vs heart failure: Malnutrition requires increased caloric and protein intake; heart failure fluid restriction to 1.5 L/day limits oral supplement volume; standard 200 mL supplement would use 13% of fluid allowance

Conflict 2 — malnutrition supplements vs diabetes: High-calorie oral supplements typically have significant carbohydrate content; risk of raising blood glucose

Recommendation — supplements: Use a fibre-enriched, lower-carbohydrate oral supplement (e.g. Ensure Compact 125 mL) — small volume conserves fluid allowance; lower glycaemic index reduces glucose impact; recommend 2 per day (250 mL total) between meals

Recommendation — sodium: Care home kitchen has agreed to reduce added salt in his meals; target <2 g sodium/day; no further action required from GP on sodium

Recommendation — diabetic monitoring: Suggest increased blood glucose monitoring (2 hours post-supplement) for the first 2 weeks to confirm the lower-carb supplement does not raise HbA1c significantly

Malnutrition protocol: Catering staff educated on fortifying meals (butter, cream, cheese in small amounts); high-protein snacks at morning and afternoon break; regular weigh-in at care home monthly

Task: Write a clinical advice letter to the GP, Dr Nkosi Williams, outlining the nutritional management plan and requesting support for the recommended actions.

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WHAT TO INCLUDE

- + **The two nutritional conflicts and how the supplement choice resolves both — small volume for fluid, lower carbohydrate for diabetes**
This is the dietitian's core clinical contribution. The GP needs to understand why a standard supplement would be problematic and why Ensure Compact 125 mL specifically addresses both constraints.
- + **The GP action: increased blood glucose monitoring for 2 weeks after starting the supplement**
This is the one action that requires GP involvement. All other recommendations have been implemented directly with the care home. The letter must be explicit about what is being delegated to the GP.
- + **That the sodium management has been handled directly with the care home kitchen**
Telling the GP what is already handled prevents duplication of effort. They do not need to prescribe a sodium restriction — it has been operationalised. A brief mention closes that loop.

WHAT TO LEAVE OUT

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- **Full nutritional assessment methodology**

The GP needs the findings and the recommendations, not the MUST scoring process. 'MUST score 2 — moderate malnutrition risk' is one line.

- **Detailed food fortification recipes and care home training content**

The dietitian has handled this directly with care home staff. The GP does not manage care home catering. One sentence — 'meals are being fortified under dietetic guidance' — covers it.

CRITERION IN FOCUS · CONTENT

A dietitian-to-GP advice letter in a complex case must explicitly separate the actions the dietitian has already taken from the actions being requested of the GP. Conflating the two — 'we recommend monitoring blood glucose and fortifying meals' — makes the GP responsible for both. 'I have implemented X directly; I am requesting that you arrange Y' is the correct structure. The GP action must be named, specific, and timed.

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