

# OET Case Notes

Occupational Therapy · Intermediate · Discharge letter · to Community Occupational Therapist

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## Occupational Therapy — Discharge to Community OT after Cardiac Surgery

### THE CASE NOTES

**Patient:** Mr Patrick Sweeney, 72 years old; retired; coronary artery bypass graft (CABG x3) 10 days ago; discharged home today

**Sternal precautions (12 weeks):** No lifting more than 2 kg with either arm; no pushing or pulling with arms (use legs to rise from chairs); no driving for 4–6 weeks (surgeon decision); no lifting arms above shoulder height; these precautions prevent sternal wound dehiscence

**ADL status:** Independent in: bed transfers, dressing lower body, washing standing at sink; Assistance required: dressing upper body (shoulder movement restricted by precautions); unable to prepare hot meals independently (lifting and carrying hot items >2 kg)

**Energy conservation:** Fatigue is significant — taught sit-down tasks where possible, alternating rest and activity, prioritising tasks; daily step goals: 10 minutes twice daily walking increasing by 2 minutes every 3 days as tolerated

**Equipment:** Raised toilet seat (10 cm); long-handled sponge; dressing stick — all issued

**Goal:** Independent in all ADLs within sternal precautions by 6 weeks; return to light housework and cooking by 8–10 weeks

**Task:** Write a discharge letter to the community OT, Ms Dawn Sharpe, summarising Mr Sweeney's functional status and the sternal precautions for ongoing rehabilitation.

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### WHAT TO INCLUDE

- + **The sternal precautions (12 weeks): no more than 2 kg, no pushing or pulling with arms, no lifting above shoulder height**  
Sternal wound dehiscence is a life-threatening complication. The community OT must know these precautions to design safe ADL activities and to avoid recommending exercises or tasks that violate them.
- + **Current ADL independence: independent in lower body dressing and sink washing; needs assistance with upper body dressing; unable to prepare hot meals**  
The baseline tells the community OT where the patient is and what the priority rehabilitation targets are. Hot meal preparation is the highest functional priority.
- + **The energy conservation programme and the 10-minute walking progression**  
Post-cardiac surgery fatigue management is a core OT role. The specific walking progression — 10 minutes twice daily, plus 2 minutes every 3 days — allows the community OT to monitor compliance and advance it at the right rate.

### WHAT TO LEAVE OUT

- **The surgical detail of the CABG procedure**  
The community OT needs the functional implications, not the cardiac surgery. 'CABG x3 10 days ago' is sufficient context.
- **Driving restriction**  
A surgeon and DVLA matter, not an OT matter. A brief mention — 'surgeon has advised no driving for 4–6 weeks' — confirms it without making it an OT action.

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## CRITERION IN FOCUS · CONTENT

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Cardiac surgery OT discharge letters are assessed on whether the sternal precautions are stated precisely and completely. A letter that says 'sternal precautions apply' without specifying the weight limit or the postural restrictions fails Content — the community OT cannot safely run an ADL programme without knowing the specific constraints.

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