

Dietetics — Advice Letter for a Patient with Heart Failure on a Fluid and Salt Restriction

THE CASE NOTES

Patient: Mr Bernard Okafor, 69 years old; newly diagnosed heart failure (EF 35%)

Fluid restriction: Total fluid intake: 1.5 L per day (all liquids: water, tea, coffee, soup, ice cream, jelly — anything liquid at room temperature counts)

How to measure: Use a measuring jug in the morning; pour the day's 1.5 L allowance; every cup taken out of the jug; this method avoids losing count

Sodium restriction: Target: 2 g sodium per day (~5 g salt); stop adding salt at the table or during cooking; avoid processed meats, canned soups, ready meals, soy sauce, stock cubes — these are high in hidden sodium; use herbs and spices instead

Daily weighing: Weigh every morning before eating and after going to the toilet; record in diary; if weight increases more than 2 kg in 2 days — contact the GP or heart failure nurse immediately (fluid retention sign)

Foods to be aware of: Alcohol counts toward fluid limit; carbonated drinks are high in sodium and count toward fluid; avoid liquorice (can worsen fluid retention)

Why restrictions are important: Fluid and salt cause the body to retain water; in heart failure this puts extra strain on the heart and causes swelling of legs and breathlessness

Task: Write an advice letter to Mr Okafor explaining his fluid and sodium restrictions and how to monitor himself at home.

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WHAT TO INCLUDE

+ The 1.5 L fluid limit including all liquids — and the measuring jug method

Patients frequently undercount fluids by not including soups, ice cream, or sauces. The measuring jug method is the most reliable practical tool for compliance with a fluid restriction.

+ The daily weigh-in and the 2 kg in 2 days trigger

This converts a clinical concept (fluid retention) into an actionable home monitoring protocol. The patient does not need to recognise fluid retention in the abstract — they need a specific number that prompts them to call.

+ The three highest-sodium food categories to avoid: processed meats, canned soups, ready meals

A categorical approach is more actionable than a long food list. These three categories account for the majority of hidden dietary sodium and are the patient's highest-priority targets.

WHAT TO LEAVE OUT

– A detailed pathophysiology explanation of heart failure

One plain-language sentence is enough: 'Too much fluid and salt make the heart work harder and cause swelling and breathlessness.' This motivates compliance without the clinical lecture.

– The specific medications the patient is on

Managed by the cardiology and GP team. The dietary advice letter focuses on the dietary management. One sentence — 'your medications are prescribed separately by your cardiologist' — is enough if any reference is needed.

OET Case Notes

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Heart failure dietary advice letters are assessed on whether the patient can derive an actionable daily routine from the letter. The measuring jug method, the morning weigh-in, and the 2 kg trigger are three concrete behaviours. 'Monitor your fluid and salt intake carefully' is not actionable. 'Pour 1.5 litres into a jug each morning and only drink from that jug' is.

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