

Nursing — Advice Letter on Starting Insulin Injections

THE CASE NOTES

Patient: Mrs Yetunde Ade, 61 years old

Background: T2DM for 9 years; HbA1c 88 mmol/mol despite optimised tablets (metformin, sitagliptin, empagliflozin)

Decision: Insulin initiated: insulin glargine 10 units once nightly at 22:00; tablets continued except empagliflozin (discontinued — not to be combined with insulin without specialist review)

Injection technique: Demonstrated in clinic; abdomen preferred; rotate sites; insulin pen explained; sharps disposal bin provided

Hypoglycaemia: Symptoms: shakiness, sweating, confusion; treat with 15–20 g fast-acting carbohydrate (e.g. 3–4 glucose tablets or 150 mL fruit juice)

Monitoring: Fasting blood glucose daily before injection; target 5–8 mmol/L fasting; contact clinic if consistently above 10 or below 4

Follow-up: Telephone review in 1 week to review glucose diary; clinic in 6 weeks for dose adjustment

Driving: Must check blood glucose before driving; cannot drive if below 5 mmol/L; DVLA notification explained

Task: Write an advice letter to Mrs Ade explaining how to take her new insulin safely and how to recognise and treat low blood sugar.

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WHAT TO INCLUDE

+ When to inject (22:00 nightly) and the basic technique reminder (rotate sites)

Consistent timing is critical for glargine. Rotating sites prevents lipohypertrophy — a practical instruction that directly affects insulin absorption.

+ Hypoglycaemia symptoms and exactly how to treat it

This is the most important safety content in the letter. A patient starting insulin who does not recognise or treat a hypo correctly is at risk. Name the symptoms, give the specific treatment (dose and examples), and say when to seek help.

+ The blood glucose target range and when to call the clinic

A concrete action threshold (above 10 or below 4) gives the patient a decision rule, not a vague instruction to 'monitor'.

WHAT TO LEAVE OUT

– The reason empagliflozin was discontinued

Relevant as a medication change but not as a letter explanation. State that her tablet regimen has been adjusted; the clinical reason is for the GP letter.

– The full 9-year diabetic history and previous HbA1c values

The patient knows her own history. The letter's purpose is practical guidance, not a retrospective summary.

CRITERION IN FOCUS · CONCISENESS & CLARITY

OET Case Notes

Nursing · Intermediate · Advice letter · to Patient

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Starting insulin is frightening for patients. An advice letter that is too long, too clinical or too jargon-heavy will not be read carefully. Every sentence must be actionable and in plain language. 'Shake, sweat, or feel confused — eat 3–4 glucose tablets and check your glucose after 15 minutes' is clear; 'administer a carbohydrate bolus upon symptom recognition' is not.

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