



教育部职业教育与成人教育司推荐教材

全国高等医药教材建设研究会·卫生部规划教材

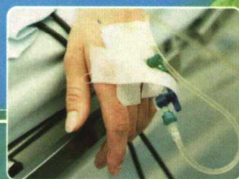
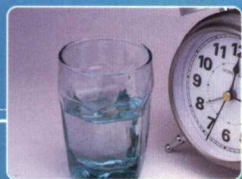
全国高等职业教育护理专业领域技能型紧缺人才培养培训教材

供涉外护理专业用


护理专业英语

— 阅读分册

READING MATERIALS FOR NURSING



主编 孙国棣

 人民卫生出版社

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出版说明

根据《教育部办公厅 卫生部办公厅关于确定职业院校开展护理专业领域技能型紧缺人才培养培训工作的通知》(教职成厅〔2003〕3号)的精神,卫生部教材办公室在认真、全面调研的基础上,规划并组织编写了全国高等职业教育护理专业领域(涉外护理、中西医结合护理)技能型紧缺人才培养培训卫生部规划教材。

本套教材的指导思想为:以全面素质为基础,以能力为本位;以市场需求为基本依据,以就业为导向;适应护理行业发展,体现教学内容的适应性和先进性;以学生为主体,体现教学组织的科学性和灵活性。本套教材编写要求体现“整体护理的理念、护理程序的模式、突出人文关怀”,从而达到使学生掌握“必需、够用”的基础理论知识、较强的技术应用能力、知识面宽、综合素质高的培养目的。

为保证涉外护理专业方向教材的质量,卫生部教材办公室成立了专家委员会对教材的规划、组织、编写、管理、使用、培训、评审等工作起指导、咨询、纽带的作用。经过专业委员会讨论,确定本套教材共编写14种,其他课程可用高职护理专业卫生部规划教材,不再重复编写。整套教材要求中英文双语编写,教材结构以中文为主、英文为辅。英文主要为章前言、核心词汇和每章小结,约占中文篇幅的1/5~1/3。同时每本教材在书末附中英文名词对照表、参考文献、教学大纲(参考),40学时以上的课程均编写了配套教材或配套光盘,以辅助教师教学和学生学习。

全部教材将由人民卫生出版社在2006年9月前出版,以供教学使用。具体书目为:

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* 2 护理专业英语——阅读分册	孙国棣
* 3 护理专业英语——视听说分册	刘国全
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卫生部教材办公室
2006年4月

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前 言

涉外护理专业《护理专业英语——阅读分册》是全国高等职业教育护理专业领域技能型紧缺人才培养培训卫生部规划教材,其适用对象为具有一定公共英语基础的五年制涉外护理专业的学生。

本教材的编写严格按照五年制高等职业教育培养方案中关于涉外护理专业对英语教学的要求,充分体现了“三基五性”的原则。其总体构想为:以就业为导向、以素质教育为基础、以能力提高为目标,充分发挥学生的主体作用,努力把学生培养成为有较强的英语应用能力,能适应国内外护理工作的实用型高等护理人才。

本教材编写的指导思想是:通过广泛阅读专业英语,帮助学生扩大医学词汇量,熟悉医学应用文的英语书写格式和习惯,提高阅读速度,增强阅读理解能力,同时进一步培养学生的英语应用能力,并帮助学生通过国际相应级别的考试,以满足国内外医学界对高素质、高技能护士的需求。通过本教材的系统学习,学生应掌握3 000个左右的医学英语单词和1 500个左右的常用护理英语术语,熟悉医学英语尤其是护理英语的特点;能用英语说出临床上常见的疾病名称、症状,常用的治疗方法和护理措施等;能运用英语制定简单的护理计划,填写有关护理文件和表格,为今后的继续学习打下扎实的专业英语基础。

本教材各单元均由三课组成(除第三单元外)。各课由三个部分组成:课文(Text)、护理计划或病案讨论(Nursing Care Plan/Discussing)、巩固提高(Further Study)。

教材所选文章大部分择自最新的原版医学杂志或教科书,并侧重护理专业知识。所选文章多为典型病例和常见疾病,覆盖了人体各系统的疾病。各单元内容既相对独立,又相对统一。

为充分发挥学生的主体作用,教材各课内容都紧紧围绕一个主题展开,针对性强。同时,各部分又有明确的具体任务,有较强的可操作性。

本教材配有相应的《学习指导及习题集》,为教师教学和学生自学提供方便。建议在教学过程中,一定要注重对学生阅读能力的培养。教学中要力求突破传统的教学模式,采用以学生为主体的教学方法。课堂上应根据学生的实际情况,灵活地组织教学,以达到提高阅读能力,扩大知识面以及巩固专业词汇,熟练运用医学英语的目的。

本教材在编写过程中得到了各编者所在单位领导和同行的鼎力支持和无私帮助,并且还得到华中科技大学同济医学院附属同济医院夏述燕、戴菲雯、周艳霞、郑丹等同志的帮助,校阅了有关部分;文章及译文特邀留学加拿大医学博士朱顺生教授、吕慧英教授审校;澳大利亚专家 Leah Cobble 女士审校了全书;江汉大学卫生技术学院外语教研室李迎老师参加本书的前期准备工作;计算机教研室主任付汉平老师承担了后期录入和合成工作,对上述提及的各位在此一并表示诚挚的谢意。

由于编者水平与经验有限,书中难免会有错误和疏漏之处。恳请教材使用者与专家们批评指正。

孙国棟
2006年6月

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Unit One Maternal-Infant Health Nursing

Lesson 1 Respiratory Distress Syndrome

Part One: Pre-stage

1. What does RDS stand for?
2. What are the main symptoms of RDS?

Text

Respiratory distress syndrome (RDS) is the most common cause of death among premature infants. It is caused by immaturity of the lungs and occurs in about 70% of infants weighing less than 1500g, but less than 1% of those whose birth weight is more than 2500g. Infants of diabetic mothers, infants delivered by cesarean section, and infants whose mothers have had a previous child with RDS have a high incidence of this disorder. Asphyxia during labor or delivery also predisposes the neonate to RDS.

Typical features such as tachypnea, retractions and grunting generally begin after birth, and become progressively more severe, finally progressing into cyanosis and respiratory failure. In babies not treated with surfactant replacement therapy, decreased air exchange and cyanosis worsen for the first 24 ~ 28 hours. The premature infant may develop apnea due to RDS.

Signs and symptoms usually worsen through the first 3 days of life, after which improvement and recovery are the rule, unless some of the complications have developed.

In order to have optimal care, a premature infant at risk for RDS should be delivered in a perinatal center with a pediatric resuscitation team. Plans for appropriate management must be made immediately. There should be at least one person skilled in all aspects of newborn infant resuscitation, and all of the equipment necessary for a complete resuscitation should be present in the delivery room. Early treatment to establish oxygenation, ventilation, and correction of acidosis and hypotension will moderate the clinical course of RDS. In addition, early stabilization of the infant may reduce the risk of many other complications of prematurity.

There are several approaches for providing respiratory support to the premature infant with RDS. In general, infants with mild disease may simply be maintained in an environment with increased oxygen. Meanwhile, the nurse should monitor closely the infants' physical signs of respiratory distress as well as fractional inspired oxygen and arterial blood gas (O_2) tensions and pH. Infants with moderate to severe RDS require assisted ventilation. Numerous methods, including continuous positive airway pressure or intermittent mandatory ventilation are possible. Continuous positive airway pressure (CPAP) alone is often sufficient. When intermittent mandatory ventilation is used, positive end-expiratory pressure (PEEP) is

necessary. It is necessary to measure arterial blood gas tension and pH or O₂ saturation frequently, and correlation with arterial blood samples must be monitored so that use of ventilatory therapy can be minimized to avoid its toxic effect.

Other methods of ventilatory support include high frequency jet ventilation (HFJV) and oscillators. These methods may improve carbon dioxide elimination, lower mean airway pressure, and improve oxygenation in patients who do not respond to conventional ventilators and who have HMD and so on. There is now plentiful evidence that surfactant replacement therapy decreases the severity of RDS, decreases mortality of the newborn infants, and increases survival, it is even more effective in infants who have been treated before birth with corticosteroids.

In spite of the best management, however, complications are common. High arterial oxygen concentration during the therapy can produce retinal damage, while periods of hypoxemia may lead to neurologic damage. HFJV may bring about tracheal damage, especially in the presence of hypotension or poor humidification; and oscillator therapy has been associated with heart disease; complications of surfactant therapy include transient hypoxia and hypotension, blockage of the endotracheal tube, and pulmonary hemorrhage. In severely ill patients, intracranial hemorrhage and pulmonary hemorrhage are potentially fatal complications.

Prevention of RDS in some infants is possible through prenatal administration of steroids to the mother. Several other approaches include new drugs to prevent preterm labor or promote lung maturation.

When a high-risk mother and fetus are identified, assessment of the infant and necessary nursing interventions should begin immediately at birth. There should be a special nurse to look after the patient. After delivery, heat loss should be prevented by immediately drying the infant and providing a warm environment. Observe the infants' breath and color; clear the secretion in the airway; monitor the humidification and the temperature of oxygen (the adequate: 29-32°C); check the heart rate. The feeding is difficult but essential, and feeding techniques such as nasogastric gavage or intravenous alimentation are necessary.

New Words

cesarean [sɪ'zɛəriən] *adj.* 剖宫产的
 asphyxia [æs'fiksɪə] *n.* 窒息
 neonate ['ni:əneɪt] *n.* 新生儿
 tachypnea [tækɪp'ni:ə] *n.* 呼吸急促
 retraction [rɪ'trækʃən] *n.* 退缩, 缩回
 grunt [grʌnt] *n.* 呼噜声, 喘鸣
 progressively [prə'gresɪvli] *adv.* 逐步地
 failure ['feɪljə] *n.* 衰竭, 破产
 surfactant [sə:'fæktənt] *n.* 表面活性物质
 complication [kəmplɪ'keɪʃən] *n.* 并发症
 optimal ['ɒptɪm(ə)l] *adj.* 最适当的
 perinatal [ˌpɛrɪ'neɪtəl] *adj.* 围生期的
 pediatric [pi:'di:ætrɪk] *adj.* 儿科的
 resuscitation [rɪ,sʌsɪ'teɪʃən] *n.* 复苏, 复兴
 ventilation [ventrɪ'leɪʃən] *n.* 通气, 通风
 clinical ['klɪnɪk(ə)] *adj.* 临床的

approach [ə'prəʊtʃ] *n.* 方法, 步骤
 saturation [sætʃə'reɪʃ(ə)n] *n.* 饱和, 饱和量
 oscillator ['ɒsɪleɪtə(r)] *n.* 振荡器, 摇摆者
 mortality [mɔ:'tælɪti] *n.* 死亡率
 corticosteroid [kɔ:'tɪkəʊ'stɛrɔɪd] *n.* 皮质类固醇
 concentration [kɒnsən'treɪʃ(ə)n] *n.* 浓度, 专心
 retinal ['retɪnəl] *adj.* 视网膜的
 tracheal [trə'ki:əl] *adj.* 气管的, 导管的
 hypoxia [haɪ'pɒksɪə] *n.* 缺氧, 氧不足
 pulmonary [ˌpʌlmənəri] *adj.* 肺部的, 对肺有影响的
 hemorrhage ['hemərɪdʒ] *n.* 出血
 intracranial [ˌɪntrə'kreɪniəl] *adj.* 颅内的
 prenatal [pri:'neɪt(ə)l] *adj.* 产前的
 steroid ['stɛrɔɪd] *n.* 类固醇

maturation[*mætjʊə'reɪʃən*] *n.* 成熟

潮湿

secretion[*sɪ'kri:ʃ(ə)n*] *n.* 分泌物, 隐藏

nasogastric[*,nəzəu'gæstri:k*] *adj.* 鼻饲的

humidification[*hju:mɪdɪfɪ'keɪʃən*] *n.* 湿度,

intravenous[*ɪntrə'vi:nəs*] *adj.* 静脉内的

Phrases and Expressions

in order to 以……为目的, 为了……起见

predispose sb. to sth. 事先(在某方面)影响某人

in addition 除……之外, 另外

in spite of 尽管, 不管

respond to (疾病, 身体的受伤部分)对治疗有良好的反应

associate...with... 把……与……联系在一起, 联合

Notes

1. In babies not treated with surfactant replacement therapy...

在没有用表面活性物质替代疗法的婴儿当中……

在该句中, *treated* 为过去分词作定语, 修饰 *babies*, 该形式相当于一个定语从句 *In babies who are not treated with surfactant replacement therapy...*

e. g. This is a play written by Shakespeare.

这是莎士比亚的一部戏剧。

There are many fallen leaves on the ground.

地上有许多落叶。

2. Meanwhile, the nurse should monitor closely the infants' physical signs of respiratory distress as well as fractional inspired oxygen and arterial blood gas tension and pH.

同时, 护士既要密切注意间歇给氧情况和动脉血气分压以及血 pH 值, 又要监测婴儿的呼吸窘迫体征。

meanwhile 意为“同时”, 相当于 *in the meantime, at the same time.*

as well as 为固定词组, 意为“也, 还, 而且”。

e. g. I went to college. Meanwhile, all my friends got well-paid jobs.

我上大学去了, 那时我的朋友们都找到了收入不错的工作。

He was kind as well as sensible.

他既明事理又厚道。

3. ...avoid its toxic effect.

……避免它的毒副作用。

avoid 是动词, 后面常接名词、代词或动名词。

e. g. Try to avoid accidents.

尽量避免事故。

You should avoid driving in the center of the city.

你应该避免在市中心开车。

4. It is necessary to measure arterial blood gas tension...

测量血气分压是必要的……

It is necessary to do... 这个句型意思是“做某事是必要的”, 句中 *it* 是形式主语, 真正的主语是动词不定式。

e. g. It is necessary to inform the patient of the result of the physical examination.

有必要通知患者体检的结果。

It is necessary to clear the infant's airway.

清理婴儿的气道是必要的。

Comprehension

A. Choose the best answer.

1. What causes the Respiratory Distress Syndrome?
 - a. the infants' weight is much heavier
 - b. the infants' weight is much lower
 - c. the immaturity of the lungs
 - d. the infants' mothers suffer from flu
2. When a infant with a moderate or severe RDS is treated with assisted ventilation, why the arterial blood gas tension and pH or O₂ saturation and the correlation with arterial blood sample must be monitored?
 - a. to avoid its toxic effect
 - b. to avoid the retractions
 - c. to make the infant breathe more smoothly
 - d. to avoid the diabetes
3. What is the advantage of the methods of ventilatory mentioned in this passage?
 - a. The improvement of carbon dioxide elimination
 - b. The improvement of oxygenation in patients
 - c. Both a. and b.
 - d. Promote the maturation of infants' lungs
4. The surfactant replacement therapy seems more sufficient in infants _____.
 - a. who have been treated before birth with corticosteroids
 - b. whose weight are more than 2 500g
 - c. who get the cyanosis
 - d. whose lungs are immature
5. What is the most common cause of death among premature infants according to this passage?
 - a. Respiratory Distress Syndrome
 - b. Pregnancy-induced Syndrome
 - c. Eclampsia Seizure
 - d. Preeclampsia

B. Decide whether the following statements are true or false.

- () 1. RDS is the most common cause of death among premature infants.
- () 2. Within the first 3 days of life, RDS can be improved.
- () 3. The treatment of moderate or severe infants with RDS is just to be maintained in an environment with increased oxygen.
- () 4. The therapy of intermittent mandatory ventilation can be used alone to cure severe or moderate infants.
- () 5. Prevention of RDS in some infants is possible through prenatal administration of steroids to the mother.
- () 6. The feeding techniques for RDS infants include nasogastric gavage and intravenous alimentation.

Vocabulary

A. Fill in the blanks with the suitable words given below. Change the form if necessary.

asphyxia

complication

skill

toxic

high frequency jet ventilation

associate

1. _____ may bring about tracheal damage.
2. Oscillator therapy has been _____ with heart diseases.
3. _____ during labor or delivery also predisposes the neonate to RDS.
4. Improvement and recovery of RDS are the rule after the first 3 days of life, unless _____ have developed.
5. There should be at least one person _____ in all aspects of newborn infants resuscitation.
6. The use of ventilatory therapy should be minimized to avoid its _____ effect.

B. Find the meaning of words or expressions in Column A from those in Column B.

Column A

Column B

- | | |
|-----------------|--|
| 1. asphyxia | a. the period around childbirth |
| 2. complication | b. being unable to breathe |
| 3. mandatory | c. poisonous or caused by poisonous substances |
| 4. pediatrics | d. the branch of medicine concerned with children and their diseases |
| 5. perinatal | e. a new illness that happens during the course of another illness |
| 6. mortality | f. number of deaths |
| 7. meanwhile | g. compulsory |
| 8. toxic | h. at the same time |

C. Rearrange the following sentences in a correct order according to the text.

1. There are several approaches for providing respiratory support to the premature infants with RDS.
2. Meanwhile, the nurse should monitor closely the infants' physical signs of respiratory distress.
3. Infants with moderate to severe RDS require assisted ventilation.
4. Respiratory Distress Syndrome is the most common cause of death among premature infants.
5. In general, infants with mild disease may simply be maintained in an environment with increased oxygen.

D. Complete the following sentences according to the Chinese given.

1. Infants whose mothers have had a previous child with RDS _____ (有很高的发病率).
2. Signs and symptoms usually _____ (在前三天里变得严重).
3. These methods improve oxygenation in patients _____ (对传统的通气机没有良好反应的).
4. There should be at least one person _____ (具有新生儿复苏方面全部的技能).
5. Heat loss should be prevented _____ (将婴儿擦干,并且提供一个温暖的环境).

Part Two: Nursing Care Plan

Assessment data: An 15-month-old female was admitted for evaluation of fever and snuffle. She had been well until she developed symptoms of a cold with snuffle and fever 3 days prior to admission. She was given increased amount of fluid to drink and took a decongestant, but fever persisted. Two days prior to admission, she began complaining of pharyngalgia which gradually increased in severity. The diagnosis of upper respiratory infection was made following the physical examination. The physical examination revealed the respiration was normal and the lungs were clear, neither dry rale nor moist rale was audible. Eating was difficult caused by the hyperemic throat. The bilateral tonsillae are mild intumescent. A neurological exam was normal. The mycoplasma test has been performed and the physician ordered the intravenous infusion of 5% glucose and antibiotic.

Table 1-1 Upper Respiratory Infection

Nursing Diagnosis	Goals	Nursing Intervention
Potential convulsion	1. Brain damage, or mental developmental disorders will be avoided 2. Brain edema due to apnea will be avoided	1. Monitor the signs of convulsion closely 2. Lower temperature, and give sedative 3. Arrest convulsion promptly as soon as it occurs (1) Use bite-block to prevent biting tongue (2) Inhale oxygen
Potential complications	Otitis media, nasosinusitis, cervical lympharyngeal abscess will be detected and treated early	1. Monitor the patient's signs closely 2. Keep the external auditory canal clean 3. Prevent tears flowing into auditory canal

Words and Expressions

- diagnosis [dai'æg'nəʊsɪs] *n.* 诊断, 诊断结果
 decongestant [ədi:kən'dʒestənt] *n.* 减充血剂
 hyperemic [ˈhaɪpər,emɪk] *adj.* 充血的
 intumescent [ˌɪntju:(:)'mesnt] *adj.* 肿大的, 膨胀的
 neurological [njuərəʊ'lɒdʒɪkəl] *adj.* 神经系统的
 reveal [rɪ'vi:l] *v.* 显露, 透露
 rale [rɑ:l] *n.* 水泡音, 啰音
 snuffle ['snʌf] *n.* 鼻塞

Comprehension

- Which one is not the symptom of the child prior to admission?
 - Fever
 - Snuffle
 - Dizzy
 - Pharyngalgia
- What kind of diagnosis was made following the physical examination?
 - Upper respiratory infection
 - Snuffle
 - RDS
 - Hypertension
- When snuffle and pharyngalgia occur, the following should be done except for _____.
 - Clear the discharge
 - Gargle with collutory
 - Intake vapor twice per day
 - Arrest the convulsion
- How can we nurse the patients of convulsion?
 - Use bite-block to prevent biting tongue
 - Give sedative
 - Both a. and b.
 - Cold compress
- When the patients have fever, the nursing intervention should be taken except _____.
 - taking the temperature 4 times daily
 - hot compress
 - resting in bed
 - drinking more water

Part Three: Further Study

A. Sentences dictation.

- _____.
- _____.
- _____.
- _____.

5. _____.

6. _____.

B. Choose the best answer.

1. Compared with babies born vaginally, babies born by cesarean section tend to have an increased incidence of _____.
 - a. umbilical cord infection
 - b. respiratory distress syndrome
 - c. convulsions
 - d. cold stress
2. At what time would it be best to assess a newborn's physical condition?
 - a. Midway between his feeding
 - b. Immediately after his feeding
 - c. Immediately before his feeding
 - d. The time of his feeding is unimportant
3. A normal person's respirations are regulated primarily by blood and tissue levels of _____.
 - a. ions of bicarbonate
 - b. ions of potassium
 - c. oxygen
 - d. carbon dioxide
4. A nurse makes initial physical examination of a newly delivery term neonate and finds 55 breaths per minute. Which of following would the nurse do next?
 - a. Check for the presence of dyspnea
 - b. Notify the neonate's pediatrician
 - c. Assess the breathing rate again in 3 hours
 - d. Document this as a normal neonatal finding
5. A 2-week-old infant is brought to the clinic for a checkup. The parents are worried because the infant breathes quickly for a while then breathes slowly. Which of the following is the most appropriate response made by the nurse?
 - a. "The infant needs hospitalizing"
 - b. "It is normal in infants of this age"
 - c. "You need to take better care of your child"
 - d. "Further examination is needed for the infant"
6. Which of the following ingested agents is most likely to produce respiratory symptoms?
 - a. Castor oil
 - b. Motor oil
 - c. Oil of wintergreen
 - d. Furniture polish
7. A previously healthy, active 18-month-old child presents with unilateral nasal obstruction and foul-smelling discharge. The child's examination is otherwise unremarkable. The most likely diagnosis is _____.
 - a. foreign body
 - b. nasal polyps
 - c. deviated septum
 - d. frontal sinusitis
8. A patient with staphylococcal pneumonia suddenly develops increasing respiratory distress. The possible diagnosis requiring the most urgent action is _____.
 - a. pneumatocele formation
 - b. tension pneumothorax
 - c. progression of the pneumonia
 - d. severe anxiety
9. Which of the following is an absolute indication for tonsillectomy?
 - a. repeated ear infections
 - b. mouth breathing
 - c. frequent upper respiratory infections
 - d. need to rule out rumor
10. A previously healthy 18-month-old has been in a separate room from his family. The family notices the sudden onset of coughing, which resolves over a few minutes. Subsequently, the patient appears to be normal except for increased amounts of drooling and refusal to take foods orally. The most likely explanation for this toddler's condition is _____.

a. foreign body in the airway

b. croup

c. epiglottitis

d. foreign body in the esophagus

Proverbs

Pain wastes the body; pleasures the understanding. 劳苦伤身, 玩乐伤神。

If you lack health you lack everything. 没有健康就没有一切。

Too much bed makes a dull head. 睡得太多, 头脑迟钝。

Lesson 2 Pregnancy-Induced Syndrome

Part One: Pre-stage

1. What are the symptoms of pregnancy-induced syndrome?
2. What kind of drug is usually effective for controlling eclampsia seizure?



Pregnancy-induced syndrome includes hypertension, proteinuria and edema occurring after the 20th gestational week. The severer symptoms are preeclampsia and eclampsia.

Preeclampsia is hypertension associated with proteinuria and edema, which occurs in about 6% of the general population; the incidence varies with geographic location. Predisposing factors are nulliparity, maternal age below 20 or over 35 years, multiple gestation, twins, obesity, renal disease, hydatidiform mole, etc.

Preeclampsia can be divided into mild preeclampsia and severe preeclampsia. Severe preeclampsia is defined as the following: ① blood pressure greater than 160mmHg systolic or 110mmHg diastolic; ② proteinuria exceeding ++ ~ +++ on dipstick testing; ③ increased serum creatinine; ④ oliguria $\leq 500\text{ml}/24\text{h}$; ⑤ visual disturbances; ⑥ epigastric pain; ⑦ retinal hemorrhage, or papilledema; ⑧ platelet count $< 100\,000/\text{mm}^3$; ⑨ pulmonary edema. However, edema is a common occurrence in women with normal pregnancy, and preeclampsia may occur in women without edema.

So far preventing preeclampsia successfully has been very difficult, but good prenatal care and regular visits to the doctor will allow for early diagnosis before the condition becomes severe. Pregnant women at high risk for preeclampsia should undergo baseline testing early in the pregnancy. The following tests make it easier later in the pregnancy to decide if preeclampsia is developing, such as platelet count, serum creatine and uric acid, and 24-hour urine collection to find if + protein is present on dipstick. Eclampsia can't always be prevented. Patients may deteriorate suddenly and without warning.

The treatment of mild preeclampsia is bed rest and delivery. The patient is usually hospitalized upon diagnosis, since this diminishes the possibility of convulsions and enhances the chance of fetal survival. Women with mild preeclampsia that can be relied on to follow the physicians instructions may be treated as outpatients. A typical home regimen consists of bed rest, daily urine dipstick measurements of proteinuria, and blood pressure monitoring. Patients should be seen at least twice weekly for antepartum fetal heart rate testing and periodic 24-hour urine protein measurements. Patients must be warned of danger signals such as headache, epigastric pain or visual disturbance. Provided these signals occur together with increasing blood pressure or proteinuria, the patient ought to communicate with the doctor and be hospitalized.

Hospitalized patients are allowed to be up and about when they feel comfortable. The blood pressure