



医药学院 610 2 11027103

职业教育与成人教育司推荐教材
紧缺人才培养培训教材

涉外护理英语

主 编：刘 晨
副主编：David Hellerstein (美)
王晓青



*Professional
English
for
Nurses*

情境对话
Scene Dialogue

2

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



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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），以及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，以及适应国外工作和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，也是教育部职业教育与成人教育司推荐教材。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和读者对象: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起点学生。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,专业英语教师和国外专家共同参与编写,美国专家审订,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和单元，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TOEFL、IELTS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

2010年12月

前言

人类社会呈多元化发展趋势。我们生活于多元化之中，但却追求某种共同的东西，那就是，健康与幸福。护士把爱心奉献给人类，帮助人们恢复健康、保持健康、提升健康。护理专业的交流与行为蕴涵着爱、科学、艺术，受到全世界不同肤色的人们的崇尚。伴随着日益广泛的国际化交流，越来越多的中国护士走上了护理的国际讲坛，走进了国外医疗机构和国内涉外医疗机构，走到了不同肤色的人群当中。交流、学习、弘扬、服务已成为当今中国护士的历史与社会责任。

英语是国际化护理交流中最常用的语言，它与我们传统的象形与形声文字有着较大差别。掌握专业英语已成为我国护士进行国际化交流与服务的重要技能。所以，今天的护士有必要从专业角度掌握实用性英语，使自己无论到国外工作、学习，或是在国内的涉外医疗机构工作，或与国外同行交流都能很快跨过语言、文化、专业管理的阻隔，进入预期的状态，顺利地完成任务。

本教材就是基于上述思考，按照全套书的整体安排，以病房护理为场景，为同学们设计了共 8 章 24 个单元，每个单元为一个具有代表性的护理活动，分别从不同的护理任务入手，展示国外（主要为美国）护士在工作中的专业交流。这些交流以护理工作为主线，在护士与病人、家属、医生、同行和护理老师之间展开。学习时不仅要关注不同护理情境中英语的使用，更要从专业角度理解与国外护理活动相关的护士职责、医院管理与文化和医疗保险等人文、社会、心理和管理等问题，领会护士与病人、护士与医生、护士与同行或老师之间的社会角色与关系，体会对话中蕴含着护理的价值概念与科学、护理交流的艺术、护理的道德与法律。

本教材是美国护理和医学专家，以及国内的护理和英语教师共同耕耘的结果，全部内容取自美国临床护理实践的场景，再进行加工以符合教学之需，是真真切切的原创之作，其中每一个单元、每句话都凝聚了各位专家和老师的辛勤汗水。由于编者的精力和所从事学科的限制，本教材编写中难免存在问题，诚请老师和同学在使用中予以指出，以便修改完善。大家一起携手提高涉外护理教育的质量，共同推进我国护理事业的对外交流与发展。我们也真诚地希望相关的同行和机构尊重中外作者的原创劳动，拒绝剽窃或盗版，维护诚信，保持尊严。



在此，我们对参与编写及相关工作的专家表示衷心感谢，对专家所在单位给予的大力支持表示衷心感谢。感谢美国专家 David Hellerstein、Carolyn M. Hellerstein、Elma Shelda Stewart、Fred R. Cagle、Helen Shi 在审稿过程中从护理专业与语言的角度，字斟句酌地评议与修改；感谢王晓青、June Shi（美国）、张霄艳（三峡职业技术学院）、郭磊（聊城职业技术学院）、周丽萍（北京和睦家医院）、陈立新（北京和睦家医院）、谢娣（无锡卫生职业技术学院）、童艳玲（岳阳职业技术学院）、梁文丽（广州医学院护理学院）、刘绍良（广州医学院护理学院）编写课文和练习题等的辛勤劳动；感谢 Felicia Huguet（美国）、Lena Agyepong（美国）对教材编写的帮助；感谢赵海卫（张家口教育学院）、Mary Jean Panugaling（菲律宾）对本教材发行前的试用与评价；感谢管梦、邱昂、李京雷（首都医科大学护理学院）的试读。感谢外语教学与研究出版社高等英语教育出版分社的鼎力支持，感谢本教材的编辑为教材的出版所付出的大量心血。

刘 晨

2010年12月 北京

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Chapter 1



Hospital Admission & Patient Safety

Unit 1 Admitting Patients to the Hospital

Dialogue 1 Patient Registration

(Patient Maria Anderson is at the Emergency Department (ED or ER). Nurse Amy and Locus are the registration clerks who help Ms. Anderson with registration. Locus is a new nurse graduated from nursing school last year.)

Amy: What's your name, please?

Ms. Anderson: Maria Anderson.

Amy: And your date of birth?

Ms. Anderson: October 12th, 1975.

Amy: Ms. Anderson, why have you come to the Emergency Department?

Ms. Anderson: I have had back pain for about a week, and it's getting worse.



Amy: Are you able to walk OK or do you need a wheelchair?

Ms. Anderson: No, I can walk OK. Thank you.

Amy: Good. Ms. Anderson, please go over to the booth at the end of the counter. A nurse will do a medical screening examination. When that is finished, come back here and we will continue with your registration.

Ms. Anderson: Thanks.

(Ms. Anderson goes to the screening room)

Lucas: Amy, why didn't you complete her registration and get her insurance information? That way she wouldn't have to come back.

Amy: Well ... the law, I mean ... in the American health system at least, when patients come to the ER they must be screened medically before we can ask any questions about insurance.

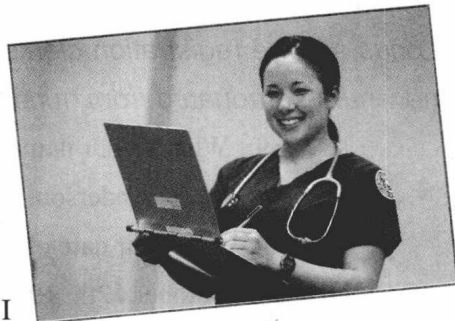
Lucas: Really?

Amy: Specifically, the US Emergency Medical Transfer and Active Labour Act (EMTALA), requires that anyone requesting emergency care must receive a medical screening examination immediately to determine whether an emergency medical condition exists. In other words, examination and treatment cannot be delayed to inquire about methods of payment or insurance coverage. You can't even ask about a patient's citizenship or legal status.

Lucas: Then when do you ask about insurance?

Amy: The patient must be seen and stabilized medically, regardless of insurance. Only then can we ask about billing and insurance. Typically, the patient comes in and tells us his chief complaint. He is given a rapid screening examination, and only then is registration information and insurance information collected.

Lucas: Oh, here comes Ms. Anderson again. I guess her screening exam was OK.

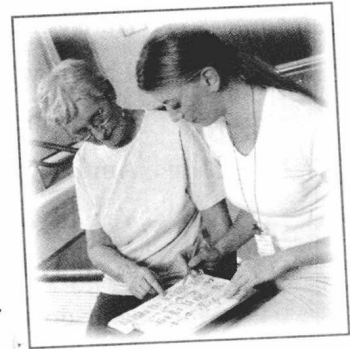




Amy: Ms. Anderson, have you been here as a patient?

Ms. Anderson: No, this is the first time I have come to this hospital.

Amy: You are a new patient, so we have to do some paper work. Ms. Anderson, please fill out these forms.



(Nurse Amy gives a clipboard with about 8 pages of paper to Ms. Anderson for her to fill out.)

Ms. Anderson: Thank you.

Amy: Please take a seat over there. Take your time. Just return the forms to the counter when you have completed them.

Ms. Anderson: All right.

(Patient Ms. Anderson completes the admission forms. She gives the forms to nurse Amy.)

Amy: Thank you, Ms. Anderson. Please take a seat. I'm going to put your information into the computer. I may need to ask you some questions as I do this?

Ms. Anderson: OK.

(Nurse Amy begins entering information into the computer.)

Amy: I'd like to talk to you about methods of payment, all right? Do you have health insurance?

Ms. Anderson: Well, I don't have health insurance.

Amy: OK. ... Um ... How much is your monthly income?

Ms. Anderson: About \$2,000.

Amy: You may meet the criteria to apply for Medicaid. Here are more forms for you to fill out.

Ms. Anderson: Do I fill them out now, or take them home?

Amy: Please fill them out now. Then we are going to help you apply for Medicaid.

Ms. Anderson: All right. Let me fill out the forms.

(After filling out the forms, Ms. Anderson returns to the counter.)

Amy: Ms. Anderson, I need to make a copy of your driver's license.



Ms. Anderson: Here you are.

Amy: Thank you, Ms. Anderson. Please take a seat. I'm going to put your information into the computer.

Ms. Anderson: Am I going to be covered for today?

Amy: Yes, if you are approved for Medicaid. You will have one month from today to apply for a regular Medicaid Card. During this month you can go to see your doctor. In certain cases, Medicaid may also cover your dental work. If you need any help with the application, I can refer you to our social service specialist, or you can apply at our local Social Services Office.

Ms. Anderson: Yes, I need help, please.

(Nurse amy gives Ms. Anderson a paper with the address and telephone number of the local Social Services Office.)

Amy: Ms. Anderson, here is the address and Telephone number of the local Social Services Office. Please call them to make an appointment to help you with the Medicaid application, OK?

Ms. Anderson: Thank you.

Vocabulary

- registration /,redʒɪ'streɪʃən/ n. 登记, 注册, 此处意思相当于我国的挂号, 但比挂号时收集的信息更为详细一些
- clipboard /'klɪpbɔ:d/ n. 带弹簧夹的写字板, 写字夹板
- insurance /ɪn'sʊərəns/ n. 保险
- resident /'rezɪdənt/ n. 居民; 住户
- criteria /kraɪ'tɪəriə/ n. (criterion 的复数) 标准
- Medicaid /'medɪkeɪd/ n. (亦作 m-) (美国政府的) 公共医疗补助 (制度)
- counter /'kaʊntə(r)/ n. 柜台
- institution /,ɪnstɪ'tju:ʃən/ n. 社会公共机构
- specialist /'speʃəlɪst/ n. 专家; 专科医生



Phrases & Expressions

- Emergency Department (ED or ER) 急诊室
- Outpatient Department (OPD) 门诊部
- fill out 填写
- be done with sth. 做完, 结束 (某事)
- apply for 申请; 请求
- help out 帮助……摆脱困难

Notes

- If the case is approved, you're going to get covered. 根据上下文意思, 此句的意思可以理解为: 如果你的申请得到批准, 你的医疗费用就可以由公共医疗补助费 (Medicaid) 来支付。
- for today, 文中几处出现 for today 的表达, 在这些句子中 today 不是状语, 而是指“今天看医生”这个事件, 所以前面加了 for。

Reading Comprehension

Answer the following questions according to the information presented in the dialogue.

1. What does a patient do first when arriving at the hospital Emergency Department?
2. What does the hospital have to do before discussing payment and insurance with Ms. Anderson?
3. According to the dialogue, does Ms. Anderson have health insurance?
4. How can Ms. Anderson get help with the application for Medicaid?



Vocabulary Exercise

Fill in the blanks with the correct words or phrase given in the box.

counter registration medicaid insurance help

1. Patient Ann just came into the doctor's office and she is doing _____ at the _____.
2. A resident with \$2,000 monthly income may be eligible for _____.
3. Whoever is going to see a doctor will be asked to provide his or her health _____ information.
4. _____ is a United States health insurance program for eligible individuals and families with low incomes and limited resources.
5. If you need help with the application, the local Social Services Office may be able to _____ you.

Role-play

You are registration clerk Susan, working in a hospital Emergency Department. Please give your partner, Heather, instructions on how to register a patient.

Dialogue 2 Triage

(Student nurse Kelly is helping at the triage room, following RN Lisa.)

Kelly: Lisa, how do you decide which patient to see first?

Lisa: That's a good question. Do you know what the word "triage" means?



Kelly: I am not quite sure, but I know there is a triage station in almost every ER, and the triage nurse sees patients first. The triage nurse decides the order in which patients are seen.

Lisa: Well, the triage nurse does the initial assessment on a patient, and sorts patients according to the acuity of illness. We see patients who need immediate medical attention first. We don't always see patients in the order they arrive.

Kelly: I notice that.

Lisa: You see, patients come in by different types of transportation. If a patient is brought in by a helicopter, I don't see the patient at the triage station at all. The patient must be in a very critical condition to have a helicopter to bring him in, right?

Kelly: That's right.

Lisa: Triage nurses don't usually see patients who are brought in by ambulance, either.

Kelly: Why not?

Lisa: Because in most cases, the paramedics have already assessed the patient and initiated the treatment.

Kelly: So, whom does a triage nurse see?

Lisa: We see walk-in patients. We call them "walk-in", but it really means these patients come to the hospital on their own. They might be brought in by their family members or friends, or they could drive themselves in, or they could really walk in. These patients were not assessed by any health care professionals before arriving at the hospital, so a triage nurse should assess the patient to decide if the patient needs immediate medical attention.

Kelly: Who needs immediate medical attention first, then?

Lisa: Every hospital has its triage policy, but in general we give first priority to those who are most severely injured. For example, think about a 65-year-old man with severe chest pain and shortness of breath. This patient cannot wait. One minute can make

