全国英护专业统编教材

临床护理英语

PRACTICAL NURSING ENGLISH

主　编　张凤军　白兴武

中国对外经济贸易出版社

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Preface

Practical Nursing English has been developed to provide English Nursing Programs' students preparing for entry into nursing at the practical nurse level with a dependable source of information as they prepare to become valued members of today's health care team. The most current, up－to－date developments in health care today in the field of practical nursing are inco - porated in the text. In this textbook, the basic practical nursing curriculum is addressed, from concepts basic to all levels of nursing to the complexities of specialty areas while using a consistent nursing process format throughout. This book also refers to the 1992 approved listing of NANDA nursing diagnoses, for the practical nurse assists the registered professional nurse by collecting data essential to formulating a nursing diagnosis.

The whole textbook contains 11 sections: Sections 1 through 10 cover the complex nursing concepts encountered in the various specialty areas of nursing, such as medical－surgical nursing, obstetrics, pediatrics, gerontology, psychiatry, emergency, nursing process, fundamental nursing concepts, nutrition, and pharmacology. Section 11 introduces the students the current trends in nursing in western hospitals. In addition, each section contains a set of multiple－choice questions Which will help you determine how much you have learned in the particular area, and a list of word roots to enlarge the students' vocabulary. Three comprehensive examinations are included in the book. The students can use the questions after each section for pre－or post－testing after study, and use the comprehensive examinations as a means of evaluating their knowledge and competencies of an entire subject area. Regardless of how the students use the book, one of the strengths of Practical Nursing English is the self－assessment opportunity it offers in addition to guidance in nursing English studying. The sections review questions and comprehensive examination questions have been carefully developed to cover all topics in the text. Most importantly, each question is categorized according to the components of NCLEX.

Since Practical Nursing English covers nearly all the aspects of nursing science, it will be a smart choice for both the English Nursing Programs' students and nursing majors at university. It is also helpful for the nurses who want to pass nursing tests to be employed abroad.

I would like to thank all the contributors who have worked so diligently in the preparation of this book, especially Brian Brett, Cheryl Crosby, an nursing expert from WHO, without whom this text would not have been possible. I would also like to extend a special note of thanks to Mr. Ma Kui and Mrs. Li Yuqin, presidents of CHS, and last, but not least, to Ms Wang Xingcha for being so supportive of my efforts during the writing of this book.

To those who will use the book, I wish you well in your goal, licensure as a practical nurse. With hard work and proper preparation, you will be successful.

Zhang Fengjun

内容提要

《临床护理英语》（《Practical Nursing English》）是一本全部用英语讲解护理专业知识的英语护理专业教材。体现了当今国际流行的整体护理理念和四步护理工作程序。本书第一至第十章分别为内外科护理、妇产科护理、儿科护理、老年护理、精神病护理、急诊护理、护理程序、基础护理、营养学及护理药理学，最后一章介绍了国外护理学科的最新发展。基本包括了当今国外护理职业准入资格考试的全部专业知识内容。

本书各章正文后都附有复习题和“增加词汇量”专题，书后附有三套综合模拟测试题，所有练习题都按照国外护理资格考试的命题原则、理念、样式编写。为方便教师教学及学生学习，本书在每一页底部详加注释。另外，本书结合正文总结了大量的护理医学词汇的构词成分，分别安排在各页脚注和各章后的“增加词汇量”中。结合课文掌握这些构词成分，将有助于专业词汇的记忆和学习。

《临床护理英语》是为英护及大学高护专业学生编写的专业英语教材，也可作为临床护理人员学习最新护理知识、理念及护理程序的参考用书，更是准备出国、参加出国护理考试的护理人员考前必备用书。

前　言

众所周知，英护教育的目标是培养涉外护理人才，即培养能够在英语环境里从事护理工作的毕业生。要达到这一目标，必须从两个方面抓起：一是英语语言能力的强化培训，护理学科的专业教育，二是英语和护理知识结合的护理英语教育。

英护专业自开办以来，各校的英护教育主要工作都集中在前一方面的工作上，即英语教学只注重学生英语语言能力的培养；护理专业教学又都大体参照普通护理专业的教学大纲及模式。而作为英护专业最重要的核心课程——护理英语教学恰恰没有得到应有的重视。其结果是大多英护毕业生无法通过出国护理考试，许多人只能退而求其次，出国从事宾馆饭店服务员的工作。这种教育效果和就业情况，应该说有违英护专业创建之初衷。造成这一现状有着很现实的客观上的原因，这种客观原因表现在两方面现实困难上：一是没有一本真正用英语编写的、体现国外最新护理理念及最新护理科学发展的、系统讲授护理专业知识的教材，二是缺乏既懂护理又能熟练掌握英语的护理英语教师。两种困难比较来说，英语护理教材是第一需要，因为有了好的教材，教师是可以培养的。为应护理英语教学之急需，承德卫生学校及全国十几所开办英语护理专业的卫（护）校组织从事英护教育多年、富有教学经验的英语及临床护理教师，在总结十多年英语护理教育实践经验的基础上，重新编写了护理英语专业教材，并改名为《临床护理英语》。

1. 全面系统的护理专业知识：

这是本书不同于以往的护理英语教材的最大特色。目前可见的几本护理英语教材最大的不足就是护理知识不全面，没有系统，学生无法从中学习系统的专业知识，其临床实用性难以满足不断发展的英语护理教育的需要。有鉴于此，在编写时，着重解决了教材的临床实用性的问题。本书第一至第十章分别为内外科护理、妇产科护理、儿科护理、老年护理、精神病护理、急诊护理、护理程序、基础护理、营养学及护理药理学，最后一章介绍了国外护理学科的最新发展。就护理知识范围而言，本书囊括了当今国外护理职业准入资格考试的全部专业知识内容，学生学完本书后可具备出国护理考试所需的知识结构。

2. 全新的护理理念：

本书另一特色在于全书充分体现当今国际流行的整体护理理念及四步护理工作程序。学完本书并按照本书护理理念及护理工作程序进行工作，英护毕业生可具备国外就业所需的基本护理素质，使他们在英语国家能顺利从事护理工作。

3. 简洁精炼：

考虑到英护学生的英语水平，本书力求使用浅显、地道、规范的英语编写，使其既适用于课堂教学，也适用学生自学。在学习各汉语护理学科时，学生可以对照阅读，熟悉掌握不同护理学科内容英语的对应表达法。逐渐培养用英语获取专业知识的能力。

4. 出国护理考试的实用性：

各章正文后都附有本章节知识内容的复习题，书后附有三套综合模拟测试题。所有练习题都按照国外护理资格考试的命题原则、理念、样式精心编写，通过各章节后及三套综合模拟测试题的多选题训练，学生可逐渐熟悉国外护理资格考试题型及模式，掌握正确的答题思路，增加正确回答问题的文化背景知识。为学生将来顺利通过出国护理考试打下良

好的基础。

5. 详细注释：

由于是护理专业教材，书中含有大量的专业术语，为方便教师教学及学生学习，本书在每一页底部详加注释，这是本书特有的编写体例。此种版面设置既能有助于培养学生使用英语进行思维的能力，又不至于在遇到生疏的专业词汇时感到困难。在学习中，学生应尽量将注意力集中于文章的内容逻辑表达上，而不要过多地关注个别生词术语，更不要句句求助于汉语译文。日久坚持这种良好的护理英语专业学习，学生将会极大地提高语言与专业素质。这也是本书没有给出译文的原因。

6. 专业术语词根学习：

记忆大量的英语护理专业词汇历来是学习者的难题。事实上，护理医学专业词汇在构成上极有规律。如能掌握了这种规律，词汇学习就能达到举一反三、事半功倍的效果，记忆掌握庞杂的专业词汇也就变成赏心乐事。掌握这种规律的关键是熟悉医学专业词根、前缀和后缀。本书结合正文总结了大量的护理医学词汇的构词成分，分别安排在各页脚注和各章后的“增加词汇量”中。结合课文掌握这些构词成分，专业词汇的记忆会变得很容易。

基于以上特点，《临床护理英语》是英护及大学高护专业学生的理想专业英语教材，也是临床护理工作人员学习最新护理理念及护理程序较好的参考用书，更是准备出国、参加出国护理考试的护理人员考前必备用书。

本书在编写过程中，得到联合国卫生组织专家 Cheryl Crosby 女士和 Brian Brett 先生的大力支持。Brett 先生为本书提供了大量的参考资料，Crosby 女士审阅了全部书稿。同时，本书的编写还得到了全国英护协作会及各参编单位领导的大力支持，并提出了许多的宝贵意见，在此一并表示衷心的感谢！

编者

2000 年 8 月

CONTENTS

Section 1 Medical-Surgical Nursing

Chapter 1 Growth and Development

Part 1 Physiologic Alterations

Hormonal Changes

Cessation① of reproductive ability; women are usually between age 40 and 50 years; Men usually between age 50 and 60 years, but symptoms not as pronounced. Benign prostatic hypertrophy in men begins usually by age 50 years; decreasing hormonal production by both sexes may alter sexual function to some degree.

Skeletal Changes

Osteoporosis② from decalcification③ of bones: women often lose up to 2 inches from shrinking of intervertebral discs; "dowager's hump" in cervical thoracic spine. Women are much more susceptible to hip and other bone fractures at age 55 years than are men.

Skin Changes

Cell atrophy④ and decreased repair, body shrinks and loss of subcutaneous ⑤tissue.

Nerve

Nerve conduction slows and muscle function decreases: Leads to increased muscle atrophy and impaired heat and cold sensation.

Vision

Glasses, often bifocals; presbyopia, decreasing accommodation HearingDecreased sensitivity to high-pitched sounds and sound discrimination decreases

Cardiovascular Changes.

Rise in serum cholesterol in women after menopause, with increase in coronary heart disease, decreased elasticity of vessels, especially coronary arteries, glomerular filtration rate decreases and cardiac output decreased.

Metabolic⑥ Changes

Nutrition: maintain high fluid intake, decreased basal metabolic rate and reduce calories by 7. 5% per decade after age 25 yearsActivity: no reason to decrease activity unless a disease is present and some may develop new sense of energy.

Part 2 Psychosocial Alterations

Cognitive⑦ Changes

The ability to learn and that of solving problems unchanged, more time for learning

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① 停止
② 骨质疏松症 osteo-构词成分，表示"骨". 例如：osteology 骨学，osteoma 骨头肿瘤，osteomalacia 软骨病，osteomyelitis 骨髓炎，osteopath 正骨医生，osteopathy 疗骨头术
③ 失钙
④ 萎缩
⑤ 皮下的
⑥ 新陈代谢的
⑦ 认知的

and impaired memory, but less able to memorize new material.

Emotional Development

Climacteric

Transitional period: prime of work life; role changes (children, spouse and own parents); time when goals reached or never achieved. Erickson's stage of generativity: success means sense of parenthood and creativity, guiding new generations, establishing continuity; not necessarily biologic in nature; negativity shown through lack of acceptance of self and accomplishments, regression to earlier stages, self-absorption.

Midlife Crisis

"Empty nest" syndrome when children leave home, Healthier and constructive to work through positively, upheaval and changes in roles, reexamination of self and life, women lose reproductive ability.

Common Health Problems

Dislocations and fractures. Upper respiratory infections and sinusitis. Hyperuricemia and gout. Angina pectoris. Hiatal hernia and esophagitis. Peptic ulcers. Benign prostatic hypertrophy. Lumbosacral strain. Sexual dysfunction

Part 3 Reproductive Disorders

Reproductive System

1. Provide nourishment and protection for the developing fetus①.

2. To assist in the birth of the child through muscular contraction②.

3. To assist in the production of required hormones during pregnancy.

4. To nourish③ the newborn child.

Breast Benign Tumors

1. Painless or tender lumps in breast tissue.

2. Incidence: most often occurs in women between ages 30 and 50 years.

3. Predisposing factors: possible genetic link and diet high in caffeine.

4. Signs and symptoms: enlargement of area in breast, pain when pressed.

5. Diagnostic tests: Mammography④: radiographic picture of breast tissue; no special preparation necessary except explanation to patient. biopsy⑤: removal of section of tissue to be examined under microscope; procedure may be performed on outpatient basis or in hospital; explanation necessary. aspiration: fluid removed from the cyst using a needle and syringe; performed by the physician; explanation of procedure necessary.

6. Treatment: excision or aspiration

Breast Carcinoma⑥

Assessment

1. Cancerous growth in breast tissue.

2. Incidence: higher incidence in women with family history and those over 40 years.

3. Precipitating factors: genetic predis-

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① 胎儿
② 肌肉收缩
③ 滋养
④ 胸部肿瘤 X；射线透视法
⑤ 活组织检查
⑥ 乳房癌

position; mother, sister, or grandmother with breasts cancer; more than 40 years. childless or first child after age 30 years; presence of other cancers.

4. Signs and symptoms: painless lump in breast; "dimpling①" of skinC. retraction of nipple; discharge from nipple; asymmetry② of breasts.

5. Diagnostic tests: biopsy; mammography: high-risk women: baseline at age 35 years and yearly after age 40 years; all women: yearly after age 50 years, baseline at age 35 and every other year after age 40 years.

6. Treatments: chemotherapy; radiation therapy. surgical procedure: mastectomy③, lumpectomy④ and radical mastectomy.

Planning

Patient performs monthly BSE Patient complies with BSE. Assist patient to alleviate emotional distress associated with breast disease. Assist in reducing complications of surgery and reducing recurrence of cancer.

Implementation

Monthly BSE techniques taught to patient; importance of early detection should be stressed Palpation examination by physician should be performed on yearly basis Mammography examination should be performed as orderedAssist patient to verbalize fears related to breast disease and the diagnosis of cancerExplain procedures and side effects as they relate to treatment; implement routine postoperative care and specific arm exercises to reduce postoperative complications.

Evaluation

Patient performs monthly BSE; patient maintains regular checkup appointments; patients fully recovers from any surgical procedures without complications; patient performs postoperative exercises as instructed; patient verbalizes feelings related to body image; referrals to self-help agencies made as needed; patient verbalizes diet changes and modifies diet.

Benign Uterine Tumors⑤

1. Abnormal growth within uterus; usually benign uterine myomas; also known as fibroids.

2. Incidence. Common between ages 24 and 40 years.

3. Signs and symptoms: bleeding most common and pressure may be felt.

4. Diagnostic tests: Physical pelvic examination: emotional support of patient necessary. Nurse assists with preparing and labeling specimens. Proper draping of patient to preserve modesty.

5. Usual treatments: Surgical excision determined by age of patient. conservative treatment if bleeding not excessive or if children still desired.

Cervical Cancer⑥

Assessment

1. Definition: abnormal growth in cervical area of uterus.

2. Incidence: women over age 40 years.

3. Predisposing factors: first pregnancy at an early age; frequent relations with nu-

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① 浅凹形成
② 不对称
③ 乳房切除术
④ 肿块切除术
⑤ 良性子宫肌瘤
⑥ 子宫颈癌

merous partners; multiparty; history of venereal disease.

4. Signs and symptoms: post-menopausal① bleeding; bleeding with intercourse.

5. Diagnostic tests: Pap smear; cervical biopsy; colposcopy; schiller test; cone biopsy.

6. Complications: metastasizes (spreads) to other areas in the body.

7. Usual treatments: Surgical excision; radiation therapy; either internal implants or external; chemotherapy.

Planning

Reduce emotional stress associated with diagnosis of cancer; Assist patient to recover fully from surgical procedure; Patient will comply with prescribed treatment plan.

Implementation

Patient receives pre- and postoperative teaching as covered under preoperative care'; offer support by allowing patient to verbalize fears and worries; explain all procedures and activities to be performed.

Evaluation

Patient recovers completely from surgical procedure; patient verbalizes feelings and demonstrates an understanding of continued treatments; family members aware of need for their assistance and social service agencies notified if needed.

Endometriosis②

Assessment

1. Definition: endometrial tissue found outside uterus.

2. Incidence: common disorder in women of childbearing age.

3. Predisposing factors: could be related to family history.

4. Signs and symptoms: Pain, excessive menstrual flow, bleeding between periods, painful intercourse.

5. Complications: infertility③.

6. Treatments: Conservative: administration of birth control pills; surgical: excision of abnormal tissue outside uterus, possible hysterectomy.

Planning

Patient will have a reduction of discomfort; Completely recovers from surgical procedure.

Implementation

Administer medications and explain their schedule property; Encourage patient to verbalize feelings concerning diagnosis; Provide appropriate pre; and postoperative care.

Multiple-choice Questions

Mrs. Sands has been diagnosed with cervical cancer④ and is to have an internal radium⑤ implant⑥ in for the next 48 hours.

1. In caring for Mrs. Sands, you know that a problem during the time the implant is in place is often:
   A. Fear and isolation
   B. Nausea and vomiting
   C. Vaginal bleeding⑦

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① menopause 绝经期

② 子宫内膜异位 endo-医学构词成分. 表示："内部". 例如：endocardium 心内膜，endocriology 内分泌学.

③ 不孕，不育

④ 宫颈癌

⑤ 镭

⑥ 植入物

⑦ 阴道出血

D. Pain from the implant

2. When caring for Mrs. Sands after the insertion of the implant, the nurse must protect herself from undue exposure tot he radiation. To do this the nurse should:
   A. Care for the patient no more than 10 minutes per day
   B. Wear a lead apron and stand anywhere when giving direct care
   C. Stand at the head of the bed whenever possible while giving cares
   D. Ask a family member to be present and to assist with patient care
3. In order to insure that no more radiation than the prescribed dose is received by Mrs. Sanders' internal organs, the nurse should:
   A. Encourage the patient to turn side to side every 2 hour
   B. Elevate the head of the bed for meals
   C. Administer laxatives as ordered to prevent constipation
   D. Carefully maintain the patency of the urinary catheter
4. When it is time for the implant to be removed, the nurse has the responsibility of:
   A. Calling the radiology department to remind them
   B. Assisting the surgeon with the removal
   C. Removing the implant and placing it in a lead container
   D. Nothing; this is not a nursing responsibility
5. After removal of the implant, it is important to teach Mrs. Sands to:
   A. Avoid all pregnant women
   B. Limit her exposure to children to 30 minutes a day
   C. Not sleep in the same bed as her husband for 1 month
   D. Avoid sexual intercourse and douches for 6 weeks
6. Which of the following problems wouldn't be normal following removal of the implant and would required that Mrs. Sands call the doctor?
   A. She experiences moderate constipation
   B. She notes brown, foul-smelling vaginal drainage
   C. She develops urinary incontinence spontaneously
   D. Her urine is slightly blood-tinged

Robert Burch is a 70-year-old retired policeman who has been experiencing symptoms of frequency, urgency, and nocturia, which have been increasing over the last 2 months. He is diagnosed as having an enlarged prostate

7. The doctor performed a rectal examination on Mr. Burch. The purpose of this examination is to:
   A. Diagnose an enlarged prostate
   B. Check for the presence of blood
   C. Definitively diagnose prostatic cancer
   D. Diagnose the presence of an infection
8. Mr. Burch is scheduled for a suprapubic prostatectomy. In doing preoperative teaching, the nurse should be sure to include:
   A. Information about his inevitable impotence
   B. The need for frequent postoperative dressing changes
   C. That the patient will not have an external incision
   D. That there is a chance cancer will be

found

9. Postoperatively, Mr. Burch Damson is complaining of pain in the bladder and bladder spasms. The best medication the doctor would prescribe is:
   A. Demerol
   B. Morphine
   C. Pro-Banthine
   D. Aspirin
10. On the first postoperative day, Mr. Burch is draining large amounts of urine through the dressing and little through the catheter. Your appropriate nursing intervention is to:
   A. Irrigate the catheter as ordered
   B. Change the dressing and record the approximate output
   C. Call the doctor
   D. Reinforce the dressing and irrigate the catheter
11. When the catheter is removed. Mr. Burch is experiencing some dribbling and urinary incontinence. Which of the following should the nurse include in patient teaching?
   A. Recommending the use of an external catheter
   B. Advising his wife to purchase protective adult underpads
   C. Instructing him to limit his intake
   D. Instructing him to do perineal exercises to strengthen his urinary muscles
12. It is important for Mr. Burch to avoid straining for a bowel movement, because this can increase the risk of bleeding. The medication most likely to be prescribed for this is:
   A. Metamucil
   B. Milk of magnesia
   C. Colace
   D. Dulcolax
13. Middle-aged persons should:
   A. Exercise less each decade after age 50 years
   B. Increase their sleep after age 50 years
   C. Decrease their calories by 7. 5% for each decade after age 25 years
   D. Increase their diversional activities to prepare for retirement
14. The major cause of death in middle-aged men is
   A. Heart disease
   B. Lung cancer
   C. Cirrhosis
   D. Stroke
15. Major physiologic changes that occur in middle age include:
   A. Increased peristalsis
   B. Increased metabolic rate
   C. Increased rigidity of lung tissue
   D. Increased visual accommodation

Chapter 2 Circulatory System Disorders[①]

Part 1 Cardiovascular Disorders[②]

Arteriosclerosis[③]

Assessment[④]

1. Pathophysiology[⑤]:

A. rteriosclerosis: a disease in which arteries harden and narrow, causing them to lose their elasticity.

B. Atherosclerosis[⑥]: a disease in which the fatty deposits form on inner lining of blood vessels.

2. Incidence: Most common disease. increasing risk with age. more common in men; women's rate rises after menopause.

3. Precipitating factors[⑦]: High fat diet, smoking, familial tendency, obesity, sedentary[⑧] lifestyle.

4. Signs and symptoms: Coronary[⑨] involvement, chest pain, dyspnea, palpitations, fainting, fatigue. Cerebral involvement. Transient ischemic[⑩] attacks, loss of memory, headaches, deterioration of personality. Extremities[⑪]. Leg cramps[⑫], cool skin, color changes, numbness and tingling, reduced or absent peripheral[⑬] pulses, skin ulceration and gangrene[⑭].

5. Diagnostic tests: History and physical examination, arteriograms[⑮].

6. Treatment: Reduce cholesterol in blood with diet and drugs, coronary, cerebral, and peripheral vasodilators, reduce risk factors such as smoking, obesity, lifestyle, stress, surgery to remove plaque [⑯]or bypass obstructions.

Planning[⑰]

Patient will: attain lower cholesterol[⑱] levels; avoid trauma of extremities. pain of ischemia will be relieved; understand and comply with therapeutic restrictions.

Implementation[⑲]

Provide low fat, low calorie, low cholesterol diet and counseling. Protect extremities from trauma, Provide skin care. Observe for and report any change in skin color, temperature, pain or numbness, pulse volume, or breaks in skin. Avoid tight clothing. Use protective devices such as bed cradles. Relieve or reduce pain. Administer appropriate prescribed vasodilators[⑳], warmth for vasodilation with care, sufficient activity to increase blood flow, educate patient and family regarding diet, medication, activity,

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① 循环系统疾病
② 心血管疾病
③ 动脉硬化
④ 评估
⑤ 病理生理学
⑥ 动脉粥样硬化
⑦ 诱因
⑧ 久坐的
⑨ 冠状动脉的
⑩ 局部贫血的
⑪ 四肢，手足
⑫ 痉挛
⑬ 周围的
⑭ 坏疽
⑮ 动脉搏描记图
⑯ 斑（块）
⑰ 护理计划
⑱ 胆固醇
⑲ 贯彻实施计划
⑳ 血管扩张药物