

# OET Case Notes

Pharmacy · Intermediate · Referral letter · to General Practitioner

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## Pharmacy — Referral to GP for a Drug Interaction with Warfarin

### THE CASE NOTES

**Patient:** Mrs Grace Okonkwo, 64 years old; regular customer

**Warfarin history:** On warfarin 4 mg daily for AF; INR well-controlled at 2.3 (last tested 10 days ago); target 2.0–3.0; knows anticoagulation clinic contact

**New prescription:** Co-amoxiclav 625 mg TDS for 7 days — prescribed today by a locum dentist for an infected tooth; patient brings both prescriptions to pharmacy together

**Concern:** Amoxicillin-clavulanate is a known warfarin potentiator — antibiotic disrupts gut flora, reduces vitamin K synthesis, increases INR; significant interaction documented

**Current INR:** Last INR 2.3 (10 days ago); no INR booked during the antibiotic course

**Symptoms:** No current bleeding symptoms; dental pain managed with paracetamol

**Patient informed:** Explained the interaction to Mrs Okonkwo; advised not to add extra vitamin K foods or change diet; asked to watch for bruising or bleeding

**Task:** Write a referral letter to the GP, Dr Sarah McAllister, alerting her to the drug interaction and requesting that an INR check be arranged during the antibiotic course.

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### WHAT TO INCLUDE

- + **The specific interaction: amoxicillin-clavulanate potentiates warfarin and will likely raise the INR**  
This is the pharmacist's clinical contribution — the GP may not have been alerted to the interaction by the dental prescriber. The mechanism (gut flora disruption) is worth a brief mention because it frames the urgency and the monitoring needed.
- + **The last INR and that no check is currently booked during the course**  
The gap in monitoring is the specific safety risk the GP must address. A well-controlled INR at 2.3 can swing into a dangerous range within days of starting the antibiotic.
- + **The specific request: an INR check mid-course or earlier if symptoms develop**  
A referral letter must request a concrete, time-specific action. 'Check INR at approximately day 3–4 of the course' is actionable; 'monitor appropriately' is not.

### WHAT TO LEAVE OUT

- **The dental history and the reason for the antibiotic**  
Context only — the GP does not need the dental history to act on the interaction. One line suffices: 'co-amoxiclav 625 mg TDS prescribed by dental practitioner for dental infection'.
- **The diet advice given to the patient**  
You gave this advice yourself; it does not change the GP's action. A brief mention that the patient has been counselled is enough; the content of your patient education belongs in the dispensing record.

### CRITERION IN FOCUS · GENRE & STYLE

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A pharmacist's referral to a GP is collegial and precise. The pharmacist is reporting a clinical observation to a prescribing colleague and requesting a specific action — neither deferential nor directive. 'I would appreciate it if you could arrange an INR check during the antibiotic course' is the correct register. 'I request that you' is too commanding; 'could you please perhaps consider' is too deferential.

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