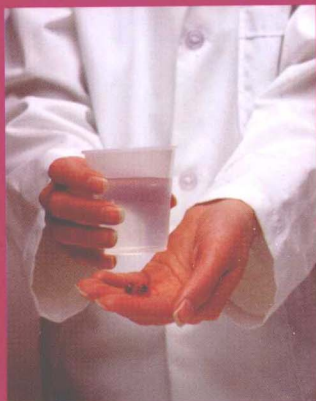


高等医药院校护理学“十二五”规划教材  
(供护理专业用)



丛书主编 何国平 唐四元

NURSING

# 护理专业英语

主编 何国平 曾颖 冯辉

HULL  
XINLI  
XUE



中南大学出版社  
www.csupress.com.cn

高等医药院校护理学“十二五”规划教材  
(供护理专业用)



丛书主编 何国平 唐四元

# 护理专业英语

主 编 何国平 曾 颖 冯 辉

副主编 李 敏 何 嵘 谢日华

编 委 (以姓氏笔画为序)

王卫红	王 瑶	石 琨	冯 辉	孙淑贞
李 敏	李现红	李也胜	李建光	何国平
何 嵘	谷 灿	沈颖慧	陈 燕	陈正英
张 华	周雯娟	郭 佳	赵 玲	康 丹
黄延锦	杨 丽	曾 慧	曾 颖	谢日华

参编单位

中南大学

湖南师范大学

长沙民政职业技术学院

常德职业技术学院

湘潭职业技术学院

南华大学

吉首大学

湖南中医药大学

岳阳职业技术学院

怀化高等医学专科学校

---

图书在版编目(CIP)数据

护理专业英语/何国平,曾颖,冯辉主编. —长沙:中南大学出版社,  
2011.4

ISBN 978-7-5487-0236-8

I. 护... II. ①何...②曾...③冯... III. 护理学—英语  
IV. H31

中国版本图书馆 CIP 数据核字(2011)第 055914 号

---

护理专业英语

主编 何国平 曾颖 冯辉

---

责任编辑 彭亚非

责任印制 文桂武

出版发行 中南大学出版社

社址:长沙市麓山南路

邮编:410083

发行科电话:0731-88876770

传真:0731-88710482

印 装 长沙瑞和印务有限公司

---

开 本 720 × 1000 B5 印张 19.5 字数 380 千字

版 次 2011 年 5 月第 1 版 2011 年 5 月第 1 次印刷

书 号 ISBN 978-7-5487-0236-8

定 价 39.00 元

---

图书出现印装问题,请与出版社调换

高等医药院校护理学“十二五”规划教材

(供护理专业用)

# NURSING

丛书主编 何国平 唐四元

丛书编委 (以姓氏笔画为序)

丁郭平	王卫红	王臣平	任小红
卢芳国	刘晓云	何国平	吴晓莲
李敏	陈正英	陈燕	周建华
罗森亮	贾长宽	唐四元	蒋小剑
黄红玉	谭凤林		

# HULI XINLI XUE

# 总序

---

.....

当今世界，医学科技迅猛发展，医疗对医护人员的要求越来越高，人们的健康需求越来越大，对健康越来越重视，护理工作在医院、社区、家庭的疾病防治、康复等方面起着越来越重要的作用。护士已成为国内的热门职业之一。加入 WTO 后，随着国内人才市场面向国际的开放，我国护理人才已成为目前世界各国急需的应用型、技能型、紧缺型的专业人才。护理对人才的要求除了基本技能与操作之外，还要求有不断更新知识的能力，使护士的知识从护理专业拓宽到更多学科。

护理职业的创始人南丁格尔曾说：“护理是一门艺术。”如何培养一批像南丁格尔似的护理人才，是护理教育工作者的一项重要任务。2011 年 3 月，根据国务院学位委员会公布的新修订学科目录，护理学获准成为一级学科，新的学科代码为 1011。国务院学位委员会对护理学一级学科的确认，既是对护理人员辛勤付出的肯定，也是对全国护理人员的极大鼓舞，是继国家卫生部将护理学科列入重点专科项目后，国家对发展护理学科的又一大支持。随着医学模式的转变，护理模式也发生了适应性转变，“十二五”时期如何适应新形式的发展，提高护理队伍人才素质以及实践水平，建设护理队伍和拓展护理领域，使我国护理工作水平得到整体提高，是护理教育工作者以及护理从业人员面对的重要挑战和机遇。

从教学的内涵讲，有了一支护理专业的师资队伍，就必须有一套较为完善的专业教材，以辅助教师教授护理学基本理论、基本方法、基本技能，同时也适应学科

不断发展创新的要求。我们编写的系列丛书,从适应社会发展、护理职业发展和护理理念发展等层面出发,以巩固基础知识,强化前沿知识和技能为原则,选择了与现代护理发展方向紧密相关的学科,力求既适合护理人才的自主性学习,又适合教师引导性教授。

中南大学是湖南省护理专业本科自学考试主考学校,是护理专业本科网络教育招生规模最大的学校,护理学院是全国最早的护理专业博士学位授予点,社区护理学课程被评为国家精品课程,学院师资力量雄厚,教学资源丰富,其悠久的教学历史和先进的教学方法、设施,已为国内外医学事业培养出众多的优秀人才。为了适应社会发展的需求,培养出更多国内外急需的护理人才,由中南大学护理学院组织湖南省及外省有护理专业教学的多所院校中教学和实践经验丰富的教授和专家编写了一套有针对性的护理专业必修课和选修课教材,即针对授课对象的不同、针对学习方法的不同、针对人才使用的不同,对以往的教材内容进行了增加或减少。本系列教材包括:

《生理学》

《生物化学》

《病理学》

《免疫学与微生物学》

《人体解剖学》

《护理专业英语》

《护理人际沟通》

《康复护理》

《护理管理学》

《营养护理学》

《护理伦理学》

《护理学基础》

《急救护理学》

《内科护理学》

《外科护理学》

《妇产科护理》

《精神科护理学》

《传染病护理学》

《中医护理学(本科)》

《中医护理学(专科)》

《社区护理学》

《护理心理学》

这套教材涵盖了护理专业基础课、主干课及人文课程,目的是帮助护理专业的学生有条理、有效率地学习,有助于学生复习课程的重点内容和自我检查学习效果,有助于学生联系相关知识,融会贯通。本套教材是自学考试、网络教育的必备教材,也是全日制护理本科学生选修之用书。为检验学生学习的效果,在本套学习教材中编写了相关模拟试题及答案,使其更切合实际,达到学习目的。

由于时间仓促,加之水平有限,书中不当之处在所难免,恳请批评指正。

何国平

# 前 言

---

自中国加入 WTO 之后,中国与世界各国交流及合作日益增多,迫切需要既精通专业知识又能熟练运用外语的高素质人才,以适应经济全球化的需求。全球对具有良好医护英语水平和国际化护理能力的复合型人才的需求逐年增加。护理专业的学生如何适应这一变化,是护理英语教学面临的一个重要课题。21 世纪的护理英语教学,不仅仅是简单的基础英语教育,应该更注重实用性、应该与护理专业知识及技能相结合,培养复合型人才。

本教材的最大特点是简单实用,具有科学性、专业性、人文性、趣味性。在英语课程教学基本要求中的“实用为主,够用为度”原则的指导下,既注重打好专业基础,更注重培养语言运用能力,特别是实际使用英语进行涉外沟通的能力。本书适用于本科和高职高专护理专业、涉外护理专业的学生及从事护理职业的人员使用。全书共 5 单元 29 章,每个单元一个主题,分别为护理实践概述、护理实践领域、医学基础知识、临床护理实践、基础护理技能。每章有护理专业知识、巩固性练习、扩充情景会话或阅读;情景会话分别从病人急诊、入院、查体、术前、术后照顾、出院等住院所涉及的一系列专业护士最常用的英语情景会话为主线,使学生达到熟能生巧,学以致用。书后附录参考答案、常见疾病及医护常用词汇中英文对照表等,以供参读者参考学习。

书中疏忽与不妥之处,敬请广大读者与专家提出宝贵意见,以便今后修订完善。

编者

# 目 录

## ***Unit I Overview/1***

Chapter 1 .....	(2)
Chapter 2 .....	(11)
Chapter 3 .....	(17)
Chapter 4 .....	(26)
Chapter 5 .....	(34)

## ***Unit II Domains of Nursing Practice/44***

Chapter 1 .....	(45)
Chapter 2 .....	(51)
Chapter 3 .....	(60)
Chapter 4 .....	(69)
Chapter 5 .....	(75)

## ***Unit III Basic Medical Knowledge/85***

Chapter 1 .....	(86)
Chapter 2 .....	(94)
Chapter 3 .....	(100)
Chapter 4 .....	(106)
Chapter 5 .....	(116)



• 护理专业英语

Chapter 6 .....	(124)
Chapter 7 .....	(133)

***Unit IV Nursing Practice/141***

Chapter 1 .....	(142)
Chapter 2 .....	(150)
Chapter 3 .....	(158)
Chapter 4 .....	(165)
Chapter 5 .....	(174)
Chapter 6 .....	(182)

***Unit V Basic Nursing Skills /190***

Chapter 1 .....	(191)
Chapter 2 .....	(199)
Chapter 3 .....	(207)
Chapter 4 .....	(214)
Chapter 5 .....	(221)
Chapter 6 .....	(228)

***Appendix/237***

Appendix 1 Answers to Exercises .....	(237)
Appendix 2 Phrases and Expressions .....	(276)
Appendix 3 Common Used Abbreviations in Medication Orders .....	(281)
Appendix 4 Common Diseases .....	(283)
Appendix 5 Medical & Nursing Vocabulary .....	(292)
Appendix 6 Medicine Coures .....	(296)

***References/299***

# Unit I Overview

## **Contents**

Chapter 1

Text: Health-care Settings in US

Supplementary Reading: Health Care Reform Bill Summary

Chapter 2

Text: Jobs and Departments in Hospitals

Supplementary Dialogue: Interviewing for a Job

Chapter 3

Text: Florence Nightingale

Supplementary Reading: Do You Know Florence Nightingale?

Chapter 4

Text: Patients' Rights and Obligations

Supplementary Dialogue: Some Troubling Symptoms

Chapter 5

Text: Ethics in Nursing

Supplementary Dialogue: Helping a Patient

## **Objectives**

1. Describe the components of social health insurance.
2. List the clinical jobs in a hospital.
3. Identify the definition of nursing and the categories of the nursing profession.
4. Describe the medical departments in a hospital.
5. Explain why Florence was named "the lady with the lamp"
6. Identify Florence Nightingale's concept of nursing.
7. Describe patient's rights.
8. Identify the definition of nursing ethics?

• 护理专业英语

9. Describe the four principal elements of the ICN Code of Ethics for Nurses.
10. Describe the nurse's primary professional responsibility.

## Chapter 1

### Health-care Settings in US

#### American Health-care Reform Road

Since the mid of 1930s, as the world economy most developed country, the United States has implemented the medical insurance as the core of the medical security system which is different with other countries. This kind of medical security system has led the successive American governments to improve the medical insurance coverage, reduce the Inequities in health afford and reduce the expenses of medical insurance.

After the mid-term of 1930s, drew lessons from British medical security system model, the U. S. government established the Social Medical Security System which mainly in medical insurance. The legal basis is "social security act" which President Roosevelt signed on 1935 August 14.

President Johnson also introduced the medical care for the elderly and aid in 1965 January, which is now people say normally "Medicare" and "Medicaid". President Nixon successively promulgated "the occupational safety and health law" and "health maintain" in 1970 which involves the organic law of the personal safety of workers and staff and all kinds of industrial injury accident treatment and compensation laws.

The main problem of American health-care system is facing the high cost and low coverage and low efficiency. On 2009 December 25, the United States senate passed the cure of bill (universal health insurance) which Mr. Obama government proposed. The schemes of the main target are universal coverage, reduce cost, and cut the deficit. The United States will spend \$ 8710 in the next 10 years, medical insurance will cover about 96% population of the U. S., the vast majority of Americans have to purchase medical insurance, the federal government will provide appropriate allowance to difficult groups and those larger companies must provide

employees health care. The bill strengthened supervision of the insurance industry and put forward that should compression old man medical treatment insurance pays fee.

### **American Medical Insurance System Component**

**Managed care** Managed care is designed to control the cost of health services and promote a continuum of care through the development and use of integrated services. Managed care uses a select group of providers who agree to a predetermined payment before delivering care. Client care is outcome driven and is managed by a case management process. Managed care emphasizes the promotion of health, client education and responsible self-care, early identification of disease, and the use of health care resources.

**Social health insurance** Medicare—Medicare is health insurance for people 65 years or older, under age 65 with certain disabilities, and any age with end-stage renal disease (ESRD) or Lou Gehrig’s disease. Medicare has four parts—Part A, which is hospital insurance; Part B, which is medical insurance; Part C, which is Medicare Advantage Plans; and Part D, which is Prescription Drug Coverage. The “Medicare” stipulated the “people over age 65 during his illness can provide 90 days in hospital service” and “100 days outside the hospital service”. Benefited people accounted for about 17%. Medicare funds 75% from social security tax, etc.

**Medicaid**—Medicaid is the United States health program for eligible individuals and families with low incomes and resources. A means tested program is jointly funded by the state and federal governments, and is managed by the states. Medicaid funds from government general tax. Each year about 30 million people benefited.

**Disability insurance**—Employers must buy industrial injury insurance for employees from the insurance company.

**Minority free medical treatment**—Enjoy targets for the Indians and Alaska minorities, about 50 purpose-built hospitals for minority nationalities in providing medical services national.

**Military medical care plan**—By the federal government to all servicemen, veterans and their families specially provided medical security projects, the special army medical network system to provide services.

**Private medical insurance**—About 50% of medical expenses from the private medical insurance plan, and government health insurance plan more operating

industrial injury is by private medical insurance company to carry out.

**Non-profit health insurance Company**—As for non-profit insurance company, the main representatives are LanDun, blue cross company. They are doctors and other non-governmental institutions to initiate and organization.

**Commercial insurance**—Commercial profit-oriented, provide individuals and groups medical insurance.

### **Health Care Delivery**

**Case management** Case management is an organized system for delivering health care to an individual client or a group of clients throughout their illnesses. Case management includes assessment and development of a plan of care, coordination of all services, referral, and follow-up.

**Case manager** A professional nurse is a nurse who assumes responsibility for coordinating the client's care from admission and following discharge. The case manager establishes a plan of care with the client, coordinates any consultations and referrals, and facilitates discharge.

**Critical path** This is a multidisciplinary treatment plan that identifies the clinical interventions over a projected length of hospital stay or a projected period for specific case types. All members of the health care team work with one plan to achieve the same client outcomes. The goal of a critical path is to anticipate and recognize negative variance (i. e., problematic differences) early so that appropriate action can be taken and positive client outcomes can result.

**Variance (difference)**: variances are actual deviations or detours from a critical path. Positive variance occurs when a client achieves maximum benefit and is discharged earlier than anticipated on the critical path. Negative variance occurs when untoward events prevent a timely discharge and the length of hospital stay is longer than planned for a client on a specific critical path.

**Variance analysis** is a continuous process that the case manager and other caregivers conduct by comparing the specific client outcomes with the expected outcomes described on the critical path.

**CareMaps** A CareMap is a model for a critical path. The CareMap incorporates day-to-day expected client outcomes and those outcomes anticipated at discharge or at the end of a treatment phase. The CareMap outlines clinical assessments, treatments

and procedures, dietary interventions, activity and exercise therapies, client education, and discharge planning.

**Nursing care plan** A nursing care plan is a written guideline and communication tool that identifies the client's pertinent assessment data, problems and nursing diagnoses, goals, interventions, and expected outcomes. The plan enhances continuity of care by identifying specific nursing actions necessary to achieve the goals of care. The client and family are involved in developing the plan of care, and the plan identifies short-term and long-term goals. Client problems, goals, interventions, and expected outcomes are documented in the care plan, which provides a framework for evaluation of the client's response to nursing actions.

**Continuous (total) quality improvement** The total quality improvement program focuses on processes or systems that significantly contribute to effective client care outcomes.

When total quality improvement is part of the philosophy of a health care agency, every staff member becomes involved in ways to improve client care and outcomes.

The quality of a health care organization is defined in its mission statement and in the philosophy of the nursing department. These statements also identify how nurses are to perform, identify the services that are made available to the client, and provide directions for professional standards and care guidelines that should support positive client outcomes completely.

**Nursing delivery systems** Functional nursing—Functional nursing involves a task approach to client care, with major tasks being delegated by the charge nurse to individual members of the team. The goals are concerned with work productivity at the lowest possible cost. Tasks generally are assigned to the lowest skilled paid workers who are available to do the work.

Team nursing—The team generally is led by a registered nurse who is responsible for assessing, developing nursing diagnoses, planning, and evaluating each client's plan of care. Each staff member works fully within the realm of his or her educational and clinical expertise and job description. Team nursing is characterized by a high degree of respect for and maturity of team members and a high degree of communication and collaboration among members.

## • 护理专业英语

**Primary nursing**—Primary nursing focuses on client outcomes as opposed to nursing tasks. Moreover, primary nursing is concerned with keeping the nurse at the bedside, actively involved in client care, while planning goal-directed individualized care.

### **Ethical and Legal Issues**

**Regulation of nursing practice** Nurse practice act: Nurse Practice act is a series of statutes that have been enacted by each state legislature to regulate the practice of nursing in that state. All nurses are responsible for knowing the provisions of the act of the state or province in which they work.

**Standards of care**: Standards of care are guidelines that identify what the client can expect to receive in terms of nursing care. The guidelines determine whether nurses have performed duties in an appropriate manner.

**Employee guidelines**: Employer will be held liable for any negligent acts of an employee if the alleged negligent act occurred during the employment relationship and was within the scope of the employee's responsibilities. Nurses are responsible for carrying out the terms of a contractual agreement with the employing agency and the client. Written policies and procedures of the employing institution detail how nurses are to perform their duties.

**Disciplinary action**: Boards of nursing may deny, revoke, or suspend any license to practice as a registered nurse, according to their statutory authority.

**Legal liability** Nurses are governed by civil and criminal law in roles as providers of services, employees of institutions, and private citizens. A nurse has a personal and legal obligation to provide a standard of client care expected of a reasonably competent professional nurse. Professional nurses are held responsible (liable) for harm resulting from their negligent acts or their failure to act.

**Types of laws**—contract law, civil law, criminal law and tort law.

**Negligence and malpractice**: Negligence is conduct that falls below the standard of care, it can include acts of commission and acts of omission. Malpractice is negligence on the part of a nurse. Malpractice is determined if the nurse owed a duty to the client and did not carry out the duty, and the client was injured because the nurse failed to perform the duty.

**Good Samaritan laws**: These laws encourage health care professionals to assist in

emergency situations without fear of being sued for the care provided. These laws limit liability and offer legal immunity for persons helping in an emergency if they give reasonable care.

**Professional liability insurance:** Nurses need their own liability insurance for protection against malpractice lawsuits. Providing nurses protection as individuals and allows nurses to have an attorney preset that has only the nurse's interests in mind.

**Client's rights:** The client's rights document, also called the Patient's Bill of Rights, reflects acknowledgment of a client's right to participate in her or his health care with an emphasis on client autonomy.

**Informed consent:** Informed consent is the client's approval to have his or her body touched by a specific individual. Such as admission agreement, blood transfusion consent, surgical consent, research consent, special consents and so on.

**Confidentiality:** Special relationship exists between the client and nurse, in which information discussed, will not be shared with a third party who is not directly involved in the client's care.

**Health insurance portability and accountability act (HIPAA)** HIPAA describes how personal health information (PHI) may be used and how the client can obtain access to the information. The act requires health care agencies to keep PHI private, provides information to the client about the legal responsibilities regarding privacy, and explains the client's rights with respect to PHI.

## New Words and Expressions

inequities [ip'ekwəti]	<i>n.</i> 不公平待遇(inequity)的复数形式
promulgate ['prɒməleɪt]	<i>adj.</i> 发布的;被公布的
occupational safety	职业安全
compensation [kəmpen'seɪʃən]	<i>n.</i> 补偿;报酬;赔偿金
scheme [ski:m]	<i>n.</i> 方案,计划;阴谋
allowance [ə'laʊəns]	<i>n.</i> 津贴,零用钱;允许;限额
means test	经济情况调查(对申请补助者的)
veteran ['vetərən]	<i>n.</i> 老兵;退伍军人
incorporate [in'kɔ:pəreɪt]	<i>adj.</i> 合并的;一体化的;组成公司的
negligent ['neglɪdʒənt]	<i>adj.</i> 疏忽的;粗心大意的



alleged[ ə'ledʒd ]

revoke[ ri'vəuk ]

negligence[ 'neglidʒəns ]

malpractice[ mæl'præktis ]

*adj.* 所谓的;声称的;被断言的

*vt.* 废除;撤回,取消

*n.* 粗心大意;忽视;疏忽

*n.* 玩忽职守;不法行为;治疗不当

## Exercises

### I. Comprehension questions

1. What is managed care?
2. What is Medicare?
3. What are the components of social health insurance?
4. What are the positive variances and negative variances?
5. What does CareMap mean?
6. What do nurses document in the care plan?
7. What is HIPAA?

### II. Translation

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

1. Social health insurance was first proposed in the 1980s. It was seen as a key mechanism for extending health care coverage and promoting equity in South Africa. Lack of policy action has meant that the SHI has not been implemented and wide disparities between health care in the public and private sectors.

2. The concept of health insurance was proposed in 1694 by Hugh Chamberlen. In the late 19th century, "accident insurance" began to be available, which operated much like modern disability insurance. This payment model continued until the start of the 20th century in some jurisdictions (like California).

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

1. 意外险首先由美国马萨诸塞州的富兰克林健康保险公司提供。
2. 一份健康保险单是保险公司与个体或担保人之间的合同。
3. 澳大利亚政府已经采取了一些激励措施去鼓励成年人去掉私立医院的保险。
4. 医院和药物花费保单引进是在 20 世纪的前半期。
5. 投保人通常盼望支付非保服务项目的所有费用而不需要自己掏钱。