

Medicine — Transfer to Orthopaedics for a Hip Fracture with Medical Complexity

THE CASE NOTES

Patient: Mrs Gladys Thompson, 80 years old

Presentation: Fell getting out of bed; right hip pain and inability to weight-bear; X-ray confirms fractured neck of femur (intracapsular)

Acute findings: BP 88/60 on arrival (improved to 104/72 with 500 mL IV fluid); HR 118 (now 98); Hb 9.2 g/L (chronic, confirmed by recent haematology review)

Pre-operative concerns: (1) Anticoagulation — on apixaban 5 mg BD for AF; last dose this morning; DOAC reversal may be needed; (2) Anaemia — Hb 9.2, chronic, may require pre-operative optimisation; (3) Capacity — advanced dementia (vascular), MMSE 18/30; capacity to consent for surgery requires urgent assessment

ECG: AF, ventricular rate 98, no acute ischaemic changes — consistent with known atrial fibrillation

Medications held: Apixaban held as of arrival; all other medications continued

Medical history: Atrial fibrillation, vascular dementia, hypertension, osteoporosis, hypothyroidism (TSH 2.4, reviewed 3 months ago — stable)

Social: Widowed, lives in residential aged care; daughter contacted and travelling in; facility notified

Task: Write a transfer letter to the orthopaedic registrar, Dr Kumar, summarising the admission findings and the three pre-operative issues requiring their attention before surgery.

Task: Write a transfer letter to the orthopaedic registrar, Dr Kumar, summarising the admission findings and three pre-operative issues requiring their attention before surgery.

WHAT TO INCLUDE

- + **The fracture confirmed on X-ray and current haemodynamic stability**
The opening must convey the acute diagnosis and that initial resuscitation has been performed so the team knows the immediate risk is controlled.
- + **The three pre-operative concerns: apixaban management, chronic anaemia, and capacity assessment**
These are the actionable handover items the orthopaedic team must address before surgery. Each one missed could delay or complicate the operation; all three belong.
- + **Apixaban already held and the DOAC reversal consideration**
The team needs the anticoagulation status on arrival to calculate their options. 'Held as of arrival' is the specific information that lets them plan reversal timing.

WHAT TO LEAVE OUT

- **Hypothyroidism and TSH result**
Stable, recently reviewed, TSH within range. It does not affect surgical planning and is a classic distractor in a dense case note.
- **The daughter travelling in and residential care contact**
Social logistics with no bearing on pre-operative management. Include only the capacity concern — not the family location.

OET Case Notes

Medicine · Proficient · Transfer letter · to Orthopaedic Registrar

oetwritingcorrection.com

– Bisoprolol and atorvastatin narrative

Routine chronic medications with no special perioperative concern in this scenario. The medication list covers them; a narrative sentence wastes words.

CRITERION IN FOCUS · PURPOSE

Transfer letters in complex acute cases have a dual purpose: communicate what has happened and communicate what must happen next. The orthopaedic team is not being given a narrative — they need the diagnosis, the pre-operative concerns, and the anticoagulation status. A transfer that is all narrative and no action list fails Purpose even when all facts are present.

Write this letter, then get it marked at oetwritingcorrection.com/oet-writing-services

oetwritingcorrection.com