

Radiography — Referral for a Chest X-ray in a Patient with a Persistent Cough

THE CASE NOTES

Patient: Mrs Patricia Nkosi, 52 years old; ex-smoker, quit 5 years ago (30 pack-year history); works as a school administrator

Presenting complaint: Persistent productive cough for 6 weeks; sputum: yellow-green; two episodes of blood-stained sputum in the past 10 days (haemoptysis)

Examination: Chest clear on auscultation today; temperature 37.2; no dyspnoea at rest; no weight loss; no lymphadenopathy

Investigations: No imaging in the past 5 years; FBC normal; CRP 14 (mildly elevated); no sputum culture sent yet

History: No prior TB, bronchiectasis or lung disease; no recent foreign travel; no relevant family history

Clinical question: Chest X-ray to investigate haemoptysis and persistent productive cough in an ex-smoker — to exclude an underlying pulmonary lesion

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WHAT TO INCLUDE

+ 30 pack-year smoking history, quit 5 years ago

Smoking history is the single most important risk stratification factor for a chest X-ray referral for haemoptysis. A 30 pack-year ex-smoker requires imaging; a young non-smoker with the same cough may not. State it first.

+ Haemoptysis: two episodes in 10 days, blood-stained sputum

Haemoptysis drives the urgency of the referral. Quantify it: 'two episodes of blood-stained sputum over 10 days' gives the radiologist the clinical context to triage the request and to look for specific findings on the X-ray.

+ The clinical question: to exclude an underlying pulmonary lesion in the context of haemoptysis and smoking history

The clinical question tells the radiologist what the GP is concerned about. A chest X-ray referral without a clinical question is reported generically; one with a specific question gets a targeted report.

WHAT TO LEAVE OUT

– The social history (school administrator, no travel)

Not relevant to the chest X-ray protocol. Foreign travel would be relevant only if TB were the clinical concern — it is not the primary concern here.

– The CRP result and the FBC

Normal FBC and mildly elevated CRP are background context. 'No current systemic signs of malignancy or infection on bloods' in one clause — or omit it.

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OET Case Notes

Radiography · Beginner · Referral letter · to Radiology Department

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A routine chest X-ray referral is a short clinical communication. The minimum information is: the investigation requested, the patient's clinical history relevant to that investigation (smoking history, haemoptysis, cough duration), and the clinical question. A 200-word chest X-ray referral with full social history and investigation results is disproportionate. The skill in this beginner case is selecting from the clinical notes: haemoptysis + smoking history + clinical question. Everything else is background.

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