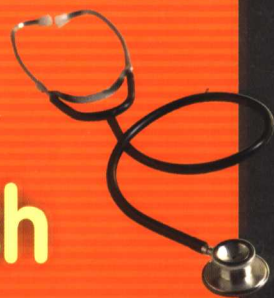


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Medical Rounds in Chinese and English



中英对照 内科查房

邓洪 审校

万学红
主编

[美] 华林杰 李为民
副主编



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前 言

随着我国高等医学教育国际化进程的加快,越来越多的医学留学生来我国医学院学习;国家教育部对本科教育的双语教学要求越来越高;临床医学专业的长学制越来越多,以及临床工作中对外交流活动的频繁开展,这些都要求我们在医学教育,特别是临床医学教学中,更多地使用英语。目前,大多数医科院校采用英语作为留学生的授课语言都能顺利进行。但是,医学是一门实践性很强的专业,在临床见习和实习教学中,都离不开医生间、带习医生与学生间、医生与病人间的广泛交流。用英语进行教学查房、交班、病案讨论等已成为大学医院和教学医院的医生必不可少的技能。鉴于目前各种中英文教学资料不少,但专门针对临床医学查房教学的中英文对照实用教材还很缺乏的情况,我们根据多年来医学英语的教学经验,并结合四川大学华西医院教学查房的传统,组织内科各专业有较强英语能力并有在英语国家学习经历的医师编写了这本《中英对照内科查房》。

本书的主要目的是让读者学习英文在内科查房教学中的应用。读者对象主要是大学附属医院和教学医院的各级医生、医学实习生、医学留学生、住院医师、医学专业研究生、护士、其他各级医务工作者和医学英语教学工作。对医学留学生,更可通过本教程用中英文两种语言学习临床医学。本书编写过程中尽量做到学术上科学严谨,内容广泛并有代表性和实用性,表述准确并符合英语国家医生的使用习惯。举例的内容突出本科常见病和多发病。

全书共7章,分别是呼吸、心血管、消化、肾脏、内分泌、血液及风湿免疫系统疾病。各章内容一般包括早晨交班、上午查房、下午查房和夜间查房四个部分。每部分有查房主要内容、查房重点和情景对话等。情景对话从实用角度出发,旨在为读者提供一些医生与医生间、医生与医学生间、医生与病人间最常用的对话。

为使用方便,书末附有常用中英文词汇,包括症状、体征、常用的诊断性检查 and 治疗方法、药物等。英文在前,中文在后,按英文字母顺序排列。

由于本书中英文内容广泛,编者水平有限,此初版中恐有不妥之处,望读者斧正,以便再版时不断改进和完善。

本书的编写和出版得到了美国纽约中华医学基金会(CMB)的支持,我们在此深表谢意。

万学红

2006年6月6日

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Part 1 Ward Rounds in Respiratory Medicine

呼吸内科查房

Morning Shift Meeting

早晨交班

1 Main Contents

total number of patients

number of new patients

number of seriously ill patients

number of patients to be discharged

key information for new patients, including chief complaint, history of present illness, key positive findings on physical examination, diagnosis and treatment orders

most recent information regarding the condition and the effect of treatment for seriously ill patients

2 Examples

2.1 Intern Reports

Date: year/month/day

total number of patients: 80

number of new patients: 20

number of patients to be discharged: 10

number of seriously ill patients: 60

2.1.1 New Patient

Bed No. 1, Mr. ××× (last name), male, 20 years old. Chief complaint: "Right chest pain for 2 days, short of breath for 12 hours".

History of present illness: Two days ago, the patient had acute onset of right chest pain after exercise. He characterized this pain as

1 主要内容

病人总数

新病人数

危重病人数

出院病人数

新入病人主要情况, 包括主诉、现病史、主要阳性体征、诊断及治疗

危重病人最新情况及治疗效果

2 举例

2.1 实习医师交班

日期: ×年×月×日

病人总数: 80 人

新病人: 20 人

出院病人总数: 10 人

危重病人总数: 60 人

2.1.1 新病人

1 床, 某某, 男性, 20 岁, 因“右胸痛 2 天, 加重伴气紧 12h”入院。

现病史: 2 天前活动后出现右胸痛。

“sharp” and “piercing”, like he was being stabbed with a knife. He was still able to study and walk freely, though. 36 hours later, however, he started to feel short of breath, especially when walking or climbing stairs.

Physical examination: On examination, the patient's temperature was 37°C, blood pressure was 120/70mmHg, heart rate was 70/min, no cyanosis was seen. The patient's trachea was shifted to the left side. The breath sounds decreased on the right side. No rales were heard on either side. On percussion, the right chest was found to be tympanic.

Chest X-ray: ~90% loss of right lung volume, trachea shift to left.

Diagnosis: Spontaneous pneumothorax of the right lung

Treatment: thoracotomy tube in the second intercostal space of right chest

Penicillin G, iv

Symptom control as needed

2.1.2 Critical Patient

Bed No.2, Name: ×××, male, 70 years old, admission date: year/month/day.

Diagnosis: COPD, cor Pulmonale, Brain disease of pulmonary origin and Right heart failure.

The symptoms were relieved after treatment with antibiotics, oxygen, and bronchodilators. Yesterday evening the patient was excited and delirious, and subsequently lost consciousness. The patient was resuscitated after invasive mechanical ventilation, sputum drainage and respiratory stimulation.

2.2 Resident Report

The Bed No. 1 patient was diagnosed with

自诉疼痛呈“刺痛”、“戳痛”，犹如刀刺，但仍能自由行走和学习。半天前开始出现气紧，行走和爬楼梯时尤。

查体:病人体温 37°C, 血压 120/70mmHg, 心率 70 次/min。唇不发绀。气管左偏, 右肺呼吸音减弱, 双肺未闻及啰音。右侧胸腔叩诊呈鼓音。

胸片: 右肺压缩 90%, 气管左移。

诊断: 右侧自发性气胸

处理: 右侧第二肋间隙胸腔闭式引流术

青霉素抗感染

对症治疗

2.1.2 危重病人

2 床, 某某, 男性, 70 岁, 于×年×月×日收入院。

入院诊断: COPD、肺心病、肺性脑病、右心衰。

入院后经过抗感染, 给予支气管舒张剂, 改善通气等治疗后症状好转。但昨晚病人出现烦躁、胡言乱语、而后意识丧失。经有创机械通气、吸痰及呼吸兴奋剂治疗后意识好转。

2.2 住院医师交班

1 床患者在院外曾多次被诊断为

pneumothorax several times in other hospitals. The patient received thoracentesis, but the symptom relapsed before admission to our hospital. Thoracotomy tube was ordered as the severe shortness of breath and large area of compressed lung. Currently, the patient feels much better. Respiratory sounds have partially recovered on the right chest.

2.3 Chief Resident Report

Yesterday evening the Bed No. 2 patient lost consciousness. Blood gas analysis suggested the PCO_2 was higher than before. A brain disorder was considered. The patient's blood gas levels improved significantly after invasive mechanical ventilation and sputum drainage. There are still bilateral rales, however. I believe we should increase the dosage of antibiotic, collect sputum for culture, and prepare to intubate if necessary.

气胸，此次在入院前曾经接受穿刺抽气治疗，后又复发而至我院，加之右肺大面积被压缩，患者呼吸困难明显，因此做了闭式引流术。术后患者症状明显改善，右肺呼吸音部分恢复。

2.3 住院总医师交班

2床患者昨晚意识模糊，查血气 PCO_2 明显增高，考虑为肺性脑病所致。经吸痰及有创机械通气后病人血气分析结果有好转，但患者双肺啰音仍多。今日可加强抗感染治疗并收集痰液做培养，必要时行气管插管。

Morning Rounds

上午查房

1 Main Contents

Including a typical history taking, a case report for a newly admitted patient, patient analysis and differential diagnosis by the attending physician, questions and answers between a resident and the attending physician, orders from the attending physician, consultation, and patient education.

2 Situational Dialogues

2.1 Typical History Taking

D-Doctor, P-Patient

D: How are you? I'm Doctor Gao. What seems to be the problem?

1 主要内容

包括病史采集、汇报新入院病人病史、上级医生诊断分析、医生之间的提问与回答、下达医嘱、咨询、病人教育。

2 情景对话

2.1 典型的病史采集

你好，我是高医生。有什么不舒服吗？

P: Oh, hello Doctor Gao. I'm having trouble breathing. I think I caught a cold.

D: When did it start?

P: About 3 days ago. When I was on the way to work, it began to rain. But I didn't bring my umbrella with me, so I got soaked.

D: Do you have a cough?

P: Yes.

D: Are you coughing up any sputum?

P: Yes, some rusty-colored sputum.

D: OK. Here is a cup. Please save some next time you cough some up.

P: Sure, if you really want it...

D: And what other symptoms do you have?

P: I feel feverish and sometimes have chills. I ache all over my body. I also have had a little pain in my left chest.

D: How about your temperature?

P: I don't know. I haven't measured it yet.

D: Have you had any night sweats?

P: No, never.

D: How is your appetite?

P: I didn't want to eat anything since I got sick.

D: Have you lost weight?

P: Not that I can tell.

D: I would like to examine you now. Please lie on the bed.

(The patient lies down on the bed, and the doctor examines her.)

P: Is there anything wrong?

D: Well, your heart is beating fast, and your breath sound is fainter. There are some moist rales on your lower-left side.

(The patient gets up and sits down in the chair next to doctor.)

你好，医生，我呼吸困难，我想我感冒了。

什么时候开始的？

大概3天前吧。在我去上班的路上突然开始下雨了，而我却没带伞，我淋雨了。

咳嗽吗？

是的。

有痰吗？痰是什么颜色的？

有痰，是铁锈色痰。

好的。给你一个杯子，下次有痰的时候收集一些。

没问题。

还有哪些症状呢？

我觉得发热，有时伴有寒战。我全身疼痛，偶尔有轻微的左侧胸痛。

体温怎么样？

我不知道。还没量呢。

你有过盗汗吗？

从来没有过。

你胃口怎样？

自从生病后，我什么也不想吃。

你体重减轻了吗？

还不明显。

现在请让我给你检查一下。请躺在床上。

(病人平卧在床上，医生开始为她进行体格检查。)

有什么问题吗？

你的心跳加速，呼吸音减弱，左肺下叶可听到一些湿啰音。

(病人起身，坐在医生身边的检查椅上。)

P: What should I do?

D: I think you probably have pneumonia, and you will need some antibiotics[●]. First I would like to do a blood test and a chest X-ray to confirm the diagnosis. I will then give you a prescription for some antibiotics. Please start taking them today and make sure you take all of them, even when you start feeling better.

P: That sounds OK. Is there anything else I should do?

D: You'd better have a good rest and drink lots of water.

P: Thank you so much, doctor! I really appreciate your help!

2.2 Case Reports for Newly Admitted Patient

R-Resident, A-Attending Physician

R: Good morning, Dr. Li.

A: Good morning. Let's begin our morning rounds.

R: This is a new patient who was admitted to our hospital yesterday afternoon because of left chest pain and mild dyspnea. He is a 21-year-old young man.

A: Well, has it happened before?

R: This is his first time.

A: Could you please tell me in details?

R: Sure. 12 hours before admission to our hospital, the patient felt left chest pain when he lifted heavy items. This pain did not radiate to the other part of the body. He then began to experience some light dyspnea without cough, sputum, or hemoptysis. He denies ever having night sweats. Without any prior treatment, he went to our hospital for diagnosis and

下一步该怎么办?

我怀疑你得了肺炎, 你需要使用抗生素。首先, 做一个血液化验和胸片以明确诊断。我将给你开一些抗生素。请今天开始服用, 即使你感觉好一些也应坚持服满疗程。

好, 我还应该做些什么?

你最好多注意休息并且多饮水。

谢谢, 医生! 感谢你的帮助。

2.2 汇报新入院病人的病史

早上好, 李医生。

早上好, 让我们开始查房吧。

这是一个新病人, 因左胸痛伴轻度呼吸困难于昨天下午入院。他是一个 21 岁的年轻人。

这种情况以前发生过吗?

这是第一次。

请说详细点儿, 好吗?

好的。入院前 12h 患者在举重物时突然感到左胸痛, 不伴有放射性疼痛。然后他感到轻度呼吸困难, 不伴有咳嗽、咳痰、咯血, 也从来没有盗汗。没有经过任何处理, 即来我院诊治。

● In the U. S., patients do NOT like to get intravenous (I. V.) drips. Patients prefer to take pills orally.

therapy.

A: Has he had any contacts with anyone who had tuberculosis?

P: Never.

A: How about his physical examination?

P: Well. He is awake, alert and oriented times three^①. Respiratory rate increased at 25 breaths per minute. Temperature also elevated at 39°C. Pulse oximetry was low at 89%. BP was normal at 120 over 80. The patient was not cyanotic. His trachea was found to slightly deviated to the right. Weakening respiratory movement and absent of breath sounds were found on the left. The left lung sounded tympanic on percussion. No other abnormal signs were found.

A: Were any treatments given?

P: Yes. First, oxygen was given to the patient via nasal cannula. Then an emergency thoracotomy tube was placed. After the release of air from the operation, the tube was left in place to drain. Afterwards, antibiotics were used to prevent infections.

A: Well done. How is the patient now?

P: Well, he is feeling much better. His pulse oximetry is up to 95%, but he still has a fever at 39°C.

A: All right. Let's go to see him.

(The resident and the attending doctor go into the patient's room)

A: Hello, Mr. ×××, my name is Doctor Li, would you mind if I examined you? It will

他有过结核接触史吗?

从来没有。

体检怎样?

神志清楚, 定向力正常。呼吸 25 次/min, 体温 39°C, 动脉血氧饱和度 89%, 血压 120/80mmHg, 口唇无发绀。气管向右偏移。左肺呼吸运动减弱, 呼吸音消失, 叩诊呈鼓音。其他没有异常发现。

处理了吗?

是的。首先通过鼻导管给他吸氧, 然后给他做了胸腔闭式引流, 之后又输了一些抗生素预防感染。

干得好。病人现在怎样?

他现在感觉好多了。动脉血氧饱和度和度升至 95%, 体温仍为 39°C。

好的。我们去看看他吧。

(主治医师和住院医师进入病房)

A: ×××先生, 你好! 我是李医生, 我可以为你做一个体格检

① "Awake, alert and oriented times three (AAO×3)" = this is the standard quick neurological check on most patients. Awake means that the patient is not asleep, alert means that the patient is focused on you and not wandering, and oriented times three means that the patient correctly knows their name, where they are, what the time is (oriented to person, place and time).

only take a moment.

P: Not at all, Doctor Li.

A: Well, the breath sounds of the left lung can now be heard, but it's still weak. Be vigilant with this patient, and let me know of any changes.

R: I will, sir.

2.3 Analysis and Differential Diagnosis by Attending Physician

R-Resident, A-Attending Physician

R: Dr. Li, what do you think of this patient's diagnosis?

A: Well, the patient has had a cough productive of white sputum for more than 10 years and during each of these years the symptoms lasted for more than 3 months, particularly in winters and springs. There are typical signs of pulmonary emphysema. However, I believe we need to perform some tests to rule out other cardiovascular and pulmonary diseases. My gut feeling, though, is that the patient has chronic obstructive pulmonary disease (COPD).

R: I agree. What tests do you want to order?

A: A chest X-ray is essential, as well as routine blood tests and sputum culture. Pulmonary function tests (PFT) can also be done.

R: How should I treat him right now?

A: Well, oxygen must be given. These kinds of patients are very susceptible to pulmonary infections, so antibiotics are needed. Right now, you could select a broad-spectrum antibiotic, but when the sputum culture result comes back, we should change to a more sensitive antibiotic. At the same time, other

查吗? 只需要很短的时间。

没问题, 李医生。

左肺呼吸音能听见了, 但仍然很弱。注意随时观察病情变化并及时向我汇报。

好的。

2.3 上级医生诊断分析

李医生, 你是如何考虑这个病人的诊断的?

这个病人已经咳嗽咳痰超过 10 年了, 并且每年发病超过 3 个月, 尤其是冬春季, 而且他的肺气肿体征很典型。然而, 仍需要做一些检查以排除其他心肺疾病, 我个人感觉, 慢性阻塞性肺病应该考虑。

我同意你的看法。需要做哪些检查呢?

胸片是必要的。血常规和痰培养也非常重要。肺功能检查也可以做。

现在该怎样处理呢?

当然病人必须吸氧。这类病人肺部易感染。因此, 给予相应的抗生素是必要的。首先可以给予广谱抗生素, 待痰培养结果回来以后, 再选择敏感抗生素。同时, 还应给予祛痰药以帮助病人更容易地排痰。

medicines must be given in order that the patient excretes sputum easily.

R: Is an anti-tussive needed?

A: Well, you must be careful. Because anti-tussives can worsen airway obstruction and inflammation.

R: All right, I'll hold off on the anti-tussive for now. What other issues should we look out for?

A: Well, we should be on the look out for other lung diseases, such as bronchiectasis, tuberculosis and lung cancer. If accompanied with a wheeze, we must also rule out bronchial asthma. Through a thorough illness history, PFT, a chest X-ray or CT, if necessary as well as a sputum culture, the diagnosis can be finalized.

R: That's right. Those are good suggestions.

A: According to the history of present illness and physical examination, I think the diagnosis of bronchial asthma is tenable, because the patient has occasional wheezes, short breaths, chest congestion and rhonchi can be heard in both lungs.

R: I see. And what are the differential diagnosis?

A: They include community-acquired pneumonia, cardiogenic asthma, tuberculosis, chronic bronchitis with asthma and bronchogenic carcinoma.

R: What are the treatments for bronchogenic asthma?

A: The therapies of bronchogenic asthma are complex. Most often we try to use oxygen via nasal cannula, inhaled β_2 -agonist and glucocorticosteroids, antibiotics and physical therapy

需要给止咳药吗?

你应当非常小心。因为它能加重气道阻塞和炎症,使病情恶化。

好,先不用止咳药。还需要给予其他的处理吗?

还应注意与其他肺部疾病相鉴别,比如支气管扩张、肺结核以及肺癌。若同时伴有喘息,还应与支气管哮喘相鉴别。一般通过详细的病史、肺功能检查、胸片或CT及痰培养,应该能够得到诊断。

非常好的建议。

从刚才对现病史的询问以及体格检查来看,我认为支气管哮喘的诊断是成立的。依据是反复发作的喘息、气急、胸闷以及双肺哮鸣音。

我明白了。它需要与哪些疾病相鉴别呢?

包括社区获得性肺炎、心源性哮喘、结核病、慢性支气管炎伴哮喘和支气管肺癌。

支气管哮喘的治疗有哪些呢?

哮喘的治疗很复杂,包括鼻导管给氧, β_2 肾上腺素能受体激动剂和糖皮质激素吸入剂,抗感染及促进痰液的排出。其中最重要