

OET Case Notes

Pharmacy · Intermediate · Advice letter · to Patient

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Pharmacy — Advice Letter on Using a New Inhaler for COPD

THE CASE NOTES

Patient: Mr Raymond Tran, 66 years old; smoker (has been offered smoking cessation — declined)

Diagnosis: COPD (GOLD Stage II); prescribed new Salmeterol/Fluticasone 50/500 Accuhaler (combination preventer inhaler) by GP today

Existing inhaler: Salbutamol 100 mcg MDI (blue reliever) — unchanged; patient uses this correctly

New inhaler technique: Accuhaler: slide, click, breathe in steadily and deeply (not fast); hold breath 5–10 seconds; do not shake; rinse mouth after use to prevent oral thrush

Frequency: Salmeterol/Fluticasone: one inhalation TWICE daily (morning and evening) — not for acute breathlessness

Important distinction: Salbutamol (blue) is for immediate breathlessness; Accuhaler is preventive and must be taken daily even when feeling well

Oral thrush prevention: Rinse mouth and gargle with water after each use; spit out

Worsening symptoms: If breathlessness gets significantly worse or salbutamol provides no relief after two doses — contact GP or attend emergency department; do not increase Accuhaler frequency

Task: Write an advice letter to Mr Tran explaining how to use his new Accuhaler correctly, when to use each inhaler, and what to do if his symptoms worsen.

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WHAT TO INCLUDE

+ The Accuhaler technique: slide, click, steady deep breath, hold, rinse after

Incorrect technique with a dry-powder inhaler means little or no drug reaches the lung. The technique must be described in a sequence the patient can follow at home after reading the letter.

+ The distinction between the two inhalers: preventer vs reliever

This is the most common patient confusion. Patients who only use the blue inhaler for symptoms and never use the preventer, or who use the preventer for acute symptoms, both get suboptimal outcomes.

+ The safety net: what to do if salbutamol does not work after two doses

A patient with severe COPD who has an unresponsive exacerbation needs to know exactly when to call for help. Vague 'seek help if concerned' is insufficient.

WHAT TO LEAVE OUT

– Smoking cessation in this letter

Already offered and declined. Repeating it in the advice letter breaches the patient relationship and is not the purpose of this communication. A brief mention at most — do not make it a sub-section.

– The pharmacology of corticosteroids and long-acting beta-agonists

Wrong register for a patient letter. 'The steroid reduces inflammation and the bronchodilator relaxes the airways' is one plain sentence — that is the right level of explanation.

CRITERION IN FOCUS · ORGANISATION & LAYOUT

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An inhaler technique letter has a natural three-part structure: (1) how to use the new inhaler (technique steps), (2) when to use each inhaler (preventer vs reliever), (3) what to do if symptoms worsen (safety net). A letter that presents these in a random order confuses the patient and loses Organisation & Layout marks. The structure mirrors the patient's sequence of questions.

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

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