* **Re-write the paragraph and translate the abbreviations into full meaning**
* **Read your paragraph to the class.**
1. 77yo Chaela Simbo arrive at ED at 1300hrs after a fall down some stairs at home. She was diagnosed with #NOF. Doctor ordered NBM immediately and she was transferred to theatre where a THR was performed. Whilst in ICU, Mary was ordered IMI antibiotics and placed on pethidine PRN.

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1. Luke Ng DOB 21/03/2004 presented to ED with LE discomfort. Upon examination it was found that Luke had a foreign object present in his LE. An ENT specialist examined Luke and removed a small black mass, c/w an earwig.

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1. Silvia Del Santo presented to her local GP complaining of pain whilst passing urine. A Ua was performed, and the results indicated a UTI. Her FBC indicated an elevated WCC and Silvia was placed on Erythromycin PO QID.

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1. You have delivered some blood specimens to pathology. When dropping off the specimens, the pathology staff indicated that there are the following specimens FBE, INR, HDL/LDL missing from the specimen bag. You advise the pathology staff to contact the ward staff.

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1. A patient has requested a sandwich and a cup of tea. You note that there is NBM above the bed. You explain to the patient that you are not able to give them anything at this point, however, you will check with the nursing staff. The NUM has advised you that the patient will be transferred to OR at 1330, so they are unable to have NPO at this point.

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1. Mr Lewis presented complaining of severe LUQ pain and SOB. An ECG and CXR were performed and he was transferred to CCU.

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1. A young adult male was found suffering from an apparent OD. The ambulance performed CPR and he was taken to the hospital, where he was pronounced DOA. His DOB was unknown.

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* **Re-write the reports & sentences using lay (non-medical) terms**
* **Read your paragraph to the class.**
1. A 32-year-old woman presented with a 2/7 history of serve dysuria. She has been passing small amounts of urine with increasing frequency. A urinalysis was performed with her results showing moderate proteinuria and haematuria. There was no indication of nephritis or kidney physical examination, and a diagnosis of cystitis was made. The patient was prescribed a urinary alkalinises and antibiotics.

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1. Dear Dr Nassar

Mrs Rochella Di Benedetto saw me last week complaining of a two-week history of pharyngalgia and rhinorrhoea. I performed a nasopharyngoscopy and observed that she was suffering from acute nasopharyngitis. I prescribed her oral antibiotics QID and asked her to return in one week. On examination today, Mrs Di Benedetto has moderate dyspnoea, wheezing, and severe pain on inspiration. I have made a diagnosis of pneumonia and am sending her to you for admission to hospital and IV antibiotic therapy.

Yours sincerely

Dr Damien Bradshaw

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1. A dog bit a boy on the anterior section n of his upper right arm. The bite was superficial and did not require suturing.

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1. The section of the small intestine proximal to the stomach was surgically removed.

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