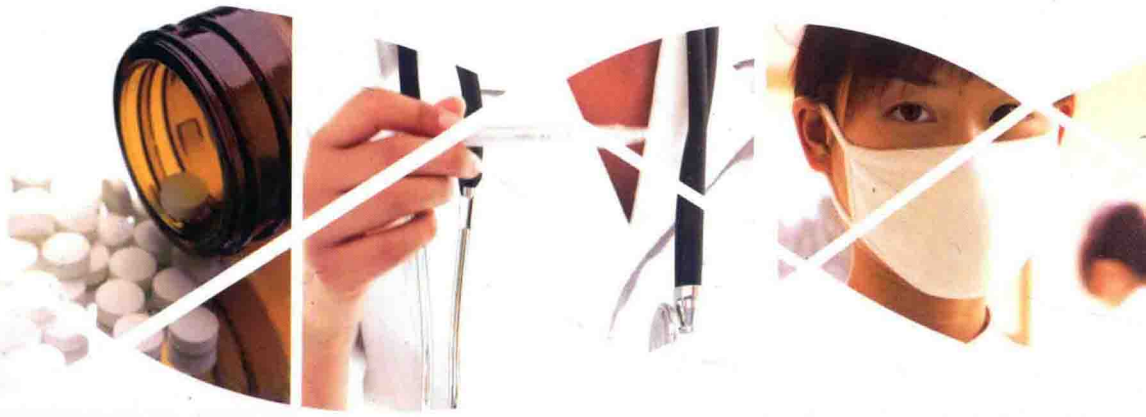
涉外行业英语系列教材

涉外护理英语

English for Nursing

■ 徐红莉 杨桂荣 主编



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主　编　徐红莉　杨桂荣

副主编　黄颖浩　彭淑华　晏华军

编　者　李　琴　黄颖浩　黄　路

王　芬　吴淑君　徐红莉

熊秀琼　杨桂荣　朱　琰

赵雪滢　李　亚　张　惠

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徐红莉　杨桂荣　**主编**

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出 版 说 明

在经济全球化不断加速的今天，中国与世界各国的交流变得越来越紧密，相应地，社会对涉外行业人员的英语能力要求也越来越高。为了能使学生用英语完成涉外行业工作岗位的任务，培养他们用英语解决实际问题的工作能力，对外经济贸易大学出版社拟出版一套突出应用型院校教学特点的“涉外行业英语系列教材”。

本套“涉外行业英语教材”涉及商务、酒店、文秘、旅游、工程、护理、教学、法律、空乘、警务等行业。各教材按主题情境安排结构，根据具体涉外行业岗位的要求，以该行业从业者所从事的典型工作过程为主线来编写，先易后难，循序渐进。每个主题情境下设子情境，分为“语言能力”、“行业专业能力”和“综合能力”等模块，其中“语言能力模块”培养学生运用所学专业英语进行沟通交流的能力；“行业专业能力模块”培养学生运用所学英语开展业务活动，提供行业服务，进行有效沟通的能力；“综合能力模块”培养学生处理本行业领域内突发事件等职业素养的能力。本套教材融技能培养、知识传授、职业素养养成三位于一体，力求有效地帮助学生将课堂知识与未来的工作联系起来，提高他们的实战技能。

本套教材编者队伍呈“双师”结构，他们不仅具有丰富的语言教学经验，而且具备本行业的实践经验，这是本套“涉外行业英语系列教材”编撰质量的有力保证。

本套“涉外行业英语教材”主要供应用型院校学生学习使用，也可作为短期培训教材。

2014 年 1 月

前　言

随着全球化的加剧，越来越多会讲英语的西方人士涌入中国。相应地，在医疗工作环境下，护士会经常面对来自不同价值观、不同信仰、不同宗教、不同生活方式、不同思维方式的患者。同时，越来越多的中国护理工作人员远赴发达国家从事护理行业。这两种情况都需要护士采用讲英语的西方国家的交流方式与病人及其家属进行交流。因此，护士有必要了解西方国家真实的工作环境以及护士与病人、护士与同行之间的交流方式。

本教材的编写根据现代化职业教育指导思想,以促进护士职业行动能力发展为目标,设计基于护理工作过程的情境式教学模式，以完成临床护理交流任务为载体，将西方文化背景下的健康与疾病、关怀与实践、信仰与准则等呈现出来，以培养和提高学生的跨文化护理能力。

《涉外护理英语》是护理专业学生为提高英语应用能力，培养跨文化护理能力的职业拓展课程。通过本课程的学习，学生能够用英语与病人进行有效交流并完成护理任务，懂得与西方病人打交道的交流技巧与原则，掌握与完成任务有关的医学词汇与表达方式，提高跨文化护理能力，以适应涉外护理工作的实践需要。

本教材内容根据病人从入院到出院的过程设计学习情境，共分为八个学习情境：病人入院护理、标本采集、给药护理、静脉注射护理、术前护理、术后护理、伤口护理和病人出院护理。每个学习情境整合出典型的交流任务，将语言技能的训练和对西方护理实践的理解结合起来。每个学习单元包括单元工作任务描述与护士职责、单元中典型工作任务及其描述、完成任务所需要的部分背景知识、护士与患者，护士与同行，护士与医生之间的交流技巧、完成工作任务所需要的医学词汇练习、护理工作文献的使用、病程记录等医疗文书的案例等。书后附有护理专业常用护理操作用语、常用护理用物用语和医院部门及主要职务用语等。

本教材还配备有辅导用书，每个单元的主要构成是参考译文和参考答案。参考译文部分由护理专业教师与英语教师共同完成，措词使用护理专业用语。答案部分给出每个单元设计的练习答案，设计的开放式问题由学生思考完成并实施行动实践。

本书编者在编写的过程中参考了国外许多护理书籍，悉心编写而成。感谢美国助理护士 Joanna Cox 对本书的指导，并感谢美国注册护士 Nick Maynard 对本书的审订。书中疏漏之处恳请读者指正。

编者

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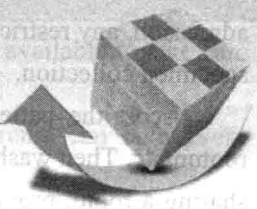
Unit 1



Admitting a Patient

Taking a medical history of a patient
Using active listening strategies to put a patient at ease
Giving a nursing handover
Charting blood pressure and pulse
Charting Respiratory Rate
Giving an oral report of the case

Description

Admitting a patient to the nursing unit prepares the patient for his stay in a hospital. Whether the admission is scheduled or follows emergency treatment, effective admission procedures should accomplish the following goals: confirm the patient's identity, assess his clinical status, make him as comfortable as possible, introduce him to his roommates and the staff, orient him to the environment and routine, and provide supplies and special equipment needed for daily care.

Work Description

Nurses should be directly involved in the admission process — assigning a patient to a room, making sure that the necessary diagnostic tests are completed, and providing for continuity of care when the patient is admitted.

Admitting the adult patient

Speak slowly and clearly, greet the patient by his proper name, and introduce yourself and any other staff present.

Confirm the patient's identity using two patient identifiers according to the hospital's policy. Verify the name and its spelling with the patient. Notify the admission office of any corrections.

Quickly review the admission form and the practitioner's orders. Note the reason for

admission, any restrictions on activity or diet, and any other orders for diagnostic tests requiring specimen collection.

Escort the patient to his ward and, if he isn't in great distress, introduce him to his roommate. Then wash your hands, and help him change into a gown or pajamas; if the patient is sharing a room, provide privacy. Itemize all valuables, clothing, and prostheses on the nursing assessment form or in your notes if your hospital doesn't use such a form. Encourage the patient to store valuables or money in the safe, or preferably, to send home along with any medications he may have brought with him. Show the ambulatory patient where the bathroom and closets are located.

Take and record the patient's vital signs, and collect specimens if ordered. Measure his height and weight if possible. If he can't stand, use a chair or bed scale and ask him his height. Knowing the patient's height and weight is important for planning treatment and diet and for calculating medication and anesthetic dosages.

Show the patient how to use the equipment in his room. Be sure to include the call system, bed controls, TV controls, telephone, and lights.

Explain the routine at your hospital. Mention when to expect meals, vital sign checks, and medications. Review visiting hours and any restrictions.

Take a complete patient history. Include all previous hospitalizations, illnesses and surgeries; current drug therapy and food or drug allergies. Ask the patient to tell you why he came to the facility. Record the answers as the chief complaint. Record any wounds, marks, bruises on the nursing assessment form.

After assessing the patient, inform him of any tests that have been ordered and when they are scheduled. Describe what he should expect.

Before leaving the patient's room, make sure he's comfortable and safe. Adjust his bed, and place the call bell and other equipment (such as water pitch and cup, emesis basin, and facial tissues) within easy reach.

Post patient care reminders (concerning such topics as allergies or special needs) at the patient's bedside to notify coworkers.

Admitting the pediatric patient

Your initial goal will be to establish a friendly, trusting relationship with the child and his parents to help relieve fears and anxiety, which can hinder treatment. Remember that a child under age three may fear separation from his parents; and an older child may worry about what will happen to him.

Speak directly to the child, and allow him to answer questions before obtaining more information from his parents.

While orienting the parents and child to the units, describe the layout of the room and bathroom, and tell them the location of the playroom, television room, and snack room, if available.

Teach the children how to call the nurse. Stress that she'll always be available to take care of their needs, such as helping them to the bathroom.

Explain the facility's rooming-in and visiting policies so the parents can take every opportunity to be with their child.

Inquire about the child's usual routine so that favorite foods, bedtime rituals, toileting, and adequate rest can be incorporated into the routine.

Encourage the parents to bring some of the child's favorite toys, blankets, or other items to make the child feel more at home amid unfamiliar surroundings.

Task 1 Taking a medical history of a patient

Description

Taking a patient's medical history is a necessary part of nursing assessment. It involves asking the patient about the reason for the visit, and then asking about the health history, as well as the histories of the immediate family members.

Related Information

The information to be gathered

An important part of admitting a patient is information gathering. Although hospital environments may differ, the information gathered generally consists of six parts as follows.

- **Personal details**

These include contact details for the patient and the next of kin. This information is also important for discharge planning (when the patient leaves the hospital).

Next of kin means the nearest relative. What family member is closest to you? That is your nearest relative, or next of kin.

- **Medical and surgical history**

Old notes can be retrieved from Medical Records. But if the patient is new, more questions have to be asked because the medical history has a lot of information. A record of past events and circumstances may be gathered because they are related to a patient's current state of health, including past diseases, injuries, treatments, and other medical facts about the patient, and his family's medical health. Surgical history is any past surgeries a person had and if he/she had complications from them.

• **Allergies**

Some people are allergic to food, medications or latex. An increasing number of patients are allergic to latex products and non-latex products are ordered in these cases.

• **Medications**

These include prescribed drugs, OTC (over-the-counter) medications, herbal medicines and supplements such as vitamins. Patients may not consider mentioning medications bought at a chemist's, or herbal medicines or supplements when being asked the history of medications because they are not prescribed by a doctor. However, interactions with prescribed medications are possible and can be life-threatening.

• **Lifestyle**

This includes activities unique to a person, including diet, level of physical activity, substance abuse.

• **Advance Directive or Living Will**

Advance Directives are instructions given by a person through a legal document which clearly set out the sorts of decision about treatment or lack of treatment they wish to be made on their behalf if they are no longer able to make such decisions themselves because of ill health or dementia.

Greeting

Greeting a patient in a warm and welcoming manner creates a feeling of trust and confidence in the ward staff. It is an opportunity to discover how much the patient knows about their illness and ascertain the level of anxiety which the patient may be feeling. Greeting is a ritual that helps break the ice and paves the way for other appropriate interaction.

The words used in greetings can change significantly with the culture and context. Informal greetings often use non-words and short forms like 'Hi'. Formal meetings use more formal language, such as 'Hello', 'How are you', 'How are you feeling today'.

Discussion of the nursing topic

1. What do you think you should do when a patient is admitted to a hospital?
2. What information should be collected when admitting a patient?
3. Is this information important? Why?

Common questions in taking the patient's history

1. What is your full name? Or what is your first, last, and middle name?
2. What is your date of birth? Or when were you born?
3. What is your address?
4. What is your phone number? Or what is the best way to contact you?
5. What brings you here today? Or what seems to be the trouble today?
6. Why are you here? How severe is your pain?

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7. Have you had any serious illnesses in the past medical history?
8. Have you had any operations?
9. Do any of your family members have health problems?
10. Do you have any allergies?
11. Are you allergic to anything?
12. Are you taking any medications / medicines?
13. How often do you smoke or drink alcohol?
14. What kinds of foods do you eat regularly?

Practice of the task

(Lara, the ward nurse, is admitting Mrs. Smith. Mrs. Smith suffers from hypertension and her BP is unstable recently.)

Lara: Good morning, Mrs. Smith. My name's Lara. I'll be admitting you to the ward today. Would you like to come into the Patient Admission Office so I can get some paperwork done?

Mrs. Smith: Good morning, Lara. Yes, thanks. Can I sit down and then do it?

Lara: Yeah, please take a seat here. You can put your stick on the edge of the chair if you like.

Mrs. Smith: Oh. Thank you, dear.

Lara: How are you feeling today?

Mrs. Smith: Not too bad, thank you. I haven't been waiting for too long at all.

Lara: That's good. Now, I'm going to be taking down some details before you're admitted to the Cardiac Unit today. I'd like to ask you a few questions, if it's all right with you.

Mrs. Smith: Yes, of course. That's fine.

Lara: All right, well now, let me just get the admission form. Would you mind if I check out some details first?

Mrs. Smith: No, not at all. What would you like to know?

Lara: (smiles) I'd just like to check your name and date of birth and see if your identity bracelet is correct. Can you tell me your full name, please?

Mrs. Smith: Yes, it's Doreen Mary Smith and my date of birth is the fifth of June nineteen thirty-three. Quite a while ago, isn't it?

Lara: (smiles and laughs) Not so long ago. Time goes very fast when you're busy, doesn't it? Right now, let's see. Doreen Mary Smith. S-M-I-T-H. That's correct, isn't it?

Mrs. Smith: Yes, that's right.

Lara: And your date of birth is the fifth of June nineteen thirty-three.

Mrs. Smith: Yes.

Lara: All right. Can you tell me what brings you here?

Mrs. Smith: Well, um, I've got high blood pressure. These days I have not been feeling very well. I'm here for some tests. My doctor asked me to come here to see what's going on.

Lara: OK. Now I'd like to ask you something about your past medical history. Have you had any serious diseases in the past?

Mrs. Smith: Yes, I had a mild heart attack two years ago. I was scared at that time.

Lara: [leans towards the patient and nods] Yes, I'm sure you were. Now, er, what about past surgical history? Have you ever had any operations?

Mrs. Smith: I had an ankle replacement ten years ago. It has been working very well.

Lara: Yeah, a long time ago, but it's lucky that it works well. Now, are you taking any medications at the moment?

Mrs. Smith: Yes, my doctor put me on some blood pressure tablets after my heart attack.

Lara: [nods] Do you know what they're called?

Mrs. Smith: I don't know, but I've got them here with me. I was told to bring them.

Lara: Mm. That's good. (smiles) Do you think you can show them to me, please?

Mrs. Smith: Yes, I can. I've got them somewhere in my bag. Here they are. I take them in the morning with breakfast.

Lara: Right, that's fine. You're taking metaprolol to lower your blood pressure. I'll just write down the name of the medication on the admission form. Ok, metaprolol. Do you have any allergies to any medications?

Mrs. Smith: Not that I know of.

Lara: Um. What about food allergies? Any food which are not agreeable to you?

Mrs. Smith: No, no, nothing like that.

Lara: Good. [smiles] Are you allergic to sticking plaster or latex?

Mrs. Smith: No, I've never had any problems before.

Lara: All right. Can you tell me the name of your next of kin?

Mrs. Smith: It's my son, Jeremy. Jeremy Smith.

Lara: Thanks. That's all for me. I'll leave you here for a minute while I get the admitting doctor to come and see you. Are you comfortable?

Mrs. Smith: Yes, thanks. I'm quite all right here.

A. Read the conversation above and answer the following questions.

1. Is Mrs. Smith mobile?
2. Has she been waiting long?
3. Which hospital unit is she being admitted to?
4. Why is Mrs. Smith in hospital?
5. What happened to her two years ago?

6. Does she have any allergies?
7. Does she have a relative who can be contacted during an emergency?

B. Answer the following questions according to the conversation above.

1. Can you tell me your full name, please?

_____

2. Can you tell me why you're here today?

_____

3. Have you had any serious illnesses in the past?

_____

4. Have you ever had any operations?

_____

5. Now, are you taking any medications at the moment?

_____

6. Do you have any allergies to any medications?

_____

7. Can you tell me the name of your next of kin?

_____

C. Work in pairs. Create a conversation between a nurse and a patient for taking a patient history, using the following information.

PATIENT'S NAME: Jane Nelson **CASE NUMBER:** 021286-END
DATE OF BIRTH: 05/21/1940 **DATE:** 06/20/20××

CHIEF COMPLAINT: Jane Nelson is a 76-year-old woman who was admitted to the hospital for a chest X-ray and other tests.

Past medical history: The patient has a long history of arthritis. She had her appendix out when she was sixteen. He had pneumonia two years ago. She takes aspirin every day for her arthritis. Over the last 10 days the patient has had at least five episodes of chest pain, all relieved by rest. She had an episode while gardening which lasted almost 5 minutes before subsiding. She went to her cardiologist office and then was immediately sent to this hospital for further evaluation. She also smokes one pack of cigarettes per day. She is not diabetic. Her family history reveals a brother who has had a coronary artery bypass graft. She's allergic to peanuts.

Vocabulary in this task

latex ['leiteks] *n.* 乳胶
prescribed drugs 处方药
OTC (over-the-counter) 非处方药
herbal ['hɜ:bəl] *adj.* 药草的
supplement ['sʌplimənt] 补充（物）
dementia [di'menʃiə] *n.* 痴呆
ascertain [æsə'tein] *vt.* 弄清，确定
ritual ['ritʃuəl] *n.*仪式
context ['kɔntekst] *n.* 背景，环境
metaprolol *n.* [化] 美托洛尔
sticking plaster 橡皮膏
recurrent [ri'kʌrənt] *adj.* 复发的
cardiologist [' ka:di'ɔlədʒist] *n.* 心脏病科医生
diabetic ['daiə'betik] *adj.* 患糖尿病的
coronary ['kɔ:rənəri] *adj.* 冠的；冠状的
bypass ['baipæs] *n.* 旁路，支路
a coronary artery bypass graft 冠状动脉搭桥手术
peanut ['pi:nʌt] *n.* 花生

Task 2 Using active listening strategies to put a patient at ease

Description

Active listening strategies ensure that the listener gives feedback to show understanding or interest in the speaker's message in order to put the patient at ease.

Related Information

The importance of active listening strategies

The patient being admitted to a hospital may feel worried about what will happen. It's very important to put a patient at ease. If the patient is not at ease, he may feel anxious and not take in important information. At the same time, the patients who are anxious do not comply well with instructions. So active listening strategies are used to put the patients at ease, show interest

in what is being said, and confirm understanding of what has been said. These include gestures, body position—for example, leaning towards the speaker—nodding, making "listening noises", respecting personal space and maintaining comfortable eye contact.

Tips of easing the patient

Sensitive topics can be broached more easily if the patient feels relaxed and comfortable. The kindly words, the cheerful greetings, the sympathetic looks are understood by the patient. Meanwhile, when talking to the patient, the use of non-verbal communication such as body language, body postures or body movements is also very important. There should be no mismatch between verbal and non-verbal communication. Gestures, usually hand movements, which add non-verbal cues, may have different meanings in different cultural settings and should be used with cautions.

Culture

Culture may be defined as the learned and shared beliefs, values and life ways of a particular group. Cultural competence is the ability to provide effective care for clients who come from different cultures. Culture care in nursing is defined as "the subjectively and objectively learned and transmitted values, beliefs and patterned life ways that assist, support, facilitate, or enable another individual or group to maintain their health and well-being, to improve their human condition and life way, or to deal with illneses, handicaps, or death. Acquiring skills related to culturally competent nursing practice is important for better client outcomes, satisfaction and quality of care.

Common patterns and questions in putting a patient at ease

1. I wonder if I could have a talk with you about your blood pressure management before you go home.
2. Now, you've had a bit of a shock with your blood pressure, haven't you?
3. You did well to remember all the information.
4. It's a lot to take in at once and I'm really pleased that you're ready to go.

Discussion of the nursing topic

1. Why is it important to put a patient at ease?
2. What are active listening strategies?
3. Do you think listening strategies are important and why?
4. What roles does cultural sensitivity play when putting a patient at ease?

Practice of the task

(Susanna, the ward nurse, is giving an instruction to Mr. Cox, who is going home from hospital.)

Susanna: Hello, Mr. Cox. I wonder if I could have a talk with you about your blood pressure

management before you go home.

Mr. Cox: Hello. Susanna. Yes, go ahead.

Susanna: Great. I'll just sit down and then chat with you [gets a chair and sits down]. Now, you've had a bit of a shock with your blood pressure, haven't you?

Mr. Cox: Yeah, you're right there. I had no idea about my blood pressure. I mean I was feeling easily more tired than usual, and my wife said she noticed that my face was a little flushed. The problem is that I never thought about blood pressure.

Susanna: Mm, yeah (nods). That's probably why it is called the "silent killer". For most people, they don't know they are hypertension sufferers until a shock comes to them. The only symptom people have of hypertension is high blood pressure itself.

Mr. Cox: Like what? You say, it's come as a bit of a shock. So, what do I have to do when I go home? What should I watch for?

Susanna: Well now, do you remember yesterday we discussed the sort of lifestyle changes I'd like you to look at?

Mr. Cox: Yes, I've got all the information about the Stop Smoking service, and I've started on the nicotine patches. The dietitian told me yesterday about a healthier diet. My wife even bought a cookbook, especially for a hypertension sufferer! Both of us will start the exercise program here at the hospital. Was there anything I should pay attention to?

Susanna: (laughs) I hope the recipe book works for you. I can see you cooking up a storm in the kitchen.

Mr. Cox: I have no idea about that. I don't think my wife would agree with you.

Susanna: You did well to remember all the information. It's a lot to take in at once and I'm really pleased that you're ready to go. The only other thing that we need to talk about is your blood pressure itself. It would be a good idea to buy a small digital blood pressure monitor and take your blood pressure regularly. That way you can keep an eye on it by yourself. It puts you in charge of your own health. I think that's important, don't you?

Mr. Cox: Yeah, you're right. It's much better that way.

A. Read the conversation above and then answer the following questions.

1. Why did Susanna want to talk to Mr. Cox?
2. Did Susanna use active listening strategies whilst taking Mr. Cox's details? If yes, find out the examples.
3. What could be changed for Mr. Cox?
4. Is there a need for Mr. Cox to take his blood pressure regularly?
5. How to take Mr. Cox's blood pressure according to Susanna?

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