

OET Case Notes

Medicine · Intermediate · Transfer letter · to Nephrologist

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Medicine — Transfer to Nephrology for Worsening CKD

THE CASE NOTES

Patient: Mr James Nguyen, 67 years old, retired engineer

Admission: Admitted via GP with fatigue, dyspnoea on exertion, and declining eGFR on serial bloods

Renal function: eGFR 18 mL/min/1.73m² (down from 32 six months ago); creatinine 318 µmol/L; urea 22.1 mmol/L

Anaemia: Hb 82 g/L (normocytic); ferritin adequate; IV iron commenced; EPO therapy planned but not yet started

Fluid status: Mild fluid overload on admission; furosemide 80 mg daily commenced; peripheral oedema now reduced

Blood pressure: BP 162/96 on admission; amlodipine 10 mg added to existing ramipril 5 mg; BP now 138/84

Urine: Albumin:creatinine ratio 78 mg/mmol; no haematuria; no proteinuria strip change

Medical history: T2DM (HbA1c 64 mmol/mol), hypertension, dyslipidaemia; no previous nephrology review

Medication: Ramipril 5 mg OD, amlodipine 10 mg OD (new), furosemide 80 mg OD (new), metformin held, atorvastatin 40 mg

Task: Write a transfer letter to Dr Priya Singh, Nephrologist, summarising the current clinical status and the outstanding management issues requiring specialist input.

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WHAT TO INCLUDE

+ The eGFR trajectory — 32 six months ago, now 18

Rate of decline is decision-critical for the nephrologist's planning and assessment of dialysis need. The absolute figure alone is less informative than the paired values with the time gap.

+ EPO therapy planned but not yet started

Handover of an incomplete treatment plan is a patient-safety issue. The nephrologist must know this is outstanding so they action it on transfer.

+ Metformin held and BP now controlled with the new agent

Both are management changes made specifically because of the CKD deterioration. The nephrologist needs to know what has changed and what the response was.

WHAT TO LEAVE OUT

– Dyslipidaemia history and atorvastatin narrative

Stable, unchanged, and not related to the acute deterioration. It belongs in the medication list; a narrative sentence adds no decision value for the receiving team.

– HbA1c detail beyond a brief mention

State it as context — probable diabetic nephropathy — but do not detail the full diabetic management. That is the GP's and endocrinologist's role.

CRITERION IN FOCUS · CONTENT

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Transfer letters are graded on completeness of the active management handover. Any outstanding treatment — such as EPO not yet started — must appear explicitly so the receiving team does not assume it is in place. A letter that implies completion when the task is unfinished is a Content mark failure.

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