

# 實用護士英文

林美華編譯

實用護士英文

編著 林美華 李天敏 合

發行者 李天敏

出版者：新時代出版社

台南市崇德路五五〇巷八十號

電話：四八八二六二六〇

印刷者：世界彩色印刷廠

台南市文和街三十六號

定價：新台幣玖拾元

港幣拾捌元

## 本書介紹

英文是臨床上醫療小組人員溝通時必備的工具之一，為使溝通具有正確性與時效性，護理人員必須具備相當程度的語文能力。然而一般護生在學習護士英文當中，常會遭受許多的困難，而導致在未來的實習中，產生學習障礙，基於此因素，本公司特推出此書。

本書是依臨床上常見的疾病、症狀及治療等而編寫成的。其內容不僅囊括基本的醫學名詞，更是言簡意賅、生動活潑的介紹了有關的學理，幫助讀者藉由文意來了解及記憶醫學名詞。

祈望本書可以啓發讀者的學習興趣及動機，透過學習護士英文之過程，更融會貫通的了解各科醫護知識，使您成為一位真正優秀的護理人員。

編輯部

# 目 錄

Lesson 1	ABORTION .....	流 產	1
✓ 2	ANEMIA .....	貧 血	9
3	ANTIBIOTICS .....	抗 生 素	18
4	APPENDICITIS .....	闌 尾 炎	24
5	ARRHYTHMIA .....	心 律 不 整	35
6	BREAST TUMORS .....	乳 房 腫 瘤	40
7	BURN .....	燒 傷	45
8	CARDIAC ARREST .....	心 跳 停 止	50
9	CESAREAN SECTION .....	剖 腹 產	55
10	COMA .....	昏 迷	60
11	CONSTIPATION .....	便 秘	66
12	CORONARY ARTERY DISEASES .....	冠 狀 動 脈 疾 患	70
13	DEHYDRATION .....	脫 水	80
✓ 14	DIABETES MELLITUS .....	糖 尿 病	83
✓ 15	DIARRHEA .....	腹 瀉	91
16	DIET .....	飲 食	97
17	ECZEMA .....	濕 疹	100
18	EDEMA .....	水 腫	104
19	HEART FAILURE .....	心 臟 衰 竭	107
20	LIVER .....	肝 臟	115
21	OVARIAN TUMORS .....	卵 巢 腫 瘤	122
✓ 22	PEPTIC ULCER .....	消 化 性 潰 瘍	129
23	SHOCK .....	休 克	136
		索 引	143

# ***1* \_\_\_\_\_ ABORTION**

Abortion is the termination of pregnancy before the fetus is viable,<sup>1)</sup> that is, before the fetus is capable of extrauterine existence.

Both abortion and miscarriage refer to the termination of pregnancy before the fetus is capable of survival outside the uterus.

Miscarriage connotes a spontaneous or natural loss of the fetus. However, laymen interpret the word abortion to mean deliberate interruption of pregnancy, and it is advisable to use the word miscarriage when discussing spontaneous abortion<sup>2)</sup> with a patient or her family.

Spontaneous abortion is the termination of a previable conception<sup>3)</sup> through natural causes and without the aid of mechanical or medicinal agents.

Threatened abortion<sup>4)</sup> is diagnosed when a patient in early pregnancy has vaginal bleeding or spotting,<sup>5)</sup> that may or may not be associated with mild cramps.<sup>6)</sup> Vaginal bleeding with or without intermittent pain is usually

the first sign.<sup>7)</sup> If the embryo<sup>8)</sup> is still alive and attachment to the uterus has not been interrupted, pregnancy may continue. The cervix<sup>9)</sup> is usually closed. Presumably, the process has started but may abate spontaneously or respond to suitable treatment, or it may proceed to a more advanced clinical stage.

Inevitable abortion<sup>10)</sup> is the one which has advanced to a stage where termination of pregnancy cannot be prevented. Bleeding is marked, and the pains are more severe. The membranes<sup>11)</sup> may or may not have ruptured, and the cervical canal<sup>12)</sup> is dilating. Part of the product of conception<sup>13)</sup> is usually palpable within the cervical os.<sup>14)</sup>

Complete abortion<sup>15)</sup> is the expulsion of the entire product of conception.

In incomplete abortion,<sup>16)</sup> part of the product of conception has been retained in the uterus. Usually, the fetus is passed, but the membranes and placenta, either entire or in part, are retained in the uterus. Bleeding usually persists until the uterus is empty, and infection is common in neglected cases.

In missed abortion,<sup>17)</sup> the fetus dies in the uterus, but instead of being expelled, it is retained for some time. The term is usually applied to cases in which a dead nonvi-

able fetus and other products of conception are retained in utero for 2 months or longer. During this period, the fetus undergoes marked degenerative changes,<sup>18)</sup> of which maceration<sup>19)</sup> is the most common.

Habitual abortion<sup>20)</sup> is a condition in which abortion occurs in successive pregnancies (3 or more).

Most spontaneous abortions occur during the 2<sup>nd</sup> and 3<sup>rd</sup> months of pregnancy, that is, before the 12<sup>th</sup> week.

Almost invariably, the first symptom is vaginal bleeding due to the separation of the ovum<sup>21)</sup> from its uterine attachment. The bleeding is often slight at the beginning and may persist for days before uterine cramps occur, or it may be followed at once by cramps. Occasionally, the bleeding is so massive that the patient may go into shock.<sup>22)</sup> Eventually, the cervix dilates and the products of conception are expelled, completely or incompletely. In most cases, the embryo has been dead for a period of weeks before the abortion is completed.

Among causes of spontaneous abortion are faulty development<sup>23)</sup> of the embryo, abnormalities of the placenta, endocrine disturbances, acute infectious diseases, severe trauma and shock.

The frequency<sup>24)</sup> of abortion is estimated that 10 to 15

per cent of pregnancies end in abortion.

In general, the two major complications associated with abortion are hemorrhage<sup>25)</sup> and infection. Perforation<sup>26)</sup> of the uterine wall can occur if a dilatation and curettage (D and C)<sup>27)</sup> is employed as a procedure for the removal of the uterine contents.<sup>28)</sup> Unless retained fragments are removed and the uterine cavity<sup>29)</sup> thoroughly emptied, there is danger of hemorrhage and infection.

Hemorrhage is most likely to occur during or immediately after loss of the fetus. Elevated body temperature usually indicates infection, as does the presence of a foul-smelling vaginal discharge<sup>30)</sup> and pelvic pain. As soon as the diagnosis of a uterine infection has been established, the patient is started on a regimen of antibiotic therapy,<sup>31)</sup> bed rest,<sup>32)</sup> and other measures to facilitate the body's healing processes. Intravenous fluid<sup>33)</sup> and blood transfusion<sup>34)</sup> may be needed. Since acute renal failure<sup>35)</sup> is a possible, though rare, complication<sup>36)</sup> of post-abortion sepsis,<sup>37)</sup> it is important to keep an accurate record<sup>38)</sup> of fluid intake and output<sup>39)</sup> in such case.



- 1) viable [ `vaɪəbl ] 生存的  
viability [ ,vaɪə`bɪlətɪ ] 生存力  
to reach viability [ tu ri:tʃ ,vaɪə`bɪlətɪ ]  
以獲得生存力
- 2) spontaneous abortion [ spɒn`tenəs ə`bɔ:ʃən ]  
自然流產
- 3) previable conception [ prɪ`vaɪəbl kən`sɛpʃən ]  
在有生存能力之前的妊娠
- 4) threatened abortion [ `θrætnd ə`bɔ:ʃən ] 先兆流產
- 5) vaginal spotting [ `vædʒənəl spɒtɪŋ ] 陰道點狀出血
- 6) cramps, abdominal cramps  
[ kræmps, æb`domənəl kræmps ] 痙攣, 腹部痙攣
- 7) first sign [ fɜ:st saɪn ] 最初的徵候  
signs and symptoms of pregnancy  
[ saɪnz ənd sɪmptəmz əv `prɛɡnənsɪ ]  
妊娠的徵候與症狀
- 8) embryo [ `embri,o ] 胎胚  
fetus [ `fitəs ] 胎兒
- 9) cervix, cervix uteri [ `sɜ:vɪks, `sɜ:vɪks`jutərəɪ ]  
子宮頸
- 10) inevitable abortion [ ɪn`evətəbl ə`bɔ:ʃən ]  
不可避免的流產
- 11) membranes [ `membrens ] 卵膜

ruptured membranes [ `rʌptʃəd `membrens ] 破水

12) cervical canal [ `səvɪkl kə`næl ] 子宮頸管

13) product of conception [ `prədəkt əv kən`sɛpʃən ]

受孕物

14) cervical os [ `səvɪkl əs ] 子宮口

internal os [ ɪn`tənl əs ] 內子宮口

external os [ ɪk`sʈənl əs ] 外子宮口

15) complete abortion [ kəm`plɪt ə`bɔ:ʃən ] 完全性流產

16) incomplete abortion [ ɪnkəm`plɪt ə`bɔ:ʃən ]

不完全性流產

17) missed abortion [ mɪsd ə`bɔ:ʃən ] 死胎流產

18) degenerative changes [ dɪ`dʒɛnə,retɪv tʃendʒs ]

變性的改變

degeneration [ dɪ`dʒɛnə,refən ] 變性

19) maceration [ ,mæsə`refən ] 浸軟

20) habitual abortion [ hə`bɪtʃuəl ə`bɔ:ʃən ]

習慣性流產

21) ovum [ `ovəm ] 卵

22) go into shock [ go `ɪntu ʃək ] 進入休克

23) faulty development [ `fɔltɪ dɪ`veləpmənt ] 發育異常

24) frequency [ `frɪkwənsɪ ] 頻率

25) hemorrhage [ `hemərɪdʒ ] 出血

hemorrhage shock [ `hemərɪdʒ ʃək ] 出血性休克

26) perforation [ ,pəfə`refən ] 穿孔

27) dilatation and curettage, D and C

[ dɪlə`teʃən ənd kju`rɛtɪdʒ ]

子宮頸擴張刮除術。這是一種（初期）妊娠中斷方法

28) uterine contents [ ˈjʊtərɪn kənˈtents ] 子宮的內容物

29) uterine cavity [ ˈjʊtərɪn ˈkævəti ] 子宮腔

30) vaginal discharge [ ˈvædʒənəl dɪsˈtʃɑːdʒ ]

陰道分泌物

31) antibiotic therapy [ ˌæntɪbaɪˈɒtɪk ˈθerəpi ]

抗生素治療

antibiotics [ ˌæntɪbaɪˈɒtɪks ] 抗生素

broad-spectrum antibiotics

[ brɒd ˈspektrəm ˌæntɪbaɪˈɒtɪks ] 廣效性抗生素

32) bed rest, rest in bed [ bɛd rɛst, rɛst ɪn bɛd ]

臥床休息

bed rest with bath room privilege

[ bɛd rɛst wɪθ bæθ rum prɪvɪlɪdʒ ]

在個人套房臥床休息

33) intravenous fluid [ ˌɪntrəˈvɪnəs ˈfluɪd ]

靜脈注射給液

34) blood transfusion [ blʌd trænsˈfjuːʒən ] 輸血

whole blood transfusion [ hɒl blʌd trænsˈfjuːʒən ]

全血輸血

exchange transfusion [ ɪksˈtʃendʒ trænsˈfjuːʒən ]

換血

35) acute renal failure [ əˈkjuːt ˈrɪnl ˈfeljə ]

急性腎衰竭

heart failure [ hɑːt ˈfeljə ] 心衰竭

36) complication [ ˌkʌmpləˈkeɪʃən ] 合併症

medical complication [ `mædɪkl ,kɑmplə`keʃən ]

內科合併症

operative complication [ `ɑpə,retɪv ,kɑmplə`keʃən ]

手術合併症

post-operative complication

[ post `ɑpə,retɪv ,kɑmplə`keʃən ] 手術後合併症

37) post-abortion sepsis [ post ə`bɔ:ʃən `sepsɪs ]

流產後敗血症

38) keep an accurate record of ~

[ kip ən `ækjərɪt rɪ`kɔd əv ] 保持正確記錄

39) fluid intake and output [ `fluɪd `ɪn,tek ənd `aʊt,pʊt ]

液體的攝取與排出

urinary output [ `jʊərə,nɛrɪ `aʊt,pʊt ] 尿排出量

cardiac output [ `kɑ:dɪ ,æk `aʊt,pʊt ] 心輸出量

## 2 ANEMIA

The blood circulating<sup>1)</sup> in the arteries,<sup>2)</sup> veins,<sup>3)</sup> and capillaries<sup>4)</sup> is made up of red blood cells (erythrocytes),<sup>5)</sup> white blood cells (leukocytes),<sup>6)</sup> platelets,<sup>7)</sup> and plasma.<sup>8)</sup>

In a normal sample of blood in which the cellular elements (red blood cells and white blood cells) are separated from the fluid portion (plasma), cells make up slightly less than half the total volume of blood, and the liquid that transports them (plasma) makes up slightly more than half the total volume. Hemoglobin is a protein molecule found in the red blood cells. It absorbs oxygen from the lungs and releases oxygen to the cells of the body.

Anemia<sup>9)</sup> is the condition in which there is a reduction in the number of red blood cells per cubic millimeters or of the hemoglobin content of the red blood cells, or both, with corresponding reduction in the oxygen-carrying capacity<sup>10)</sup> of the blood.

Anemia exists when hemoglobin content is less than 13

-14 mg/100 ml for males or 11-12 mg/100 ml for females.

Anemia is not a disease; it is a symptom of a number of different diseases or disorders. It may be caused by poor diet, loss of blood, industrial poison, diseases of the bone marrow,<sup>11)</sup> or any of many other conditions. Careful diagnosis is very important, since treatment varies according to the cause of the anemia.

Anemias are classified on the basis of morphological<sup>12)</sup> differentiation and mean corpuscular volume<sup>13)</sup> (MCV) as normocytic,<sup>14)</sup> macrocytic<sup>15)</sup> and microcytic;<sup>16)</sup> mean corpuscular hemoglobin concentration<sup>17)</sup> (MCHC) as normochromic,<sup>18)</sup> hypochromic,<sup>19)</sup> and hyperchromic;<sup>20)</sup> and etiology.

The main causes are : (1) blood loss<sup>21)</sup> due to hemorrhage<sup>22)</sup> either external or internal; (2) excess red blood cell destruction as in hemolytic anemias<sup>23)</sup> and sickle cell anemia<sup>24)</sup> and (3) diminished or defective red blood cell production as in iron deficiency anemias,<sup>25)</sup> vitamin C deficiency anemia, pernicious anemia<sup>26)</sup> and bone marrow toxicity anemias.<sup>27)</sup>

Symptoms depend upon whether the onset<sup>28)</sup> of anemia is sudden, as in severe hemorrhage, or gradual. Mild degrees of anemia often cause only slight and vague

symptoms, perhaps nothing more than a lack of energy. The anemic person may also become fatigued more often and more easily. In more severe cases of anemia, exertion causes shortness of breath.<sup>29)</sup> This may be accompanied by palpitation<sup>30)</sup> and a rapid pulse and heart action. These symptoms are caused by the inability of anemic blood to supply the body tissues<sup>31)</sup> with enough oxygen.

If the onset of anemia is slow, the body may adjust so well that there will be no functional impairment,<sup>32)</sup> even though the hemoglobin may be less than 6 mg/100 ml of blood. In all cases, however, the striking sign is the pallor of the skin, palms of the hands, fingernail beds, conjunctiva<sup>33)</sup> and mucous membranes.<sup>34)</sup> The color of the skin may be misleading except in cases due to severe hemorrhage, as the skin of many people is normally pale. The best guide is the color of the internal lining of the eyelid.

When the onset of anemia is sudden, the patient complains<sup>35)</sup> of weakness, and loses consciousness if he tries to stand or sit up. The breathing is rapid (tachypnea)<sup>36)</sup> and distressed, the pulse is rapid (tachycardia),<sup>37)</sup> and the blood pressure<sup>38)</sup> is low.

The patient may complain of a sore tongue<sup>39)</sup> which is

often beefy red, and numbness and tingling of the fingers. The patient not infrequently has brittle or "spoon-shaped" fingernails. Other symptoms may include general malaise,<sup>40)</sup> weakness, vertigo, headache, drowsiness, dyspnea,<sup>41)</sup> amenorrhea,<sup>42)</sup> loss of libido and slight fever.

Anemia is diagnosed by means of blood tests.<sup>43)</sup> A sample of the patient's blood is examined under a microscope, and the number, size, color, and shape of the erythrocytes<sup>44)</sup> are determined; the amount of hemoglobin in the sample is also measured. If these studies of the blood indicate signs of anemia, other tests, such as sternal puncture<sup>45)</sup> or other bone marrow examinations,<sup>46)</sup> may be necessary.

In severe iron deficiency anemia, the red cells are smaller than normal and each cell carries a smaller than normal amount of hemoglobin. In men, iron deficiency is rare unless there has been hemorrhage. In women who are menstruating, recurrent blood loss (and iron) occurs regularly and, similarly, these women are subject to pregnancies, each of which creates a new drain upon iron stores. If iron loss is not being replaced through the iron in the diet or by the therapeutic administration of iron, iron deficiency and a hypochromic-microcytic anemia



inevitably occurs. Iron deficiency anemia is by far the most common type of anemia due to insufficient intake of iron because of an inadequate or ill-balanced diet, or impaired absorption,<sup>47)</sup> or to excessive loss as in hemorrhage, or to increased bodily needs as in pregnancy.

The blood picture<sup>48)</sup> in iron deficiency states show a hypochromic-microcytic anemia (color index<sup>49)</sup> below 1, mean corpuscular volume low, mean corpuscular hemoglobin low).

On blood smear,<sup>50)</sup> the red cells stain<sup>51)</sup> poorly, reflecting the relatively low hemoglobin content; the cells are smaller than normal and unusual shapes of red blood cells (anisocytosis<sup>52)</sup> and poikilocytosis)<sup>53)</sup> are commonly present. Serum iron values are low. There is no bilirubinemia;<sup>54)</sup> the reticulocyte count<sup>55)</sup> is normal or low and bone marrow aspiration<sup>56)</sup> reveals essentially normal findings.