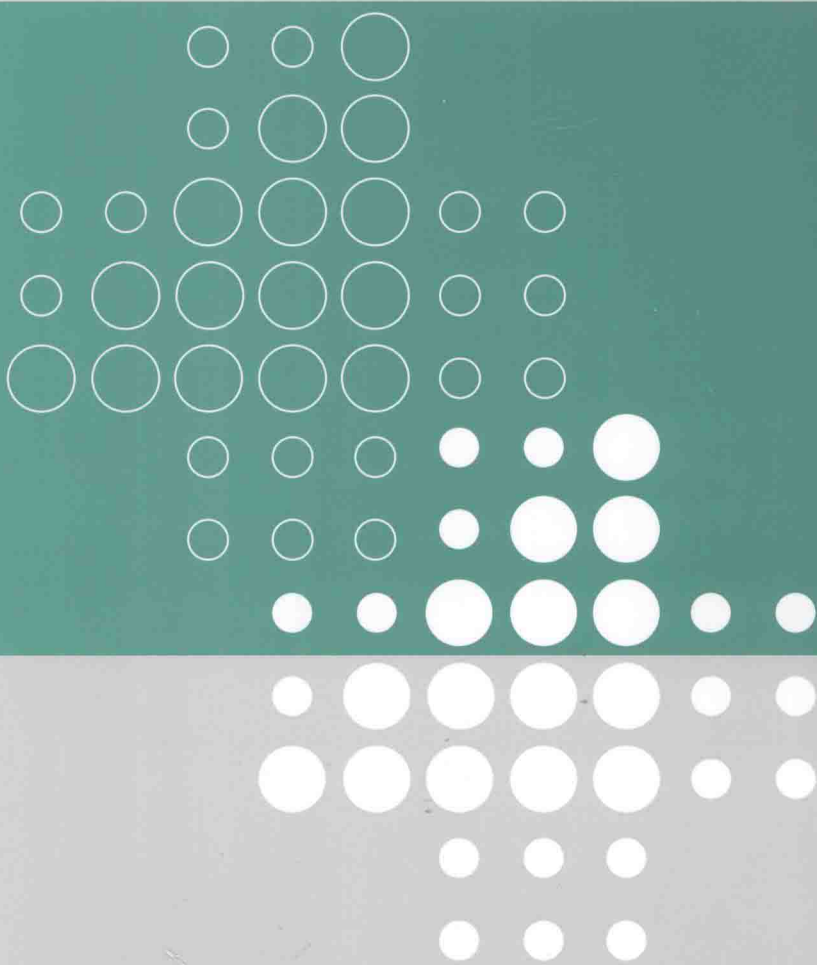




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供 本 科 护 理 学 类 专 业 用

# Nursing English

# 护理学专业英语



总主编 王 蕾  
主 编 宋 军



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国家卫生和计划生育委  
METS 考试指定教材  
供本科护理学类专业用

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## Nursing English

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为加强对全国医药卫生院校英语教学与人才培养工作的宏观指导与管理,搭建卫生人才培养单位与用人单位的供需交流平台,发挥医药院校、医疗卫生企事业单位、卫生行业协会和相关社会组织的积极性,在国家卫生计生委人才交流服务中心、国家外国专家局等政府部门的指导和支持下,人民卫生出版社和医护英语水平考试(METS)办公室联合全国不同教育层次的优秀院校及专家组织成立了“全国医药卫生院校英语教材和 METS 考试用书编写指导委员会”,并启动了全国医药卫生院校英语规划教材的编写工作,以推动医药卫生院校英语教育改革和发展,为培养新时代需要的医学人才服务。

本套教材根据教育部颁布的中职、高职高专、大学本科的英语教学要求,兼顾 METS 考试大纲对不同层次医学生和护理人员的考核要求,在充分调研、论证国内外不同教育层次英语教材,特别是针对医学院校学生设计的英语教材编写原则和特点的基础上,吸收国内外教材编写特长编写而成。

#### 本套教材编写特点为:

##### (一) 选材丰富,突出时代气息

教材选材注重体现现代医学理念,范围涵盖学生的学习、生活、职场等日常话题,反映最新医学发展状况,语言地道,使用大量国外医护人员和病人之间的对话、故事,贴近生活,注重质量和文化内涵。

##### (二) 主题鲜明,突出实用性

每个单元都围绕一个主题展开,以任务为线索贯穿整个系列教程,学习者通过学习同一主题下的各种体裁的文章,可以从不同角度深化自己对每个相关主题的理解。另外,从课文到练习、从选材到设计,编写人员无一不在“实用”上下功夫,要求学生学以致用,在不同阶段掌握不同的职场英语,同时也改变了医学英语教程主要以阅读为主这一单一的教材编写模式。

##### (三) 循序渐进,突出逻辑性

本教程从中职阶段开始,贯穿高职高专和本科高级阶段学习的全过程,打造了“三层五级七册”系列教程——中职、高职高专、本科三个层次、五个级别(中职-高职 1- 高职 2- 高职 3- 本科)、全七册教程(“听说”、“读写译”教程并轨),内容编排上结构合理、彼此呼应。各分册之间过渡平稳,各分册又有各自不同阶段的教学目标,综合学生听说读写译各项技能训练和实用能力的培养。考虑到各层次学生学习基础的差异,特别在每个单元设计了基础知识和基本技能的训练(Text A 中)和拓展与提高能力的培养(Text B 和 Text C 中)。全套教材在教学内容上由浅入深,并逐步增加与医学、药学和护理相关的内容。

##### (四) 展示多元文化,培养跨文化意识

通过对不同国家的医疗机构和学习、生活环境的描述和展示、通过对教材中融入世界各国的文化传统、风俗习惯和价值观念的学习,以及对课文里的文化注释、练习中的文化比较,系列教程可以引导学生探讨和鉴别中西方文化差异,提升学生对不同文化的理解及在跨文化交际情境中使用恰当、得体的语言能力和交流能力。

## (五) 提供立体资源, 构建自主学习平台

本系列教程贯彻教育部对各个层次学生的外语教学要求, 提供课堂教学和网络自主学习相结合的立体化资源。系列教程除了纸质教材, 还配有相应的听力训练、教师用书等网络增值服务。

## (六) 图文并茂, 版式新颖

全套教材采用双色或彩色印刷, 增加大量与主题相关, 具有启发性与趣味性的图片和多种练习, 为学习者提供了形象化的训练场景。

全套教材将于 2015 年 9 月出版, 供全国医药卫生院校使用。

## 教材目录

全国医药卫生院校英语教材 总主编: 王 蕾

教材名称	适用层次	适用专业	建议开设学年及学期	主编	学时
英语	中职	医药卫生各专业	第一学年第一学期 和第二学期	陶三琴 冯 欣	60
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护理学专业英语		护理学类专业		宋 军	60

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随着护理专业人才国际化进程的加快,我国护理界与国际学术交流日益频繁,对护理专业人员具备基本的外语交流能力和专业信息接受能力的要求进一步提高,由此对培养高层次护理人才的高等医药院校英语教学提出了更高的要求。为了适应医药卫生院校英语教学向专业化方向发展的需要,本着教育部“本科教育要创造条件使用外语进行公共课和专业课教学”的有关精神,我们编写了这部《护理学专业英语》。本教材适用于护理专业本科层次的教学。在内容上具有医药卫生专业学科特色,在形式上突破了传统教材的单一平面化,将听、说、读、写、译各种语言技能的训练融入每个单元,以培养学生综合运用语言的能力。在传输语言信息的同时,还有文化知识的输入,以此拓宽学生的视野,把握中外文化上的差异,使学生将来在国际化的工作环境中能够更好地为不同文化背景的患者服务。

《护理学专业英语》由12个单元组成。每个单元由 Warm-up, Listening Task, Text A(基础护理课文), Study & Practice, Text B(相关护理课文), After-class Listening, Word Formation in Medical Terminology 及 Culture Salon 八个部分组成。本教材突出选文的科学性、可读性和趣味性,内容力求新颖、完整,注重护理新知识、新理论与新方法的介绍。因此,教材实用性强。本教材可供护理专业本科学生使用,也可以作为临床护理人员自学专业英语的参考书。

本教材由宋军担任主编,沈洁、王红红担任副主编。王红红担任第1单元的编写;沈洁担任第2单元的编写;胡韻担任第3单元的编写;洪静芬担任第4单元的编写;何崇明担任第5单元的编写;谷岩梅担任第6单元的编写;张洁担任第7单元的编写;陈社胜、徐岩担任第8单元的编写;罗亚辉担任第9单元的编写;黄靓担任第10单元的编写;杨春会担任第11单元的编写;赵凤君担任第12单元的编写。全书的音频部分由陈社胜编辑整理。Word Formation in Medical Terminology 部分由王红红编写;Culture Salon 部分由沈洁编写。编写组全体编委参与了本教材的策划、选材和审定。

《护理学专业英语》这本教材凝聚了全体编写人员的努力和汗水,我们在教材的编写过程中一直在努力追求精益求精。我们真诚地欢迎本教材的使用者提出宝贵意见、建议和看法,使本教材在使用中得到不断完善。书中不当之处,敬请指正。

宋 军

2015年3月

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# Unit 1



Trips and Issues in Contemporary Nursing Practice and Education

Society as a whole is going through many dramatic changes and all of them influence nursing

## Development of Nursing

Autonomy, knowledge, thinking, and a broad range of skills of workers in the field of nursing have evolved, and they influence how we respond to changes in patients, families, and communities. Some of these trends and related issues include:

- **Technology in patient care and education:** Significant changes in the ways nursing is practiced, the economic state and the development of the profession of knowledge, and the development of computer health care systems. The increase in health care and the value of all services, especially

## Warm-up

Think and talk about the following questions with your classmates.

1. What roles does a nurse play in health services?
2. What are professional aspects that a good nurse exhibits?
3. What helps nurses achieve their career goals?

## Listening Task

Get familiar with the words and expressions in the list, and then decide whether each statement below is true (T) or false (F) based on what you hear.

## Words &amp; Expressions

professionalism /prə'feʃənəlaɪzəm/ <i>n.</i> 职业水准, 职业精神	responsive /ri'spɒnsɪv/ <i>a.</i> 响应的, 反应灵敏的
decorum /di'kɔ:rəm/ <i>n.</i> 端庄得体	sordid /sɔ:did/ <i>a.</i> 邋遢的, 肮脏的
in a row 接连, 连续	pitch in 加入; 投入
dedication /,dedi'keɪʃn/ <i>n.</i> 奉献, 献身精神	therapist /θerəpɪst/ <i>n.</i> 治疗师
bedside manner 医师对病人的举止、态度	psychiatrist /saɪ'kaɪətrɪst/ <i>n.</i> 精神病医师
considerate /kən'sɪdərɪt/ <i>a.</i> 体谅的	bolster /'bɔ:lstə/ <i>v.</i> 支持, 鼓励

- \_\_\_\_\_ 1. A nurse must maintain a sense of decorum with herself / himself.
- \_\_\_\_\_ 2. Working 12 hours in a row may mean going beyond the call of duty when needed.
- \_\_\_\_\_ 3. An important aspect of professionalism in nursing is a nurse's bedside manner.
- \_\_\_\_\_ 4. A professional nurse must be friendly and try to become best friends with their patients.
- \_\_\_\_\_ 5. It is advisable for a nurse to discuss the details of her own terrible day with their patients.
- \_\_\_\_\_ 6. A nurse also exhibits professionalism when assisting nurses in other departments if there are shortages.
- \_\_\_\_\_ 7. Taking continuing education courses help little to maintain all certification requirements.

## Text A

## Trends and Issues in Contemporary Nursing Practice and Education

Society as a whole is going through many significant changes, and all of them influence nursing education and health care. Nursing care is becoming more complex, and the role of the registered nurse is more demanding requiring nurses to be active participants in health care decisions. Nurses need to be effective and efficient in understanding how societal, educational, and health care changes influence health outcomes. Our knowledge, thinking, and a broad array of skills all are critical to the kind of nursing care we provide, and they influence how we respond to changes in patients, families, and communities in times of need.

Some of these trends and related issues include the following: the extreme and rapid changes in technology in patient care and education, significant changes in the demographics of our society, the economic crisis and its consequences, the globalization of knowledge and diseases, the requirement for competent health care providers, the increase in domestic abuse and violence of all sorts, complexity

of physical and mental health conditions, ethical issues, and the shortage of nursing faculty and nurses. Competent nurses integrate these changes into their way of being, to become “thinking” nurses as well as “doing” nurses. Thinking nurses learn to integrate essential knowledge, attitudes, and skills into care that involves best practices and evidence-based practices that promote patient safety and quality care.

One significant trend in nursing practice is patient-centered care, and patients’ engagement, safety, and privacy are becoming more of concerns. As patients have become more knowledgeable about illness care, health promotion, and the consequences of errors in care, they have become more assertive about their right to competent care and privacy of information. The health related laws mandate protection of an individual’s privacy by health care providers and throughout society and have changed many previously careless and harmful practices. The economics and politics of health care and access to comprehensive information via the internet have promoted more consumer activism through advocacy groups and internet connections to influence health care policy and standards. Patients use internet resources, sponsored by the government and private entities, to become more informed about illness and health care. As informed and engaged patients, they are better able to make effective decisions in collaboration with health care providers. This makes critical thinking, communication, and teaching essential nursing competencies. This also means that students (nurses) need to change their approach from “giving patient care” to “working with the patient and family” as members of the health care team.

A major issue affecting nursing education is the increasing number and consequences of serious medical errors, as reported in a study. These errors have led to an astonishing number of deaths and an increased number of expensive lawsuits, which further increase the cost of health care and tarnish the belief in the quality of available health care. Nursing faculty, administrators, and regulators therefore are increasingly concerned with ensuring the competence of students and nurses. Medical-error issues have precipitated the increased requirements for competency-based education and performance assessment in schools of nursing and other health disciplines, employment evaluations, and in agency accreditation criteria, all for patient safety.

Many injuries and deaths in medical institutions are preventable. Medicare recently decided that it will no longer pay for such preventable incidents, many of which are attributed to nurses. Thus preventive care is being emphasized even more in nursing education. Educational model and similar initiatives in every specialty organization are designed to change nursing education and practice to promote competence and patient safety.

Another trend affecting nursing education is related to the multicultural, multiethnic population and patients who have different ways of responding to illness, treatment, and care providers. This raises ethical issues of who is “right” and who has the “right to decide.” This is particularly relevant for freedom of choice and end-of-life issues. As described, one difficult issue, particularly for students and novices, is the ethical necessity to differentiate personal beliefs, values, and preferences from professional practice responsibilities.

Many ethical dilemmas require students, nurses, and other providers to accept the values of others and the concept of “a gray continuum of values” instead of the black-and-white interpretations based on one’s own beliefs. Some of the most controversial issues relate to the right of individual choice regarding abortion, organ transplant, stem-cell research, preference in sexual partners, and the patient’s right to die a dignified death. Other issues emerge from the growing use of alternative health remedies outside the mainstream of traditional western medicine, such as herbs. Dishonesty among nursing students, nurses, and other professionals is increasingly alarming and threatens patient safety.

These trends in society, nursing, and academic programs present issues of how to incorporate this additional knowledge into the already overloaded program of study. The issues for students include knowing how to access and use unlimited information, prioritize learning, implement evidence-based practice, deal with ethical dilemmas professionally, and develop competencies required for effective response to contemporary issues. Above all, students must focus on learning to think critically, reflectively, ethically, and compassionately as essential professional skills.

(866 words)

## New Words &amp; Expressions

contemporary /kən'tempə,ri/	a. 当代的; 同时代的
community /kə'mjunəti/	n. 社区; 团体
demographics /,demə'græfiks/	n. 人口统计学
consequence /'kɒnsɪkwəns/	n. 后果, 结果
globalization /,gləʊbəlaɪ'zeɪʃən/	n. 全球化, 全球性
sponsor /'spɒnsə(r)/	n. 发起人; 资助人
ethical /'eθɪkəl/	a. 伦理(学)的; 道德的
collaboration /kə,læbə'reɪʃən/	n. 合作, 协作
competency /'kɒ:mpɪtənsi/	n. 技能, 能力
astounding /ə'stəʊnɪŋ/	a. 惊人的, 使人吃惊的
preventable /pri'ventəbl/	a. 可阻止的, 可预防的
multicultural /,mʌlti'kʌltʃərəl/	a. 多种文化的
multiethnic /,mʌlti'eθnɪk/	a. 供多种族用的, 涉及不同种族的
professional /prə'feʃənəl/	a. 专业的; 专业性的
	n. 专业人士
dilemma /di'lemə/	n. 窘境, 困境; 进退两难
controversial /,kɒntre'vɜ:ʃəl/	a. 有争议的, 引起争议的
abortion /ə'bo:ʃən/	n. 流产; 流产的胎儿; 畸形
novice /'nɒvɪs/	n. 新手
dignify /'dɪgnɪfaɪ/	v. 使显得有尊严; 使高贵
remedy /'remədi/	n. 疗法; 补救办法
herb /hɜ:b/	n. 草本植物; 药草
dishonesty /dis'ɒnɪsti/	n. 不诚实; 欺诈
academic /,ækə'demɪk/	a. 学术的; 理论的
incorporate /ɪn'kɔ:pəreɪt/	v. 包含, 吸收
overload /əʊvə'ləʊd/	n. 超载
	v. 超载, 超过负荷
stem-cell	n. 干细胞, 骨髓干细胞
end-of-life	n. 寿命终止
registered nurse (RN)	注册护士
health outcomes	健康结果
patient care	病人照护
health care providers	卫生保健提供者
domestic abuse	家庭暴力, 家庭虐待

evidence-based practice	循证实践
patient safety	病人安全
patient-centered care	病人为中心的护理
critical thinking	评判性思维
medical error	医疗差错
organ transplant	器官移植

## Study & Practice

### I. Reading Comprehension

Choose the best answer for each of the following questions.

- Which of the following practice could not reflect the patient-centered care?
  - A nurse works with the patient and family instead of giving care to the patients.
  - The privacy of the patients are protected.
  - The patients are informed about illness and health care.
  - Patients' views are based on specific diseases and they receive care passively.
- \_\_\_\_\_ lead(s) to an increased number of deaths and raise the cost of health care.
  - Serious medical errors
  - Evidence-based practice
  - Patient safety
  - Expensive lawsuits
- In health care, the controversial ethical issues don't include \_\_\_\_\_.
  - high quality of patient care
  - abortion
  - organ transplant
  - stem-cell research
- It is difficult for \_\_\_\_\_ to differentiate personal beliefs, values, and preferences from professional practice responsibilities.
  - senior nurses
  - senior physicians
  - medical and nursing novices
  - assistants
- In order to reduce medical errors and ensure quality of care and patient safety, what is emphasized in the contemporary nursing education?
  - Knowledge-based education.
  - Skill-based education.
  - Competency-based education.
  - Evidence-based education.

### II. Words to Practice

Fill in the blanks with the words or expressions given below. Change the form where necessary.

incorporate	dishonesty	prevent	herb	overload
dilemma	ethical	remedy	competency	academy
sponsor	demography	collaborate	abortion	community

- A(n) \_\_\_\_\_ nurse works outside the hospital and services in district settings, such as schools, factories, and public health institutions, focusing on disease prevention, health promotion, and rehabilitation.
- The core \_\_\_\_\_ in nursing refers to a standard set of performance domains, such as

communication, clinical decision making, and critical thinking.

3. The Relief Project for Children with Congenital Heart Diseases is \_\_\_\_\_ by the Chinese government.
4. Globalization and migration raise the need to \_\_\_\_\_ cultural sensitivity into nursing care.
5. Study on \_\_\_\_\_ characteristics showed that 68% of patients were over the age of 65.
6. \_\_\_\_\_ freedom and diverse viewpoints are highly valued at the world famous universities.
7. When standard treatments don't work, many cancer patients are turning to alternative \_\_\_\_\_ for curing cancer, such as herbs, special foods, and meditation.
8. Medication \_\_\_\_\_ is one of the common types of medical errors.
9. When facing terminal cancer, both family and health professionals are in a(n) \_\_\_\_\_ of whether to tell the truth to the patient or not.
10. Nurses are facing many legal or \_\_\_\_\_ dilemmas in their career.

### III. Translation

#### A. Translate the following sentences into Chinese.

1. Patient-centered care is about much more than simply educating patients about a diagnosis, potential treatment, or healthy behavior. It does not mean giving patients whatever they want; rather, patients want guidance from their care providers, but they expect that guidance to be provided in the context of full and unbiased information about options, benefits and risks.

2. A call for the transformation of nursing education to provide nurses with the essential competencies required to improve patient care quality and safety has been issued by experts describing the future of nursing and the role of technology. Recommended competencies include the abilities to provide patient-centered care; collaborate as a member of an interdisciplinary team; use evidence to guide nursing practice; and manage workflow and clinical decision making.

#### B. Translate the following sentences into English.

1. 许多医疗场所的损伤和死亡是可预防的, 关键的措施是提高医疗服务质量。(preventable)
2. 护士的短缺使护士工作负荷过重, 影响病人的护理质量, 也影响护士的健康。(shortage)
3. 循证实践要求医疗卫生工作人员在临床实践中使用最佳的依据。(evidence-based practice)
4. 患者越来越了解有关疾病和健康信息, 因而对自己的医疗权利有了更深刻的认识。(knowledgeable)
5. 来自不同文化和种族背景的人对疾病、治疗和医务工作人员有不同的反应。(culture and ethnic)

## Text B

### Nosocomial Infections

A nosocomial infection is an infection that was acquired in a hospital or other health care facility and was not present or incubating at the time of the client's admission. Nosocomial infections are also referred to as hospital-acquired infections. These types of infections typically fall into four categories: urinary tract, surgical wounds, pneumonia, and septicemia.

Nosocomial infections also include those infections that become symptomatic after the client is



discharged, as well as infections passed among medical personnel. Most nosocomial infections are transmitted by health care personnel who fail to practice proper handwashing procedures or who fail to change gloves between client contacts.

Hospitalized clients are at risk for nosocomial infections because the environment provides exposure to a variety of virulent organisms to which the client has not typically been exposed in the past; therefore, the client has not developed any resistance to these organisms. In addition, illness, often the reason for hospital admission, impairs the body's normal defense mechanisms.

Experts discuss the increased risk of infections in long-term care facilities. The most common endemic infections in this setting affect the urinary, upper and lower respiratory tracts, gastrointestinal tract, conjunctiva, and skin. The Center for Disease Control and Prevention (CDC) estimates that 1.5 million cases of nosocomial infection occur annually in long-term care facilities and nursing homes. That is an average of one infection per year per client.

Clients in long-term care facilities and hospitals often have multiple comorbidities (illnesses), which increase their risk of infection. For example, urologic abnormalities are associated with increased risk for urinary tract infections. Chronic obstructive lung disease and congestive heart failure increase a client's risk of developing pneumonia. Diabetes or vascular insufficiency may lead to more frequent and severe skin infections (pressure ulcers, cellulitis, and vascular ulcers). Because these high-risk clients are housed together, the transmission of pathogens is increased among residents. For instance, organisms may be transmitted through the air, on the hands of staff member, and by contaminated items.

Nurses are responsible for providing the client with a safe environment, which includes preventing the transmission of nosocomial infections. Nursing interventions to reduce the risk of infections center around ensuring asepsis and properly disposing of infectious materials to reduce or eliminate infectious agents. Providing nursing care using aseptic technique decreases the risk and spread of nosocomial infections.

Handwashing is the rubbing together of all surfaces and crevices of the hands using a soap or chemical and water, followed by rinsing in a flowing stream of water. It is the most basic and effective infection-control measure to prevent and control the transmission of infectious agents. It is the single most important procedure for preventing nosocomial infections.

The three essential elements of handwashing are soap or chemical, water, and friction. Soaps that contain antimicrobial agents are frequently used in high risk areas such as emergency departments and nurseries. Friction physically removes soil and transient flora, and a flowing stream of water rinses it all away.

Handwashing should be performed after arriving at work, before leaving work, before and after each client contact, after removing gloves, when hands are visibly soiled, before eating, after excretion of body waste, after contact with body fluids, before and after performing invasive procedures, and after handling contaminated equipment. A washing time of 10 to 15 seconds is recommended to remove transient flora from the hands. High-risk areas such as nurseries usually require a handwash of approximately 2 minutes duration. Soiled hands usually require more time.

Sterile technique consists of those practices that eliminate all microorganisms and spores from an object or area. It is practiced by the nurse in the operating room, in labor and delivery, and for many diagnostic and therapeutic interventions at the client's bedside. Common nursing procedures that require sterile technique include all invasive procedures, either intentional perforation of the skin



(injection, insertion of intravenous needles or catheters) or entry into a bodily orifice (tracheobronchial suctioning, insertion of a urinary catheter); and nursing measures for clients with disruption of skin surfaces (changing a surgical wound or intravenous dressing) or destruction of skin layers (trauma and burns).

Keeping the client free from infection requires frequent reassessment followed by timely adjustments made in the plan of care in order for nursing interventions to be effective. It is imperative that the client be not only free of infection during hospitalization, but also helped on developing a true awareness of the factors that increase the risk for infection. Adherence to barrier precautions is critical in preventing the spread of infectious agents, especially nosocomial infections to clients, self, and other health care workers. The nurse must correlate the client's diagnostic laboratory results and temperature in evaluating the expected outcome of remaining free of signs and symptoms of infection. If the nurse is caring for a client with an infection, the evaluation should indicate the stage of the inflammatory process.

(808 words)

## New Words and Expressions

nosocomial /,nɒsə'kəʊmiəl/	a. 医院的
incubate /'ɪnkju,beɪt/	v. 潜伏; (卵)被孵化
admission /əd'mɪʃən/	n. 住院; 准许进入; 承认
pneumonia /nju:'məʊniə/	n. 肺炎; 急性肺炎
septicemia /,septə'si:miə/	n. 败血病
symptomatic /,sɪmptə'mætɪk/	a. 有症状的; 症候的
discharge / dɪs'tʃɑ:dʒ /	n. 流出; 排放物
	v. 出院; 卸船; 免除
transmit /træns'mɪt/	v. 传播; 传输; 传送
handwashing /'hændwɔʃɪŋ/	n. 洗手; 洗手液
procedure /prə'si:dʒə/	n. 程序; 手续
exposure /ɪk'spəʊʒə(r)/	n. 暴露; 揭发
virulent /'vɪrələnt/	a. 剧毒的, 致命的
organism /'ɔ:gə,nɪzəm/	n. 有机体; 生物体
resistance /rɪ'zɪstəns/	n. 抵抗; 阻力
respiratory /'respərə,tɔ:ri/	a. 呼吸的, 呼吸道的
gastrointestinal / ,gæstrəuɪn'testɪnəl /	a. 胃肠道的, 胃肠的
conjunctiva /,kɒndʒʌŋk'taɪvə/	n. (眼球) 结膜
comorbidity /kəmɔ:ɹ'bidəti/	n. 疾病, 伴随疾病
abnormality /,æbnɔ:ɹ'mæləti/	n. 异常; 畸形, 变态
obstructive /əb'strʌktɪv/	a. 阻碍的; 妨碍的
	n. 妨碍物; 障碍物
diabetes /,daɪə'bitɪz/	n. 糖尿病
cellulitis /,selju'laitɪs/	n. 蜂窝织炎
pathogen /'pæθədʒən/	n. 病原体; 病菌
contaminated /kən'tæmənetɪd/	a. 受污染的; 弄脏的
asepsis /æ'sepsɪs/	n. 无菌, 无病毒; 无菌处理法