

护理  
专业  
英语

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主 主  
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*Nursing*

*English*



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# 护理专业英语

雷 慧 主编  
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1997.5.

中华护理学会名誉理事长，南丁格尔奖、斯诺奖获得者 林菊英 先生  
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## 前 言

为了深入我国护理教育事业的改革,确保护士所学内容均能为护理实践服务,突出护理专业英语的特点,同时帮助中国护理人员了解世界先进国家的护理教育内容,我们在第一版《护理英语》的基础上编写了《护理专业英语》一书。

《护理专业英语》是供英语护理专业及高护专业学员使用的专业英语教材,它是介于英文和护理汉语课程之间的一座桥梁,即是大量医学、护理的临床知识以英文的形式表现出来。《护理专业英语》的主要作用有二:一是教给学生如何用英文表达护理知识,制定护理计划,填写护理文件,并能在对外护理实践中进行语言(英文)交流。二是反映当今发达国家护理教育及护理实践的重点内容。

《护理专业英语》较原来的《护理英语》课文部分增加了一倍。各科的内容均有不同程度的补充,并增加了五官科护理、传染科护理、老年护理、药物护理等内容。课文内容力求反映各科的主要内容,部分疾病的护理完全是按护理程序编写。此外,本书编写以目标教学为主线,共分三级目标,即课程目标、单元目标和课时目标。将教学目标、课文、测评题有机地结合起来。再加上英汉对照及参考答案,使此书具有目标明确,课文内容新颖,知识性强,深入浅出,文句通顺上口,便于目标教学等特点,是英护专业及高护专业理想的专业英语教材。

本书基础护理部分由陈勤、彭幼清、周意丹、蒋鹤生、秦丽娟、刘东晓、江晓东、朱光、徐晓伊、蔺敏、张永红、房立敏等同志编写;内—外科护理部分由卢安、马秀芬、谭太平、刘红云、房立敏、刘东晓、秦丽娟、张莉莉、蒋鹤生、彭丽芳等同志编写;妇产科护理由党俊卿、吕耀凤、迟玉友等同志编写;儿科护理部分由于海红、仇明春等同志编写;老年护理部分由金星星、邵燕仪等同志编写;精神科护理部分由雷慧、刘凤淑、焦莉萍、李兰英等同志编写;药物护理部分由郭庆、郭冬梅等同志编写。

参加本书编写的单位有河北省承德卫校、河南医科大学附属卫校、浙江省杭州卫校、山东省济南卫校、山东滨州医学院护校、湖南省衡阳卫校、湖北省黄石卫校、湖北省襄樊市卫校、四川省万县卫校、山西省晋东南卫校、广东省广州市卫校、黑龙江省哈尔滨市卫校、河北省承德民族师范专科学校、河北省承德医学院、山东省千佛山医院、广空 87434 部队医院、河北省防疫站、河北省承德市职教中心、河北省承德第一中学等近 20 所院校。在编写过程中,承蒙卫生部、全国英护协作会及各参编单位领导的大力支持,并提供了许多宝贵意见,在此表示衷心的感谢。

《护理专业英语》编写组

1997、12、25

## 内 容 提 要

本书包括基础护理、内—外科护理、妇产科护理、儿科护理、老年护理、精神科护理及药物护理等七个部分的内容,共 56 课。其课文大小配合,深入浅出。或从某个疾病的侧面谈论,或按护理程序展开,概括了本部分的重点知识、必要的英文词汇及医护术语。每部分后列出必要的增补词汇,便于对本部分系统掌握。全书涉及医护英文词汇 3000 余条。

每课包括正文、生词注释、课文注释,并配有适量达标测评题。课文后附有译文及参考答案。

此书既可作为英护及高护专业学员的专业英语教材,又可作为临床护理工作人员的参考读物。由于此书涉及到国外各科护理的主要内容,所以,又是护士参加出国考试的良师益友。

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## PART ONE FUNDAMENTALS OF NURSING

### Objectives :

1. Write out in English the everyday terms concerning <sup>基本</sup> fundamentals of nursing.
2. Explain the compositions and functions of the nursing process.
3. Relate the development of the theory of nursing and its influence up on nursing practice.
4. correctly carry out nursing assessment. <sup>评估</sup>
5. perform everyday nursing skills safely and <sup>准确地</sup> accurately.
6. Have the ability to read in the original books concerning fundamental nursing with the help of dictionaries.
7. Lay a foundation for the study of various clinical subjects by learning the theory of nursing and basic nursing care skills.

### UNIT 1

### THE PHILOSOPHY OF NURSING

### Objectives :

1. Understand Rogers' idea on nursing.
2. Explain Parse's Man—Living—Health theory.
3. Explain King's Goal—Reach theory.
4. Explain Roy's Adaptation Model theory.
5. Explain Orem's Self—Care theory.

Nurses are in a special position to think about the meaning and sequence of life as they care for the person/family/ group—ill or well. Philosophy of nursing should be the foundation for both the theory and practice of nursing. A study of philosophy reveals how world events and discoveries have influenced the development of nursing, its achievements through the years, what is being done now, and what may be done in the future. Some famous thinkers in the world put forward different theories on nursing.

Rogers describes man and environment as energy fields in mutual interaction with each other. The open energy interchange between man and environment creates distinct patterns. Man and environment can be recognized by these patterns. Rogers believes that the uniqueness of nursing, like that of any other science, lies in the phenomenon central to its purposes. Nursing's long—established concern with human beings and their world is a natural forerunner of an organized abstract system encompassing people and their environments. Individuals are different from the sum of parts and the integrality of human beings and environment coordinate with a universe of open systems. The irreducible nature of individuals identifies the focus of a new paradigm and initiates nursing's identity as a science. Nursing as a

learned profession is both a science and an art. When nursing is perceived as a science, the term "nursing" becomes a noun signifying "a body of abstract knowledge". The nurses should learn enough abstract theoretical knowledge about nursing by education. Only in this way can people be nursed perfectly. Research in nursing is the study of unitary human beings and their environments.

Parse describes man as an open being free to choose meaning in a situation. Man—Living—Health is a theory which evolves from the simultaneity paradigm. This theory expounds that man is an open being more than and different from the sum of parts in mutual simultaneous interchange with the environment and is recognized by these patterns. Health is considered as a process of becoming experienced by the individual. Health is man's unfolding. It is man's lived experience, a nonlinear entity that cannot be qualified by terms such as good, bad, more or less. It is not man adapting or coping. Unitary Man's health is a synthesis of values, a way of living. It is not the opposite of disease or state that man has, but rather is a continuously changing process that man cocreates.

King describes that individuals are social, sentient, rational, reacting, perceiving, controlling, action—oriented, time—oriented beings because she believes that human beings interact with the environment. The specific assumptions about nurse—client interaction are the following:

1. Perceptions of nurse and of client influence the interaction process.
2. Goals, needs and values of nurse and of client influence the interaction process.
3. Individuals have a right to know about themselves.
4. Individuals have a right to take part in decisions that influence their life, health and community services.
5. Health professionals have a responsibility to exchange information that helps individuals make reasonable decisions about their health care.
6. Individuals have a right to accept or to reject health care.
7. Goals of health professionals and of recipient of health care may be incongruous.

Roy's Adaptation Model provides three postulates for the development of nursing science, namely adaptation problems, coping mechanisms, and nursing intervention. Each proposed postulate is directed toward some aspect of the adaptive process for the observation and classification of phenomena. Further explanation should be followed. The purpose of the adaptive problems postulate is to delineate the range of possible responses of a person along the health—illness continuum. The coping mechanisms consist of cognator and regulator. The cognator subsystem involves the mental and emotional processes used by a person to adapt. The regulator subsystem includes the physiological responses brought into action in a situation requiring adaptation. Both of these mechanisms have four modes whereby adaptation occurs: physiologic needs, self—concept, role function, and interdependence. The coping mechanisms and modes of adaptation interrelate with each other. When some stimulus

impinges on an individual, a series of events takes place. First, the cognator and regulator subsystems are aroused. In turn, the four adaptive modes are set into action to function as effectors of adaptation. It is possible for some events to involve more than one of the modes simultaneously. Through this process, adaptive or ineffective responses occur. The nursing intervention postulate is to provide the basis for decision making in nursing care. These proposed ideas for postulate formulation are fundamental to the development of a nursing science. Knowledge that unfolds in the development of Roy's Adaptation Model is envisioned as the basis for nursing curricula, nursing practice and nursing research.

Orem's insight into the human condition and the requirements for nursing led her to formulate the following idea: A person is unable to provide continuously for self the amount and quality of self-care because of the situation of personal health. She characterizes the following assumptions that underlie the general theory of nursing:

1. Human beings require continuous deliberate inputs to themselves and their environment in order to remain alive and function in accord with natural human endowments.

2. Human agency, the power to act deliberately, is exercised in the form of care of self and others in identifying needs for and in making needs inputs.

3. Mature human beings experience privations in the form of limitations for action in care of self and others involving the making of life-sustaining and function-regulating inputs.

4. Human agency is exercised in discovering, developing and transmitting other ways and means to identify needs for and make inputs to self and others.

5. Groups of human beings with structured relationship cluster tasks and allocate responsibilities for providing care to group members who experience privation for making required deliberate input to self and others.

In short, several philosophers expressed their ideas of nursing theory. They discussed man and environment, health, adaptation and self care. Philosophy of nursing makes nursing-science more perfect in satisfying man's needs. Moreover, the development of nursing science in nursing practice found an open field for existence of philosophy of nursing.

## VOCABULARY

philosophy /fi'lɒsəfi/n. the search for knowledge, esp the nature and meaning of existence

哲理、学问的研究(尤指对存在之性质及意义所作之探讨)

man /mæn/ n. (sing only, no article) the human race, all mankind 人类 全人类

environment /in'vaiərənmənt/ n. surroundings, circumstances, influences 环境

pattern /'pætn/ n. way in which sth happens, develops is arranged, etc. 模式 方式

interchange /intə'tʃeɪndʒ/v. put (each of two things) in the other's place 使(二物)互换 轮换

phenomenon /fi'nɒmɪnən/ n. thing that appears to or is perceived by the senses 现象

central /'sentrəl/adj. chief, most important 主要的,最重要的

forerunner /'fɔ:ɾʌnə/ n. sign of what is to follow 预兆 前兆  
 encompass /in'kʌmpə:s/vt. encircle; surround; envelop; comprise 围绕;包围;包含;包括  
 individual /indi'vidjuəl/ n. any one human being (contrasted with society)  
 个人(与 society 相对)  
 integral /'intigrəl/adj. whole; having or containing all parts that are necessary for completeness 完整的;整体的。  
 irreducible /iri'dju:səbl/adj. (formal) that cannot be reduced or made smaller  
 不能减低的,不能缩小的  
 initiate /i'nifieit/ vt. set (a scheme, etc) working 开始,着手(一计划等)  
 identity /ai'dentiti/ n. what sth is 本质  
 learned /'lɜ:nid/adj. having or showing much knowledge, esp of the humanities  
 有学问的(尤指在人文科学方面)  
 entity /'entiti/ n. sth that has real existence, a thing's existence (contrasted with its qualities, relations, etc) 实在物,实体(与性质、关系相对)  
 adapt /ə'dæpt/ vt. make suitable for a new use, need, situation, etc 使适应,使配合  
 cope /kəʊp/ vi. manage successfully; be equal to (成功地)应付,对付,对抗  
 synthesis /'sɪnθesɪs/n. combination of separate parts, elements, substances, etc into a whole or into a system; that which results from this process  
 综合,合成,由合成法制成之物  
 sentient /'senfnt/adj. able to have, feeling, experiencing sensation  
 知觉的,有感觉的,感觉到的  
 rational /'ræʃnəl/adj. able to reason; having the faculty of reasoning  
 能推理的,有推理能力的  
 community /kə'mju:niti/n. condition of sharing, having things in common, being alike in some way 共享 共同 相同  
 recipient /ri'sɪpiənt/ n. person who receives sth 接受者  
 incongruous /in'kɒŋgruəs/adj. not in harmony or agreement; out of place  
 不一致的,不适宜的,不调合的  
 postulate /'pəʊstjuleit/ vt. demand, put forward, take for granted, as a necessary fact, as a basis for reasoning  
 (认作必然的事实或推理的基础而)要求,假设,假定  
 /pəʊstjuleit/n. sth that may be considered axiomatic 基本要求;假设;  
 delineate /di'li:nieit/vt. (formal) show by drawing or by describing 描绘,描写  
 stimulus /'stimjʊləs/ n. sth that stimulates 刺激物  
 impinge /im'pɪndʒ/ vi. ~ on/upon, make an impact 撞击  
 ineffective /,ɪni'fektɪv/adj. not producing the effect(s) desired 无效的  
 curriculum /kə'rikjuləm/n. (pl. -la) course of study in a school, college, etc  
 (学校、学院等所学的)课程

input /'input/ n. what is put in or supplied 置入或供应之物

endowment /in'daʊmənt/ n. talent 禀赋,才能;

privation /praɪ'veɪʃən/n. lack of the necessities of life destitution 生活必需品的缺乏,穷困

sustain /səs'teɪn/ vt. (enable to) keep up, maintain (使能)维持,支持

cluster /'klʌstə/vi. ~ (together round) be in, form, a close group round

绕着……结集成群,围集在……的四周

allocate /'æləkeɪt/vt. ~ (to/for) give, put on one side, as a share or for a purpose 分配 配给

### NOTES

1. Rogers describes man and environment as energy fields in mutual interaction with each other. describe……as: 形容,说(某人或某事)有某种性质。

e. g. 1) I hesitate to describe him as really clever. 我不愿说他是真正的聪明。

2) He describes himself as a doctor. 他自称是医生。

2. The Uniqueness of nursing, like that of any other science, lies in the phenomenon central to its purposes.

lie in: 在于

e. g. 1) The fundamental cause of the development of a thing lies in its internal contradictoriness. 事物发展的根本原因在于事物内部的矛盾性。

2) I will do everything that lies in my power. 我愿就我能力范围尽量去做。

3. Human beings require continuous deliberate inputs to themselves and their environment in order to remain alive and function in accord with natural human endowments. in accord with: 与……一致

e. g. What you say is in accord with what you do. 你说的与你做的一致。

out of accord with : 与……不一致

in accordance with 依照 根据

e. g. The patient takes medicine in accordance with the doctor's prescription. 病人根据大夫开的处方吃药。

### TEST FOR THE OBJECTIVES

I. Answer the following questions according to the text:

1. What is Rogers' main idea on nursing?

(1) What does Rogers describe man and environment as?

(2) How do distinct patterns create? By what can man and environment be recognized?

(3) What are individuals different from?

(4) What does the term nursing mean when it is perceived as a science?

(5) Are human beings united with their environment?

2. What is Parse's theory on nursing?

(1) What does Parse describe man as?

- (2) What is man according to Parse's idea?
- (3) How do you understand health according to Man—living—Health theory?
- 3. What is king's main idea on nursing?
  - (1) Can you define individual according to king's idea?
  - (2) What are the specific assumptions about nurse—client interaction?
- 4. What is Roy's Adaptation Model theory?
  - (1) Can you name three postulates proposed by Roy's Adaptation Model?
  - (2) What is the adaptive problems postulate?
  - (3) How many coping mechanisms are there? What are they?
  - (4) How should we understand cognator and regulator subsystem?
  - (5) What are the four modes of adaptation?
  - (6) Explain the interrelationship between the coping mechanisms and modes of adaptation.
  - (7) What is the nursing intervention postulate?
  - (8) What role do the proposed ideas for postulate formulation play in developing nursing science?
  - (9) What is the basis for nursing curricula, nursing practice and nursing research?
- 5. What is Orem's idea?
  - (1) Why does she formulate her idea?
  - (2) What are Orem's five assumptions that underlie the general theory of nursing?

I. Choose the best answer from a, b, c and d according to the text:

- 1. \_\_\_\_\_ should be the foundation for both the theory and practice of nursing.
  - a. Philosophy
  - b. Nursing
  - c. Nursing science
  - d. Philosophy of nursing
- 2. The open energy interchange between \_\_\_\_\_ creates distinct patterns.
  - a. man and man
  - b. man and environment
  - c. human beings and nurse
  - d. nurse and client.
- 3. \_\_\_\_\_ identifies the focus of a new paradigm and initiates nursing's identity as a science.
  - a. The irreducible nature of human race.
  - b. The reducible nature of human race.
  - c. The irreducible nature of individuals.
  - d. The irreducible nature of nursing.
- 4. According to Parse's idea, man is \_\_\_\_\_.

- a. adult male human being
  - b. an open being and different from the sum of parts
  - c. male person under the authority of another
  - d. the person required
5. According to Parse's idea ,health is \_\_\_\_\_.
- a. condition of the body or the mind
  - b. state of being well and free from illness
  - c. the opposite of disease or a state that man has
  - d. a process of being experienced by the individual
6. King describes individuals are social \_\_\_\_\_,action —oriented, time—oriented beings.
- a. sentient , rational, reacting , perceiving , uncontrolled
  - b. sentient , emotional, reacting , perceiving , controlling
  - c. sentient , unconscious , perceiving , controlling
  - d. sentient , rational, reacting , perceiving , controlling
7. When some stimulus impinges on an individual, \_\_\_\_\_ takes place.
- a. cognator
  - b. regulator
  - c. the four adaptive modes
  - d. a series of events.

## UNIT 2

## STRESS AND ADAPTATION

### Objectives :

1. Learn by heart the concept of stress
2. Describe the process and manifestations of stress
3. Understand the relationship between stress and health
4. Learn how to care for the client experiencing various kinds of stress
5. Commit to memory the necessary medical nursing terms

Stress is any physiological or psychological tension which menaces a person's total balance. The definition of stress given by Selye includes the following :

1. The state is manifested by a specific syndrome that consists of all the nonspecifically induced changes within the biologic system.
2. The body is the common denominator of all adaptive responses.
3. Stress is manifested by the measurable changes in the body.
4. Stress causes a variety of changes in the body.

Any factor that causes a person to experience stress is called a stressor. It can engender tension to the organism, which may cause adaptive responses and lead to diseases. The com-



mon factors may be biological, physical, chemical, physiological, psychological, social and the failure to meet the basic demands of the body.

Stress is divided into three stages by Selye. Alarm, the first stage, consists of two parts. Shock, the body suffers from sudden injury; countershock, the organism restores to its pre-injury condition. During this stage, the organism is characterized by loss of weight, growing of the adrenocortex and of the lymphatic tissue and increase of hormone secretion. At the second stage, stage of resistance, the organism is adapted to the injuring agent and the inner defensive power of the organism is aroused. Body weight, the adrenocortex and the lymphatic tissue all return to normal and hormone secretion keeps unchanged. If stressor continues to be within the limits in which the organism is adaptable, this stage can last. At the last stage, stage of exhaustion, if stress continues, the organism loses its adaptive capability and goes into exhaustion, which is comparable to shock. It is characterized by loss of weight, growing and then exhaustion of the adrenocortex, disorder of the function of the lymphatic system, and growing and then exhaustion of hormone secretion.

Almost everyone has experienced stress of one kind or another from time to time. Normally, a healthy person is capable of adapting to long-term stress or cope with short-term stress until it passes. If the whole body is under stress, the ability of the parts of the body to respond to a specific injury will be impaired. Stress may cause the following results to the organism. Firstly, the organism may return to normal. Secondly, the organism may overreact and stress decreases. Thirdly, the organism may fail to adapt or maintain adaptation, a condition that may cause death. Often people know how to handle stress by their past experience. In normal circumstances, a person can manage to adapt to stress effectively in his own way, such as by means of denial, anger, passivity, or aggression. These attempts may work or not work in coping with stress and the anxiety resulting from it. If they do, energy will be released and may help to heal. If they fail, however, the tension of stress is increased and accordingly, there is an increased demand for energy.

In order to facilitate the healing and the maintenance of the personal integrity of the patient, the nurse should make a care plan so that both his emotional and physical needs can be met in an optimal way. The nurse is first expected to assess the patient's responses, such as anxiety, anger, helplessness, hopelessness, guilt, shame, disgust, fear, frustration and depression. In addition, assess the resultant behaviours which may be apathy, regression, withdrawal, crying, demanding, physical illness, hostility, manipulation, senseless violence and acting out.

Measures must be taken to deal with all the patient's responses above. Included are the following nursing implementations.

1. Gather information about the client's internal and external environment.
2. Alter the external environment so that adaptive responses can be within the client's power.