



新编临床医学英语

New Clinical Medical English

21世纪实用医学英语系列教材

《新编临床医学英语》编写组 编

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前 言

当前,我国经济迅猛发展,高等教育也进入一个从精英型教育跨向大众化教育的转型期。同时,国际的竞争不断加剧。世界竞争的焦点是科技竞争,科技竞争的关键是人才竞争,人才竞争的关键是人才素质的竞争。因此,既有专业知识又有较高英语水平的复合型、应用型人才越来越受到社会的欢迎。这种新形势对专业用途的医学英语(English for Medical Purpose)的教学提出了更高的要求,具体而言,就是培养学生既能顺利阅读和翻译各科医学专业文献,又能用英语进行学术交流的能力。为此,根据教育部《大学英语教学大纲[修订本]》的要求,结合医学院校英语教学的实际,我们组织了英语教学经验丰富、医学功底深厚的专家、教授编写了这套供医学院校本科生、研究生教学使用或医务工作者自修提高使用的《新世纪实用医学英语系列教材》。

本套教材选材注重知识性、科学性、时代性,既不同于一般英语教材对语言点和语言技巧的强调,也有别于英文原版专业教材对学生相关专业背景知识的要求和限制,在弥补了专业英语的训练相对不足的同时,也避免了学生由于专业背景知识和文化背景知识的差异,不能够理解吃透英文原版教材的苦恼,可满足医学院校专业英语教学的需求。

本套教材分为《新编基础医学英语》和《新编临床医学英语》两册。每册由18个单元组成,每个单元由 Passage A 和 Passage B 两篇文章组成。A 篇文章编有 Pre-reading Activities, New Words and Phrases, Notes, Post-reading Activities。B 篇文章编有 New Words and Phrases 和 Post-reading Activities。每册书的最后有总词汇表。

本套教材的显著特点只要体现在以下几个方面:

一、阅读文章均选自国外网站、书刊,基本未作删改,目的是为学生提供地道的医用英语,为语言的输入打下良好的基础。

二、文章内容基于医学各专业学科重点,突出课文的实用性。目的有三个:1)和学生的医学专业学习趋于同步,以医学知识带动英语的学习,以英语促进医学知识的获得,可达到专业学习和语言学习相互补充和促进的功效;2)加强学生对医学知识以英语为媒介的储存,促进学生医学英语的语言习得(language acquisition)和利用英语进行医学学术交流的能力发展;3)体现以内容为基础的教学思想(content-based language learning),有利于医学各科的双语教学。

三、考虑到《大学英语教学大纲》对专业英语学时和阅读量的要求,内容上主要做了基础医学和临床医学之分,并采用了主(A)、副(B)课文制,对主课文从注解和练习两方面进行了重点处理,作为教师课内重点讲解的内容,副课文(阅读文章)主要供学生课后自学,以便对主课文从语言和知识两方面起到巩固作用。

四、文章的难度起点基于大学英语四级水平,充分考虑了学生主体的英语水平。随着学

习的深入,难度逐渐加大,符合学习规律,增强学习的科学性,可实现学生由大学英语的学习向医学专业英语学习的平稳过渡。

五、文章的语言特点是生活性和学术性两方面兼顾,目的是既能满足学生的口头交流需要,又能满足书面交流需要,增强课文的可读性,有利于学生的英语语言产出(language production)。

六、单元内项目的设计体现了语言教学的先进性。每个单元的开始都有导入活动,目的激活学生的背景知识和促进学生的口语交流。词汇表中的解释以英语为主,只是对较难的词汇同时提供简短的汉语翻译,有利于学生用原语理解,避免汉语翻译对英语原文的影响。A 篇文章阅读后活动的前三个题(简答、判断和选择)侧重于学生对课文的阅读理解,而IV和/V题类型多样,侧重于学生的写、译能力的培养。B 篇文章在内容上与A 篇密切相关,为补充读物,其阅读后任务侧重于阅读理解,供学有余力或有兴趣的学生阅读,进一步巩固课堂所学知识和开阔视野。

七、由于学科的不同,医学词汇的复用几率本来就低。因此,每册书的词汇选择尽量避免重复,但两册书之间的重复词汇未作处理,目的是增加常用词汇复用的机率。

本册书为《新编临床医学英语》,其主要内容为呼吸衰竭、胃炎、膀胱炎、前列腺癌、营养不良、冠心病、心衰、免疫系统疾病、骨髓炎、青光眼、甲亢、结核、低钠血症、尿毒症、神经系统疾病、颅内肿瘤、遗传病和晒伤等。在内容的取舍上遵循两个主要原则:1)力图覆盖临床各科的主要知识;2)以常见病、多发病为主。

我们希望通过《新编基础医学英语》和《新编临床医学英语》的学习,学生能在读、说、写、译诸方面得到持续提高,逐步具有阅读专业医学书刊,利用英语进行专业交流的能力,从而使学生的英语应用能力得到全面提高,达到《大学英语教学大纲》所规定的最终教学目的。

在本书的编写过程中,我们参考并选用了其他一些教材和资料中的有关内容,在此谨向有关单位和人士表示感谢。由于编者学识所限,书中难免存有纰漏和谬误,请读者不吝赐教。

编 者

2009年2月

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Unit 1

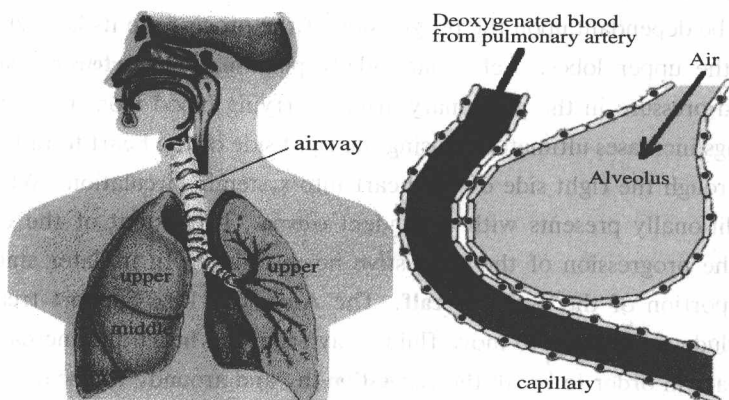


Passage A

Respiratory Emergencies

Pre-reading Activities

I. Look at the diagrams below. Talk about how breathing and gas exchange in the lungs take place.



II. Try to understand the following terms before your reading.

eupnea [ju:p'ni:ə, 'ju:pnɪə] *n.* normal, unlabored breathing 呼吸正常

dyspnea [dis'pni:ə] *n.* difficulty in breathing 呼吸困难

tachypnea [tækɪp'ni:ə] *n.* rapid breathing 呼吸急促

apnea [æp'ni:ə] *n.* temporary absence or cessation of breathing 呼吸暂停

bradypnea [brædi'ni:ə] *n.* abnormal slowness of respiration 呼吸缓慢, 呼吸过慢

Text

1 Any patient who is presenting with some degree of respiratory effort is in respiratory distress¹. The conditions that might result in respiratory distress include infectious disease processes and mechanical obstruction to the proper functioning of the system. Some of them can be corrected, most of them cannot, all of them will be treated with high concentration oxygen.

Congestive Heart Failure

2 This is a condition that starts when one side of the heart becomes less effective, usually as a result of a recent infarction, causing a back-up. Let's assume that the **myocardial infarction**² (MI) was left-sided, then the left side of the heart would not be able to move blood away from the lungs as quickly as the right side of the heart is supplying blood to the lungs, causing a back-up to occur in the lungs, a condition referred to as acute pulmonary edema. At this point, the patient would present with respiratory distress and a detailed physical examination (PE) would reveal **rales** upon **auscultation** of the lungs. The extent of the rales would be dependant upon the progression of the process. In its later stages, the rales would include the upper lobes. Left unattended, **pulmonary hypertension** would develop, where the blood pressure in the pulmonary artery carrying blood from the right side of the heart to the lungs increases ultimately causing the right side of the heart to fail, and the back-up continues through the right side of the heart into systemic circulation. When that occurs the patient additionally presents with dependent **edema**. The extent of the edema is again dependant on the progression of the congestive heart failure. In its later stages the edema may include a portion of the patient's **calf**. The Advanced Life Support treatment of this patient will include using drugs to move fluid away from the heart and increase the strength of the heart beat, in order to break the **congestion** in, and around, the heart, and return the blood to normal circulation. Because of the increased pressure in the lungs, it is very possible that, in addition to the rales, this patient may also present with a pink frothy sputum. The increased blood pressure in the lungs can actually force microscopic amounts of blood across the **alveoli** into the respiratory system. It's that fluid in the lungs that causes the rales, and in the later stages, can mix with, and be coughed up as, pink frothy sputum.

Chronic Obstructive Pulmonary Disease (COPD)³

3 This is a classification of diseases, including chronic **bronchitis** and **emphysema**. Through the repeated irritation of the airways, as a result of chronic bronchitis, and a

narrowing of those airways, as a result of **mucus** build-up secondary to the irritation, total **expiration of air from the lungs is hampered**. Because **inhalation** is an active process, and **exhalation** a passive one, it is easier for the patient to force air past the partial obstruction of the lower airway during inhalation, but a **retention** of air in the alveolus results when the patient is unable to force the air back out past the same partial obstruction. When the patient actively inhales again, the alveolus is **inflated**, again, and only partial **deflated**, again. Over a period of time, the alveolus is blown up like a balloon and each subsequent breath becomes less effective in that particular part of the lungs. The patient begins retaining carbon dioxide in these little balloons. That CO₂ retention expresses itself as a pink appearance in this patient. The active process of inhalation is accomplished by creating a positive pressure in the upper airway with a diminished pressure at the alveolar level. Patients with chronic bronchitis have learned through necessity that by maintaining some positive pressure in the upper airway, during exhalation, more complete exhalation is facilitated. Consequently, they exhale through **pursed** lips. This creates a condition called, positive end expiratory pressure (PEEP)⁴. Due to their practice of pursed lip breathing, and their pink appearance, these patients have been **dubbed** Pink Puffers. As time progresses, those little balloons of carbon dioxide start to burst, giving rise to the second stage of COPD called emphysema. Emphysema has two effects in the lungs. First, as a result of all the stretching that has occurred in the alveoli, there has been a loss of elasticity in the lung tissue, and second, because of the loss of elasticity, some alveoli actually burst. As the disease process continues and more and more alveoli rupture, the effective surface area of the lung is decreased, and the lung's ability to absorb oxygen is diminished and the patient takes on a cyanotic appearance. Also, as a result of the change in lung shape (because at this point in the process most of the alveoli are hyperinflated,) the shape of the chest has also been altered and the patient has a barrel chest appearance. Because of their puffed-up (barrel) appearance, and their **cyanotic** complexion, they are referred to as Blue Bloaters. It has been suggested that patients with COPD will stop breathing when administered oxygen because, due to their carbon dioxide retention, their brains initiate a respiratory cycle using the **Hypoxic Drive**, and if they are flooded with oxygen the hypoxic drive will remain satisfied and not initiate the next respiratory cycle. It all sound good on paper, but the reality is that it will take quite some time, probably more time than it takes to get to the hospital, for the hypoxic drive to be completely satisfied.

Pneumothorax

4 Pneumothorax refers to the presence of air between the outside of the lung and the inside of the chest wall, in an area called the **pleural** cavity, normally the result of **trauma**.

The amount of air present will determine the severity of the **pneumothorax** and the amount of lung tissue that has collapsed, which will, in turn, determine the degree of dyspnea experienced by the patient. The source of the air in the pleural cavity can be external or internal, a hole in the chest wall or a hole in the lungs. If from a hole in the lungs, the hole may be secondary to some disease processes without trauma and in such cases the pneumothorax is referred to as a spontaneous pneumothorax. The hole, whether internal or external, may have a **flap** of tissue attached to its **perimeter**, creating a valve that will permit the movement of air in only one direction. This may lead to a condition called tension pneumothorax, an immediate life threatening condition. Tension pneumothorax at its most threatening stage is indicated by tracheal shift, as the tension pushes the lungs to one side or the other and the lungs drag the trachea over to the same side. A life threat is created when the **mediastinum** is also dragged to one side, which shifts the heart and may cause a **crimp** in the aorta and/or the **vena cava**, disrupting blood flow to or from the heart. Patients with pneumothorax will complain of mild to severe dyspnea, depending on the amount of collapsed lung tissue, with either a gradual or sudden onset, depending on the size of the hole. Breath sounds will either be diminished or absent over the site of the pneumothorax. For any patient with suspect pneumothorax, be alert to any change in **tracheal** position.

Pulmonary Embolism

5 An **embolus** is an obstruction in the circulatory system that interrupts blood flow. A pulmonary embolus is an obstruction (interruption) of blood flow to the lungs. **Pulmonary Embolism** is a process where a blood clot (thrombus) breaks loose from its origin, usually the site of a deep vein **thrombosis** in the leg, and becomes an embolus. This traveling thrombus (embolus) makes its way through the vena cava to the right side of the heart, and is immediately pumped out of the heart to the lungs through the pulmonary artery. This artery becomes smaller and smaller until the embolus is eventually **lodged** in place and interrupts the blood flow to the lungs. The patient reports a very sudden onset of dyspnea and acute pleuritic pain. In this case, cyanosis, and/or tachypnea may be observed.

Hyperventilation Syndrome

6 Hyperventilation is a condition resulting in blood chemistry where arterial carbon dioxide levels fall below normal. It can be the result of fast shallow breathing (tachypnea) as might be the case in aspirin overdose, or slow deep breathing (bradypnea) as might be presented in some type of head injury. It is usually caused by some disease process, and as such, is to be considered an indicator of some major, life-threatening illness. Hyperventilation Syndrome occurs in the absence of any other associated disease process and

is usually the result of some psychological influence. The patient usually presents tachypneic and reports dyspnea in spite of tachypnea. This patient should be treated with high-concentration oxygen, as with any other patient in respiratory distress. By encouraging the patient to breath normally, the psychological trigger may be able to be broken, and hyperoxygenated air, inhaled and exhaled normally during a hyperventilation syndrome event, will not otherwise exacerbate the syndrome condition.

7 There are several other medical conditions that may present as dyspnea, such as the common cold, **pneumonia**, **croup** — an inflammation of the lining of the larynx, typically seen in children under 3 years of age, **epiglottitis** — a bacterial infection of the epiglottis that can produce moderate to severe swelling.

8 As with any disease process, the origin of the process and the potential danger to self presented by the disease should be identified. Appropriate Personal Protective Equipment (PPE) needs to be employed with every patient, and when the patient is experiencing some type of respiratory problem, it needs to be aware that the process may have been transmitted by some airborne pathogen. Act appropriately. It is crucial to always remember that re-establishment of adequate arterial oxygen tension and removals of excessive CO₂ are the overriding aims of the immediate treatment of patients with severe respiratory distress. The major ways in which to achieve this aim, regardless of the underlying cause of distress, are establishing a patent airway, instituting or assisting ventilation, and maintaining an adequate oxygen tension, by administration of supplemental oxygen, to maximize oxygen delivery.

New Words and Phrases

- myocardial** [ˌmaɪəʊˈkɑːdiəl] *a.* of or relating to the middle muscular layer of the heart wall 心肌的
- infarction** [ɪnˈfɑːkʃən] *n.* an area of tissue death due to a local lack of oxygen 梗塞
- rale** [rɑːl] *n.* an abnormal respiratory sound characterized by fine crackles 啰音, 水泡音
- auscultation** [ˌɔːskəlˈteɪʃən] *n.* the act of listening for sounds made by internal organs, such as the heart and lungs 听诊
- hypertension** [ˌhaɪpəˈtenʃən] *n.* arterial disease in which chronic high blood pressure is the primary symptom 高血压
- edema** [i(:)ˈdiːmə] *n.* an excessive accumulation of serous fluid in tissue spaces or a body cavity 浮肿, 水肿
- calf** [kɑːf] *n.* the fleshy muscular back part of the human leg between the knee and ankle 腿肚子
- congestion** [kənˈdʒestʃən] *n.* excessive accumulation of blood or other fluid in a body part 充血; 阻塞
- alveolus** [ælˈviːələs] *n.* (pl. alveoli [ælˈviːəlaɪ]) a tiny, thin-walled, capillary-rich sac in the lungs 肺泡
- bronchitis** [brɒŋˈkaɪtɪs] *n.* chronic or acute inflammation of the mucous membrane of the bronchial

tubes 支气管炎

emphysema [ˌemfiˈsi:mə] *n.* a pathological condition of the lungs marked by an abnormal increase in the size of the air spaces 肺气肿

mucus [ˈmju:kəs] *n.* the viscous, slippery substance that consists chiefly of mucin, water, cells, and inorganic 黏液

expiration [ˌekspiˈreɪʃən] *n.* the act of breathing out 呼气

inhalation [ˌɪnhəˈleɪʃən] *n.* the drawing of air or other substances into the lungs 吸入

exhalation [ˌekʃəˈleɪʃən] *n.* the act of breathing out 呼出

retention [riˈtenʃən] *n.* the process of holding back or keeping in position 滞留

inflate [ɪnˈfleɪt] *v.* fill with gas or air, blow up 使充气

deflate [diˈfleɪt] *v.* release contained air or gas 抽去(空气等)

purse [pɜ:s] *v.* to gather or contract (the lips or brow) into wrinkles or folds 缩拢, 皱起

dub [dʌb] *v.* to give a name to playfully, to strike, cut, or rub 轻点

cyanotic [ˌsaɪəˈnɒtɪk] *a.* marked by bluish discoloration of the skin due to a lack of oxygen in the blood 发绀的, 青紫的

hypoxic [haɪˈpɒksɪk] *a.* deficient in the amount of oxygen reaching body tissues 氧过少, 低氧

pleural [ˈpluərəl] *a.* of or pertaining to a thin serous membrane that envelops each lung and folds back to make a lining for the chest cavity 肋膜的, 胸膜的

trauma [ˈtrɒmə] *n.* a serious injury or shock to the body 精神创伤, 外伤

pneumothorax [ˌnju:məuˈθɔ:ræks] *n.* abnormal presence of air in the pleural cavity resulting in the collapse of the lung 气胸

flap [flæp] *n.* a movable piece of tissue partly connected to the body 拍打

perimeter [pəˈrɪmɪtə] *n.* the boundary line or the area immediately inside the boundary 周长, 周界

mediastinum [ˌmɪdiæˈstæɪnəm] *n.* the region between the pleural sacs, containing the heart and all of the thoracic viscera except the lungs (胸腔)纵膈

crimp [krɪmp] *n.* an angular or rounded shape made by folding

vena cava [ˈvɪnəˈkeɪvə] *n.* either of two large veins that drain blood from the upper body and from the lower body and empty into the right atrium of the heart 腔静脉

tracheal [trəˈki:əl] *a.* relating to a cartilaginous and membranous tube extending from the lower end of the larynx to its division into two bronchi 气管的

embolus [ˈembələs] *n.* a mass, such as an air bubble, a detached blood clot, or a foreign body, that travels through the bloodstream and lodges so as to obstruct or occlude a blood vessel 栓子, 栓塞物

embolism [ˈembəlɪzəm] *n.* obstruction or occlusion of a blood vessel by an embolus 栓塞, 栓子

thrombus [ˈθrɒmbəs] *n.* a blood clot formed within a blood vessel and remaining attached to its place of origin 血栓

lodge [lɒdʒ] *v.* fix, force, or implant 临时住宿, 安顿

oxygenate [ˈɒksɪdʒəneɪt] *v.* to treat, combine, or infuse with oxygen 以氧处理, 氧化

pneumonia [nju:ˈmɔ:niə] *n.* an acute or chronic disease marked by inflammation of the lungs 肺炎

croup [kru:p] *n.* spasmodic laryngitis; harsh coughing and hoarseness and fever and difficult breathing

喘鸣性喉痉挛

epiglottitis [epiglɒ'taitis] *n.* an infection of the epiglottis (会厌), which can lead to severe airway obstruction 会厌炎

Notes

1. **Respiratory distress** is a condition where patients with lung disease are not able to get enough oxygen. It can occur in a great many conditions, including those arising in the lungs, bronchi, bronchioles, muscles, nerves or brain. Acute respiratory distress syndrome (ARDS) is an uncommon critical condition where the lungs fill with fluid and inflammatory cells. This may occur following major trauma, bone marrow transplantation, or after a variety of illnesses.
2. **Myocardial infarction** is an occlusion or blockage of arteries supplying the muscles of the heart, resulting in injury or necrosis of the heart muscle (heart attack).
3. **Chronic Obstructive Pulmonary Disease (COPD)** is a chronic disease of the lungs caused by smoking. The term COPD covers a spectrum of clinical presentations, ranging from so-called pink puffers at one end of the spectrum to blue bloaters at the other. In pink puffers, the primary pathology is Emphysema, while in blue bloaters, the primary pathology is that of Chronic Bronchitis. The term pink puffers comes from the reddish complexion which patients with Emphysema have, while the skin of blue bloaters is bluish in tone.
4. **Personal Protective Equipment (PPE)** is specialized clothing or equipment worn by an employee for protection against infectious materials, including gloves, gowns, shoe covers, head covers, masks, respirators, eye protection, face shields and goggles. PPE prevents contact with an infectious agent or body fluid that may contain an infectious agent, by creating a barrier between the potential infectious material and the healthcare worker.

Post-reading Activities

I. Answer the following questions.

1. What are the main causes for respiratory distress?
2. How does left-sided heart failure result in respiratory distress?
3. Why is it difficult to breathe out the air in the chronic obstructive pulmonary disease?
4. Why is it difficult to breathe when there is a hole in the chest wall or the lungs?
5. Where does the embolus usually come from when there is pulmonary embolism?

II. Decide whether the following statements are True or False.

1. In hyperventilation, the level of carbon dioxide in the blood is increased.
2. Cyanosis can be seen in pulmonary embolism.
3. When pneumothorax occurs, there are no breath sounds heard.

4. Patients with chronic obstructive pulmonary disease should be provided with oxygen.
5. The increased pressure in the lungs may lead to frothy sputum.

III. Choose the best answer.

1. Dependent edema means the edema depends on the function of _____.
 - A. the left lung
 - B. the left heart
 - C. the right lung
 - D. the right heart
2. Patients with chronic obstructive pulmonary diseases keep pursed lip breathing in order to _____ in the upper airway.
 - A. increase the pressure
 - B. reduce the pressure
 - C. maintain the positive pressure
 - D. maintain the negative pressure
3. The retention of air in the alveoli will result in _____.
 - A. obstruction of the lower airway
 - B. obstruction of the upper airway
 - C. increase in oxygen in the alveoli
 - D. increase in carbon dioxide in the alveoli
4. The results of tension pneumothorax dose not include _____.
 - A. dragging the mediastinum to one side
 - B. dragging the lungs to one side
 - C. dragging the heart to one side
 - D. dragging the aorta to one side
5. Hyperventilation Syndrome is caused by _____.
 - A. overdose aspirin
 - B. lung injury
 - C. head injury
 - D. psychological factors

IV. Summarize the causes, symptoms, and the mechanisms for the respiratory emergencies discussed in the text using a table below.

	Respiratory emergencies	Causes	Symptoms	Mechanisms
1	Congestive Heart Failure			
2				

	Respiratory emergencies	Causes	Symptoms	Mechanisms
3				
4				
5				

V. Find the differences between the following terms.

Words	embolus	embolism	thrombus	thrombosis
Differences				