

护患情境会话 精选**50**例

李惠玲 林 璐◎主编

Fifty Selected Cases of Nurse-Patient Communication



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Fifty Selected Cases of Nurse-Patient Communication

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前 言

自从中英文对照的《护患情境会话 100 例》问世(出版)后,受到业内外人士的普遍青睐,尤其得到外国友人和境外同胞的欢迎,原因主要源于临床真实情境的再现以及英语支持,使之成为国内外同道顺达交流沟通的专业书籍,更为诸多护理院校案例教学和青年护士沟通培训提供了素材。之后曾有中华医学会电子音像出版社以动漫形式呈现于《临床实践双语教材》并荣获苏州大学教学成果一等奖殊荣。

鉴于教材的受众人群以及携带学习所需,经过编委会跟踪教材使用效果及学习者的需要,本着以读者为中心的人本理念,从原来 126 例会话案例中精选 50 例,并邀请美国专家以及护理专业英语教师、医生、临床护士重新修改并增加配音后,作为护理人员学习沟通技巧和专业英语的辅导教材,期望能够更方便护理人员学习和使用。

感谢为此书付出辛勤劳动的美国乔治梅森大学吴·袁剑云全家、美国 Steven Pieter Bol, Denise Marie Bol 夫妇以及苏大附一院相关护理同道的努力协作,将护理病人的亲身体验和对病患家庭感同身受的人文关怀情感与护理技术融为一体,构成一本真切爱至的立体教科书。点点滴滴渗透、潜移默化引导,将专业化的护理和职业化的语言以临床真实的情景呈现给读者,并加入安宁照护的人文关怀灵魂篇,达到既学语言、又学专业化护理的目标。另外,也感谢苏州广电局同道的无私帮助和支持。

在我院即将迎来 ⅓30 年华诞之际,谨以此书作为医院护理同道仁心精技、善待病家、优质护理的真情奉献。

由于配音时间较为仓促,如有不到之处敬请读者谅解包容,及时将意见反馈给主编本人或出版社,以便今后不断修正,使之更臻完善。

李惠玲 2012 年 11 月 28 日



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第一部分 内科护患沟通 Part I Medical Nursing Care





急诊 PTCA 病人的术前指导

Pre-procedure Instructions for an Emergency Percutaneous Transluminal Coronary Angioplasty (PTCA) Patient

杨小芳 陆敏霞

背景/ Background

王先生.52岁,大学文化程度,因胸闷不适、胸痛6小时,ECG示: "急性前壁心肌梗死"而入院。入院后医生决定为王先生立即行急诊 PTCA术。王先生知道后,原本就十分紧张的他变得沉默起来。细心 的床位护士小李发现了王先生的情绪变化,来到了病人床边。

Patient Mr. Wang, 52 years old with a college education, was hospitalized because of chest discomfort and pain for six hours. He was diagnosed by ECG to have an acute anterior myocardial infarction. The physicians decided to perform an emergency PTCA for him. When the very nervous Mr. Wang heard about this, he became very withdrawn. His nurse, Miss Li, perceived the change of his mood and went to talk to him.



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交流/Interactions

护士:王先生,您胸痛好些了吗?

Nurse: Mr. Wang, is your chest pain getting better?

病人:唉!(王先生叹了口气)挂了这瓶水,胸痛已好多了。但是,刚才医生告诉我,要马上给我做手术,毕竟这是在心脏动手术,风险一定很大。我担心万一手术失败,我是否还能回到自己家?

Patient: (sighing) I feel much better now since they gave me the transfusion. But the doctor told me that I would need a surgery immediately. There are certain risks of having heart operations. Therefore, I am worried if I'll ever be able to go back home if the operation fails.

护士:是的,我非常能理解您现在的担忧。这个手术是有一定的风险,但是,我要告诉您,其实这是一种创伤很小的手术治疗方法,比外科手术风险小多了。手术时只需在您的大腿根部打上麻醉药,然后穿刺插管,就像平时打针一样稍微有些疼痛。我相信您一定能行,而且您在整个手术过程中始终是清醒的。

Nurse: Yes, I understand your concern very much. This procedure has some risk, but I should tell you that this procedure has much less risk when compared with the surgery because the incision is relatively very small. In this procedure, the physician will insert a tube into the femoral artery after local anesthesia. You will feel very little pain, almost like having an ordinary injection. Also during the procedure, you will be fully conscious. I am sure you can handle it.

病人:这些疼痛我倒是不怕,只是我的血管已经堵塞,怎么可能再 打通呢?万一不小心把血管捅破了,我不就没命了吗?

Patient: I am not afraid of the pain. But since my coronary artery is occluded completely, how can it be reopened? I will die if the blood vessel ruptures.

护士:您放心,我们几乎每个星期都有这种手术,还未发生过类似情况。况且,给您做手术的医生是一位非常有经验的主任。您瞧隔壁

第一部分 内科护患沟通

床的张大爷,都74岁了,上个星期也做了与您同样的手术,现在已下 床活动啦。

Nurse: Don't worry. We perform this kind of operation almost every week without any incident. The doctor who will perform the procedure for you is a very experienced physician. The patient next to your bed, Mr. Zhang, 74 years old, underwent the same operation last week. He has recovered nicely and is out of bed moving around.

病人:哦,听你这么一说,我放心多了。

Patient: Really? This makes me feel much better now.

护士: 为了让您术中、术后与医生更好地配合, 我来给您简单讲一 下手术过程及术后需注意的事项,好吗?

Nurse: OK. Now let me tell you a little bit about the procedure so that you'll be able to cooperate better with the medical personnel during and after the procedure. OK?

病人:太好啦,我的确很想知道这些内容。

Patient: That's great. I do want to know it.

护士:(拿出手中的宣教图片)您看这幅图,您的一根冠状动脉已 被堵塞,导致一部分心肌长时间因缺血缺氧而坏死。手术时,医生首 先在大腿根部的股动脉处穿刺,将导管送至冠状动脉口,注入造影剂, 以明确病变的部位和程度。再根据造影结果,送入球囊导管,加压扩 张球囊后,使堵塞的冠状动脉重新开通,恢复血流,必要时还将植入一 枚金属支架,使冠状动脉持续扩张,就像图中的一样。我这样讲解,能 让您理解吗?

Nurse: (taking out an illustration for the patient) Look at this picture, Mr. Wang. One of your coronary arteries is occluded. This has caused myocardial infarction due to lack of blood and oxygen to the myocardium for an extended period. So first, the physician will puncture the femoral artery and insert a catheter into the opening of the coronary artery. He will then take a coronary angiogram to determine where the stenosis is and its severity. Finally he will deliver a balloon catheter to dilate and reo-

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pen the occluded artery to allow the blood to flow. A stint will be planted if necessary. Do you understand my explanation?

病人:明白了。手术后我的心肌重新恢复了血液供应,我就不会有胸痛了,是吗?

Patient: Yes, I see. Therefore, I will have no more chest pain after the operation because of the re-supply of blood to the myocardium. Is this right?

护士:是的,一般情况下不会再发生胸痛。由于术中穿刺大动脉, 为了避免伤口出血,术后您还需要平卧位休息 24 小时,动手术的那条 腿要禁动 12 小时。如果无异常,24 小时后您就可以适当在床上活 动啦。

Nurse: Yes, usually there will be no more chest pain. However, because of the punctured femoral artery, you must stay in bed for 24 hours, and keep your leg from moving for 12 hours to avoid bleeding. You may move around in bed after 24 hours if nothing is wrong.

病人:是吗? 24 小时不动,如果要小便,怎么办呢?

Patient: Really? Twenty-four hours? What should I do if I want to urinate?

护士:所以,现在开始,您就要在床上训练躺着排尿和进食。

Nurse: You must learn to urinate with a bed pan and eat in bed.

病人:好的,我会练的。

Patient: OK, I will.

结果/ Result

由于小李的耐心疏导和细心讲解,王先生消除了顾虑,以较好的心理状态接受了急诊 PTCA 手术治疗。术后 24 小时床上进食、排尿,局部穿刺伤口愈合良好。王先生高兴地称赞小李的一番术前谈话,对他来说真是非常有帮助的。

After Nurse Li's support and detailed explanation, Mr. Wang's worries were alleviated and he underwent the emergency PTCA at ease. He