

OET Case Notes

Dietetics · Proficient · Referral letter · to Nephrology Dietitian

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Dietetics — Referral to a Renal Dietitian for Advanced Chronic Kidney Disease

THE CASE NOTES

Patient: Mr George Sullivan, 62 years old; retired

Diagnosis: CKD Stage 4 (eGFR 18, down from 28 six months ago); hypertensive nephropathy; post-NSTEMI (2022) on dual antiplatelet therapy and statin

Biochemistry: Potassium 5.8 mmol/L (high); phosphate 1.62 mmol/L (high); albumin 38 g/L (borderline); eGFR 18 (rapidly declining)

Current diet: Following a general cardiac diet (high-potassium foods: bananas, tomatoes, oranges as 'heart healthy'); low sodium 1.5 g/day; protein intake estimated 1.2 g/kg/day (above CKD recommendation of 0.6–0.8 g/kg/day)

Conflict: Cardiac diet advice and renal dietary requirements conflict significantly — patient confused by contradictory guidance; reluctant to change diet he believes protects his heart

Fluid: Oedematous ankles; fluid restriction to 1.5 L/day recommended by nephrology

Reason for referral: General dietetics lacks specialist competence to manage simultaneous potassium, phosphate, protein, and fluid restrictions in advanced CKD; urgency given rapidly declining eGFR and hyperkalaemia risk

Task: Write a referral letter to the renal dietitian, Ms Priya Nair, explaining the clinical context and the specific question you need answered.

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WHAT TO INCLUDE

- + **The specific abnormal biochemistry: potassium 5.8 (high), phosphate 1.62 (high), eGFR 18 declining**
These values define the urgency and the specific dietary restrictions required. A referral without the biochemistry does not allow the renal dietitian to assess whether the consultation is urgent — potassium 5.8 in advanced CKD is urgent.
- + **The cardiac-renal diet conflict and the patient's reluctance to change**
This is the unique clinical complexity that makes a general dietitian refer to a specialist. The renal dietitian must know about the conflict before the appointment to prepare a unified approach.
- + **The specific referral question: rationalise the simultaneous restrictions given the conflicting cardiac diet**
A referral letter without a specific question fails Genre & Style. The renal dietitian must know what decision is being delegated.

WHAT TO LEAVE OUT

- **Full cardiac history and NSTEMI details**
Context only — one clause: 'post-NSTEMI 2022 on dual antiplatelet therapy'. The NSTEMI workup and cardiology follow-up are not relevant to the dietary referral.
- **A dietary prescription in the referral letter**
The referral is to a specialist because general dietetics does not have the competence to make this prescription. Writing one in the referral contradicts the reason for referral.

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CRITERION IN FOCUS · PURPOSE

A referral from a generalist to a specialist must state clearly in the first or second sentence: what the problem is, why the referring clinician cannot manage it alone, and what the specialist is being asked to do. 'I am referring Mr Sullivan for specialist management of his simultaneous potassium, phosphate, and fluid restrictions given conflicting prior cardiac dietary guidance' is complete; 'I am referring Mr Sullivan to you for specialist renal dietary advice' is not.

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