

## KEY POINTS IN MEDICAL LETTERS - Prioritising & Organising Information: different good layouts

There is no SINGLE way to write your letter. HOWEVER, flow of ideas should always be LOGICAL

- Most important information for the reader first (what does this letter have to do with the reader?)
- Purpose statement should include **identity, diagnosis, any urgency, and indication of call-to-action for the reader.**
- Link related ideas together
- Timeline should be clear make sense

Here are **three different approaches** to letter layout for Ms. Agatha Sayers (adapted from InSync Group September 2022). All three offer a good flow of information. However, attention should be paid to what details the reader needs.

### GROUP 1 Sample:

Agatha Sayers is a 71 year old female who has been diagnosed with moderate ischemic stroke and mild dementia, and who requires your follow up and neurological assessment. She is also being followed up for improvement in her dehydration, her continuing physiotherapy, and the monitoring of her blood pressure. All her *blood* investigations at present appear to be normal and her Glasgow Coma scale is 4-5-5 today, her day of discharge (24.5.2015)

Ms. Sayers has a history of mild dementia, with significant episodes of forgetfulness in the last two years. Before admission, she only took paracetamol for occasional joint pain. She is now discharged on Indapamide 1.25 mg once daily, ASA 160mg once daily and Benadryl (sleep aid) p.r.n.

She will also be followed up by OT for assistance with ADLs.

Please note, she currently lives at Meadowbrook Assisted Nursing Facility.

**COMMENTS:** *this letter, however, is missing some important information for a neurologist:*

- *GCS at admission AS WELL AS at discharge – did it improve, get worse, remain the same?*
- *Exact anatomical issue in the brain on radiography – neurologist interest!*

### Group 2 sample:

Thank you for seeing Ms. Sayers who has been diagnosed with moderate ischemic stroke for further management.

Ms. Sayers, a 71-year-old lady, had collapsed at home and presented **on 20.5.2015** with complaints of headache, dizziness, slurred speech and she was confused. Her GCS on admission was 3-4-5 with a right hemiparesis. She was diagnosed with a moderate ischemic stroke, confirmed by MRI and CT angiogram which showed **partially blocked right cerebral arteries and a right cerebral infarct**. Her blood investigations at the time also revealed mild dehydration, which was treated using IV fluids.

During her stay, she was treated with pressure stockings and she was mobilized. Today, day 5, she was sitting up and performing ADLs with assistance. She is now ready for discharge, with GCS of 4-5-5.

Ms. Sayers also has mild dementia for the past two years and was only taking paracetamol for joint pain prior to admission.

Now she is taking Indapamide etc and Benadryl (details). She is also being seen by the PT and OT.

**COMMENTS:** *The original version of this letter omitted*

- *a clear timeline.*
- *details of the radiography, which would be of particular interest to a neurologist.*

*Both items have been added here.*

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TEACHER SAMPLE

Thank you for seeing Ms. Agatha Sayers, 71 years old, who has a left-sided stroke secondary to blockage of the right anterior cerebral arteries, confirmed on CT angiogram. She requires your follow up and further assessment.

Ms. Sayers currently lives at the Meadowbrook Nursing Home and has had only mild dementia for the last two years. She presented on 20.5.2015 after collapsing at home. She complained of dizziness and was confused with slurred speech but had no other symptoms and no seizures had been noted.

On examination at admission, she had mild hypertension (166/92) and a GCS 3-4-5, with notable left hemiparesis. Blood tests also indicated mild dehydration. She was managed conservatively with IV fluids, pressure stockings, and early physiotherapy and mobilization.

Her GCS is now.....and she is mobilizing with assistance. She is ready for discharge and will continue to receive PT and OT, as well as medication ....

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