

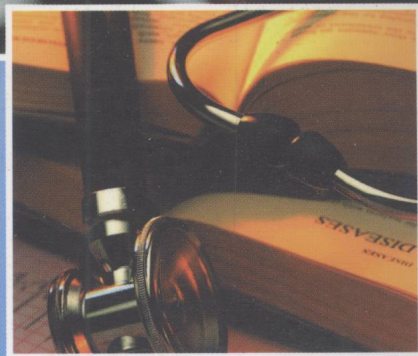
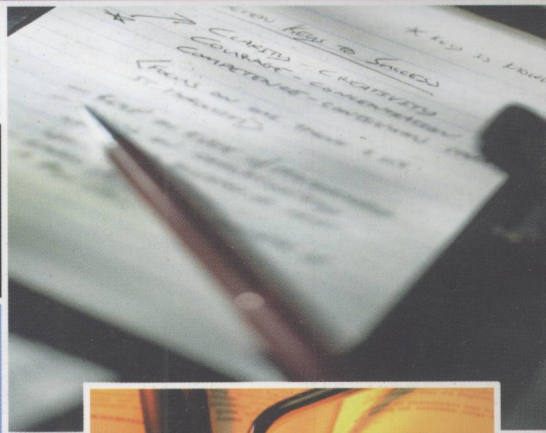


教育部职业教育与成人教育司推荐教材
技能型紧缺人才培养培训教材

涉外护理英语

主编：李秋萍
审订：刘晨

*Professional
English
for
Nurses*



阅读与写作
Reading and Writing

2

外语教学与研究出版社
FOREIGN LANGUAGE TEACHING AND RESEARCH PRESS



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主 编：李秋萍

副主编：韩美君 洪静芳

审 订：刘 晨

编 者：（按姓氏音序排序）

韩美君 洪静芳 江晓东

李红梅 李秋萍 林 毅

马 甜 石兰萍 汪 旭

吴雷达 闫 肃 赵玉华

编写秘书：林 毅

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总序

宇宙中，有一颗蔚蓝色的美丽星球，这就是我们的家——地球。在这颗星球上，生生不息的人类与其他的生命体共同享受着大自然的恩赐，也共同繁荣着这美丽的家园。尽管地壳运动把人类分隔在不同的大洲大洋，尽管人类的肤色不同，但共同发展的理念和现代科学技术已经跨越了时空，使5.1亿平方公里的地球缩成了一个可以信步闲游的村庄，人们生活在同一个大家庭，让世界充满爱的旋律荡漾在所有人的心中。

护士，天使在人间的化身，不论时代如何变迁，她们都把爱倾注给每一个人，人们的健康离不开护士的帮助。国际性护理专业的进步与全球性护理人才的缺乏，为中国护理教育的发展带来了新的机遇与空间。中国教育部、卫生部2003年将护理专业定为“技能型紧缺人才培养培训工程”专业，以引导护理专业健康、深入地发展，推动我国涉外护理教育的国际化进程。

在美国、德国、菲律宾等国专家的帮助下，全国卫生职业教学新模式研究课题组吸收了国际护理教育与课程开发的理论和实践经验，建立了整体化的“三系三试一整合”的涉外护理课程体系。“三系”为贴近国外的护理专业课程模式（如生命周期护理模式）、强化的公共英语课程和涉外护理英语课程；“三试”为中国护士执业资格考试、国外的英语考试（如TOEFL和IELTS）和国外注册护士执照考试（NCLEX-RN）和国外护士执业资格考试（CGFNS）；“一整合”为在教学过程中将上述“三系三试”在理念、基本理论、方法与技术、文化与沟通等不同层面渐进地整合为一体，从而培养学生的国际化护理理念，顺畅使用外语沟通的能力，解决护理对象实际问题的能力，以及适应国外工作、生活的综合职业能力与心理素质。

本套《涉外护理英语》教材是培养涉外护士新课程体系的教改教材之一，是教育部、卫生部护理专业“技能型紧缺人才培养培训工程”的培训教材，也是教育部职成教司推荐教材。教材的主体由国外的专家和具有国外工作背景的中国专家共同完成，经过美国护理专家和中国专家的审定，突出国际护士的教育特质。

涉外护士的能力培养是本教材的目标。由于中外语言、文化和劳动组织形式的差异，本套《涉外护理英语》教材与公共英语教材在实施中需要重视以下五个方面：

1. 本套教材与公共英语教材的任务：从国际护士培养的视角，以英语的语言形式把中国护理教学内容延伸到国外护理活动中，使学生不仅有能力获得中国护士执业资格，更能用英语



沟通,进行评判性思维,通过英语国家护士的执业资格考试,完成在英语国家的护理工作。

2. 本套教材与公共英语教材的目标、读者对象: 长远目标是基本满足国外护理工作与生活需要; 近期目标是应对CGFNS和RN等国外护理专业评价的认证。在本课程完成期间或之后, 建议开设CGFNS和RN的考试技巧辅导。本套教材的语言起点是普通高中一年级入学水平, 专业内容适合专业零基础学生。可供高等教育院校护理专业一年级学生使用, 中等专业学校涉外护理专业一年级第二学期使用(第一学期应安排公共英语加强课程), 毕业实习期应安排适当的课程学习。还可供涉外护理培训机构教学、临床护士自学以及欲了解国外医疗护理活动的读者使用。
3. 本套教材与公共英语教材配合: 公共英语课程不仅要培养语言能力, 而且更要加强学生的人文素养, 从而帮助学生理解和应对不同种族、民族、社会阶层在价值观念、法律、心理、文化、宗教、生活习惯、思维与沟通等方面的差异, 认知国外护士的角色, 理解护患双方的权利与义务, 深化对涉外护理的认识, 形成涉外护士的综合能力。
4. 本套教材与国内护理教学配合: 中外护理存在差异, 本套教材引导学生从国内护理迁移发展到国际护理。《情境对话》主要由国外编者执笔, 全部采用国外医院、诊所、社区的真实情境, 培养专业英语的思维和沟通能力, 适应国际护士的实践需要。《阅读与写作》以国内有境外工作经历的护理专家为主, 专业英语教师、国外专家共同参与编写, 美国专家修订, 在国外护理教育与工作情境下, 针对中国学生的语言背景, 在语法、词法、语篇以及中外护理差异等方面恰当地与中国护理教育衔接, 形成国内护理教育—《阅读与写作》—《情境对话》这种贴近国外实际的递进课程体系。
5. 本套教材具有四个特点, 建议使用中予以注意。
 - 培养专业实践能力。以现代护理概念、知识、技术、国外人文背景为基础, 从国外健康服务管理与护理教育体系、护理对象与护士的权利、护理工作模式与沟通, 到不同科室、护理岗位和情境, 乃至康复中心、养老院的实践过程, 设计教材结构和内容, 将国外护士的工作过程较完整地呈现出来, 使学生体会中外护理工作及相关文化的差异, 构建国际护士的综合能力, 为参加国外护士执业资格考试和上岗工作打下坚实基础。
 - 理论与实践结合, 体系完整。按照国外护理发展的框架整体展开, 把“护理管理、安全和感染控制、生长和发育、疾病预防和早期诊断、应对和适应、社会心理适应、基础护理和支持、减少危险可能、药物治疗和注射用药治疗、生理适应”等概念融入实际情境中, 引导学生“居高而环视”, 系统地认识国外护理概念和工作模式, 领悟与体验以科学思维引导专业行为的护理过程。
 - 编写结构便于学习。教材由国外护理工作模式和英语语言教学两条主线配合而成, 使



学生在情境中体验，产生学习兴趣，便于展开教学活动。教材结构分为正文和非正文两个系统。正文系统即课文部分，为必学的、精读性内容，应深入理解其专业和语言的内涵，并能应用于实践。非正文系统包括链接、附录等，用于扩展、延伸知识和能力，是阅读性内容，可以根据学生能力组织选学或自学。课程从护理实践出发，按照护理内容的结构和常人所了解的医护服务流程而编制成章、单元，各单元之间形成专业知识和语言的递增梯度。

- 可操作性强。教材内容适合采用行动导向、项目化教学、问题引导教学、情境模拟教学及合作学习等教学方法。课后练习借鉴了RN、CGNFS以及IELTS、TOEFL的题型和解题思路。教学活动的组织，应把专业知识和方法、语言、国际化评价形式融合起来，把护理英语课程与普通护士的课改课程纳入一个体系，帮助学生不仅通过护士执业资格考试，更能胜任国外的护理工作。

开发涉外护理课程，培养国际护士，为地球村里急待护士照顾的人们提供直接的帮助，将促进我国护理教育和护理事业的发展，同时也有助于世界了解我们，使我们的村庄更加和谐，地球永远蔚蓝。

刘晨

2008年6月

前 言

《涉外护理英语》系列教材是教育部职业教育与成人教育司推荐教材，教育部、卫生部护理专业“技能型紧缺人才培养培训工程”的培训教材。

本册教材在编写体例等方面与第一册保持一致。全书分为14章，各章的编写内容由正文和非正文两个部分构成，各章的内容难度及文章长度与第一册保持衔接，并形成专业和语言的递增梯度。

本册教材侧重介绍人体的生物特性与疾病诊疗，旨在帮助读者建立对人体各系统解剖生理的整体认识，初步了解常见病和多发病的相关知识和护理要点，并引导自己的护理行为。基于其内容特点，本册教材词汇量较大，因而在编写时尽量以图、表等多种形式增加学生学习的趣味性，在难度把握方面既考虑专业英语的特点，同时也兼顾适教、适学的原则。通过学习，学生能够掌握临床医疗和护理实践中常用的医学词汇及句型、句式，以及常用的句子结构和语法；了解人体各个系统的解剖和生理特征；熟悉各种常见病的病因、病理和临床表现；学会怎样预防疾病，护理病人，并对护理对象进行健康教育。通过写作指导部分的学习，学生能够书写简单的医疗文书。

本教材适合医学高等专科学校、高等职业技术学院、中等卫生学校等涉外护理学生使用，也可供本科院校、成人高等院校的学生和临床护理工作使用 and 参考。

本册教材由数位编者共同编写：呼吸系统Ⅰ和Ⅱ主要由林毅、江晓东老师完成，心血管系统Ⅰ和Ⅱ主要由洪静芳、赵玉华老师完成，消化系统Ⅰ和Ⅱ主要由李秋萍、吴雷达老师完成，皮肤和感官系统主要由石兰萍、马甜老师完成，运动系统主要由石兰萍、江晓东老师完成，内分泌系统、淋巴和免疫系统、生殖系统主要由李红梅、赵玉华老师完成，泌尿系统主要由韩美君、江晓东老师完成，神经系统主要由汪旭、马甜老师完成，传统中医诊疗主要由江晓东老师完成，护理表格与写作部分的内容主要由闫肃老师完成。

本册教材在编写过程中得到了各有关学校的大力支持，同时得到了“全国卫生职业教学新模式研究课题组”刘晨主任的直接指导，在此一并表示诚挚的感谢！

由于编者水平有限，教材如有不妥之处，恳请广大师生及读者批评指正，以便于本教材进一步修改和提高。

编者

2008年6月

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The Respiratory System (I)

Objectives

1. Describe the anatomical structure of respiratory system.
2. Understand the process of human breathing.
3. Comprehend the symptoms and prevention of respiratory diseases.

Key Words

| | |
|--------------|------|
| breathing | 呼吸 |
| cough | 咳嗽 |
| gas exchange | 气体交换 |

Unit 1 How Do We Breathe?

Whether we're awake or asleep, we don't have to think about breathing—it's so vital to life that it happens automatically. Each day, we breathe about 20,000 times, and by the time we're 70 years old, we will have taken at least 600 million breaths. All of this breathing couldn't happen without help from the respiratory system.

Respiratory system is made up of the organs that help human breathe. The goal of breathing is to deliver oxygen to the body and to take away carbon dioxide. All the cells in our body require oxygen. Without it, they couldn't move, build, reproduce, and turn food into energy. In fact, without oxygen, they and we would die!

The lungs are the main organs of the respiratory system. In the lungs oxygen is taken into the body and carbon dioxide is breathed out. The red blood cells are responsible for picking up the oxygen in the lungs and carrying the oxygen to all the body cells that need it. The red

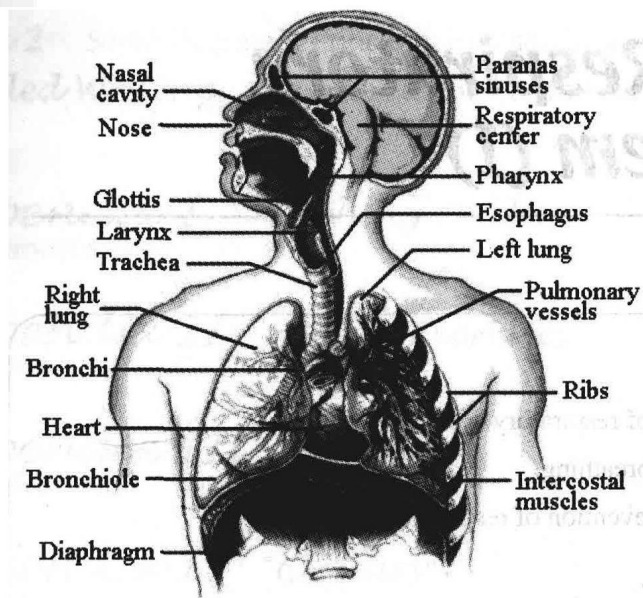


Figure 1-1 Respiratory System

which terminates in a cluster of alveoli. There are some 300 million alveoli in two adult lungs. These provide a surface area of some 160 m² (almost equal to the single area of a tennis court and 80 times the area of our skin!).

Breathing starts with a dome-shaped muscle at the bottom of the lungs called the diaphragm. The diaphragm's job is to help pump the carbon dioxide out of the lungs and pull the oxygen into the lungs. As the diaphragm contracts and relaxes, breathing takes place. When the diaphragm contracts, oxygen is pulled into the lungs. When the diaphragm relaxes, carbon dioxide is pumped out of the lungs. At rest, we breathe 16-20 times a minute exchanging about 500 ml of air.

Breathing happens automatically. We do not have to even think about it. The central controlling area for breathing, called the respiratory center, is in the lower part of the brain stem. It responds to chemical and mechanical signals from the body.

New Words

automatically /ˌɔːtə'mætɪkli/ *adv.* 自动地, 机械地

bronchiole /'brɒŋkiəʊl/ *n.* [解] 细支气管

blood cells drop off the oxygen to the body cells, and then pick up the carbon dioxide which is a waste gas product produced by our cells. The red blood cells transport the carbon dioxide back to the lungs and we breathe it out.

The air has a long journey to get to our lungs. After air enters the nasal cavity, it passes through the pharynx and the larynx. Then it goes into the trachea, into the right and left bronchi, which branch and re-branch into bronchioles, each of



New Words

- cavity /'kævɪtɪ/ *n.* [解] 腔
 cluster /'klʌstə(r)/ *n.* 串, 丛
 contract /kən'trækt/ *v.* 收缩
 deliver /dɪ'livə(r)/ *v.* 递送, 释放
 diaphragm /'daɪəfræm/ *n.* [解] 横隔膜
 dioxide /daɪ'ɒksaɪd/ *n.* 氧化物
 esophagus /i:'sɒfəgəs/ *n.* 食道
 glottis /'glɒtɪs/ *n.* 声门
 larynx /'læɪrɪŋks/ *n.* [解] 喉
 pharynx /'fæɪrɪŋks/ *n.* [解] 咽
 rebranch /,ri:'brɑ:ntʃ/ *v.* 形成次级分支
 terminate /'tɜ:mɪneɪt/ *v.* 停止, 结束, 终止
 trachea /trə'ki:ə/ *n.* [解] 气管

Unit 2 What's Wrong with Our Respiratory System?

You probably don't think very much about your respiratory system, but it is essential for life. Every once in a while a cough or sneeze will remind you about this body system. There are many diseases that can harm and even destroy our respiratory system.

1. Do We Have Respiratory Disease Symptoms?

Millions of people are diagnosed every year with a respiratory disease, while many more may go undiagnosed. There are specific signs and symptoms characteristic of respiratory disease. The following is a list of some common respiratory disease symptoms and signs.

Cough: Cough is a defense mechanism that is used to clear the airways. It is the major sign of respiratory disease. Coughs can be productive or unproductive depending on how it is done. A productive cough should result in the clearing of sputum from the airways. A persistent or worsening cough may be accompanied by a high fever, dyspnea (difficulty in



breathing or breathlessness), or bloody or copious sputum.

Chest pain: Chest pain generally indicates a problem in the lungs, pleura, or muscles and bones of the chest wall. The problem may be minor or severe, or even life-threatening, and may be constant or experienced only during inhalation. Pain in the chest may indicate infection if it is accompanied by cough or fever.

Dyspnea: The perception of dyspnea is subjective and varies among people. Dyspnea is sometimes a result of a problem with the respiratory disease, heart disease, anxiety, or other conditions.

2. What Can We Do?

If we believe we may have a lung disease, we should contact our doctor immediately. Respiratory diseases are diagnosed in many different ways depending upon the type and stage of disease, family history, the patient's medical history, and the health and age of the patient. Blood test, sputum test and radiographic examinations may be the most common diagnostic tests. Some people need to undergo a more extensive diagnostic evaluation, which may include bronchoscopy, lung biopsy, thoracentesis and pulmonary function test.

Any of the following may be used for prevention and treatment of respiratory disease:

- Do not smoke;
- Avoid respiratory irritants (dust, air pollution);
- Respiratory care medications;
- Cardiovascular exercise;
- Healthy, nutritious diet;
- Regular medical check-ups;
- Flu and pneumonia immunizations;
- Oxygen therapy;
- Home air purifiers;
- Home humidifiers;