

Pharmacy — Discharge Medication Advice after a Heart Attack

THE CASE NOTES

Patient: Mr Thomas Byrne, 61 years old; no previous cardiac history or regular medication

Diagnosis: NSTEMI; coronary angiogram showed two-vessel disease; drug-eluting stent to RCA (day 2)

Discharge medications (all new): Aspirin 75 mg OD (lifelong), ticagrelor 90 mg BD (12 months then review), atorvastatin 80 mg nocte, bisoprolol 2.5 mg OD, ramipril 2.5 mg OD

Priority 1 — dual antiplatelet: Aspirin and ticagrelor must BOTH be taken every day for 12 months; stopping either increases the risk of the stent blocking (stent thrombosis); this could be life-threatening

Ticagrelor side effects: Shortness of breath (common, usually mild, improves after a few weeks); bruising more easily than usual; aspirin-containing products must be avoided (no high-dose aspirin OTC)

Atorvastatin: Take at night; muscle aching is an uncommon side effect — report to GP or pharmacist if it develops

Ramipril: May cause a dry cough (common) — report if troublesome; dizziness on standing, especially first few days

Bisoprolol: Do not stop suddenly; GP will review the dose

Follow-up: GP renal check in 2 weeks; cardiology review 6 weeks; cardiac rehabilitation referral made

Task: Write a discharge medication advice letter to Mr Byrne explaining his new medicines and the most important instructions for going home.

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WHAT TO INCLUDE

+ The dual antiplatelet instruction: both aspirin and ticagrelor every day for 12 months — never stop either without medical advice

This is the single most safety-critical instruction in the entire letter. Stopping ticagrelor early — for any reason, including a planned procedure — without medical advice risks stent thrombosis and a further heart attack. It must be stated explicitly and memorably.

+ Ticagrelor breathlessness — common, usually mild, do not stop without calling the team

Breathlessness is the most common reason patients self-discontinue ticagrelor. Pre-warning and a specific instruction to call rather than stop prevents this.

+ Do not stop bisoprolol suddenly

Abrupt beta-blocker withdrawal can cause rebound tachycardia and angina. A one-sentence warning is essential for a patient with no prior cardiac medication experience.

WHAT TO LEAVE OUT

– Detailed cardiac anatomy or the stent procedure

The patient was counselled in hospital by the cardiology team. The discharge medication letter is about the medicines — not a replay of the procedure.

– The full pharmacology of each medication

One plain sentence per drug on what it does is enough; detailed mechanisms are wrong register and waste the word count in a medication counselling letter.

OET Case Notes

Pharmacy · Intermediate · Discharge letter · to Patient

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CRITERION IN FOCUS · CONTENT

A post-MI discharge medication letter has two non-negotiable Content items: the dual antiplatelet must-not-stop instruction with the reason, and the breathlessness warning for ticagrelor with the do-not-stop instruction. Omitting either is a Content failure. The 2026 emphasis on clinically consequential omissions means even one missing safety item drops the Content grade.

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