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ЛАНЬ
ИЗДАТЕЛЬСТВО

СРЕДНЕЕ
ПРОФЕССИОНАЛЬНОЕ
ОБРАЗОВАНИЕ

АНГЛИЙСКИЙ ЯЗЫК

Communication with patients.
English for nurses



П. Игнатушенко



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В. П. ИГНАТУШЕНКО

АНГЛИЙСКИЙ ЯЗЫК
COMMUNICATION
WITH PATIENTS
ENGLISH FOR NURSES

-3-дд-

Учебное пособие

Издание второе, стереотипное

БИБЛИОТЕКА
ТОРЭЗВНОГО МЕДИЦИНСКОГО
УЧИЛИЩА



ЛАНЬ

• САНКТ-ПЕТЕРБУРГ • МОСКВА • КРАСНОДАР •

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Пособие включает в себя 12 уроков, цель которых — формирование навыков говорения в конкретных ситуациях профессионального общения, например: опрос пациента о имеющихся симптомах, боли, общение с пациентами во время выполнения различных манипуляций. Каждый урок включает в себя изучение необходимой лексики, лексические и коммуникативные упражнения, которые позволяют усвоить коммуникативно-функциональный репертуар и профессиональную лексику, а также способствуют развитию навыков реактивности в рамках диалогического общения. Особое внимание уделяется умению задавать вопросы в рамках профессионального общения медсестер с пациентами. Каждый урок заканчивается ролевой игрой, в рамках которой имитируется ситуация профессионального общения. Задания пособия снабжены ключами.

Соответствует современным требованиям Федерального государственного образовательного стандарта среднего профессионального образования и профессиональным квалификационным требованиям.

Учебное пособие предназначено для преподавателей и студентов медицинских колледжей (специальность «Сестринское дело») по учебной дисциплине «Английский язык».

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Обложка
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TAKING A HISTORY

1. Use the dictionary and translate these phrases into English:

- 1) Какие заболевания были в вашей семье?
- 2) Какие заболевания у вас были в детстве?
- 3) Сколько сигарет курите в день?
- 4) Какие оперативные вмешательства у вас были?

2. Below are groups of questions. Select the correct heading for each group.

A full case history covers:

- 1) personal details;
- 2) present complaints;
- 3) past medical history;
- 4) drug history;
- 5) family history;
- 6) social and personal history;
- 7) review of systems.

A

- Do you have any brothers or sisters?
- Do you have any children?
- Are all your close relatives alive?
- Are your parents alive and well?
- Is anyone taking regular medication?
- How old was he when he died?
- Do you know the cause of death?
- Does anyone in your family have a serious illness?

B

- Are you taking any medication at the moment?
- Which medicine do you take?
- Do you use any over-the-counter remedies or herbal or homeopathic medicines?
- How many times a day?
- Do you always remember to take it?
- Do you get any side effects?
- What symptoms do you get after taking it?
- Do you know if you are allergic to any drug?

C

- What kind of house do you live in?
- Do you live alone?
- Who shares your home with you?
- How old are your children?
- Are any of them at nursery or school?
- What's your occupation?
- Do you have any problems at work?
- Do you have any financial problems?
- Do you have any hobbies or interests?
- Do you exercise?
- Do you smoke?
- How many packs/cigarettes a day?
- Have you tried giving it up?
- What about alcohol?
- Wine, beer or spirits?
- Can you give up alcohol when you want?
- How much do you drink in a week?
- What's the most you would drink in a week?
- Are you aware of any difference in your alcohol consumption over the past five years?

D

- Is your vision ever blurry?
- Do you suffer from headaches?
- Have you ever had a blackout?
- Have you had any dizziness?
- Have you had any pain or problems with your mouth?
- Is it difficult for you to swallow food or drink?
- Have you had any discomfort after eating?
- Do you ever get a burning feeling in your chest?
- Do you have any pains in your stomach?
- Have you lost any weight?
- Do you have any problems sleeping?
- Do you know what your usual BP is?

E

- What seems to be the problem?
- Can you tell me what your symptoms are?
- Can you be more specific?
- Have you ever had these complaints before?
- What seems to bring this condition on?
- When did you start feeling poorly?
- Where does it hurt?
- How can you describe the pain?

F

- What childhood diseases did you have?
- What have you been operated on?
- Have you got any chronic condition?
- When were you first diagnosed with it?
- Are you taking anything for it?
- Have you had your vaccinations?

G

- What is your surname?
- What is your date of birth?
- What is your address?
- What is your phone number?
- Who is your next of kin?
- What is his/her relationship to you?
- What is your marital status?

3. Asking questions. Decide if these questions are open or closed. Write open or closed next to each.

Taking a history involves asking a lot of questions. Questions on any topic can be open-ended or closed. A closed question is typically a choice between two things, sometimes yes and no. There is no room for the patient to add more information. An open-ended question allows space for the patient to add more information. Open-ended questions typically start with what/when/how.

Past medical history

- Have you been in hospital before? ...
- What was that for? ...
- Do you know why you are in hospital this time? ...
- Can you tell me why? ...
- Are you being treated by a doctor for any illness or condition at the moment? ...

- f) What is the illness or condition? ...
- g) Are you taking any medicines at the moment? ...
- h) Could I see the medicines you have brought with you? ...

Family, social and personal history

- a) Can you tell me please your address? ...
- b) What type of accommodation do you live in? (house, flat, bedsit, residential home) ...
- c) Who do you live with? ...
- d) Do you have stairs in your accommodation? ...
- e) Do you have family or friends locally? ...
- f) Is your home near to shops and public transport? ...

Eating and sleeping routines

- a) What do you usually have for breakfast/lunch/evening meal? ...
- b) What foods do you prepare for yourself? ...
- c) Do you have any special preferences or needs such as a low-fat diet? ...
- d) What food do you enjoy? ...
- e) Do you usually sleep well at night? ...
- f) Do you need any help getting ready for bed? ...

4. Make up open and close questions for these subjects:

Subjects	Open-ended	Closed
Previous health		
Where they live		
Eating habits		
Sleeping patterns		
Family		
Present complaints		

5. Ask questions about the patient's past medical history categories:

- 1) childhood diseases;
- 2) major health problems;
- 3) admission to hospital;
- 4) surgery treatment;
- 5) immunisation.

6. Complete the conversation with the nurse's questions:

N: I'd like to ask you about your past medical history.

P: When I was small. I had measles, chickenpox and whooping cough.

N:

P: Well, I had my tonsils taken out when I was a child.

N:

P: Yes. I have diabetes.

N:

P: I was diagnosed when I turned fourteen. I was always thirsty, tired and depressed.

N:

P: I've been getting insulin shots since then.

N:

P: Yes.

7. Read the information about Gina Graham. Ask questions about the patient's family history:

Gina Graham is married with 2 children. They have no major health problems. Gina's father had a heart condition. He is no longer alive. He died suddenly of a heart attack at the age of 68. Gina has two aunts. They both have diabetes (type II). They keep to a strict diet and take pills.

8. Match the questions to the corresponding social history categories. One category is extra.

a) housing	1) What are your living conditions like?
b) occupation	2) Do you exercise regularly?
c) physical exercise	3) How much alcohol do you drink a day?
d) alcohol	4) Do you smoke?
e) tobacco	5) Have you stopped smoking?
f) family relationship	6) Are you employed?
	7) What sort of house do you live in?
	8) What is your alcohol consumption?
	9) Do you ever exercise?
	10) Do you have a job?

9. Complete the conversation with the nurse's questions:

N: Are you working right now?

P: No, I've just been made redundant.

N:

P: I was a manager in an import and export company.

N:

P: Yes, I was in charge of a large department.

N:

P: Yes, I do, unfortunately, quite a lot of responsibility.

N:

P: Oh, about two packs a day.

N:

P: Since I was about fourteen.

N:

P: Yes, I've tried to give it up, but without success.

N:

P: Yes, sometimes with my friends.

N:

P: Let's see... a whisky in the evening.

N:

P: Oh, about 17 or 18, I suppose.

N:

P: We live in a small flat. We own it, but of course we are still paying the mortgage on it.

10. → Correct all the grammar mistakes in these drug history questions. One question is correct:

- 1) Do you take any medication at the moment?
- 2) Which medicine does you take?
- 3) Are you always remembering to take it?
- 4) Are you get any side effects?
- 5) What symptoms do you get after taking it?
- 6) Do you using any over-the-counter remedies or herbal or homeopathic medicines?
- 7) You are allergic to any medication?

11. Work in pairs. Student A is going to play the role of a patient. Invent some information and fill in this form. Student B is going to play the role of a nurse taking a history. Act out a conversation. Swap roles.

PATIENT RECORD

Surname ...

First name ...

Gender ...

DOB ...

Place of birth ...

Occupation ...

Marital status ...

Next of Kin ...

Contact no ...

Average daily consumption of cigarettes ...

Alcohol intake ...

Present complaints ...

Family history:

mental illness

diabetes

tuberculosis

HIV/AIDS

12. Use this information, prepare and act out the conversation between the nurse taking a history and Alex Sandler.

Title: Mr.

Surname: Sandler

First Name: Alex

Gender: Male

Marital status: married

Date of Birth: 29/09/1983

Address:

House number: 12

Street: Salim Street

Town/city: Beirut

Children: 3

Ages of children: Son aged 10 and twin girls both aged 8

Contact No.: 07700 900637

Next of kin:

Name and Relationship: Mary Sandler — wife

Emergency Contact: 01632 908217

Medical history:

Any immunisations you have had: None

Any health-screening tests you have had: None

Any allergies or reactions to medicines: None

Surgery: None

TALKING ABOUT PAIN

1. Use the dictionary and translate these phrases into English:

- 1) Какая у вас боль?
- 2) Что вызывает такую боль по вашему мнению?
- 3) Насколько ваша боль сильная?
- 4) Что усиливает боль?

2. Study the table, match the subheadings in the box to the groups of vocabulary:

<i>location</i>	<i>character</i>	<i>intensity</i>
<i>onset</i>	<i>duration</i>	<i>radiation</i>
	<i>related symptoms</i>	<i>factors that alter the problem</i>

1)	2)	3)
1) it feels like ...	1) it hurts in ...	1) no pain
2) splitting	2) it is sore in ...	2) mild
3) throbbing	3) it is localized in ...	3) moderate
4) dull	4) it is sensitive in ...	4) severe
5) band-like	5) it is tender in ...	5) excruciating
6) burning	6) it is circumscribed in ...	6) unbearable
7) aching	7) abdominal	
8) sharp	8) back	
9) stabbing	9) flank	
10) blinding		
11) stinging		
12) nagging		
13) constricting		
14) bursting		
15) chocking		
16) gripping		
17) pressing		
18) knife-like		
19) fleeting		
20) pulsating		
21) tingling		
22) shooting		
23) diffused		
24) gnawing		
25) pounding		
26) piercing		
27) colic		
28) migraine		

Продолжение табл.

1)	2)	3)
29) tension		
30) cramp		
31) weakness		
32) numbness		
33) pins and needles		
34) vague discomfort		
4)	5)	6)
1) to start	1) to move	1) I have had it for/since
2) to trigger	2) to radiate	2) it has been bothering
3) to set off	3) to spread	3) it lasts
4) ...slow/sudden in onset	4) to affect	4) constant
	5) to go to	5) intermittent
		6) it happens suddenly
		7) to come and go
		8) it increases gradually
		9) steady
		10) recurrent
		11) acute
		12) chronic
7)	8)	
1) to relieve	1) it is related to ...	
2) to make sth better/worse	2) to bring on	
3) to take drugs for		
4) to make it go away/disappear		
5) stress-induced		
6) to increase		
7) to subside		

3. Fill in the gaps:

intermittent intensity unbearable throbbing sets worse moderate travel burning subsides

- 1) When he stands up he feels a sharp, shooting pain up his back.
- 2) The pain started as some weeks ago, but recently the pain became constant.
- 3) There is pain in my lower back, it feels like it's on fire.
- 4) The wound didn't hurt at first, but the of the pain was increasing.
- 5) His toe was after he hit it on the leg of the table.
- 6) Is the pain or does it hurt badly?

- 7) He screamed because the pain was absolutely
- 8) – What the pain off? — I can't point my finger at anything special.
- 9) – When is your pain ? — When I move or sit in the chair.
- 10) The pain ... if I lie down for a while.

4. Answer the questions:

- 1) What adjectives can be used to describe the character of a mild pain?
- 2) What adjectives can be used to describe the character of an excruciating pain?
- 3) What words can you use to describe a pain in the abdomen?
- 4) How can you characterize a pain in the head?
- 5) How can you characterize a toothache?
- 6) Which words can help you specify a pain in the chest?

5. Match the questions to the categories:

1) character	a) Where does it hurt?
2) location	b) Have you taken anything for it?
3) intensity	c) What is the pain like?
4) onset	d) Is it sensitive to the touch?
5) duration	e) How long has this been bothering you?
6) radiation	f) On a scale of 1–10 how painful is it?
7) factors that alter the problem	g) Does movement make it worse?
	h) When did your pain start?
	i) Does your pain affect any other part of your body?

6. Ask questions about pain using the prompts:

LOCATION	1) Where/hurt 2) Where/your pain 3) Where/sore
CHARACTER	1) What/like 2) What pain/feel 3) Can/describe
DURATION	1) How long/have 2) Is/constant 3) How often/get
INTENSITY	1) On a scale of 1–10/worst pain/have 2) How strong/pain 3) When/most severe

Продолжение табл.

FACTORS THAT ALTER THE PROBLEM	1) Does/relieve 2) Is/any position/worse or better 3) What/disappear
RADIATION	1) Does/move? 2) Which direction/go 3) Has/spread

7. Complete the conversation with the nurse's questions:

N: *I believe that you are having some pain at the moment.*

P: Right here down in my abdomen.

N:

P: It started just a few days before my period.

N:

P: It hurt really badly for about two or three days.

N:

P: I'd say it was a sharp, cramping feeling, unbearable.

N:

P: Yes, to my lower back, and all the way to my knees.

N:

P: Well, it seemed to get a bit better when I took some tablets, but it was still pretty bad.

N:

P: Oh, yes, I vomited a lot, I felt weak and bloated.

8. Work in pairs. Use this information about patients. Act out the conversation between the patient and the nurse discussing the patient's present pain. Swap roles.

A. You are Marie McKowen and you are suffering from stomach pains. You feel a strong burning sensation that started an hour ago. The pain does not move and it is now much worse (7/10 on the pain scale). You often suffer from this type of pain, usually after you eat spicy food	B. You are Tony Bates and you are suffering from stabbing pains in the middle of your chest that started at 10 am today. The pain was unbearable (9/10 on the pain scale). It moves across the chest to the right arm. It feels as though you are being stabbed with a knife. You feel better now (7/10) than at 10 am
---	---

TALKING ABOUT SYMPTOMS

1. Use the dictionary and translate these phrases into English:

- 1) На что жалуетесь?
- 2) Что является причиной вашего недомогания по вашему мнению?
- 3) Когда началось головокружение?
- 4) Было ли у вас что-то подобное раньше?

2. Use the dictionary and name these symptoms. Also write out questions to ask about these symptoms:



3. Look at this list of general symptoms. Make sure you understand the meaning of them. Form possible collocations (verb+noun). Make up sentences to describe each symptom.

Verbs	General symptoms
a) to have	1. malaise
b) to feel	2. weakness
c) to experience	3. runny nose
d) to develop	4. vomiting
e) to suffer from	5. muscle pain
	6. sweats
	7. weight loss
	8. weight gain
	9. drowsiness
	10. dizziness
	11. night sweats
	12. insomnia
	13. chills
	14. numbness
	15. tingling
	16. fever
	17. constipation

Продолжение табл.

Verbs	General symptoms
	18. diarrhea
	19. rash
	20. itch

4. Choose all the questions about present complaints from the list:

- a) What's the problem today?
- b) Was your mother also allergic to cats?
- c) Can you tell me what your symptoms are?
- d) Have you ever had these complaints before?
- e) Are you married or single?
- f) What seems to bring this condition on?
- g) When did you start feeling poorly / to feel ill?
- h) Does anyone else in your family have the same problem at the moment?

5. Order these conversation turns to make the conversation between the nurse and the patient meaningful:

Nurse	Patient
1) And were there any other symptoms before then or did this condition start quite suddenly?	a) For about 18 months, I think
2) I see. Feeling poorly. What do you mean by that?	b) Well, I've been feeling so poorly recently
3) I see. Was there anything that seemed to cause this?	c) I hadn't noticed anything before then
4) How long has this been going on?	d) I've been very short of breath
5) What seems to be the problem at the moment?	e) Well, nothing, not really. Except maybe it gets really bad when I go up to London to see my sister
6) The doctor will see you in a moment	

TALKING ABOUT RESPIRATORY SYMPTOMS

1. Use the dictionary and translate these phrases into English:

- 1) Отхаркивается ли у вас мокрота?
- 2) Было ли у вас удушье?
- 3) Что усугубляет кашель?
- 4) Как долго у вас сухой кашель?

2. Study the words. Make sure you understand the meaning of them.

A. Remember the last time you had some respiratory problems. Describe them using the words from the list.

B. Ask questions about the respiratory symptoms given in bold letters in the list.

1) to cough	1) jelly-like
2) to bark	2) runny nose
3) to whoop	3) sore throat
4) to wheeze	4) to choke
5) cough	5) breathlessness
6) productive/loose cough	6) breathless
7) unproductive/tight/dry cough	7) shortness of breath
8) to cough up blood	8) be short of breath
9) to bring up phlegm	9) be out of puff
10) sputum	10) be hoarse
11) frothy	11) chest pain
12) sticky	

3. Fill in the gaps:

bringing feverish cough tight phlegm blood spit

Nurse: Good afternoon, Mrs Williams. Now, you're having some trouble with your chest, aren't you?

Patient: Yes, I am. I've got a terrible 1)..... and a pain down here in my chest.

Nurse: How long have you had the cough?

Patient: Oh, it started about a month ago ... a nasty 2)..... cough ... then it seemed to go away. Then, about a week ago, it came back again.

Nurse: Are you 3)..... anything up when you cough?

Patient: Yes. The last couple of days I've been bringing up sticky, reddish-brown 4).....

Nurse: Next time you bring something up, I'd like you to 5)..... it into this mug, please.

Patient: OK.

Nurse: Do you smoke much?

Patient: No ... not really. Fifteen to twenty a day.

Nurse: Have you ever coughed up any 6)..... ?

Patient: No, never.

Nurse: Have you had a temperature?

Patient: Well, I've been feeling 7)..... for two or three days. I took my temperature this morning just before I came here and it was 102. Oh, I feel awful!

4. Complete the conversation with the nurse's questions:

N: *Do you have a cough?*

P: I have a cough, but I also seem to wheeze a lot.

N:

P: I've had it for some time, Nurse.

N:

P: Yes, I'm suffering from a cough a lot.

N:

P: I bring up quite a bit of phlegm. I'm afraid I might have asthma.

N:

P: It's yellowish and feels kind of like jelly.

N:

P: No, I don't think it smells at all.

N:

P: Yes, just once I noticed some blood in it.

N:

P: Yes, I was on some medication to thin my blood.

5. Read the information. Work in pairs. Prepare and act out the conversation between the patient and the nurse talking about the patient's present complaints.

A 33-year-old man came to see his district nurse. He had attended the surgery 3 months before, when he had been diagnosed with an upper respiratory tract infection. He lived alone and worked occasionally as a labourer. Now, he complains of a cough that is harsh and dry, and has been going on for 3 weeks. He is requesting treatment for it and says that he always felt better after a course of antibiotics. Other symptoms and personal facts: trouble sleeping, some tightness in the chest on exertion, smoking about 20 cigarettes a day, in childhood used an inhaler which didn't help much.

TALKING ABOUT CARDIOVASCULAR PROBLEMS AND SYMPTOMS

1. Use the dictionary and translate these phrases into English:

- 1) Как бы вы описали ощущение дискомфорта в груди?
- 2) Отдает ли боль куда-то?
- 3) Синели ли у вас губы, пальцы во время приступа?
- 4) Сколько продолжался приступ боли?

2. Study the words. Make sure you understand their meaning.

1) heart attack	14) dizziness
2) chest pain	15) high blood pressure
3) tightness in the chest	16) hypertension
4) pain behind the breast bone	17) fatigue
5) pain radiates to	18) headache
6) palpitations	19) heartburn
7) tachycardia	20) break out in a cold sweat
8) beat rapidly/slowly	21) perspire profusely
9) skip a beat several times per minute	22) cramps
10) arrhythmia	23) blackout
11) be short of breath	24) swelling in the ankles/feet
12) dizzy	25) vomiting
13) woozy	26) nausea

3. Read the information about the patients. Write out all the questions the nurse might ask to find out about the symptoms:

1) I have a terrible sensation of discomfort in the chest. My chest discomfort may be described as suffocating and squeezing. The discomfort is usually behind the breastbone, but pain is radiating to the throat or down the inner sides of either arm.

2) I have had some difficulty in breathing associated with the pain in the chest. I can say that the pain is compressing, like a vise. The pain may radiate to the left arm or up the neck into the jaw. There has been nausea and vomiting. I was about to faint and perspired profusely.

4. → Complete the conversation with the nurse's questions:

N: *Have you ever had any heart problems?*

P: I've never been diagnosed with anything, but I think something could be wrong with my heart.

N:

P: It beats irregularly especially when I smoke.

N:

P: I get pressure in my chest sometimes when I have to walk a long distance.

N:

P: Absolutely. I'm always short of breath when I go upstairs.

N:

P: Yes, I break out in a really bad sweat when my chest hurts.

N:

P: Down my left arm.

N:

P: Yes, my ankles seem to be swollen all the time.

N:

P: Yes, the pain is fairly constant, but it helps when I put my feet up.

5. Read the information. Work in pairs. Act out the conversation between the patient and the nurse talking about the patient's present complaints.

The patient has been suffering from some kind of discomfort in his chest for the past 2 weeks. It happens sometimes when he goes to school just up the hill with his grandchildren. The patient says that the pain is like a pressure over this bone in the middle of the chest. It feels like someone is sitting on his chest and he is short of breath. With no exertion the pain goes away. Occasionally the discomfort goes to his neck and throat, like somebody is squeezing it and the patient cannot breathe properly. And for the past few days he's been clammy and quite anxious when he has had the pain. The discomfort didn't disturb the patient at night. The patient's father died of a heart attack. He passed away when he was 64. He was on some kind of medication for this for a long time.

POTENTIALLY CONFUSING COMMUNICATION. TALKING ABOUT BOWEL MOVEMENTS AND WATERWORKS

1. Use the dictionary and translate these phrases into English:

- 1) Регулярный ли у вас стул?
- 2) Как часто у вас бывают запоры?
- 3) Изменился ли у вас стул последнее время?
- 4) Принимаете ли вы слабительное?

2. Study the words. Make sure you understand their meaning:

A. Describe any healthy person's bowel habit.

B. Describe the change in the bowel habit when a severe food poisoning takes place.

Medical formal	Medical informal	Non-medical informal
1) faeces	1) bowel movement	1) to pee
2) stool	2) bowel habit	2) to wee
3) urine	3) water works	3) to piss
4) incontinence	4) to open one's bowel	4) to go for a slash
5) flatulence	5) to move one's bowel	5) to do number ones
6) to defecate	6) to pass water	6) to use the washroom
7) defecation	7) to break wind	7) be caught short
8) to urinate	8) to pass wind	8) to poo
9) urination	9) to feel bloated	9) to have a poo
10) to be constipated	10) a bottle	10) to do number twos
11) constipation		11) be bunged up
12) diarrhea		12) the runs
13) buttocks		13) my sit-upon
14) bottom		14) backside/bum\arse
15) urinal bottle		15) potty
16) bedpan		16) loo roll
17) commode		
18) sluice (storage area for bed pans and etc and dis- posal area)		

3. ↔ Fill in the gaps:

*faeces enema bottle open flatulence stool
constipations water wet potty the runs sluice*

- 1) Can I have a please, nurse?
- 2) How often do you your bowel?
- 3) Was there blood in your?

- 4) Do you ever experience?
- 5) Have you passed today?
- 6) can be analysed to screen for cancer using Occult Blood

Test.

- 7) Do you give yourself an?
- 8) I'm really sorry, I have myself.
- 9) Mummy, I've done a wee-wee in my
- 10) He has had for 3 days.
- 11) Chuck these bedpans in the, please.
- 12) Do you have problems with excessive ?

4. Ask questions about bodily functions using the prompts:

BOWEL MOVEMENT	1) How/open 2) Have/change of 3) Have/movement
WATER WORK	1) Have/problems with 2) Do/pain/water 3) Have/water today
CONSTIPATION	1) When/tend to be 2) How often/experience 3) Do/take/for
DIARRHOEA	1) How long/have 2) What/reason for 3) Have/for it
STOOL	1) Have/blood in it 2) What/like 3) How long/black

5. Ask questions to get these answers:

- 1) Sometimes I get constipated.
- 2) The last time it was loose and greenish.
- 3) I haven't noticed anything like that in my stool.
- 4) No, it smells normal.
- 5) Sometimes I suffer from excessive wind.
- 6) My usual laxative helps.
- 7) I don't feel any pain while urinating.
- 8) It has been semi-formed lately.

6. ↔ Order these conversation turns to make the conversation between the nurse and the patient meaningful:

Patient:	Nurse:
1) Yesterday evening	a) I see. And when did you first notice this?
2) And the other thing is that when I go for a slash, my, you know, my piss is a bit of a funny colour	b) Well, I'll mention it to the doctor, and we might need an MSU
3) Thank you	c) Sorry, Mr Severn, that means a mid-stream urine specimen...
4) No. In fact, I'm a bit worried about it. Usually my waterworks are fine, but since I've been in hospital...	d) OK, Mr Severn, I'll bring you a bottle
5) Nurse, I need to do a wee	e) Oh, don't worry, Mr Severn, it's quite normal
6) A what?	f) Have you passed water already today?

7. Read the information. Work in pairs. Act out the conversation between the nurse and the patient about the patient's condition.

The patient sometimes gets constipated, at times has a diarrhea. It has lasted for 2 months already. The stool is frequent, loose, dark, with some blood. The laxative helps with constipation and bloating.

POTENTIALLY CONFUSING COMMUNICATION. TALKING ABOUT NAUSEA AND VOMITING

1. Use the dictionary and translate these phrases into English:

- 1) Вас только тошнило, или рвота тоже была?
- 2) Чем вас вырвало?
- 3) Связано ли ощущение тошноты с приемами пищи?
- 4) Вы вызвали рвоту?

2. Study the words. Make sure you understand the meaning of them. Describe your condition when you felt sick last time:

1) nausea	13) to induce vomiting
2) nauseous	14) self-induced
3) nauseated	15) to throw up
4) sickness	16) to bring up
5) motion sickness	17) to gag
6) morning sickness	18) to puke
7) sick	19) to retch
8) to feel sick ¹	20) to belch
9) be as sick as a dog	21) to burp
10) to feel queasy	22) digested food
11) to vomit	23) undigested food
12) vomitus	24) bile

Patient says:	Possible meanings:
I was sick this morning	I was ill this morning. I felt unwell this morning. I vomited this morning
I feel sick	I feel ill. I feel unwell. I am nauseous. I feel the need to vomit

3. ↔ Fill in the gaps:

brought sick gagged throwing up puke vomited queasy
retching nausea dehydration

- 1) I was violently last night. I think it must have been those prawns we ate.
- 2) Mary suddenly turned pale and

¹ Note: Patients talk about sickness when they mean nausea and vomiting. Sickness also has a similar meaning to illness.

- 3) I couldn't stand the stench of the wound – it made me want to
- 4) She was coughing so much she all her food up as well as the phlegm.
- 5) The nurse gave him some milk of magnesia to stop his
- 6) She wasn't feeling well and on the first swallow of her coffee.
- 7) Katie inhaled deeply trying to fight off
- 8) Persistent vomiting can lead to
- 9) He felt as soon as he tried to walk.
- 10) If the baby starts contact your doctor immediately.

4. ↔ Match the sentences on the left with the appropriate groups of word combinations:

a) Is your vomiting ... ?	A mucus undigested food blood
b) Do you vomit ...?	B a strange odour any particular smell any odour
c) Is your nausea caused by ...?	C every day early in the morning during the night
d) What you bring up, does it have ...?	D related to meals spontaneous self-induced
e) Does the vomit contain ...?	E certain places stress, fear or depression car or motion sickness
f) Is it difficult to ...?	F keep food down bring anything up keep liquid down

5. ↔ Complete the conversation with the nurse's questions:

N: *Do you just feel sick?*

P: I keep retching and I have actually vomited.

N:

P: It happens very often.

N:

P: When I eat, it gets better.

N:

P: I bring up food mostly.

N:

P: It's never black like that.

N:

P: I burp an awful lot.

TALKING WHILE MOVING AND HANDLING PATIENTS

1. Use the dictionary and translate these phrases into English:

- 1) Если вы хотите дойти до туалета сами, я принесу вам ходунки.
- 2) Эта доска для сидения поможет вам пересечь из кресла на колесах на кровать.
- 3) Если вы готовы, мы посадим вас в кровати с помощью этой скользящей простыни и вы сможете позавтракать самостоятельно.
- 4) С помощью подъемника вы попробуете встать и сделать пару шагов.

2. ← Match the types of equipment for moving people to their descriptions:

Type of equipment (and alternative names)	Description and common uses
1. Slide sheet (sliding sheet, slippery sam)	a) A full-body-length board made from wood or plastic, used to bridge gaps for patient transfers from one surface to another, such as from a stretcher or wheelchair to a bed. Smaller transfer boards can also be used for lateral, seated-to-seated transfers
2. Transfer belt (handling belt, gait belt, walking belt)	b) A hoist with wheels that can be moved along the floor — used for lifting a patient inside a sling or on a stretcher designed for use with hoists
3. Transfer board (PAT slide, slide board, ba- nana board)	c) A hoist attached to permanently mounted ceiling track that moves a patient inside a sling
4. Electric profiling bed (electric bed)	d) A mobile chair used for transporting a patient in a sitting or upright position

Продолжение табл.

Type of equipment (and alternative names)	Description and common uses
5. Mobile hoist (floor hoist, floor lift, me- chanical lift, portable hoist)	e) A belt placed around a patient's waist during several types of transfer and for assisted walking for rehabilitation
6. Standing hoist (ait to stand hoist, standing lift, stand-aid hoist)	f) A fabric support used for carrying a patient while being moved with a hoist — there are multiple types of sling
7. Ceiling hoist (overhead hoist, ceiling lift, mechanical lift, gantry hoist)	g) An electrically operated bed that has a mattress platform split into two, three or four sections, which allows adjustment using a control handset or panel
8. Sling	h) A rigid frame used to carry a patient in a lying or supine position. Often made of lightweight material and commonly used in ambulances and by emergency services
9. Stretcher	i) A specific type of mobile hoist designed to assist people between sitting and standing positions. These hoists are designed to fit under and around chairs
10. Wheelchair	j) A sheet made of low-friction material and used under a patient to allow easy repositioning in bed, sling attachment and lateral transfers

3. → Name all the equipment types in the pictures:

<i>sling</i>	<i>transfer belt</i>	<i>mobile hoist</i>	<i>wheelchair</i>
<i>electric bed</i>	<i>slide sheet</i>	<i>ceiling hoist</i>	
	<i>sitting transfer board</i>		



a



b



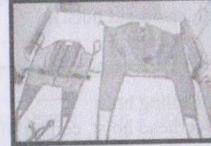
c



d



e



f



g



h

4. Study the table. Using the information from the table make up sentences which you can say either to a colleague or a patient. Use the example sentences for help.

- 1) We'll have to use the mobile hoist to assist her off the floor.
- 2) If you need some help with walking today, I'll get you a frame.
- 3) With the help of this slide sheet we are going to move you from the stretcher into the bed.
- 4) Let us first fit a sling to you and then hoist you from the bed into the chair.

Handling tasks with the help of different types of equipment

Type of task	Examples of specific movements	Examples of equipment that could be used
Sitting, standing and walking	Sitting to standing from a chair	Transfer belt, standing hoist, mobile hoist
	Standing to sitting on a bed	Transfer belt
	Assisted walking	Transfer belt, walker, frame, hoist with walking harness
Bed mobility	Turning in bed	Slide sheets, electric bed with turning function
	Sliding patient up in bed	Slide sheets, electric bed
Lateral transfers	Sitting person up onto edge of bed	Slide sheets, electric bed, bed accessories
	Lateral transfer from bed to stretcher	Slide sheets, transfer board, standing hoist
	Transferring from chair to commode	Ceiling hoist, mobile hoist, seated transfer board, standing hoist
Hoisting	Transferring to toilet	Ceiling hoist, mobile hoist
	Fitting a sling to patient in bed	Sling
	Hoisting from bed to chair	Ceiling hoist, mobile hoist, standing hoist
	Hoisting patient from floor	Ceiling hoist, mobile hoist
	Transferring to toilet	Ceiling hoist, mobile hoist, standing hoist

5. → Read these sentences, decide which phrases you can say to a patient (P) and which ones to a colleague (C). Match the sentences to the communication strategies.

... 1. I think we should use the hoist, OK?	a) persuasion
... 2. We'd like to move you with the sliding sheet, is that alright?	b) movement
... 3. I'll stay with you.	c) teamwork and co-ordination
... 4. It'll really help us if you can relax.	d) encouragement
... 5. You're doing well, great.	e) checking

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...	6. Can you pop your leg up on the pillow?	f) decision making
...	7. OK, I'll say 'one two three, slide', are you ready?	g) reassurance
...	8. Is that alright now? Are you comfy?	h) gaining consent

6. → Complete the following guidelines for helping a patient to mobilise using the words in the box.

*firmly for me for you I'll imperative just
make sure name now slowly*

- ✓ Use the patient's (1).....to build rapport.
- ✓ Use filler words like (2).....and (3).....to make instructions less aggressive.
- ✓ Use the (4).....to tell patients what to do.
- ✓ Use (5).....to offer help.
- ✓ Use the words (6).....to tell patients what to check.
- ✓ Use the phrases (7).....and (8)..... to show that you and the patient are both helping each other.
- ✓ Use adverbs like (9).....or (10)..... to give patients advice about how to do something.

7. → Match the sentence halves and identify the guidelines from the previous task:

1) I'll get your	a) with both hands.
2) Ok, hold the rope ladder	b) slowly on the wheelchair.
3) Hold the handles	c) firmly on the ground.
4) I'll take out	d) for me.
5) Sit up and	e) the slide sheet now.
6) Make sure the stick is	f) swing your legs over the side of the bed.
7) We are going to roll you	g) walking stick, Helena.
8) Now, sit down	h) over onto your left side

8. Use these word combinations to make up sentences intended for communication while mobilizing patients:

a) get a commode	e) move to the center of the board
b) help you take a few steps	f) lift your bottom
c) put your right hand on your left shoulder	g) turn to face me
d) hold the bars with both hands	h) roll to the left side
	i) bend your legs for me

9. → Read the conversation. Fill in the gaps with the words from the box:

*hoist get attach bring
hold put*

Bob: Hello, Walter. How are you this morning?
Walter: Not too bad.
Bob: That's good. I've brought a hoist to 1)..... you on your feet for a short walk today.
Walter: Oh. Do I have to?
Bob: You'll be fine, Walter. It's important to mobilise quickly after your operation.
Walter: All right.
Bob: I'll 2)..... the hoist up close first.
Walter: OK.
Bob: Put your arms up and I'll 3)..... the straps of the sling to the hoist.
Walter: Are they on?
Bob: Yes. Now, 4)..... your feet into your slippers.
Walter: OK.
Bob: Yes, that's right. Now, relax and I'll 5)..... you up.
Walter: Oh. That was easy.
Bob: Good, now 6)..... onto the bars with both hands.
Walter: That's easier with the hoist.
Bob: Yes. You're doing very well. Now, take a few steps.
Walter: All right.
Bob: Just go for a short walk today. Tomorrow you can go a bit further.

10. → Reorder the words to make sentences to provide instructions to the patient.

Assisting a patient off the floor



Pic. 1

Turn, now, your, on, side, bent, the, with, knees.
 Your, bend, upper arm, support, and yourself, pressing, palm, the, the, floor, down, by

Assisting a patient off the floor	
	With, push up, hand, your, and for, a, rest, the, on, elbow, while
Pic. 2	
	Are, ready, if, onto, your, you, move, knees
Pic. 3	
	Some, rest, have, and, the, your, put, arms, chair, on
Pic. 4	
	Onto, chair, holding, stability, the, for, one, foot, push up, onto
Pic. 5	
	With, right, behind, the, chair, you, you, slowly, can, down, sit
Pic. 6	

11. Use the pictures and key words to provide instructions for the patient:

Transferring from chair to bed using a transfer board	
	lean to one side, insert one third of the board, thigh
Pic. 1	
	put, on the board
Pic. 2	
	transfer the body weight, move
Pic. 3	
	continue to slide across, bed
Pic. 4	
	lift, remove
Pic. 5	

TALKING TO PATIENTS WHILE PERFORMING PROCEDURES. TAKING A BLOOD SAMPLE

1. Use the dictionary and compile the list of all the equipment needed to take a blood sample.

2. Study this list of words and say what each piece of equipment is intended for while drawing blood.

1) disposable gloves	5) needle
2) antiseptic wipe	6) syringe
3) tourniquet	7) vacutainer
4) cotton ball	8) adhesive tape

3. Put these phrases in the order they can be used by the nurse communicating with a patient during a blood test. Make up sentences with each phrase.

1) fill the tube	7) open and close the fist
2) feel a prick	8) disinfect the arm
3) leave the fist clenched	9) release the tourniquet
4) roll up your sleeve	10) write the patient's details on the specimen tube
5) apply the tourniquet	11) bend your arm
6) insert the needle into the vein	

4. Reorder the words to make sentences:

- 1) for me / your sleeve / please / roll up.
- 2) disinfect / first / let me / your arm.
- 3) the tourniquet / let me / round your arm / tie.
- 4) a small pin prick / will / feel / you.
- 5) to your arm / cotton ball / hold / this.
- 6) for a minute and / your arm / press hard / bend.

5. Put the pictures into the correct order. Formulate the nurse's instructions. What steps of drawing blood are missing?



A



B



C



D



E

6. What kind of problems and symptoms might patients experience during a blood test? How can you reassure the patient who doesn't feel well during a blood test?

Match the nurse's reassuring turns to the patient's symptoms:

a) The patient is afraid of needles.	1) If you feel nauseous, breathe deeply.
b) The patient can't stand the sight of blood.	2) It won't take long.
c) The patient feels dizzy and nauseous.	3) If you feel faint, let me know.
d) The patient faints when seeing blood	4) Turn to the window. Tell me what you see

7. Work in pairs and act out taking a blood sample. Don't forget to talk to the patient to relax him/her. Swap roles.

TALKING TO PATIENTS WHILE PERFORMING PROCEDURES. MONITORING BLOOD GLUCOSE LEVEL

1. Use the dictionary and compile the list of all the equipment needed to measure the patient's blood glucose level.



2. Study this list of words and say what each piece of equipment is intended for while measuring the patient's blood glucose level.

- 1) antiseptic wipe;
- 2) glucometer;
- 3) test strip;
- 4) lancet;
- 5) cotton ball.

3. ⇐ Put these phrases in the order they can be used by the nurse communicating with a patient during a blood test. Make up sentences with each phrase.

- | | |
|---------------------------------|------------------------------------|
| 1) prick the side of the finger | 5) put a drop of blood on ... |
| 2) hold out your finger | 6) flash on the screen |
| 3) put a cotton ball | 7) disinfect the top of the finger |
| 4) the reading is ... | 8) insert the test strip into ... |

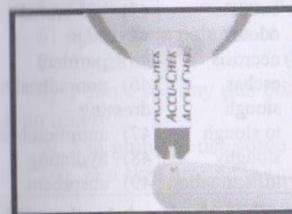
4. ⇐ Reorder the words to make sentences:

- 1) do /your /have /consent /I?
- 2) next /is /to /insert /thing /strip /a /the /the /test /into /glucometer;
- 3) going /a /to /prick /lancet / I'm /your /with /finger;
- 4) now /I'll /of /put /drop /the /blood /test /on /strip /a;

5) we /waiting /are /for /to /result /the /the /splash /screen /on;

6) this /use /ball /cotton.

5. Put the pictures into the correct order. Formulate the nurse's instructions. What steps of administering a blood glucose test are missing?



6. Work in pairs and act out administering a blood glucose test. Swap roles.

TALKING TO PATIENTS WHILE PERFORMING PROCEDURES. CHANGING A DRESSING

1. Use the dictionary and translate these phrases into English:

- 1) Если рана сухая, безболезненная, начала чесаться, она заживает.
- 2) Болит ли ваша рана?
- 3) Я закреплю повязку пластырем.
- 4) Из раны сочится гной.

2. Study this list of words. Describe the wound you once had.

1) wound	12) disposable gloves	23) to heal	37) inflamed
2) ulcer	13) scissors	24) closure	38) desiccation
3) burn	14) forceps	25) clip	39) desiccated
4) animal bite	15) protective gown	26) suture/stitch	40) to debride
5) traumatic wound	16) goggles	27) pus	41) debridement
6) surgical wound	17) mask	28) discharge	42) maceration
7) bedsore	18) tape	29) exudate	43) macerated
8) tissue	19) wrap	30) odour	44) edge
9) dressing/bandage	20) to secure a dressing	31) necrosis	45) purulent
10) to dress a wound	21) saline solution	32) eschar	46) non-adhesive dressing
11) to change a dressing	22) gauze	33) slough	47) antimicrobial
		34) to slough	48) hydrating
		35) sloughy	49) absorbent
		36) inflammation	

3. Put these stages of wound-dressing change into the right order:

- a) **Clean the wound.** Put on a new pair of sterile gloves. Remove a gauze pad or sponge from its wrapping to begin the wound cleaning. Wet the gauze with saline water and carefully clean any visible blood or other fluids from the wound
- b) **Apply the new dressing.** First, apply prescribed remedy to the wound, then apply a new prescribed pad to the wound, plus any extra gauze it may need for cushioning
- c) **Wash and dry your hands.** Then put on a new pair of sterile gloves
- d) **Let the wound dry.** While you're waiting, check the wound for any signs of infection
- e) **Secure the new wound-care dressing.** Do this with tape or with a wrap, depending on where the wound is located

f) **Get the right wound-care supplies.** Gather the following items before you start your wound-dressing change, and place them on a sterile tray to keep them clean

g) **Remove the old wound dressing.** Carefully loosen the old dressing, then remove it. Use a little saline solution to loosen any sticky parts. Dispose of gloves and soiled dressing

4. Fill in the gaps:

infection wound removed dressing maceration saline desiccated change scale secure odour slough

- 1) So how are things after you had your gall bladder
- 2) I'm just going to remove the old and then we can clean the wound.
- 3) There's no and you don't need any antibiotics.
- 4) Let me see, you've got sutures and we need to your dressing every day.
- 5) On a of one to ten, how painful is it?
- 6) So there is pale white under the bandage.
- 7) I just need to the dressing with some tape.
- 8) I can't see any pus oozing or bad and the edges are joining up nicely.
- 9) I'm going to use some solution just to clean the wound.
- 10) The skin around the wound is you need a strong moisturizer.
- 11) You don't need any bandage. We are waiting for the arm to shed a naturally.
- 12) It is important to clean a carefully to prevent infection.

5. Work in pairs. Read the case history and fill in the chart for each patient. Use the assessment chart and the prompts, act out changing a dressing. Swap roles.

Miranda Folly, 19, student

Burn to the left arm, following an accident in the kitchen. The wound has become infected and inflamed, but there is no odour. The patient feels moderate pain — 3/10 on the pain scale.

Apply antimicrobial dressing — change in two day's time — oral antibiotics

Marsha Mend, 27, IT specialist

Had her appendix removed. The surgical wound has no pus or odour but feels a bit itchy healing nicely. The patient feels mild pain — 2/10 on the pain scale.

Apply absorbent dressing — change every day — no antibiotics needed

WOUND ASSESSMENT & TREATMENT CHART

Name				DOB:		
Type of wound	traumatic	surgical	burn	diabetic ulcer	pressure ulcer	other
Location of wound:						
Infection	yes	no				
Dressing frequency	3 times a day		twice a day	once a day	every 3 rd day	
Antibiotics	no	yes	oral	IV		
Odour	yes	slight	no			
Pain assessment	1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10					
Wound closure	sutures	clips	open wound			
Wound dressing	NAD	antimicrobial	hydrating	absorbent		
Comments						

The prompts:

- 1) Introduce yourself — ask patient to confirm identity.
- 2) Ask the patient what happened. Ask the patient about pain.
- 3) Explain what you are going to do. Reassure the patient.
- 4) Change the dressing — explain what you are doing.

TALKING TO PATIENTS WHILE PERFORMING PROCEDURES. REMOVING SUTURES

1. Use the dictionary and translate these phrases into English:

- 1) Больно ли снимать швы?
- 2) Швы снимать не будем сегодня, края раны еще не срослись.
- 3) Рана зажила, швы можно снимать, вы почувствуете тянущее ощущение.
- 4) Я разрежу стежки ножницами и выну нитки.

2. Study the list of words. Fill in the gaps with the words from the table. You might need to change grammar. Put the sentences into the order they can be used during the suture removal procedure.

1) suture	14) disposable gloves
2) stitch	15) to don
3) knot	16) to doff
4) to remove	17) to heal
5) wound	18) to join up
6) bandage	19) drainage
7) dressing	20) dehiscence
8) gauze	21) to cut
9) tape	22) to snip
10) steri-strips	23) to take out
11) scissors	24) to pull out
12) stitch cutter	25) to pull off
13) sterile tray	26) to take off

- 1) You may feel tugging or while I remove the sutures.
- 2) The is inflamed. There is excessive redness, it is warm to the touch.
- 3) There is no oozing foul-looking or a smell.
- 4) First, I'll remove the old surgical
- 5) Make sure to let the fall off naturally (takes about 10 days). Showers are best until they fall off.
- 6) I'll leave the stitches in for some days more to prevent wound
- 7) Now, I will cut the suture near the knot and pull out the
- 8) I'm going to place steri-strips on the places I the sutures.

3. → Put these stages of suture removal into the right order:

- a) Document the date and time of suture removal, the number removed, dressings or adhesive wound strips applied, your patient's response, and the appearance of the incision
- b) Wash your hands. If you're removing a dressing from the wound, wear clean gloves. Inspect the wound for edge approximation and signs of infection
- c) After suture removal, apply sterile wound strips to prevent dehiscence. If dehiscence occurs, cover the wound with sterile gauze saturated with saline solution and immediately notify the health care provider
- d) To remove a plain suture, gently grasp the knot with forceps and raise it slightly. Place the curved tip of the suture scissors directly under the knot or on the side, close to the skin. Gently cut the suture and pull it out with the forceps
- e) Remove alternate sutures. Assess the wound for dehiscence; if none occurs, remove the remaining sutures
- f) Remove the gloves, wash your hands, and put on sterile gloves. Moisten dried crusts with saline solution. Clean the suture line with an antimicrobial solution before and after suture removal
- g) Make sure you remove all suture material and place the suture on clean gauze
- h) Explain the procedure to your patient. Tell him he may feel slight discomfort, such as a pulling sensation or stinging

4. Work in pairs. Act out the conversation between the nurse removing sutures and the patient. Swap roles.

KEYS

Taking a history

1. 1) G; 2) E; 3) F; 4) B; 5) A; 6) C; 7) D.

6.

N: I'd like to ask you about your past medical history. Can you tell me whether you have had any childhood diseases, for example chickenpox, measles, mumps or German measles?

P: When I was small, I had measles, chickenpox and whooping cough, but I don't think I ever had German measles /rubella/.

N: Have you ever been in hospital for anything, or have you ever had an operation?

P: Well, I had my tonsils taken out when I was a child.

N: Have you had any major health problems since then?

P: Yes, I have diabetes.

N: When were you first told that you had /diagnosed with/ diabetes?

What were your symptoms?

P: I was diagnosed when I turned fourteen. I was always thirsty, tired and depressed.

N: Are you receiving any treatment for your diabetes ?

P: I've been getting insulin shots since then.

N: Are you up to date with all your immunisations?

P: Yes. I'm up to date with all my vaccinations.

8. a) 1), 6); b) 6); c) 2); d) 3), 8); e) 4), 5); f) extra.

9.

N: Are you working right now?

P: No, I've just been made redundant.

N: Oh, I am sorry. What was your job?

P: I was a manager in an import and export company.

N: Was it managerial — did you have a lot of responsibility?

P: Yes, I was in charge of a large department.

N: I see, quite stressful. Now, do you smoke?

P: Yes, I do, unfortunately, quite a lot of responsibility.

N: Oh, really, how much?

P: Oh, about two packs a day.

N: How long have you been smoking?

P: Since I was about fourteen.

N: Have you ever tried to give up /quit/ smoking?

P: Yes, I've tried to give it up, but without success.

N: What about drinking? Do you drink?

P: Yes, sometimes with my friends.

N: How much alcohol do you drink a day?
P: Let's see... a whisky in the evening.
N: That's quite a bit. How old were you when you started drinking?
P: Oh, about 17 or 18, I suppose.
N: What sort of house do you live in?
P: We live in a small flat. We own it, but of course we are still paying the mortgage on it.

10.

- 1) Are you taking any medication at the moment?
- 2) Which medicine do you take?
- 3) Do you remember to take it?
- 4) Do you get any side effects?
- 5) Correct
- 6) Do you use any over-the-counter remedies...
- 7) Are you allergic to any medication?

Talking about pain

2. 1) character; 2) location; 3) intensity; 4) onset; 5) radiation; 6) duration; 7) factors that alter the problem; 8) related symptoms.

3. 1) travel; 2) intermittent; 3) burning; 4) intensity; 5) throbbing; 6) moderate; 7) unbearable; 8) sets; 9) worse; 10) subsides.

5. 1) c, d; 2) a; 3) f; 4) h; 5) e; 6) i; 7) b, g.

N: I believe that you are having some pain at the moment.

P: Right here down in my abdomen.

N: When did you first experience the pain?

P: It started just a few days before my period.

N: Does it tend to come and go? Or is it constant?

P: It hurt really badly for about two or three days.

N: What is the pain like?

P: I'd say it was a sharp, cramping feeling, unbearable.

N: Does the pain move to any part of the body?

P: Yes, to my lower back, and all the way to my knees.

N: Is there anything that makes it better?

P: Well, it seemed to get a bit better if I took some tablets, but it was still pretty bad.

N: Does anything else happen at the same time?

P: Oh, yes, I vomited a lot, I felt weak and bloated.

Talking about symptoms

5.

N: What seems to be the problem at the moment?

P: Well, I've been feeling so poorly recently.

N: I see. Feeling poorly. What do you mean by that?

P: I've been very short of breath.

N: How long has this been going on?

P: For about 18 months, I think.

N: And were there any other symptoms before then or did this condition start quite suddenly?

P: I hadn't noticed anything before then.

N: I see. Was there anything that seemed to cause this?

P: Well, nothing, no really. Except maybe it gets really bad when I go up to London to see my sister.

The doctor will see you in a moment.

Respiratory symptoms

3. 1) cough; 2) tight; 3) bringing; 4) phlegm; 5) spit; 6) blood; 7) feverish.

4.

N: Do you have a cough?

P: I have a cough, but I also seem to wheeze a lot.

N: Is this a recent symptom, or have you had it for some time now?

P: I've had it for some time, Nurse.

N: Do you suffer from coughing a lot?

P: Yes, I'm suffering from a cough a lot.

N: Do you bring up phlegm or is it a dry cough?

P: I bring up quite a bit of phlegm. I'm afraid I might have asthma.

N: What is the phlegm like?

P: What do you mean?

N: Can you describe the phlegm for me? What colour it is? Is it white, yellow or greenish, and is it frothy or sticky?

P: Yes, it's yellowish and feels kind of like jelly.

N: Does it have a strange smell or taste?

P: No, I don't think it smells at all.

N: Has there ever been blood in it?

P: Yes, just once I noticed some blood in it.

N: Have you taken any medicine or tablets lately?

P: Yes, I was on something to thin my blood.

Cardiovascular problems and symptoms

3.

N: Have you ever had any heart problems?

P: I've never been diagnosed with anything but I think something could be wrong with my heart.

N: What seems to be the problem with your heart?

P: It beats irregularly especially when I smoke.

N: Do you get any pain during exercise?

P: I get pressure in my chest sometimes when I have to walk a long distance.

N: Do you get short of breath?

P: Absolutely. I'm always short of breath when I go upstairs.

N: Do you ever feel sweaty when this happens?

P: Yes, I break out in a really bad sweat when my chest hurts.

N: Where does the pain move?

P: Down my left arm.

N: And have you had any swelling in your feet or ankles?

P: Yes, my ankles seem to be swollen all the time.

N: Do your feet hurt all the time?

P: Yes, the pain is fairly constant, but it helps when I put my feet up.

Potentially confusing communication.

Talking about bowel movement and waterworks

3. 1) bottle; 2) open; 3) stool; 4) constipation; 5) water; 6) faeces; 7) enema; 8) wet; 9) potty; 10) the runs; 11) sluice; 12) flatulence.

6.

P: Nurse, I need to do a wee.

N: OK, Mr Severn, I'll bring you a bottle.

P: Thank you.

N: Have you passed water already today?

P: No. In fact, I'm a bit worried about it. Usually my waterworks are fine, but since I've been in hospital...

N: Oh, don't worry, Mr Severn, it's quite normal.

P: And the other thing is that when I go for a slash, my, you know, my piss is a bit of a funny colour.

N: I see. And when did you first notice this?

P: Yesterday evening

N: Well, I'll mention it to the doctor, and we might need an MSU.

P: A what?

N: Sorry, Mr Severn, that means a midstream urine specimen...

Potentially confusing communication.

Talking about nausea and vomiting

3. 1) sick; 2) vomited; 3) puke; 4) brought; 5) retching; 6) gagged; 7) nausea; 8) dehydration; 9) queasy; 10) throwing up.

4. a) D; b) C; c) E; d) B; e) A; f) F.

5.

N: Do you just feel sick?

P: I keep retching and I have actually vomited.

N: How often do you experience retching?

P: It happens very often.

N: Is there anything that makes your condition better?

P: When I eat, it gets better.

N: When you vomit, what do you bring up?

P: I bring up food mostly.

N: Was your vomitus black?

P: It's never black like that.

N: Do you belch a lot?

P: I burp an awful lot.

Talking while moving and handling patients

2. 1) j; 2) e; 3) a; 4) g; 5) b; 6) I; 7) c; 8) f; 9) h; 10) d.

3. a — slide sheet; b — transfer belt; c — sitting transfer board; d — electric bed; e — ceiling hoist; f — sling; g — wheelchair; h — mobile hoist.

5. C 1) f; P 2) h; P 3) g; P 4) a; P 5) d; P 6) b; C 7) c; P 8) e.

6. 1) name; 2) now; 3) just; 4) imperative; 5) I'll; 6) make sure; 7) for me; 8) for you; 9) firmly; 10) slowly.

7. 1) g; 2) a; 3) d; 4) e; 5) f; 6) c; 7) h; 8) b.

9. 1) get; 2) bring; 3) attach; 4) put; 5) hoist; 6) hold.

10.

Picture 1. 1) Now turn on your side, with your knees bent. 2) Bend your upper arm and support yourself by pressing the palm down the floor.

Picture 2. Push up with your hand and rest on the elbow for a while.

Picture 3. If you are ready, move onto your knees.

Picture 4. Have some rest and put your arms on the chair.

Picture 5. Holding on to the chair for stability, push up on to one foot.

Picture 6. Now with the chair right behind you, you can slowly sit down.

Talking to patients while performing procedures.

Taking a blood sample

3. 4), 5), 8), 7), 3), 2), 6), 9), 1), 11), 10).

4.

- 1) Roll up your sleeve for me, please.
 - 2) Let me disinfect your arm first.
 - 3) Let me tie the tourniquet round your arm.
 - 4) You will fill a small pin prick.
 - 5) Hold this cotton ball to your arm.
 - 6) Press hard for a minute and bend your arm.
6. a) 2); b) 4); c) 1); d) 3).

Talking to patients while performing procedures.

Monitoring blood glucose level

3. 2), 7), 8), 1), 5), 6), 4), 3).

4.

- 1) Do I have your consent?
- 2) The next thing is to insert a test strip into the glucometer.
- 3) I'm going to prick your finger with a lancet.
- 4) Now, I'll put a drop of blood on the test strip.
- 5) We are waiting for the result to flash on the screen.
- 6) Use this cotton ball.

Talking to patients while performing procedures.

Changing a dressing

3. f), c), g), a), d), b), e).

4. 1) removed; 2) dressing; 3) infection; 4) change; 5) scale; 6) maceration; 7) secure; 8) odour; 9) saline; 10) desiccated; 11) slough; 12) wound.

Talking to patients while performing procedures.

Removing sutures

2. 1) pulling; 2) wound; 3) drainage; 4) dressing; 5) steri-strips; 6) dehiscence; 7) stitch; 8) removed;

3. h), b), f), d), g), e), c), a).

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