

# OET Case Notes

Nursing · Intermediate · Transfer letter · to Cardiac Rehabilitation Nurse

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## Nursing — Transfer to Cardiac Rehabilitation after a Heart Attack

### THE CASE NOTES

**Patient:** Mr Carlos Rivera, 56 years old, warehouse manager

**Admission:** 6-day admission following NSTEMI; drug-eluting stent to LAD artery (day 2); uncomplicated

**Discharge status:** Pain-free since day 2; mobilising freely on the ward; no signs of heart failure; discharged home

**Medications:** Aspirin 75 mg OD, ticagrelor 90 mg BD (12 months), atorvastatin 80 mg ON, bisoprolol 2.5 mg OD, ramipril 2.5 mg OD; no previous cardiac medication

**Risk factors:** Hypertension, BMI 33, ex-smoker (stopped on admission), previously sedentary

**Psychological:** Anxious about returning to work; tearful on day 4; seen by ward psychologist — one session, referral for ongoing support placed

**Functional:** No symptoms at rest; SOB on stairs (2 flights) at discharge; low exercise tolerance at baseline

**Patient education:** Dual antiplatelet importance explained; driving restriction (4 weeks post-stent) discussed; sexual activity advice given

**Cardiology review:** 6-week outpatient review booked; GP to check renal/electrolytes in 2 weeks

**Task:** Write a transfer letter to the cardiac rehabilitation nurse outlining Mr Rivera's current status, psychological needs, and rehabilitation priorities.

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### WHAT TO INCLUDE

**+ The psychological distress and that ongoing support has been referred**

Anxiety after an MI is a rehabilitation priority that the cardiac rehab nurse must address from session one. The referral already placed means they need to coordinate, not initiate.

**+ The functional baseline at discharge: SOB on stairs, low prior exercise tolerance**

The rehabilitation programme must start from where the patient actually is. A baseline that is better than reality leads to an over-ambitious programme and a setback.

**+ Dual antiplatelet therapy and its 12-month duration**

The cardiac rehab nurse provides ongoing education. Knowing the patient has been counselled — and that ticagrelor runs for 12 months — allows them to reinforce rather than re-explain.

### WHAT TO LEAVE OUT

**– The minute detail of the LAD stent procedure**

The rehabilitation nurse needs to know the event and the functional outcome; the interventional cardiology record covers the procedure. A one-line summary is enough.

**– The GP follow-up and renal monitoring**

A GP-facing action, not a cardiac rehab action. Include it in the GP discharge letter; it does not belong here.

### CRITERION IN FOCUS · CONTENT

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Transfer letters to specialist rehabilitation nurses are graded on whether the recipient can design the first session from the letter. The functional baseline (where to start), the psychological status (what to watch for), and the medication education (what to reinforce) are the three Content priorities. A letter that is all about the cardiac event and nothing about the rehabilitation needs fails this criterion.

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