英汉对照

儿科护理技术手册

THE PEDIATRIC NURSING SKILLS MANUAL

[美] J.M.麦克法兰

人民卫生出版社

英 汉 对 照

儿科护理技术手册

The Pediatric Nursing Skills Manual

原著：〔美〕B. J. 惠黛恩
〔美〕J. M. 麦克法兰
编译：区慕洁

人民卫生出版社

stitutions, some of the techniques described herein must be used as guidelines; the reader, of necessity, will adapt some instructions in this manual to suit the procedures and brands of equipment used in her institution.

Over 200 illustrations, most of them prepared especially for this manual, accompany brief, straightforward explanations of the skills discussed here. In many cases, several steps of the procedure are illustrated. We are confident that this format will provide the reader with an optimal guide to the essential skills of pediatric nursing.

B. J. W.
J. M. McF.

前　言

由于许多适用于成人护理的操作和技术完全不适用于儿童，所以儿科护理在诸如用药方法、约束物应用和喂养技术等许多方面具有特殊的要求。

本手册的首要目的是给护校学生和现职护士以切实可行的指导，使之掌握儿科护理特有的操作步骤。

本书原拟作为《当代儿科护理概论》一书的辅助读物，后者已于1980年出版。

本书内容广泛，可与其他儿科护理教科书合并或单独使用。本书选材不包括已在成人护理操作手册中的护理技术，也不包括象危重新生儿监护及新生儿体格鉴定等专门技术。

由于各单位的护理方法和设备不尽相同，这里所讲的某些技术只可作为指导原则；必要时读者可灵活运用，使之与本单位的护理方法和不同的设备相适应。

本书有200多幅插图，多数是专门绘制的。书中论及的操作技术另有简明扼要的文字说明，并辅之以插图。我们确信这种方式会给读者以满意的指导。

B. J. 惠策恩

J. M. 麦克法兰

译 者 的 话

这是一本指导儿科护理技术操作的小手册。本书用简练生动的语言和简明的插图，让护理人员学习、掌握儿科护理技术。书中有一些较新的技术操作，如新式医疗仪器的使用方法、不同液体的一次输液法，对儿科、产科等都有实用价值。其中训练幼儿智力测验一章内容新颖，方法简便易行，可供幼教人员及儿童父母提高小儿智力及帮助小儿学习语言时参考使用。

本书中英对照，以便读者在学习护理技术的同时熟悉儿科英语常用词汇和用语。每章译文后，还对一些较难理解的句子作了注释。

Preface

Pediatric nursing presents a special challenge in that many nursing procedures and techniques that are suitable for adult nursing are simply not appropriate to the nursing of children, for example, the administration of medications, the application of restraints, and feeding techniques.

The primary objective of this manual is to give the nursing student, as well as the practicing nurse, a practical and easy-to-use guide to those procedures that are unique to pediatric nursing.

This comprehensive guide was conceived as a companion to *Contemporary Pediatric Nursing, A Conceptual Approach*, by Judith McFarlane, Betty Jo Whitson, and Lucy M. Hartley (John Wiley, 1980), although it can be used in conjunction with any other pediatric nursing text or by itself. This volume is selective in that it makes no attempt to include nursing procedures normally discussed in adult nursing procedure manuals, nor does it cover such specialized skills as neonatal intensive care or physical assessment.

Since procedures and equipment vary with in-

stitutions, some of the techniques described herein must be used as guidelines; the reader, of necessity, will adapt some instructions in this manual to suit the procedures and brands of equipment used in her institution.

Over 200 illustrations, most of them prepared especially for this manual, accompany brief, straightforward explanations of the skills discussed here. In many cases, several steps of the procedure are illustrated. We are confident that this format will provide the reader with an optimal guide to the essential skills of pediatric nursing.

B. J. W.
J. M. McF.

Contents

CHAPTER 1

Observation of the Child

VITAL SIGNS

Temperature

The child, especially the preschooler, views temperature taking as an intrusive procedure and may even resist axillary temperature measurements.

The young infant may have little or no fever even with severe infections, while the older infant and the child tend to have much higher temperatures than adults. The older infant and child may have a high fever during a benign illness too.

In most cases, the infant's and young child's temperature is measured rectally. However, rectal measurement is contraindicated if the child has diarrhea, has had recent rectal surgery, has rectal ulcers (as in leukemia), or weighs less

than 1.8 kg(4 pounds). Remember that readings may be altered by the presence of feces. Care must be taken not to damage the rectal mucosa. The normal range for temperature measured rectally is 36.2° to 37.8°C (97° to 100°F). (See Table 1-1 for Celsius and Fahrenheit equivalents.)

Table 1-1 **Equivalent Temperature Readings**

Celsius[a] (°C)		*Fahrenheit*[a] (°F)	
0	32.0	39.0	102.2
20.	68.0	39.2	102.6
30.	86.0	39.4	103.
31.	87.8	39.6	103.3
32.	89.6	39.8	103.7
33.	91.4	40.0	104.
34.	93.2	40.2	104.4
35.	95.0	40.4	104.7
36.	96.8	40.5	105.0
37.	98.6	40.6	105.1
37.2	99.	40.8	105.4
37.4	99.3	41.0	105.8
37.6	99.7	41.2	106.2
37.7	100 0	41.4	106.5
37.3	100.1	41.6	106.9
38.0	100.4	41.8	107.2
38.2	100.8	42.	107.6
38.4	101.2	43.	109.4
38.6	101.5	44.	111.2
38.8	102.	100.	212.

[a] To convert Celsius readings to Fahrenheit, multiply by 1.8 and add 32. To convert Fahrenheit readings to Celsius, subtract 32 and divide by 1.8.

Axillary temperature measurements are taken routinely in premature and neonatal nurseries. There is no danger of perforating the rectum or colon, but obtaining an accurate reading takes longer than does a rectal reading. The normal range for axillary readings is 35.9° to 36.7°C (96.6° to 98.0°F).

Temperature is measured orally if the child is old enough to refrain from biting the thermometer and can cooperate by keeping the thermometer under his tongue and keeping his lips closed. Although an oral reading more closely approximates arterial temperature, it is readily influenced by the ingestion of hot or cold fluids, by oxygen therapy, or by the presence of a nasogastric tube. Use another method if the child has difficulty breathing, if he has had oral surgery, or if he is receiving oxygen. The normal range for oral readings is 36.4° to 37.4°C (97.6° to 99.3°F).

Glass Thermometer

Conventional glass thermometers (Figure 1-1) measure temperature on the Celsius and Fahrenheit scales

Procedure to Measure Rectal Temperature

1. With the child supine, hold the legs firmly around the ankles with one hand (Figure 1-2). With the child in this position (rather than prone), you can talk to or otherwise interact with him during the procedure.
2. With the other hand, gently insert just the bulb of the lubricated thermometer into the anus about ¼ to ½ inch. (Lubrication with a watersoluble jelly is preferred.)
3. Hold the thermometer securely in place for three to five minutes, gently pressing the buttocks together with the heel of hand and fingers; this pressure helps prevent the child from defecating or pushing the thermometer out during the procedure.
4. Read temperature and wipe thermometer clean.
5. Clothe the child.
6. Wash hands and record temperature as follows:

37.8℃ Ⓡ

Procedure to Measure Axillary Temperature

1. Place bulb of thermometer on the child's unwashed axilla (Figure 1-3). (Washing

before procedure may result in a false low reading.)Hold the child's arm firmly against his side to secure thermometer. Keep in place 9 to 11 minutes.

2. Read and record temperature as follows:

36.7℃ Ⓐ

Procedure to Measure Oral Temperature

Proceed as you would with an adult, placing thermometer under the right side of the tongue (close to the sublingual artery). Remind the child to keep the thermometer under his tongue, not to bite the thermometer, and to keep his lips closed. Leave the thermometer in place for five minutes.

Uni-Temp Thermometer

The Uni-Temp thermometer(Figure 1-4)is a flat, plastic and aluminum single-use thermometer. The aluminum is treated with chemicals that make it sensitive to temperature. The Uni-Temp is accurate to within 0.2 F and registers oral temperatures in one minute and axillary temperatures in three minutes. The Uni-Temp cannot be used rectally.

Because of its safety, shape, and the speed with which it registers temperature, the Uni-Temp

is particularly suited for use with children.

Procedure for Using Uni-Temp Thermometer

Place dotted end of Uni-Temp thermometer at base of tongue for one full minute or flat in axilla for three minutes.

The Uni-Temp thermometer has a series of yellow dots corresponding to temperatures from 96.0 to 104.8°F. The dots turn red as they register heat. Six seconds after removal from the patient's mouth or axilla, the dots stabilize, leaving both red and yellow dots. The red dot with the highest value indicates the patient's temperature. The thermometer shown in Figure 1-4 registers 100.2°F.

IVAC Electronic Clinical Thermometer

The IVAC Electronic Clinical Thermometer is a self-contained unit with a rechargeable battery. Both Celsius and Fahrenheit units are available. The unit comes with blue oral probes and red rectal probes that are used with disposable probe covers. An audible tone signals that the temperature has been computed; the temperature appears on the digital display screen. (Figures 1-5, 1-6, 1-7, 1-8, 1-9, and 1-10, and the following instructions for the use of the IVAC Electronic

Clinical Thermometer are reproduced by permission of IVAC Corporation.)

Procedure for Using IVAC Electronic Clinical Thermometer

Remove thermometer from charger and place carrying strap around your neck(Figure 1-5).

Grasp probe by large ring at top. Attach a disposable probe cover by inserting probe firmly into probe cover (Figure 1-6). Do not push top--it is the ejection button.

For oral temperatures, slowly slide probe under the front of the child's tongue and along the gum line to the sublingual pocket at base of tongue(Figure 1-7). The child's lips should come to rest at the step on the probe cover. For rectal temperatures, follow similar technique, except use red colored probe. Use current techniques for penetration.

Hold the probe! Do not watch digital display panel; maintain position of probe in the patient until audible signal notifies you that child's temperature has been reached and is displayed (Figure 1-8).

Remove probe from the child's mouth. Discard probe cover by pushing ejection button with thumb (Figure 1-9).