

Nursing — Urgent Referral for Suspected Sepsis in an Elderly Patient

THE CASE NOTES

Patient: Mr Walter Adeyemi, 82 years old, permanent resident

Background: Known UTIs (three in past 18 months, last 4 months ago), T2DM, chronic kidney disease (eGFR 42), mild cognitive impairment

Acute presentation: Staff noticed Mr Adeyemi confused and agitated since this morning; not eating or drinking; feels hot

Observations (12:00): Temp 39.1°C; HR 116; RR 24/min; BP 94/62 (baseline 130/80); SpO₂ 93% on air; blood glucose 18.2 mmol/L

NEWS2 score: NEWS2 = 11 (high clinical concern); escalated to nurse in charge

Urine: Dark, concentrated; strong odour; catheter in situ — urine sent for MC&S

Medications: Metformin 500 mg BD (held due to AKI risk and low BP), sitagliptin 50 mg OD, amlodipine 5 mg, ramipril 2.5 mg (held), atorvastatin 20 mg, vitamin D

Acute management: IV access obtained; 500 mL normal saline commenced; O₂ via nasal cannula 2 L/min; family contacted

Incidental: Long-standing benign essential tremor; mild osteoarthritis; regularly attends church social group (no recent contact)

Task: Write an urgent referral letter to the on-call physician requesting immediate assessment of Mr Adeyemi, who has a NEWS2 score of 11 and clinical features of sepsis.

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WHAT TO INCLUDE

+ The NEWS2 score of 11 and the deviation from his BP baseline

A NEWS2 of 11 is a clinical trigger for immediate response. The BP drop from 130/80 to 94/62 shows haemodynamic instability — together they convey urgency objectively, not just through language.

+ The probable source: UTI, with catheter urine sent

The most likely focus of infection must be stated. The receiving physician will want to know the suspected source and that the sample is already on its way.

+ The acute interventions already taken — IV access, fluids, O₂

Shows the physician that initial resuscitation has begun, so they arrive knowing the current status, not having to ask what has been done.

WHAT TO LEAVE OUT

– Essential tremor and osteoarthritis

Stable, unchanged, irrelevant to the acute presentation — the clearest distractors in this case. A proficient candidate cuts them without hesitation.

– Church social group and recent social contact

No bearing on the acute medical referral whatsoever. Including social colour in an urgent referral dilutes the clinical message and costs Purpose and Conciseness & Clarity.

OET Case Notes

Nursing · Proficient · Referral letter · to On-Call Physician / Emergency Department

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— **The full routine medication list in detail**

State the medications held due to the acute deterioration — metformin and ramipril — and list the rest briefly. The physician will review the full chart on arrival.

CRITERION IN FOCUS · CONCISENESS & CLARITY

Urgent referrals are the highest-stakes test of Conciseness & Clarity. The receiving team will read the letter quickly or be briefed from it verbally. Every word must earn its place. The clinical picture — high NEWS2, haemodynamic instability, suspected UTI source — must appear in the first paragraph. Background comorbidities follow briefly. Incidental findings have no place.

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

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