

# 规范体格检查 与病史书写双语手册

主编 傅志君 石 虹

*Physical examination and case  
history-bilingual learning handbook*



復旦大學出版社

# 规范体格检查 与病史书写双语手册

主编 傅志渊 副主编 王 健

Physical examination and case  
history-taking learning handbook



上海科技出版社

# 规范体格检查与 病史书写双语手册

Physical examination and case  
history-bilingual learning handbook

主编 傅志君 石 虹  
Fu Zhijun Shi Hong

復旦大學 出版社

## 图书在版编目(CIP)数据

规范体格检查与病史书写双语手册/傅志君,石虹主编.  
—上海:复旦大学出版社,2009.6  
ISBN 978-7-309-06554-1

I. 规… II. ①傅…②石… III. 病案-书写规则-手册-  
英、汉 IV. R197.323-62

中国版本图书馆 CIP 数据核字(2009)第 040476 号

## 规范体格检查与病史书写双语手册

傅志君 石虹 主编

---

出版发行 复旦大学出版社 上海市国权路 579 号 邮编 200433  
86-21-65642857(门市零售)  
86-21-65100562(团体订购) 86-21-65109143(外埠邮购)  
fupnet@fudanpress.com <http://www.fudanpress.com>

---

责任编辑 肖英

出品人 贺圣遂

---

印刷 上海第二教育学院印刷厂

开本 787×960 1/32

印张 5.625

字数 97 千

版次 2009 年 6 月第一版第一次印刷

---

书号 ISBN 978-7-309-06554-1/R·1078

定价 15.00 元

---

如有印装质量问题,请向复旦大学出版社发行部调换。

版权所有 侵权必究

主编 傅志君 石虹  
Fu Zhijun Shi Hong

编者 (按姓氏笔画排序)

石虹 Shi Hong	朱文青 Zhu Wenqing	王葆青 Wang Baoqing	叶志斌 Ye Zhibin
钟春玖 Zhong Chunjiu	傅志君 Fu Zhijun	严震文 Yan Zhenwen	林豪杰 Lin Haojie
赖雁妮 Lai Yanni	徐蓓莉 Xu Beili		

## 前 言

为了帮助医学生掌握病史书写和体格检查的基本内容和正确手法,并结合八年制双语教学改革的要求,我们按照脏器系统顺序进行排列,编写了《规范体格检查与病史书写双语手册》。

体格检查是医生用自己的感官或借助传统的辅助工具对病人进行全面检查,找出机体正常或异常的征象,这是诊断疾病最客观的证据之一。检查正确与否,直接关系到能否对病人作出正确的诊断和治疗。因此,体格检查和病史书写是诊断学教学的重要内容,是各科临床医师必须掌握的基本功。

按脏器系统顺序对医学生进行全身体格检查训练,比较容易掌握。为了减少病人的体位变动,在反复练习、熟练掌握全身体格检查的技能后,可打破脏器系统顺序,按照身体大的部位进行体格检查,即在一般状态检查后,按头部—颈部—前胸部—后胸部—腹部—四肢—肛门、直肠和生殖器排序,而淋巴结、血管、神经系统的检查可穿插在各个部位的检查之中。

本手册附中英文住院病史范例,供医学生书写病史时参阅。

感谢所有编者的辛勤劳动,感谢 Rajina Thakali 同学为本手册的编写提供了很多宝贵的

意见。

本手册是《诊断学》的辅助教材,希望对广大医学生的学习有所帮助。由于编者水平所限,难免有不妥之处,希望读者批评指正。

傅志君

2009 年 5 月

## Preface

In order that the medical students can learn easily the correct technique and the general content, we compile this *manual*, in the order of organs and systems.

Physical check-up is a thorough examination for patients. By using their proper sensors or some traditional tools, doctors can find different symptoms of the patients, normal or abnormal. This is one of the most objective evidence for diagnosing a disease. The correctness of the check-up can direct the diagnosis and the treatment later. So physical check-up is an important content of the diagnostics, it is also a basic skill that must be mastered by a clinician of all specialties.

It is easy to manage if we train the students in the systems' order. But for the patients' convenience, we should change their posture much less if possible. After practice again and again, and well master the skill of check-up, we can broke the order of organs and systems, then examine the patient part after part. That is to say, after the general examination, we check the human body in this order: head-neck-chest-back-abdomen-extremity-anus-rec-



tum-genitalia, the check of lymph nodes, blood vessels and nerves can be included in the whole process.

Finally, we would like to express our gratitude to all the authors for their hard work. We would also like to thank Rajina Thakali for her suggestions. We appreciate all the comments and corrections from the readers. This will help us to improve the next edition.

Fu Zhijun(傅志君)

May, 2009

# 目 录

第一章 体格检查的准备工作 .....	1
Chapter 1 General Preparation .....	2
第二章 一般状态检查 .....	3
Chapter 2 General Examination .....	5
第三章 淋巴结、头颈部检查 .....	8
Chapter 3 Head, Neck and Lymph Nodes Exam .....	14
第四章 胸廓、肺部检查 .....	23
Chapter 4 Examination of Thorax and Lung .....	26
第五章 心脏、血管检查 .....	32
Chapter 5 Cardiovascular Examination .....	34
第六章 腹部检查 .....	38
Chapter 6 Abdominal Examination .....	44
第七章 脊柱、四肢、神经反射检查 .....	53
Chapter 7 Examinations of Spine, Extremities and Nervous System .....	57
第八章 肛门、直肠、生殖器检查 .....	64
Chapter 8 Examination of Rectum, Anus and Genitalia .....	65
第九章 住院病史 .....	67
Chapter 9 Complete History .....	73

第一节 住院病史-1 .....	67
Complete History-1 .....	73
第二节 住院病史-2 .....	81
Complete History-2 .....	87
附录1 《规范体格检查及病史书写双语 手册》中文—英文单词表 .....	95
附录2 《规范体格检查及病史书写双语 手册》英文—中文单词表 .....	104
附录3 《临床诊断学》中文—英文 单词表 .....	113
附录4 《临床诊断学》英文—中文 单词表 .....	141

## 第一章 体格检查的准备工作

1. 体格检查的常用器具包括体温表、血压计、听诊器、叩诊锤、软尺、直尺、手电筒、消毒棉签、压舌板、标记笔等。

2. 医生要仪表端庄、举止大方。检查时要尊重病人、态度和蔼,应先自我介绍,礼貌用语。注意保护病人隐私。

3. 检查的房间应有充足的自然光,以及安静和温暖的环境。

4. 重危病人因病情严重,不允许做详细的体格检查时,则应根据主要临床表现,在进行重点的体格检查后,立即进行抢救治疗,待病情好转后,再做必要的补充检查。

(傅志君)

## **Chapter 1    General Preparation**

1. The equipments needed for physical examination include: clinical thermometer, sphygmomanometer, stethoscope, plexor, ruler, flashlight, disinfectant cotton swabs, spatula, marking pen, et al.

2. Examiner needs to be properly dressed and should have a decent behavior. He/She must respect the patients and protect their privacy. Before proceeding the P. E. must introduce himself/herself to the patient with courtesy and take permission for proceeding the examination.

3. The examination room must have enough sunlight or well lit, should be quiet and warm.

4. Patients in need of intensive care, need to have urgent and appropriate P. E. relevant to the symptoms and the medication. The examiner could proceed the rest of the assisting physical examination only after the patients' condition turns stable.

Lai Yanni( 赖雁妮)

## 第二章 一般状态检查

取体温表,先检查体温表内水银柱是否已甩至  $35^{\circ}\text{C}$  以下,然后把体温表放在左腋窝深处紧贴皮肤,如有汗液则必须擦干后测体温,并嘱被检查者用上臂将体温表夹紧,放置约 10 分钟。

检查脉搏时手指并拢,以示指、中指和环指的指腹平放在被检查者右手桡动脉近手腕处,至少计数 30 秒(有明显脉律不齐时,需计数 1 分钟)脉搏搏动的次数。同时观察病人呼吸,计算胸廓起伏频率,计数呼吸频率次数至少 30 秒。

测量右上臂血压前必须在安静环境下休息 5 ~ 10 分钟。先打开血压计开关,检查水银柱液面是否与 0 点平齐。测压时被检查者右上肢应裸露、伸直并外展约  $45^{\circ}$ ,袖带气囊胶管避开肱动脉,袖带紧贴皮肤缚于上臂,下缘距肘弯横纹约 2 ~ 3 cm;袖带不宜过紧或过松,一般以能伸进 1 指为宜。在肘窝肱二头肌肌腱内侧触及肱动脉,将听诊器膜型体件置于肱动脉上,不宜将体件塞在袖带下,卧位时使测量点与腋中线同一水平(坐位时测量点宜置于右心房水平,相当于第 4 肋软骨)。右手以均匀节奏向气袖内注气,待动脉搏动消失,汞柱再升高 20 ~ 30 mmHg (2.6 ~ 4.0 kPa)。然后缓缓放气,使水银柱以每秒 2 mm 速度缓慢下降。两眼平视水银柱平面,听到第一

次搏动声为收缩压,水银柱继续下降至声音突然变低沉,直至消失,此消失时所示压力值为舒张压。同样的方法测定两次,两次间歇 1 分钟左右,取最低值为血压值。解下袖带,整理好后放入血压计内。向右侧倾斜血压计约  $45^{\circ}$ ,使水银柱内水银进入水银槽内后,关闭血压计开关。

取出体温表,分别记录每分钟脉搏和呼吸的次数、血压和体温。

观察被检查者发育、营养、体型、面容表情和体位。

观察皮肤黏膜有无苍白、发绀、黄染、色素沉着、皮疹、出血点、水肿、肝掌、蜘蛛痣等,并观察毛发分布的情况,检查上臂内侧肘上 3 ~ 4 cm 处皮肤弹性。检查前臂曲侧脂肪充实程度。

(傅志君)

## **Chapter 2    General Examination**

Take a clinical thermometer, ensure that the mercury reading is under  $35^{\circ}\text{C}$ . Put the clinical thermometer in the deep of left armpit and closely attached to the skin. The sweats should be wiped off before taking the reading. The patient should be told to seat stable with its upper arm closed for about 10 minutes.

Take the pulse putting the tips of your index, middle and ring fingers over the right radial artery for at least 30 seconds. Count for 30 seconds and multiplied by 2. If the rhythm is irregular the pulse must be repeatedly checked for 1 minute. At the same time count the respiratory rate, the undulation of thoracic cage.

Keep the examinee rest for 5 ~ 10 minutes before you take the blood pressure of right upper arm. Switch on the sphygmomanometer and ensure the mercury level is horizontal with the zero point. Bare the right upper arm and keep the position of stretch and extend about 45 degrees. Affix the collapsed cuff close to the arm, the lower edge lies 2 ~ 3 cm above the elbow and keep the pipe away from the brachial artery. The tightness of cuff should be



moderate, and it is better that you can put one finger into it. Palpate for the exact location of the brachial arterial pulse in the biceps-triceps furrow tendon. Put the bell of the stethoscope on the brachial artery and avoid putting the bell inside the cuff. Keep the sphygmomanometer at the level of the fore auxiliary line. Inflate the cuff to a pressure about 20 ~ 30 mmHg above the point where the palpable pulse disappears. Open the valve slightly so the pressure drops gradually at the speed of 2 mm per second. Note the pressure reading at which sound first become audible. This reading is taken as the systolic pressure. As the deflation proceeds, the sound become muffled, take the reading at the point where the sound disappeared as the diastolic pressure. Measure at least two times with the interval of 1 minute and take the lowest reading as the blood pressure. Take off the cuff, clean up and put it back to the sphygmomanometer. Incline the sphygmomanometer right about 45 degrees to keep the mercury into the trough and then switch off the valve.

Take out the thermometer record the pulse rate, respiratory rate, blood pressure and temperature. These are the vital signs.

Inspect the growth, nutrition, shape, facial expression and position of the examinee.