

OET 2.0 PRACTICE  
TESTS  
PHARMACY - WRITING



## Information

**This test has one part.**

### What is the Writing sub-test?

The writing sub-test takes 45 minutes. It is profession specific. You take this part of OET using materials specifically for your profession – a nurse does the task for nursing; a dentist does the task for dentistry and so on. In each test, there is one task set for each profession based on a typical workplace situation and the demands of the profession.

The task is to write a letter, usually a referral letter. Sometimes, and particularly for some professions, a different type of letter is required: e.g., a letter of transfer, or a letter to discharge a patient to a residential unit.

With the task instructions, you receive stimulus material (case notes and/or other related documents), which includes information to use in your response.

The first five minutes of the test is reading time. During this time, you may study the task and notes but may not write, underline, or make any notes.

For the remaining 40 minutes you may write your response to the task. You will receive a printed answer booklet in which you must write your response. This also has space for rough work. You may write in pen or pencil.

# Practice Test 1.

## OCCUPATIONAL ENGLISH TEST

### WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**        **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

#### NOTES

You are a pharmacist at Rodda Hospital. An elderly patient who has undergone a total right shoulder replacement is being discharged. You are writing a letter to the Head Nurse at the Greenfields Nursing Home to ensure the medication regime is followed when he returns to the facility.

#### PATIENT DETAILS:

**Name:**                Mr Alistair Monroe  
**DOB:**                 6 June 1931  
**Allergies:**            Cats

#### Current Medication:

**On Admission:** Prozac (fluoxetine) (for depression): 40mg OD  
Lipitor (atorvastatin): 20mg mane (on empty stomach)  
Pt stabilised on medications for some years

**On Discharge:** Prozac (fluoxetine) (for depression): 40mg OD  
Lipitor (atorvastatin): 20mg mane  
Dalteparin (Fragmin – low molecular weight heparin (LMWH) (anti-coagulant):  
2500IU – SC to be continued until mobile – Pt advised SC administration process  
Panadeine Forte (paracetamol & codeine for pain relief): 500mg 4-hourly/prn  
Durolox (to prevent constipation): 10mg nocte  
Maxolon (metoclopramide) (for nausea with codeine): 10mg tds prn

#### Drug Information: Adverse Drug Reactions

Fluoxetine                nausea, diarrhoea, heartburn, anxiety, insomnia, weight loss, headache  
Rare: rash, shortness of breath, dizziness or fainting, seizures

Atorvastatin             Serious: rhabdomyolysis, myopathy, myalgia (0.2%); GI upset (1%);  
headache (2%); rash (2.5%); flu-like symptoms (1.5%); raised LFTs (1.3%)

Codeine/Paracetamol   constipation, stomach pain, nausea, vomiting  
Rare: dependence, tolerance; CNS disturbances incl. impaired alertness

Metoclopramide        CNS disturbances incl. impaired alertness (rare); tardive dyskinesia (rare)

**Social History:** Pt resident at Greenfields Nursing Home since death of wife in 2016.  
Pt reluctant to engage with social activities.

**Relevant History for Surgical Procedure:**

Height 174cm; Weight 68kg; BMI 22.4  
Non-smoker  
Depression – controlled by medication  
Hypercholesterolaemia – controlled by medication

**9 June 2020**

**07:45am:** Pt brought to Emergency Department by ambulance. Was found calling out for help in shower by carer at Nursing Home.  
Presenting symptoms: confusion & pain, swelling and bruising and unable to move right shoulder.

**12:10pm:**

Transferred to ward  
Pt booked for surgery 10 June am – nil by mouth from midnight  
Full pre-operative general investigation: LFTs, platelet count, WBC count, WBC types, RBC count, RBC indices, Hg, haematocrit, blood smear, ECG & chest X-ray

**10 June 2020**

Total right shoulder replacement performed  
GA given induction – propofol; sevoflurane, fentanyl, midazolam, suxamethonium, ondansetron  
Heparin – thrombus prevention  
IV antibiotic prophylaxis – cefazolin 2g IV 8-hourly for 24 hours post-surgery.

**Post-Op**

- Pressure sore prevention & care of pressure areas; wound care
- Pain relief
- Fluid balance & blood loss monitoring: IV fluids
- Nutritional management: oral protein supplementation
- Thrombosis prevention: low dose, low molecular weight heparin, & compression stocking
- Early mobilisation & lifting with right arm

**12 June 2020** Transferred to Rehab Unit

**20 June 2020** Due for discharge home – appointment made for 01 June 2020 for review with ortho surgeon. Letter to Head Nurse to inform of medication changes.

**WRITING TASK**

Using the information in the case notes, write a letter to the Head Nurse, Mrs Margaret Bathurst, Greenfields Nursing Home, Woodside Road, Rodda, outlining Mr Monroe's medication regime, any potential adverse side effects to be aware of, and when to seek further advice.

**In your answer:**

- Expand the relevant notes into complete sentences.
- Do not use note form.
- Use letter format.

**The body of the letter should be approximately 180-200 words.**



Mrs Margaret Bathurst  
Head Nurse  
Greenfields Nursing Home  
Woodside Road  
Rodda

20th June 2020

Dear Mrs Bathurst,

RE: Mr Alistair Monroe, DOB: 6th June 1931

Your resident, Mr Monroe, is being discharged back into your care following total right shoulder replacement surgery. During hospitalisation, Mr Monroe has been prescribed a number of new medications. This letter lists his current medications and advises what you should do if you notice side effects.

On admission, he was using Prozac 40mg daily to treat his depression, and cholesterol-lowering medication, Lipitor, in the morning on an empty stomach. These medicines are to be continued as before.

During hospitalisation, he has been prescribed several additional medications.

Panadeine Forte 500mg is to be used for pain relief as required, but not more frequently than four-hourly. It can cause stomach pain, constipation, nausea and vomiting, in addition to drowsiness. To prevent constipation, he should take Durolox 10mg at night when using Panadeine Forte. To counteract nausea, Maxolon 10mg can be taken up to three times daily as needed.

Fragmin, a blood-thinning medication will prevent clot formation from the surgery or immobility. This medication needs to be given by injection under the skin. Mr Monroe has been shown how to do this but may benefit from supervision. Continue this medication until Mr Monroe is fully mobile, and if any bleeding or bruising occurs seek further medical advice.

Please feel free to contact me if you have any questions.

Yours sincerely,  
Hospital Pharmacist

# Practice Test 2.

## OCCUPATIONAL ENGLISH TEST

### WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**      **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

#### NOTES

You are a pharmacist at Newtown Pharmacy.

#### PATIENT DETAILS:

**Name:** Mrs Amelia Smith  
**DOB:** 27.07.1983  
**Address:** 97 George Avenue, Newtown  
**Social History:** Single; lives alone  
Currently unemployed – former Marketing Manager (made redundant 8 weeks ago)

**Allergies:** Gluten intolerance  
Nil known medication allergies

#### Medication History and Treatment Record:

**21/04/15** First visit to this pharmacy  
Oroxine (thyroxine) 100mcg/day  
-- First time use for newly diagnosed hypothyroidism  
-- Patient (Pt) advised on drug administration and side effects

**26/06/15** Repeat script for Oroxine (thyroxine) 100mcg/day  
-- Pt reports fatigue though seems to be improving  
-- Regular check-ups with GP

**31/08/15** Repeat script for Oroxine (thyroxine) 100mcg/day  
-- Pt made redundant at work 1 week ago, feels very unhappy.  
Otherwise responding well to treatment.

**11/10/15** Pt commenced Prozac (fluoxetine) 10mg once daily  
-- Pt still depressed  
-- GP recommended medication; Pt worried re: mood altering drugs  
-- Pharmacist discussed benefits of medication with Pt including side effects (SEs)

**15/10/15** New script for antihistamine Claritin (loratadine) 10mg tab once daily  
-- Consulted doctor 14/10/15 re: skin rash & hives (upper arms and thighs).  
GP suspected gluten in meal at restaurant on 13/10/15.



**17/10/15** Pt seeking stronger antihistamine for worsening symptoms  
-- Rash/hives spread to lower arms and abdomen, painful itching  
-- Dizzy, mild swelling of lips  
-- Very anxious

**Problem:** Rash unresponsive to antihistamine, worsening  
**Diagnosis:** Suspect drug-induced skin rash - ? Prozac SE  
? Risk of anaphylaxis → urgent medical attention

**Plan:** Stop Prozac immediately  
Pt told to go straight to hospital Emergency Department  
Called Newtown Hospital – Doctor-in-Charge requested information in writing

### **WRITING TASK**

Using the information provided in the case notes, write a letter to the Doctor-in-Charge, Emergency Department, Newtown Hospital, Newtown. Summarise the patient's history and outline your concerns.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Doctor-In-Charge  
Emergency Department  
Newtown Hospital  
Newtown

17<sup>th</sup> May 2015

Dear Doctor-In-Charge,

RE: Mrs Amelia Smith, DOB: 27/07/1983

I am writing regarding Mrs Smith who presented to my pharmacy today with a suspected drug-induced skin rash. I am urgently referring her to you due to the risk of anaphylaxis.

Mrs Smith has been taking Oroxine (thyroxine) 100mcg daily since 21/04/15 and the patient has been responding well to this treatment. On 11/10/15, she was prescribed Prozac (fluoxetine) 10mg once daily by her GP to manage her depression.

On 15/10/15, she was prescribed Claritin (loratadine) 10mg tab once daily following a suspected allergic reaction to gluten two days prior. The patient had reacted in a skin rash and hives on her upper arms and thighs. However, on 17/10/15, the patient returned with worsening symptoms and requested a stronger antihistamine. The rash and hives had become very itchy and had spread to her lower arms and abdomen. In addition, her lips were swelling and she felt dizzy.

Since the rash was not responding to the antihistamine, I suspect she is experiencing a drug-induced skin rash most likely caused by taking Prozac. I have advised the patient to stop taking Prozac immediately and to attend the Emergency Department for urgent treatment.

Please do not hesitate to contact me if you have any further questions.

Yours faithfully,

Pharmacist

# Practice Test 3.

## OCCUPATIONAL ENGLISH TEST

### WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**      **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

#### NOTES

**Patient**      Mrs Charlton, in her late 60's, is a regular customer of yours. Her neighbour brings in a prescription for you to dispense. You recognise that the medication is for treatment of hypertension. According to your records, Mrs Charlton is not currently taking any medication and has not previously taken this or any other anti-hypertensive medication.

#### Prescription

	<i>Dr B Goodrich</i> <i>234 High Street</i> <i>Crystal Creek 3111</i> <i>Ph: 802 9743</i>
<i>Mrs V Charlton</i> <i>16 White Street</i> <i>Crystal Creek 3111</i>	<i>Drug X 5mg</i> <i>30 tabs</i> <i>Sig: 1 mane pc</i>

#### Prescribing information for drug X

**Actions:**      Antihypertensive with a 24-hour action.

**Indications for use:**      As a primary measure in the treatment of mild to moderate hypertension and as an adjunct to other hypertensive agents in the treatment of severe hypertension.

**Contra-indications:**      Known sensitivity to the drug or others of its class. Drug X should not be used for patients with severe renal disease or complete renal shutdown or in patients with severe liver disease and/or impending hepatic coma.

**Precautions:**      All patients should be observed for clinic signs of fluid or electrolyte imbalance including hyponatraemia. These include thirst, dryness of the

mouth, lethargy and drowsiness. With intensive or prolonged therapy, it is important to guard against hypochloraemia alkalosis and hypokalaemia.

**Adverse reactions:**

- Gastrointestinal: anorexia, gastric irritation, nausea, vomiting, cramping, diarrhoea, constipation, jaundice, pancreatitis.
- C.N.S: dizziness, vertigo, parathesis, headache, xanthopsia.
- Cardiovascular: orthostatic hypotension
- Haematological: leucopenia, agranulocytosis, thrombocytopenia, aplastic anaemia.
- Hypersensitivity (dermatological): purpura, photosensitivity, rash, urticaria, vasculitis.
- Other: hyperglycaemia, glucosuria, hyperuricaemia, muscle spasm, weakness, restlessness.
- Impotence has been observed with some drugs in the group when used in high doses.

**Interaction:**

The following have been reported:

- Alcohol & barbiturates: orthostatic hypotension may occur or be aggravated;
- Digitalis: increase digitalis toxicity;
- Ganglionic and peripheral adrenergic blocking drugs: potentiation of effect;
- Insulin: diabetic control may be altered;
- Lithium: lithium toxicity increase;
- Muscle relaxants: neuromuscular block increased;
- Noradrenaline: decreased arterial responsiveness;
- Oral antidiabetic agents: reduced effectiveness'
- Phenothiazines: shock

**Overdosage:**

**Symptoms:** Symptoms include electrolyte imbalance and signs of potassium deficiency such as confusion, dizziness, muscular weakness and gastrointestinal disturbances.

**Treatment:** General supportive measures, including replacement of fluids and electrolytes are indicated.

**Use in pregnancy and lactation:**

Pregnancy Category C.

Drug X should be used with caution by pregnant women and nursing mothers since drugs in the group cross the placental barrier and appear in cord blood. Use may result in foetal or neonatal jaundice, bone marrow depression and thrombocytopenia, altered carbohydrate metabolism. In newborn infants of mothers showing decreased glucose tolerance, and other adverse reactions which have occurred in the adult: when the drug is used in pregnant women, the potential benefits of the drug should be weighed against the possible hazards to the foetus.

**Australian categorisation definition:**

Category C: Drugs which, owing to their pharmacological effects, have cause or may be suspected of causing, harmful effects on the human foetus or neonate without causing malformations. These effects may be reversible.

**Dosage and administration:**

Administered orally.

Adults: Usual dose: 2.5 to 10mg once daily. To maintain an oedema-free state or as adjunct in the management of hypertension, 2.5 to 5 mg once daily. Usual optimum daily dose: 5mg, maximum effective single dose is 10mg. Administer after food to minimise gastrointestinal side effects. Monitor for dizziness after initial dosage.

In the treatment of hypertension, Drug X may be either employed alone or concurrently with other antihypertensive with lower dosage of the component drugs and few or less severe side effects.

**WRITING TASK**

Using the drug information provided, write a letter to Mrs Charlton summarising advice on how to take her medication, what side effects to be aware of and how to cope with them.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Mrs V Charlton  
16 White Street  
Crystal Creek 3111

Dear Mrs Charlton,

Following a prescription for Drug X 5mg by your doctor, I am contacting you to explain when and how to take this medication. I would also like to advise you about any possible side effects and how to cope with them since this is the first time you have taken this medication.

Drug X has been prescribed to help manage your blood pressure. You should take one tablet of this medication once daily in the morning. It should be taken after a meal to avoid side effects such as stomach ache, nausea, vomiting, constipation or diarrhoea. After your first dose, be aware that it may cause dizziness. Please note that this medication should not be taken alongside alcohol.

In terms of side effects, this medication may cause thirst, dry mouth, lethargy or drowsiness. If you experience these symptoms, please speak to your GP as this is a sign of an electrolyte imbalance and you will require treatment. Furthermore, side effects such as confusion, dizziness or muscle weakness could mean that you have had an overdose so please seek medical support for urgent treatment.

If you have any other questions, please do not hesitate to contact me.

Yours sincerely,

Pharmacist

# Practice Test 4.



### WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**            **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

#### **NOTES**

A diabetic client, Mr James Davidson, is planning to travel abroad alone and has come to your pharmacy today (30.08.2019) seeking your advice. He is wondering whether it is safe for a diabetic to travel. He is concerned about several issues: problems with customs and security at the airport, not being allowed to take his medication on board the plane, not being able to carry on food/drink or get adequate food on board during a long flight, losing his medication and whether changes in climate will affect his medication and equipment.

You decide to write down your advice and reassurances in a letter to the client. Using information from the notes below, address each of his concerns.

#### **Notes from a seminar you attended on travelling with diabetes medication**

##### **Before you go:**

- Get a letter from your doctor (several copies) explaining medication, devices/equipment
- Get spare prescription
- Arrange travel insurance (worthwhile, despite the extra cost)
- Plan with healthcare worker when to use insulin/eat during flight
- Tell airline about your diabetes when booking

##### **What to take:**

- Adequate supplies for the entire trip (and extra in case of loss/damage)
  - Take medications in packaging dispensed by pharmacy
  - Labels should be clear on medications
- Adequate pump batteries for insulin pump (where relevant)
- Small first aid kit
- National healthcare card
- Quick acting carbohydrate (e.g., glucose tablets, jellybeans)
- Small sharps container for syringe disposal (where relevant)

##### **At airport security:**

- Carry all diabetes supplies for flight in hand luggage
- Answer questions about your equipment
- No need to declare diabetes equipment
- Show letter from doctor
- Insulin should not be affected by x-rays
- Ask for hand-checking if concerned.

**On the flight:**

- Wear comfortable, loose shoes
- Plan to eat regularly
- Eat glucose tablets/jellybeans or ask for lemonade if feeling hypoglycaemic
- Do some exercise, e.g., walking in aisles
- Use regular doses of insulin (where relevant)
- No alcohol
- Plenty of water
- Sleep whenever possible
- Do not inject insulin until meal has been served

**Where to go if you lose your medication when travelling:**

- Hospital emergency department
- Local diabetes organisation

**Precautions:**

- Wear identification that states you are diabetic
- Carry written details of your next of kin, medication and devices you use
- Store insulin and blood glucose test strips below 30°C, and above 0°C i.e., in cabin baggage on flight (insulin can be left out of the fridge between these temperatures for 28 days)
- Use insulated bag if travelling in hot/cold climates
- Check blood glucose levels more often than usual

**WRITING TASK**

Using the information given above, write a letter to Mr Davidson, addressing his specific concerns. Address the letter to Mr James Davidson, 11 Cedar Street, Stillwater.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Mr James Davidson  
11 Cedar Street  
Stillwater

30 August 2019

Dear Mr Davidson,

Thank you for your query about travel safety related to your diabetes. I can assure you that it is safe to travel with diabetes as long as you take certain precautions.

At airport security, there is no need to worry about the X-rays affecting your insulin or equipment. However, if you prefer, you can have your luggage hand-checked. You are not required to declare your medication but should be prepared to answer custom staff's questions. A letter from your doctor will show you are entitled to carry these medications and devices.

For the flight, notify the airline in advance of your requirements and carry fast-acting carbohydrates such as glucose tablets or jellybeans. Do not be afraid to ask for lemonade or extra food. Avoid using insulin before the meal is actually served to you, in case of delay.

Since medications can be affected by extreme temperatures, they must be stored above freezing and below 30°. If you are travelling somewhere very hot or very cold, protect your medicines by packing them in an insulated bag.

If you lose or run out of medication, the best contact is the local hospital emergency department or diabetes organisation. Please do not hesitate to contact me if you have any questions.

Yours sincerely,

Pharmacist

# Practice Test 5.

## OCCUPATIONAL ENGLISH TEST

### WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**            **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

#### NOTES

You are a pharmacist at Newtown Hospital. An elderly patient who has been treated for a fractured femur is being discharged. You are writing a letter to her carer (her daughter) to ensure the medication regime is followed when she returns home.

#### PATIENT DETAILS:

**Name:** Mrs Alice Ramsey  
**DOB:** 4 January 1929  
**Allergies:** Nil

#### Current Medication:

**On Admission:** Zantac (ranitidine) (for GORD): 150mg bd  
Lipitor (atorvastatin): 20mg mane (on empty stomach)  
Pt stabilised on medications for some years

**On Discharge:** Zantac (ranitidine) (for GORD): 150mg bd  
Lipitor (atorvastatin): 20mg mane  
Dalteparin (Fragmin – low molecular weight heparin (LMWH) (anti-coagulant)): 2500IU – SC to be continued until mobile – Pt advised SC administration process  
Panadeine Forte (paracetamol & codeine for pain relief): 500mg 4-hourly/prn  
Durolox (to prevent constipation): 10mg nocte  
Maxolon (metoclopramide) (for nausea with codeine): 10mg tds prn

#### Drug Information: Adverse Drug Reactions

Ranitidine	headache; GI upset; rash; CNS disturbances (rare)
Atorvastatin	Serious: rhabdomyolysis, myopathy, myalgia (0.2%); GI upset (1%); headache (2%); rash (2.5%); flu-like symptoms (1.5%); raised LFTs (1.3%)
Herapin	haemorrhage, easy bruising, nausea, vomiting
Codeine/Paracetamol	constipation, stomach pain, nausea, vomiting; Rare: dependence, tolerance; CNS disturbances incl. impaired alertness
Metoclopramide	CNS disturbances incl. impaired alertness (rare); tardive dyskinesia (rare)

**Social History:** Pt normally lives alone. On discharge, staying with daughter.  
Pt non-driver. Public transport.

#### Relevant History for Surgical Procedure:

Height 168cm; Weight 75kg; BMI 26.8  
Non-smoker  
Gastro-oesophageal reflux disease (GORD) – controlled by medication  
Hypercholesterolaemia – controlled by medication

### 11 July 2018

- 2:45pm:** Pt brought to Emergency Department by ambulance. Knocked down by car in Garden Nursery car park – landed on bitumen.  
Presenting symptoms: pain & difficulty standing or walking
- 3.00pm:** Pt seen by Dr Hogarth. Pain relief: pethidine (opiate\_  
X-rays of affected femur – anterior-posterior & lateral views. Repeat films with hip At 15-20° internal rotation → MRI
- 5:30pm:** Transferred to ward. Pt booked for surgery 12 July am – nil by mouth from midnight  
Full pre-operative general investigation: LFTs, platelet count, WBC count, WBC types, RBC count, RBC indices, Hg, haematocrit, blood smear, ECG & chest X-ray

**12 July 2018** Open reduction & internal fixation (ORIF) performed  
GA given induction – propofol; sevoflurane, fentanyl, midazolam, suxamethonium, ondansetron  
Heparin – thrombus prevention  
IV antibiotic prophylaxis – cefazolin 2g IV 8-hourly for 24 hours post-surgery.  
Immobilised with spica cast

### Post-Op

- Pressure sore prevention & care of pressure areas; wound care
- Pain relief
- Nutritional management: oral protein supplementation
- Thrombosis prevention: low dose, low molecular weight heparin, & compression stocking
- Early mobilisation & weight bearing on insured leg

**24 July 2018** Transferred to Rehab Unit

**8 August 2018** Due for discharge home – appointment made for 22 August 2018 for removal of cast. Letter to carer/daughter (NB: heparin to be continued only until mobile)  
The patient is being discharged to the care of her daughter.

### WRITING TASK

Using the information in the case notes, write a letter to the daughter, Mrs Holly Kerr, 3 Rose Avenue, Springbank, outlining her mother's medication regime, any potential adverse side effects to be aware of, and when to seek medical advice.

### In your answer:

- Expand the relevant notes into complete sentences.
- Do not use note form.
- Use letter format.

**The body of the letter should be approximately 180-200 words.**

Mrs Holly Kerr  
3 Rose Avenue  
Springbank

8 August 2018

Dear Mrs Kerr,

Your mother, Mrs Alice Ramsey, is being transferred into your care following her operation and it is important that you ensure her medications are taken correctly. This letter lists her current medications and advises what you should do if you notice side effects.

On admission, she was using Zantac, twice daily to control her acid reflux, and cholesterol-lowering medication, Lipitor, in the morning on an empty stomach. These medicines are to be continued as before.

During hospitalisation, she has been prescribed several additional medications.

Panadeine Forte is to be used for pain relief as required, but not more frequently than four-hourly. It can cause stomach pain, constipation, nausea and vomiting, in addition to drowsiness. To prevent constipation, she should take Duroxolax at night when using Panadeine Forte. To counteract nausea, Maxolon can be taken up to three times daily as needed.

Fragmin, a blood-thinning medication will prevent clot formation from the surgery or immobility. This medication needs to be given by injection under the skin. Your mother has been shown how to do this.

Please continue this medication until your mother is mobile, and if any bleeding or bruising occurs seek medical advice.

Please feel free to contact me if you have any questions.

Yours sincerely,  
Hospital Pharmacist

# Practice Test 6.



## WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**        **READING TIME: 5 MINUTES**  
                                 **WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

**NOTES**

Today, a new patient, Ms Alexia Rollinson, visited your community pharmacy to collect repeat medications. You also discussed her dieting concerns.

**PATIENT DETAILS:**

**Name:**            Alexia Rollinson (Ms)  
**DOB:**             12/11/1973 (45 years)  
**Address:**        15 Fine St, Newtown  
**Date:**             10 February 2019

**Social/Family Background:**

Single. Works full time as an accountant

**Diagnosis:**        Hypertension, hypercholesterolaemia, low vitamin D since 2011

**Medication:**     Betaloc (metoprolol), 100mg b.d.  
                          Lipitor (atorvastatin), 20mg mane, Ostevit-D 1000IU mane

**Current Status:** BP 147/100mmHg (taken in pharmacy)  
                          Lipid profile: LDL – 131, HDL – 64, Triglycerides – 269mg/dl Vitamin D < 54 (60-160nmol/L) (printout with customer)  
                          Ht 153cm, Wt 65kg (verbal from customer), BMI 27.8  
                          Does no regular exercise – drives to work, no sport or recreational activity  
                          Low mood  
                          Overweight

**Discussions in Pharmacy:**

New to area, moved 1 month ago, and has no GP yet. Medications required today and repeats are filled.

Asked for weight loss advice

Monitoring diet to decrease Wt – target 58kg, BMI <25.

- Exercise – Started own exercise program (e.g., walk 30 min 4 times/wk). Says 'never sticks to it'. Has tried all types of exercise aids advertised on TV, video programs, getting desperate & upset. Wants some help due to lack of progress.
- Diet – Discussed fruit & vegetables, low fat milk, low GI foods & low saturated fats. Bought two electronic scales last week, one for kitchen (food) & one for bathroom (self). Discussed fruit & nut snacks, not chocolate bars (admitted to loving them). Always browsing for Wt

loss products. Tried several tablets, drinks, powders, etc. Getting desperate & upset. Wants help due to no progress with Wt loss or change in exercise & daily activities. Offered to write to local GP for support. Also mentioned a dietitian – customer liked idea.

**Pharmacy Management:**

- Provided free booklets
  - Healthy eating and exercise
  - Council brochure on walking tracks, walking groups, etc.
  - Local gymnasiums & sports groups
- Letter to GP – suggested referral to dietitian

**WRITING TASK**

Using the information in the case notes, write a letter of referral to Dr Sally Windwood, 9 Blewston St, Newtown, to explain your discussion and advice including a suggestion of consulting a dietitian.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Dr Sally Windwood  
9 Blewston St  
Newtown



10 February 2019

Dear Dr Windwood,

Re: Ms Alexia Rollinson (DOB: 12/11/1973)

I am writing to you out of concern for a customer in our pharmacy today. Ms Rollinson was diagnosed and began treatment for hypertension, hypercholesterolaemia and low vitamin D in 2011. Her current medication is metoprolol 100 mg b.d., atorvastatin 20 mg mane and Ostevit-D 1000IU mane.

Ms Rollinson expressed frustration at her current weight, 65 kg, which she indicated was overweight: BMI 27.8. She has tried diet modification in the past mainly through weight loss products. She has also tried to increase her exercise through her own plans and aids but is never compliant. She currently drives to work and does not participate in sporting activities.

In our discussion she also expressed low mood, and desire for guidance. I provided her with some booklets on diet, walking groups, and local sport institutions. I also made suggestions of simple changes to her diet: eating fruit and nuts as snacks instead of chocolate bars.

Finally, I offered to write to you so that she can have a doctor's referral to a dietitian. Ms Rollinson was agreeable to the idea as she would like support from a GP as she currently does not have a regular doctor.

Please do not hesitate to contact me with any questions.

Yours sincerely,  
Pharmacist

# Practice Test 7.

## WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**        **READING TIME: 5 MINUTES**  
                                 **WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

### NOTES

You are a pharmacist at Newtown Hospital. Mrs Paloma is undergoing chemotherapy and radiotherapy for breast cancer.

#### PATIENT DETAILS:

**Name:** Mrs May Paloma  
**DOB:** 11.04.1993  
**Address:** 81 Wind Street, Newtown  
**Social history:** Married – husband (Mr Luke Paloma)

#### Medication history:

24/04/19 Ondansetron (Zofran) 4mg for nausea  
26/05/19 Zofran 4mg repeat  
25/06/19 Imodium 2mg (loperamide) for gastroenteritis  
27/07/19 Zofran 4mg repeat  
Oxazepam (Serepax) 15mg for anxiety/difficulty sleeping  
30/08/19 Serepax 15mg repeat  
Diphenhydramine (Unisom Sleepgels) 50mg for difficulty sleeping

#### Prescribing doctors:

##### General Practitioner (GP)

Dr Paul de Luca, GP  
Newtown Medical Clinic, 92 Green Street, Newtown

##### Oncologist

Dr June Windslow  
Newtown Hospital, 613 Main Street, Newtown

**Allergies:** Eggs

#### Treatment Record

**24/04/19** Prescription Zofran 4mg prescribed by Dr Windslow (Oncologist)  
Directions: Take ONE three times daily for 1-2 days after chemotherapy  
Pt advised to contact prescribing Dr if:

- continues to vomit after taking the antiemetic
- vomits 4-5 times in 24-hour period
- has pain in stomach before nausea & vomiting occurs

**26/05/19** Zofran repeat

- 24/06/19** Client called Pharmacy Department still experiencing vomiting 24hrs after chemotherapy treatment – wants recommendations for another antiemetic  
Advice given: vomiting may be caused by other reasons – client to contact GP
- 24/06/19** Prescription Imodium 2mg by GP for gastroenteritis – the cause of vomiting
- 26/06/19** Client returned to Pharmacy Department. Asked about side effects of Imodium and chemotherapy. Wants to cease Imodium  
Symptoms: dry mouth, gas  
Advice given: keep up fluids  
Imodium was ceased
- 27/07/19** Zofran 4mg repeat  
New medication added by oncologist: Serepax 15mg for anxiety and difficulty sleeping  
Directions: Take 1 tablet 3x/day
- 30/08/19** Serepax 15mg (from oncologist) repeated  
New prescription (from GP): Unisom Sleepgels 50mg – client still not sleeping despite taking Serepax, went to GP for medication – did not tell the GP about Serepax  
Discussions with client:
  - potential for interaction between Serepax/Unisom → increased side effects e.g., dizziness, drowsiness, confusion & difficulty concentrating
  - suggested client see oncologist again
  - client requested I write to oncologist
Script for Unisom not dispensed
- Plan:** Letter to oncologist re Serepax not working effectively and risk of interaction with Unisom

### **WRITING TASK**

Using the information provided in the case notes, write a letter to Mrs Paloma's oncologist, Dr Windslow, suggesting a review of the client's current medication regime. Address the letter to Dr June Windslow, Newtown Hospital, 613 Main Street, Newtown.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Dr June Windslow  
Newtown Hospital  
613 Main Street  
Newtown

30 August 2019

Dear Dr Windslow,

Re: Mrs May Paloma, DOB: 11.04.1993

Mrs Paloma is a current patient of yours with breast cancer and associated anxiety. Dr de Luca, her regular GP, is also managing her care. I am writing to recommend you undertake a review of Mrs Paloma's current medications.

Mrs Paloma takes ondansetron (Zofran) 4mg for nausea following chemotherapy, which is working well. On 24 June she was prescribed Imodium 2mg by her GP for a bout of gastroenteritis. This caused her to experience side effects of dry mouth and gas. I advised her to ensure she kept up her fluids. She ceased the Imodium.

On 27 July you prescribed oxazepam (Serepax) 15mg for Mrs Paloma's anxiety and difficulty sleeping. Today, when she returned for a repeat prescription of Serepax, she also presented me with a new prescription from her GP for diphenhydramine (Unisom Sleepgels) 50mg. When questioned, she admitted that she did not mention to her GP that she was taking Serepax, which she reports is not working properly.

I advised Mrs Paloma of the potential risk of a drug interaction between Serepax and Unisom. Instead of dispensing the Unisom, I have referred her back to you for a medication review.

Thank you for your assistance with this matter.

Yours sincerely,  
Pharmacist

# Practice Test 8.



## WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**        **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

**NOTES**

You are a pharmacist in a rural community pharmacy. A teacher at the local primary school approaches you about an outbreak of headlice at the school. She asks you to write a letter to parents educating them about headlice. The teacher explains that parents are either not detecting the headlice or not telling the school when their child has headlice.

**Therapeutic guideline from a reference book****Headlice (*Pediculus humanus var. capitis*):**

Headlice common in school-age children, essentially harmless  
 Crawling insects approx. size of a sesame seed; live on scalp, lay eggs on hair  
 Infestation not indicator of poor hygiene  
 Acquired by direct head-to-head contact  
 Specific human pathogen; most cases asymptomatic

**Presentation:** Eggs (nits) noticed attached to the hair or problem itching of the scalp and nape of the neck  
 Possible presents with excoriations and papules around the occiput (back of the head) and nape, and lymphadenopathy with or without secondary bacterial infection

**Diagnosis of active lice infestation:**

Observation of live, moving louse on scalp

**Method:** Apply generous amount of hair condition to dry hair; stuns lice for approx. 20 mins  
 Wet comb hair with fine-toothed comb ('nit combs' available from pharmacies)  
 Detangle hair, divide into 3 – 4cm sections, comb each section  
 Wipe comb on paper towel, check for lice and nits. Repeat twice for diagnosis.

**Treatment:** Approx. 40% success rate from wet combing every day for 10 to 14 days until no lice  
 Topical insecticides. Currently recommend products:

1. Maldison                      0.5% or 1% topically, leave for 8 hours  
    (Malathion)                    (not to be used in children < 6 months)

**OR**

2. Permethrin                    1% topically, leave for a minimum of 20 minutes (not to be used in children <2 months)

**OR**

3. Pyrethrins                    0.165% + piperonyl butoxide 1.65% to 4% topically, leave for a minimum of 20 minutes

All lice treatments should be repeated after 7 to 10 days, verified next day by conditioner and combing method

Between treatments use combing method twice; remove all eggs (<1.5cm from scalp) with lice comb or fingernails. May contain viable larvae  
Wet comb weekly for several weeks after cure to deter recurrence.

**Precautions and follow-up treatment:**

Wash hands thoroughly after lice treatment

Do not blow-dry hair

Treat children under 2 years only with medical supervision

Wash pillowcases on hot cycle, combs and brushes in hot soapy water (60°C)

Examine and treat family and close physical contacts if live lice found

Notify patient's school, exclusion not necessary after initial treatment

Nits on the hairs > 1.5cm from the scalp = previous infestation, no longer active

**Resistant head lice:**

**A**

**1** Repeat treatment using another insecticide (see above)

**OR**

**2** Wet combing method (see above)

Combing easier with shorter hair styles, but shaving head not necessary

**B**

If this fails, a doctor may recommend the use of Trimethoprim + sulfamethoxazole (child: 2 + 10mg/kg up to) 80+400mg orally, 12-hourly for 3 days. Repeat after 10 days.

Note: effectiveness of trimethoprim + sulfamethoxazole thought to be due to the destruction of symbiotic bacteria in the gut of the louse.

**WRITING TASK**

Using the information provided, prepare a letter for parents at the local school, Riverside Primary School, educating them about head lice and ways of treating them. Use Riverside Primary School as the address, date the letter 19.12.2018 and start with 'Dear Parent'.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Riverside Primary School



19.12.18

Dear Parent,

You are receiving this letter about headlice and their treatments because headlice have been found at your child's school.

These insects are common in school aged children and do not indicate poor hygiene. They lay eggs, or nits as they are commonly known, on the hair that is close to the scalp. While often without symptoms, headlice can be detected with signs such as itching on the scalp and nape and confirmed by seeing a moving louse on the scalp.

To treat initially, apply a large amount of condition to dry hair to stun the lice. Then comb the hair with a fine-toothed 'nit' comb twice in sections, wiping the comb onto paper towel, checking for lice in between each comb. Sometimes this wet combing method will eradicate the headlice, but often it is necessary to apply chemical such as maldison or permethrin. All chemical treatments must be repeated after 7 to 10 days. Wet combing should be performed the day after each treatment and weekly for several weeks.

Finally, it is important to wash pillowcases, brushes and combs and not to blow-dry hair. You should discuss your child's lice with the school, but do not exclude your child after treatment.

Yours faithfully,

Pharmacist

# Practice Test 9.

## OCCUPATIONAL ENGLISH TEST

### WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**           **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

#### NOTES

Today, 1 March 2019, Mrs Daniels, a 78-year-old customer, has come to your community pharmacy asking for something to treat an itchy rash which has been troubling her for the past few days. The rash is quite evident, consisting of large, raised areas which are not red, except where Mrs Daniels has recently scratched them. The rash is mainly on her trunk with some involvement of the upper arms and legs. Mrs Daniels mentions that she has not been gardening, is not prone to rashes, and has no idea about the cause of the rash. When questioned, she says that she has not changed her diet or used different washing powders, soaps, deodorants or perfumes in the last few months.

You note that Mrs Daniels started taking a recently released ACE inhibitor, 'Drug X', about two weeks ago, after suffering side effects with verapamil, which she was taking for hypertension.

#### Medication history for Mrs Daniels:

09/01/19	Nitrazepam	5mg	1 nocte
26/01/19	Verapamil	80mg	1b.d.
11/02/19	Indapamide	2.5mg	1q.d.
17/02/19	'Drug X'	5mg	1b.d.

#### PRODUCT INFORMATION FOR 'DRUG X'

<b>Description:</b>	'Drug X' is a highly specific competitive inhibitor of angiotensin I converting enzyme, the enzyme responsible for converting angiotensin I to angiotensin II
<b>Pharmacology:</b>	The mechanism of action of 'Drug X' has not yet been fully elucidated; however, it appears to lower blood pressure through suppression of the renin-angiotensin-aldosterone system. This results in a decrease in angiotensin II, subsequent to ACE inhibition, and an increase in plasma renin activity
<b>Indications:</b>	Hypertension Cardiac failure
<b>Warnings:</b>	Proteinuria has been reported in a small number of patients with pre-existing renal impairment. Neutropenia/Agranulocytosis has occurred in a small number of patients Hyperkalaemia may occur – potassium supplements and potassium diuretics must be used with caution Cough – a persistent, non-productive cough reported in some patients
<b>Precautions:</b>	Hypotension may occur occasionally within first three days of therapy Hypersensitivity reaction – rashes, often association with pruritis and occasionally fever, may occur Impaired renal function – increases in BUN and serum creatinine have occurred during treatment

**Adverse Reactions:**

More common reactions:

Hypotension

Dermatological – Rash occurred in 10% of patients. Usually pruritic and macro-papular, but rarely urticarial. Generally occurs during the first four weeks of treatment. Usually self-limited and reversible and may respond to antihistamine therapy

Gastrointestinal – A small number of patients reported loss of taste sensation

Less common reactions:

Cardiovascular – Tachycardia, chest pain

Dermatological – Angiodema of the face

Gastrointestinal – Nausea, vomiting, pain and constipation may occur

Other – Paraesthesia of the hands

**Presentation:** 5mg & 10mg oral tablets

**You suspect an ADR (adverse drug reaction) to the ACE inhibitor and decide on the following course of action:**

- Advise Mrs Daniels to visit her doctor as soon as possible
- Notify Mrs Daniels' doctor, Dr J Sotto, of Newtown
- Provide immediate treatment with half percent hydrocortisone cream
- Report the suspected ADR to the relevant authority: the Adverse Drug Reactions Data Bank in Centreville

**WRITING TASK**

Using the information in the notes, write a letter to the Registrar of the Adverse Drug Reactions Data Bank, Centreville, reporting the suspected ADR and all relevant information. Start the letter with 'Dear Sir/Madam'.

**In your answer:**

- Expand the relevant notes into complete sentences.
- Do not use note form.
- Use letter format.

**The body of the letter should be approximately 180-200 words.**

The Registrar  
Adverse Drug Reactions Data Bank  
Centreville



1 March 2019

Dear Sir/Madam,

Re: Mrs Daniels

I am a pharmacist in a community practice. I am writing to report a suspected adverse drug reaction to the newly released ACE inhibitor, 'Drug X'.

Mrs Daniels, a 78-year-old customer of mine, commenced therapy on 'Drug X' on 17 February 2019 for hypertension. She is taking 5mg tablets twice daily.

Today she complained of a troublesome, pruritic rash which appeared two or three days ago. Upon examination, the rash appeared mainly on the trunk, with some patches on the upper arms and legs. The rash is obvious, consisting of two urticarial areas and is macro-papular in appearance.

Discussions revealed that there had been no lifestyle changes in the last two to three months that could have brought on the changes: no change in diet, or new personal products such as washing powders, soaps, deodorants or perfumes.

As this is in line with the documented dermatological presentation of an adverse reaction to the tablets, I am advising your office. I have also notified Mrs Daniels' doctor, Dr J Sotto of Newtown.

Yours faithfully,

Pharmacist

# Practice Test 10.



## OCCUPATIONAL ENGLISH TEST

### WRITING SUB-TEST: PHARMACY

**TIME ALLOWED:**      **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

#### NOTES

You are a pharmacist in a community practice. Recently (3 February 2019) you dispensed a prescription for 'Drug X' for Mrs Ellen White.

Mrs White brought the medication back to the pharmacy shortly after it was dispensed because it was out of date. The manufacturer's expiry date on the cardboard carton was 'December 2018'. You apologised, and immediately replaced it with current stock from your shelves. However, Mrs White said she would complain to the Pharmacy Board about the incident.

The Pharmacy Board is the authority which registers and administers affairs regarding pharmacists in the state in which you live. Its role is to ensure safety and fairness for the public. Complaints against pharmacists are directed to the Board.

In your logbook you wrote these notes for 3/2/19.

*New shop assistant (Sarah) started today.*

*V. busy day too (change in weather perhaps)*

*I forgot to check expiry date on tablets dispensed to a customer!*

*Must set up a system asap to make sure this doesn't happen again:*

- regular checking of expiry dates on all stock (every month)*
- marking anything with approaching expiry date clearly (red sticker?)*
- reminding staff on duty to check carefully*

You have received the following letter from the Pharmacy Board.

Pharmacist  
City Pharmacy  
6 Main Road  
Newtown

10 February 2019

Dear Pharmacist

The Board has received a complaint from Mrs E White regarding the supply of some out-of-date 'Drug X' tablets.

She claims that, on February 3 2019, you supplied fifty 'Drug X' tablets to her from a prescription written by Dr Williams of the Newtown Central Medical Clinic. She further claims that the tablets supplied had expired in December 2018.

You are requested to explain to the Board:

- Whether you dispensed out-of-date medication to Mrs White.
- The action you took when Mrs White returned to the pharmacy with the tablets.
- The action you have taken to ensure that out-of-date stock is detected and not supplied to the public again.

Your response is required in writing by 10 March 2019, and will be considered by the Board at its next meeting.

Yours sincerely

Ms A Seaborn  
Director, Pharmacy Board

### **WRITING TASK**

Using the information in the notes, write a letter to the Board. Include a response to each item the Board has requested information about. Address your letter to Mrs Anne Seaborn, Director, Pharmacy Board, Newtown.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Ms Anne Seaborn  
Director  
Pharmacy Board  
Newtown



6 March 2019

Dear Ms Seaborn,

Re: Mrs White

This letter aims to address the issues outlined in your letter, dated 10 February 2019, regarding the dispensing of out-of-date 'Drug X' tablets to Mrs White.

On 3 February 2019, as Mrs White alleges, I dispensed her prescription for 'Drug X' and the tablets' expiry date was December 2018. Unfortunately, I did not check the expiry date before I dispensed the package of tablets which is something I regret. Mrs White returned the tablets to the pharmacy soon after they were dispensed pointing out the expiry date. At the time I apologised, and immediately replaced the tablets with current stock from our shelves. Mrs White stated that she would still complain to the Pharmacy Board.

On the day, I reflected on the incident and devised a new system that will be implemented to ensure that this issue does not reoccur. Firstly, we will check the expiry dates on all stock monthly. Secondly, any medication which is close to expiry will be clearly marked; we are considering red stickers for this purpose. Finally, there will be a reminder displayed for all staff on duty to check dates carefully before dispensing medication.

Yours sincerely,

Pharmacist

# Practice Test 11.

**WRITING SUB-TEST: PHARMACY**

**TIME ALLOWED:**      **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

**NOTES**

You work in a community pharmacy, and Ms King is a long-term client of yours.

Patient Details:

**Name:** Mrs Sarah King  
**DOB:** 09 June 1979 (41 y.o.)  
**Address:** 50 Sycamore Street, Newtown

**Social Background:**

Married, 2 daughters (10 & 8 y.o.), call centre manager

**Family History:**

Sister type 2 diabetes

**Medical history:**

Systemic lupus erythematosus (SLE) since childhood

**Medication history:**

For SLE:

- Indometacin (Indocin) – since childhood
- Hydroxychloroquine sulfate (Plaquenil) – since childhood
- Cyclophosphamide (Cytoxan) – commenced 2020
- Prednisolone (Solone) – commenced 2020: dose ↑ gradually: 7.5mg/day in 2020 – 35mg/day now

**Presenting complaint:**

Insomnia, SLE flare-up

**Treatment record****08 May 2021**

**Presentation:** Routine – repeat script prednisolone (Solone) 25mg and 5mg

**Discussion:** Pt complains: ↑ stress at work, ↑ trouble sleeping, general fatigue, ↑ joint pain, ↑ headaches

Pt questions: steroids causing fatigue? Pt worried re side effects – long term

**Diagnosis:** Stress → SLE flare-up

**Treatment:** Dispensed prednisolone with advice:

- Rest important → prevent SLE flare-up: time off work?
- Reassurance – benefits of steroid treatment (↓ pain/swelling, ↑ quality of life (QoL))
- Regular moderate exercise

**15 May 2021**

**Presentation:** Request for over-the-counter sleeping tablets

**Discussion:** Appt with Dr 13 May 2021: ↑ frustration & fatigue, trouble sleeping & exhausted during day. Moody and irritable – short-tempered with children

Pt admits:

Anxious re long-term steroid use (making her ill?)

Dr insists Pt stay on steroid – warning: sudden prednisolone cessation → fatigue, weakness, body aches

Pt's decision: from 09 May 2021 Pt ↓ Prednisolone to 5mg 1x/day (Dr unaware) & Pt's plan: prednisolone cessation (against Dr's advice) + start sleeping tab

**Diagnosis:** Long-term high dose prednisolone (>20mg/day) → insomnia

**Advice:** Pharm caution re sudden stop/start prednisolone (dangerous side effects)  
Explain sleeping problem: high dose prednisolone (→ sleeping tablet not effective) – Pt's consent to inform GP  
Declined dispensing sleeping tab

**Plan:** Write to GP:  
Recommend review by Pt's rheumatologist: comprehensive medication assessment

### **WRITING TASK**

Using the information in the notes, write a letter to the patient's GP, Dr Smythe, discussing Ms King's medications and your recommendations. Address the letter to Dr Jo Smythe, Newtown Medical Clinic, 150 Station Street, Newtown.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Dr Jo Smythe  
Newtown Medical Centre  
150 Station Street  
Newtown

15<sup>th</sup> May 2021

Dear Dr Smythe,

Re: Mrs Sarah King, DOB: 09/06/1979

I am writing regarding one of your regular patients, Mrs Sarah King, who has been receiving long-term treatment for her SLE. I am writing this letter to recommend that you carry out an assessment of her medication and arrange a review with her rheumatologist.

Mrs King came to collect her repeat medication for prednisolone on 08/05/21. She complained of increased stress, joint pain and headaches in addition to general fatigue and difficulty sleeping. She was concerned about the long-term side effects of using steroids and questioned whether the steroids were the reason for her fatigue. I reassured her that they should help to reduce her pain and swelling and improve her quality of life overall.

Today, she visited my pharmacy to purchase over-the-counter sleeping tablets. Upon questioning, I realised that she has not made you aware of her intentions to stop the steroid treatment. She has already reduced her dose of prednisolone from 20mg to 5mg daily since 09/05/2021. I advised her on the dangers of suddenly stopping and starting steroids which could contribute to the worsening of her SLE and I did not dispense the sleeping tablets.

I suspect that her insomnia could be due to a high dosage of steroids which is why I am writing to request an assessment of her medication as well as an appointment with her rheumatologist.

Please feel free to contact me if you have any questions.

Yours sincerely,

Pharmacist

# Practice Test 12.





**WRITING SUB-TEST: PHARMACY**

**TIME ALLOWED:**        **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

Read the case notes below and complete the writing task which follows.

**NOTES**

You are a pharmacist at Newtown Pharmacy.

**PATIENT DETAILS:**

**Name:** Mrs Adela Barta  
**DOB:** 25/07/1990  
**Address:** 515 Railway Street, Newtown  
**Social History:** Married: Husband – Mr Alexander Barta  
Work: School Teacher

**Medication history:**

**14/07/13** First visit to this pharmacy  
TheraTears Lubricant Eye Drops (carboxymethylcellulose sodium) – artificial tear solution for dry eyes  
**19/07/13** Bleph- 10 eye drops 100mg/mL (sulfacetamide sodium) – antibiotic for conjunctivitis  
**21/07/13** Zylet 20mL (loteprednol/tobramycin) steroid/antibiotic eye drops for conjunctivitis  
**26/10/14** Finger Splint – sprain index finger R hand  
**22/08/15** Bactrim Tablets (sulfamethoxazole/trimethoprim)

**Referrals:**

**General Practitioner (GP):** Dr Claus Becker  
**Optometrist:** Ms Tilly Gallagher  
**Physiotherapist:** Ms Sandra Rios  
**Allergies:** No known allergies

**Treatment Record**

**14/07/13** Client presented with symptoms of dry eyes, possibly due to overuse of computer.  
Recommended TheraTears and suggested regular rests from looking at a computer screen. If no improvement see optometrist.  
**19/07/13** Client presented with conjunctivitis. Optometrist prescribed Bleph-10 eye drops.

- 21/07/13** Client returned. No improvement in conjunctivitis; increased itching and burning  
? Allergy to sulphonamide antibiotics.
- 26/10/14** Finger splint (lightweight aluminium, padded on one side) recommended by physiotherapist  
Client reports Zylet worked well/no side effects.
- 22/08/15** Bactrim prescribed by GP for urinary tract infection (according to client)  
Concern about previous reaction to Bleph-10 ? allergy to sulphonamide antibiotics.  
Advised client of potential reaction to Bactrim – client not happy about waiting.
- Plan:** Letter to GP to suggest different antibiotic – GP not currently available on the telephone.  
Stress in letter that client wants response ASAP.  
Will advise Mrs Barta when new med is available to collect.

### **WRITING TASK**

Using the information in the notes, write a letter to Mrs Barta's GP, Dr Becker, suggesting a review of the prescription and detailing the client's relevant medication history. Address the letter to Dr Claus Becker, Newtown Medical Clinic, 72 Main Street, Newtown.

**In your answer:**

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

**The body of the letter should be approximately 180-200 words.**

Dr Claus Becker  
Newtown Medical Clinic  
72 Main Street,  
Newtown



22<sup>nd</sup> August 2015

Dear Dr Becker,

Re: Mrs Adela Barta, DOB: 25/07/1990

I am writing regarding your patient, Mrs Adela Barta, who has recently visited your surgery to treat a urinary tract infection. You have prescribed Bactrim as treatment, however, given Mrs Barta's past medical history, I suspect that she may have an allergy to sulphonamide antibiotics. Therefore, I would request that you review her prescription and provide an alternative as soon as possible.

On 14/07/15, Mrs Barta first presented to my pharmacy with complaints of dry eyes. A few days later on 19/07/15, she returned with a prescription from her optometrist to treat conjunctivitis. This prescription was for Bleph-10 which is a sulphonamide antibiotic. Unfortunately, Mrs Barta did not respond well to this antibiotic and experienced increased itching and burning sensations. At this point, I suspected that Mrs Barta could have an allergy to sulphonamide antibiotics.

Today, Mrs Barta returned to my pharmacy with a prescription for Bactrim which you gave her to treat a urinary tract infection. However, given Mrs Barta's previous reaction to sulphonamide antibiotics, I am concerned about fulfilling this prescription. I advised the client about the potential reaction this antibiotic could cause, although she is not happy waiting on an alternative treatment. Therefore, please conduct a review of Mrs Barta's medication and suggest a different antibiotic as soon as possible.

Please do not hesitate to contact me if you have any further questions.

Yours sincerely,

Pharmacist