



Instructions for Task 02

Deadline: **1600 cet, Monday 16 December 2024**

Specification of task

The Department of Health has formulated a document outlining the procedure that is to be followed after certain types of patients have been released from hospital (see page 2). These patients have undergone an operation and will now be required to inject themselves with heparin to prevent blood clots from forming. The problem is: this document is in *Officialese* (highly nominalized, with an abundance of grammatical metaphor). Please translate it into English, so that a patient of average intelligence can understand what they have to do to avoid a potentially life-threatening situation. Before the patient (i.e., the addressee of your text) is allowed to go home, a nurse has to show them how to administer the heparin injection. They are then given a set of written instructions to follow (i.e., your text).

The genre we are dealing with is: a Procedure (see the blue handout from Appendix 1 of *Grammar and Meaning*, and also the Recipe text on how to make a pavlova) — so do not be afraid to simplify and shorten (!) It would be advantageous if the instructions fitted onto one A4 page.

Formatting instructions

1. Use wide page-margins all round (ca. 2.5 cm top, bottom, left, and right) with 1.5 line-spacing and 12pt type.
2. Send one copy of your work in .doc, .docx, .otd or .pages, and a second in .pdf format, if possible.
3. Name your file according to the following pattern:

2402WE3Task02_SURNAME.docx and/or **2402WE3Task02_SURNAME.pdf**

e.g., if Roberta Spende were one of the students:

2402WE3Task02_SPENDE.docx and/or **2402WE3Task02_SPENDE.pdf**

4. In the page header, which will appear on every page, put your **name** plus “Written Expression Group 3 WS 2024/2025 Task 2”, all on one line, e.g.:
Roberta SPENDE Written Expression Group 3 WS 2024/2025

5. At the top left of the first page (not in the page header), type (single line-spacing, small type):

Your name and matriculation number
Which course it is and which semester
Which group you are in
Which task it is

e.g. it might look like this:

Roberta SPENDE 1167928
Written Expression WS 2024/2025
(Group 3)
Task 2:

(At this point, start a new page!)



Text to be rewritten:

POST-OPERATIVE THROMBOEMBOLISM PREVENTION PROCEDURE

Post-operative thromboembolism prevention in high-risk patients can be achieved by implementing anticoagulation therapy in the form of subcutaneously injected heparin. Hospital discharge is in such cases preceded by a detailed explanation of the procedure for self-administration of heparin with a view towards enabling the patient to achieve complete prevention of thrombosis. The procedure is to be followed meticulously, with injections occurring at the same time every day for exactly 30 days from the date of discharge.

Any change in the order of the steps to be followed, and/or any substitution of one or more of the steps by any other measure(s), constitutes a major risk of future health impairment; it is therefore essential to follow the steps accurately.

First of all, it is essential to wash one's hands carefully in order to avoid the possibility of bacterial or viral infections. In the second step, preparation of the heparin-filled syringe and of a small quantity of cotton wool and disinfectant is undertaken. Subsequently, the disinfectant on the cotton wool is to be applied to the small region of abdominal skin destined to be the injection site. Any presence of air in the syringe constitutes a potential problem, so all such air needs to be eliminated through a light press on the plunger of the syringe, which usually leads to one or two drops of heparin being expressed. Next, a lifting up of the disinfected area of the abdomen is followed by self-insertion of the syringe perpendicular to the surface of the abdomen and by slow subcutaneous injection of the heparin. Extraction of the syringe is followed by immediate disinfection of the abdominal injection area. Finally, the used syringe must be disposed of in a suitable container.

This month-long procedure will almost entirely prevent thromboembolisms that could potentially cause an occlusion of cardiovascular circulation. It is highly recommended to follow the procedure every day at exactly the same time (e.g. 8.00 p.m.) to achieve maximum thrombosis risk reduction and thus avoid severe future health issues.

Assessment:

By popular request, assessment will be done in the traditional German system.