



CGFNS 考试英语

主 编 美中教育交流协会
北京孚华德国际护士培训中心

执行主编 张铁钢 林小勤 王 伟



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内 容 简 介

本套丛书集听力、口语、精读、语法、翻译为一体。重在强化护士的英语综合能力和实际应用能力,目标为帮助护士通过 CGFNS 考试或达到同等要求水平。全书共四册,每册的侧重点各有不同,但对护士各方面能力的培养贯穿始终,难度呈阶梯式递增。

本书是系列丛书之一,全书分为 CGFNS 考试分类试题和 CGFNS 考试模拟试卷两大部分。通过分类试题的练习,可以使考生在深入了解西方先进护理理念的同时,更加清晰地了解整个考试内容。模拟考试练习旨在让考生在最后冲刺阶段找差补漏,明确自身存在的问题和不足,找出与 CGFNS 考试之间的差距,使大家学习更加有针对性。

本书适合于在职护士、护生和有意谋求海外护理工作的人士使用。

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前 言

近年来,随着我国技能型紧缺人才培养工程的开展,中外市场对护理人员素质要求的不断提高,CGFNS 考试引进中国,我国护士走出国门、谋求海外发展的需要和中外学术交流日趋频繁,发达国家医学技术的迅猛发展,一大批英语水平较高、基本达到了 CGFNS 考试标准的护生即将跨出校门。可以说,CGFNS 的春天已经到来了。

为了使这批基本合格的学生真正达到 CGFNS 考试的水平并能够顺利通过考试,我们认为有必要对他们进行较为系统的考前培训。为此,北京孚华德国际护士培训中心继完成孚华德系列教学教材之后,再次推出了独自研发的本套孚华德培训用书。

本套丛书共四册:《基础护理英语》、《护理英语听说教程》、《CGFNS 考试英语》和《CGFNS 考试技巧及词汇宝典》,分别从英语基础知识、英语听说能力、CGFNS 考试试题和考试技巧等方面有侧重地训练和提高护士的英语综合能力,尤其是通过大量的 CGFNS 考试真题强化护士的护理英语实用能力,帮助学员通过 CGFNS 考试或达到同等水平。每册内容难度循序渐进,呈阶梯式递增。

本套丛书根据中国护士、护生的英语水平,结合美国原版教材和 CGFNS 试题编写而成。既满足有出国愿望、谋求海外就业的人士参加 CGFNS 考试的需求,又适合想提高英语水平,以实现提高国内就业质量目标的人员使用。

虽然编者的初衷良好、工作严谨,但由于水平有限,医学科学的发展又日新月异,所以不当之处在所难免。恳请读者热心反馈意见和建议,以便我们再版时及时修正。

编 者

2006 年 11 月

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第一部分

分类试题

I. Physiological Integrity

(生理完整)

- 1. A child is hospitalized with a diagnosis of lead poisoning, and chelation therapy is prescribed. The nurse caring for the child would prepare to administer which of the following medications?**
 - A. Activated charcoal.
 - B. Sodium bicarbonate.
 - C. Ipecac syrup.
 - D. Dimercaprol (BAL).
- 2. A nurse is performing pin site care on a client in skeletal traction. Which finding would the nurse expect to note when assessing the pin sites?**
 - A. Redness and swelling around the pin sites.
 - B. Loose pin sites.
 - C. Purulent drainage from the pin sites.
 - D. Serosanguineous draining from the pin sites.
- 3. A nurse is caring for a client who has been placed in Buck's extension traction while awaiting surgical repair of a fractured femur. The nurse prepares to perform a complete neurovascular assessment of the affected extremity and plans to assess**
 - A. color, sensation, movement, capillary refill, and pulse of the affected extremity.
 - B. warmth of the skin and the pedal pulse in the affected extremity.
 - C. vital signs and bilateral lung sounds.
 - D. nail thickness and for the presence of edema in the affected extremity.
- 4. A client in the emergency department has a plaster of Paris spica cast applied. The client arrives to the nursing unit and the nurse prepares to transfer the client into the bed by**
 - A. supporting the cast with the fingertips only.
 - B. using the crossbar on the cast.
 - C. placing ice on top of the cast to decrease swelling.
 - D. using the palms of the hands and using soft pillows to support the cast.
- 5. A physician orders the deflation of the esophageal balloon of a Sengstaken-Blakemore tube in a client. The nurse prepares for the procedure knowing that the deflation of the esophageal balloon places the client at risk for**
 - A. increased ascites.

- B. esophageal necrosis.
 - C. recurrent hemorrhage from the esophageal varices.
 - D. gastritis.
6. A physician tells a nurse that a client can be given droperidol (Inapsine) for the relief of postoperative nausea. The nurse anticipates that the physician will order the medication by which of the following routes?
- A. Oral.
 - B. Intravenous.
 - C. Subcutaneous.
 - D. Intranasal.
7. A nurse is teaching the parents of a child with celiac disease about dietary measures. The nurse tells the parents to
- A. read all label ingredients carefully to avoid hidden sources of gluten.
 - B. restrict corn and rice in the diet.
 - C. restrict fresh starchy vegetables in the diet.
 - D. substitute grain cereals with pasta products.
8. A 45-year-old client is admitted to the hospital for evaluation of recurrent runs of ventricular tachycardia noted on Holter monitoring. The client is scheduled for electrophysiology studies (EPS) the following morning. Which statement would the nurse include in a teaching plan for this client?
- A. "During the procedure, a special wire is used to increase the heart rate and produce the irregular beats that caused your signs and symptoms."
 - B. "You will be sedated during the procedure and will not remember what has happened."
 - C. "This test is a noninvasive method of determining the effectiveness of your medication regimen."
 - D. "You will continue to take your medications until the morning of the test."
9. A nurse is providing diet teaching to a client with congestive heart failure (CHF). The nurse tells the client to avoid
- A. leafy green vegetables.
 - B. catsup.
 - C. cooked cereal.
 - D. sherbet.
10. A home care nurse is developing a plan of care for an elderly client with diabetes mellitus who has gastroenteritis. In order to maintain food and fluid intake to prevent dehydration, the nurse plans to
- A. offer water, only, until the client is able to tolerate solid foods.
 - B. withhold all fluids until vomiting has ceased for at least 4 hours.
 - C. encourage the client to take 8 to 12 ounces of fluid every hour while awake.

- D. maintain a clear liquid diet for at least 5 days before advancing to solids to allow inflammation of the bowel to dissipate.
11. A client is unable to expectorate to yield a sputum sample and the nurse decides to use the saline inhalation method to obtain the sample. The nurse instructs the client to inhale the warm saline vapor via nebulizer by
- A. holding the nebulizer under the nose.
 - B. keeping the lips closed lightly over the mouthpiece.
 - C. keeping the lips closely tightly over the mouthpiece.
 - D. alternating one vapor breath with one breath from room air.
12. A nurse has completed tracheostomy care for a client whose tracheostomy tube has a nondisposable inner cannula. The nurse reinserts the inner cannula into the tracheostomy immediately after
- A. suctioning the client's airway.
 - B. rinsing it with sterile water.
 - C. tapping it against a sterile surface to dry it.
 - D. drying it thoroughly with a sterile gauze.
13. A nurse suspects that an air embolism has occurred in a client receiving total parenteral nutrition (TPN) through a central venous catheter when the central line disconnects from the IV tubing. The nurse immediately turns the client to the
- A. left side with the head higher than the feet.
 - B. right side with the head higher than the feet.
 - C. left side with the feet higher than the head.
 - D. right side with the feet higher than the head.
14. An anxious client enters the emergency department seeking treatment for a laceration of the finger that occurred when using a power tool. The client's vital signs are pulse (P) 96 beats/min, blood pressure (BP) 148/88 mm Hg, and respirations (R) 24 breaths/min. After cleansing the injury and reassuring the client, the nurse rechecks the vital signs and notes P 82 beats/min, BP 130/80 mm Hg, and R 20 breaths/min. The nurse determines that the change in vital signs is caused by
- A. reduced stimulation of the sympathetic nervous system.
 - B. the cooling effects of the cleansing solution.
 - C. the body's physical adaptation to the air conditioning.
 - D. possible impending cardiovascular collapse.
15. A nurse is scheduling multiple diagnostic procedures for a client with activity intolerance. The procedures ordered include an echocardiogram, chest X-ray examination, and a computed axial tomography (CT) scan. The nurse schedules the procedure in which sequence to best meet the needs of this client?
- A. Chest X-ray examination in the morning, echocardiogram in the afternoon, and the CT

- scan in the morning of the following day.
- B. Chest X-ray examination and echocardiogram together in the morning, and the CT scan in the afternoon of the same day.
 - C. Echocardiogram in the morning, and the chest X-ray examination and CT scan together in the afternoon of the same day.
 - D. CT scan in the morning, and the chest X-ray examination and echocardiogram on the following morning.
16. A nurse is preparing to initiate an intravenous nitroglycerin drip for a client with acute myocardial infarction. In the absence of an invasive (arterial) monitoring line, the nurse prepares to have which piece of equipment for use at the bedside?
- A. Defibrillator.
 - B. Pulse oximeter.
 - C. Central venous pressure (CVP) tray.
 - D. Noninvasive blood pressure monitor.
17. A client in labor has a concurrent diagnosis of sickle cell anemia. Because the client is at high risk for sickling crisis, which nursing action is the priority to assist in preventing a crisis from occurring during labor?
- A. Reassure the client.
 - B. Administer oxygen as ordered throughout labor.
 - C. Maintain strict asepsis.
 - D. Prevent bearing down.
18. A client is scheduled for several diagnostic tests to rule out renal disease. As an essential component of the nursing assessment, the nurse plans to ask the client about a history of
- A. frequent antibiotic use.
 - B. long-term diuretic therapy.
 - C. allergy to shellfish or iodine.
 - D. familial renal disease.
19. A nurse has an order to obtain a 24-hour urine collection on a client with a renal disorder. The nurse avoids which of the following to ensure proper collection of the 24-hour specimen?
- A. Have the client void at the start time, and place this specimen in the container.
 - B. Discard the first voiding; save all subsequent voidings during the 24-hour time period.
 - C. Place the container on ice, or in a refrigerator.
 - D. Have the client void at the end time, and place this specimen in the container.
20. A nurse is caring for a client in active labor. The nurse performs which of the following to best prevent fetal heart rate decelerations?
- A. Increases the rate of the oxytocin (Pitocin) infusion.

- B. Encourages upright or side-lying maternal positions.
 - C. Monitors the fetal heart rate every 30 minutes.
 - D. Prepares the client for a Cesarean delivery.
21. A client with diabetes mellitus is at 36 weeks' gestation. The client has had weekly nonstress tests of the last 3 weeks, and the results have been reactive. This week the nonstress test was nonreactive after 40 minutes. Based on these results the nurse would anticipate the client will be prepared for
- A. immediate induction of labor.
 - B. hospitalization with continuous fetal monitoring.
 - C. a return appointment in 2 to 7 days to repeat the nonstress test.
 - D. a contraction stress test.
22. A nurse is administering magnesium sulfate to a client for severe preeclampsia. During the administration of the medication, the nurse
- A. assesses for signs and symptoms of labor, since the client's level of consciousness will be altered.
 - B. assesses the client's temperature every 2 hours, since the client is at high risk for infection.
 - C. schedules a nonstress test every 4 hours to assess fetal well-being.
 - D. schedules daily ultrasonography to assess fetal movement.
23. A client's nasogastric (NG) feeding tube has become clogged. The nurse's first action is to
- A. flush the tube with warm water.
 - B. aspirate the tube.
 - C. flush with carbonated liquids, such as cola.
 - D. replace the tube.
24. A nurse is planning to give a tepid tub bath to a child who has hyperthermia. The nurse plans to
- A. obtain isopropyl alcohol to add to the bath water.
 - B. warm the water to the same body temperature of the child.
 - C. have cool water available to add to the bath water.
 - D. allow 5 minutes for the child to soak in the tub.
25. A nurse is assigned to care for a child who is on postoperative day 1 following surgical repair of a cleft lip. Which nursing intervention is most appropriate when caring for this child's surgical incision?
- A. Clean the incision only when serous exudate forms.
 - B. Rub the incision gently with a sterile cotton-tipped swab.
 - C. Rinse the incision with sterile water after feeding.
 - D. Replace the Logan bar carefully after cleaning the incision.

26. A client is in ventricular tachycardia, and the physician orders a STAT dose of lidocaine (Xylocaine) by intravenous (IV) bolus. An IV of 5% dextrose in water (D5W) is infusing. To administer the lidocaine, the nurse
- A. stops the IV, flushes the IV line, and then gives the lidocaine.
 - B. stops the IV and gives the lidocaine directly into the IV line.
 - C. starts another IV site.
 - D. checks for incompatibility of lidocaine with other IV medications.
27. A client receiving total parenteral nutrition (TPN) via a central intravenous (IV) line is scheduled to receive an antibiotic by the IV route. Which action by the nurse is appropriate before hanging the antibiotic solution?
- A. Ensure a separate IV access for the antibiotic.
 - B. Turn off the TPN for 30 minutes before administering the antibiotic.
 - C. Check with the pharmacy to be sure the antibiotic can be hung through the TPN line.
 - D. Flush the central line with 60 mL of normal saline solution before hanging the antibiotic.
28. A nurse is inserting an indwelling urinary catheter into a male client. As the nurse inflates the balloon, the client complains of discomfort. The nurse
- A. removes the syringe from the balloon because discomfort is normal and temporary.
 - B. aspirates the fluid, advances the catheter farther, then reinflates the balloon.
 - C. aspirates the fluid, withdraws the catheter slightly, then reinflates the balloon.
 - D. aspirates the fluid, removes the catheter, and reinserts a new catheter.
29. A client with acquired immunodeficiency syndrome (AIDS) who has cytomegalovirus (CMV) retinitis is receiving ganciclovir sodium (Cytovene). The nurse implements which of the following in the care of this client?
- A. Monitors blood glucose levels for elevation.
 - B. Administers the medication on an empty stomach only.
 - C. Tells the client to use a soft toothbrush and an electric razor.
 - D. Applies pressure to venipuncture sites for at least 2 minutes.
30. A client without history of respiratory disease has experienced sudden onset of chest pain and dyspnea, and pulmonary embolus is diagnosed. The nurse immediately implements which of the following therapeutic orders prescribed for this client?
- A. Semi-Fowler's position, oxygen at 4 L/min, and morphine sulfate (MS) 2 mg intravenously (IV).
 - B. Semi-Fowler's position, oxygen at 1 L/min, and meperidine hydrochloride (Demerol) 100 mg intramuscularly (IM).
 - C. High-Fowler's position, oxygen at 4 L/min, and 2 tablets acetaminophen with codeine (Tylenol #3).
 - D. High-Fowler's position, oxygen at 1 L/min, and MS 10 mg IV.
31. A client who recently experienced myocardial infarction is scheduled to have a

- percutaneous transluminal coronary angioplasty (PTCA) . The nurse plans to teach the client that during this procedure a balloon-tipped catheter will**
- cut away the plaque from the coronary vessel wall using a cutting blade.
 - be used to compress the plaque against the coronary blood vessel wall.
 - inflate a meshlike device that will spring open and keep the plaque against the coronary vessel wall.
 - be positioned in a coronary artery to take pressure measurements in the vessel.
- 32. A nurse is caring for a client who has been placed in Buck's extension traction. The nurse provides for countertraction to reduce shear and friction by**
- slightly elevating the head of the bed.
 - slightly elevating the foot of the bed.
 - providing an overhead trapeze.
 - using a footboard.
- 33. A nurse has inserted a nasogastric (NG) tube to the level of the oropharynx and has repositioned the client's head in a flexed-forward position. The client has been asked to begin swallowing. The nurse starts to slowly advance the NG tube with each swallow. The client begins to cough, gag, and choke. Which of the following nursing actions would least likely result in proper tube insertion and promote client relaxation?**
- Continuing to advance the tube to the desired distance.
 - Pulling the tube back slightly.
 - Checking the back of the pharynx using a tongue blade and flashlight.
 - Instructing the client to breathe slowly.
- 34. A nurse is planning care for a client with heart failure. The nurse asks the dietary department to remove which item from all meal trays before delivering them to the client?**
- Salt packets.
 - 1% milk.
 - Margarine.
 - Decaffeinated tea.
- 35. A nurse is caring for an infant with spina bifida (meningomyelocele type) who had the gibbus (sac on the back containing cerebrospinal fluid, the meninges, and the spinal cord) surgically removed. The nurse plans which of the following in the postoperative period to maintain the infant's safety?**
- Elevating the head with the infant in the prone position.
 - Covering the back dressing with a binder.
 - Placing the infant in a head-down position.
 - Strapping the infant in a baby seat sitting up.
- 36. A nurse is administering iron dextran (Infed) to a client by the intravenous route.**

The nurse checks that which of the following medications is available for use if needed as an antidote to the iron?

- A. Deferoxamine (Desferal).
- B. Dirithromycin (Dynabac).
- C. Ferrous fumarate (Feostat).
- D. Ferrous sulfate (Slow Fe).

37. A client with pulmonary edema has oxygen via nasal cannula at 6 liters per minute. Arterial blood gas (ABG) results indicate the following: pH 7.29, PCO₂ 49 mm Hg, PO₂ 58 mm Hg, HCO₃⁻ 18 mEq/L. The nurse anticipates that the physician will order which of the following for respiratory support?

- A. Lowering the oxygen to 4 liters per minute via nasal cannula.
- B. Keeping the oxygen at 6 liters per minute via nasal cannula.
- C. Adding a partial rebreather mask to the current order.
- D. Intubation and mechanical ventilation.

38. A client with an arteriovenous (AV) shunt in place for hemodialysis is at risk for bleeding. The nurse does which of the following as a priority action to prevent this complication?

- A. Checks the results of partial thromboplastin time (PTT) tests as they are ordered.
- B. Checks the shunt once per shift.
- C. Checks the shunt for the presence of a bruit and thrill.
- D. Ensures that small clamps are attached to the AV shunt dressing.

39. A client is due in hydrotherapy for a burn dressing change. To ensure that the procedure is most tolerable for the client, the nurse takes which of the following actions?

- A. Sends dressing supplies with the client to hydrotherapy.
- B. Ensures that the client has a robe and slippers.
- C. Administers an analgesic 20 minutes before therapy.
- D. Administers the intravenous antibiotic 30 minutes before therapy.

40. A nurse caring for a client with heart failure receives a telephone call from the laboratory and is told that the client has a magnesium level of 1.5 mg/dL. The nurse plans to

- A. encourage increased intake of phosphate antacids.
- B. monitor the client for dysrhythmias.
- C. administer ordered magnesium in normal saline.
- D. encourage intake of foods such as ground beef, eggs, or chicken breast.

41. A nurse is preparing to care for a client who has undergone a parathyroidectomy. The nurse plans care anticipating which postoperative order?

- A. Place in a flat position with the head and neck immobilized.

- B. Take a rectal temperature only until discharge.
 - C. Maintain endotracheal tube for 24 hours.
 - D. Administer a continuous mist of room air or oxygen.
42. A client with carbon monoxide poisoning is to receive hyperbaric oxygen therapy. During the therapy, the nurse implements which priority intervention?
- A. Assessing that oxygen is being delivered.
 - B. Maintaining an intravenous access.
 - C. Administering sedation to prevent claustrophobia.
 - D. Providing emotional support to the client's family.
43. A nurse is caring for a client with a herniated lumbar intervertebral disc. The nurse plans to place the client in which position to minimize the pain?
- A. High-Fowler's position with the foot of the bed flat.
 - B. Semi-Fowler's position with the knee gatch slightly raised.
 - C. Semi-Fowler's position with the foot of the bed flat.
 - D. Flat with the knee gatch raised.
44. A mother arriving at the emergency department with her child states that she just found the child sitting on the floor next to an empty bottle of aspirin. On assessment, the nurse notes that the child is drowsy but conscious. The nurse prepares to administer
- A. ipecac syrup.
 - B. activated charcoal.
 - C. magnesium citrate.
 - D. magnesium sulfate.
45. A client with myasthenia gravis is admitted to the hospital. The nursing history reveals that the client is taking pyridostigmine (Mestinon). The nurse assesses the client for side effects of the medication and asks the client about the presence of
- A. muscle cramps.
 - B. mouth ulcers.
 - C. feelings of depression.
 - D. unexplained weight gain.
46. A client with a fractured right ankle has a short leg plaster cast applied in the emergency department. During discharge teaching, the nurse provides which information to the client to prevent complications?
- A. Keep the right ankle elevated with pillows above the heart for 24 to 48 hours.
 - B. Weight-bear on the right leg only after the cast is dry.
 - C. Expect burning and tingling sensations under the cast for 3 to 4 days.
 - D. Trim the rough edges of the cast after it is dry.
47. An older adult woman client with a fractured left tibia has a long leg cast and is using