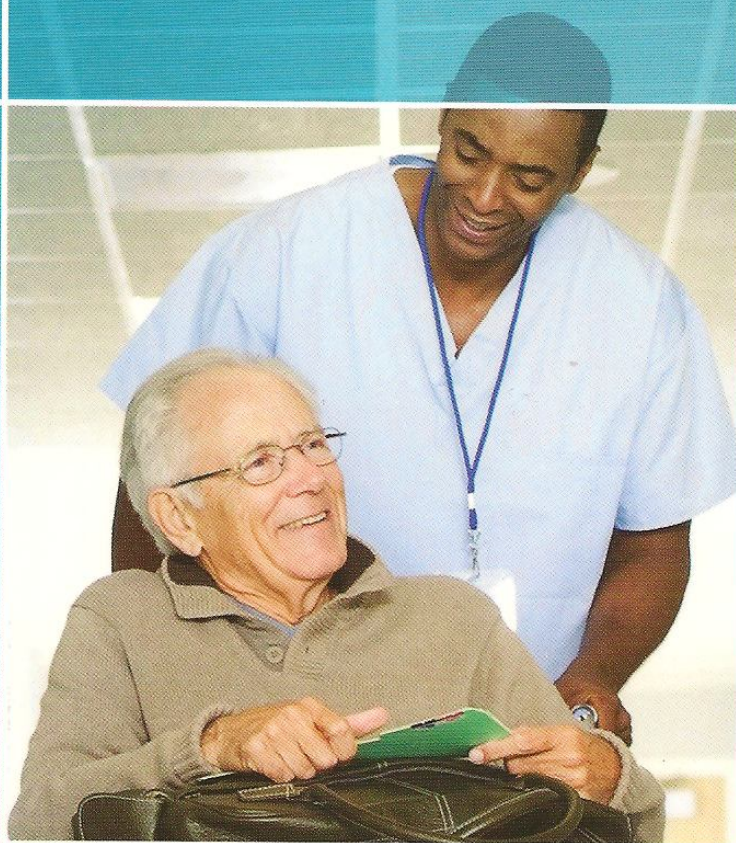


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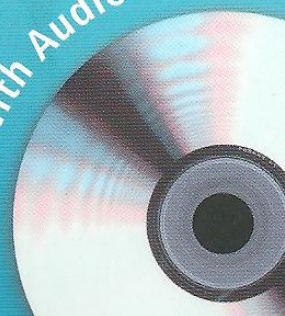
Cambridge English for Nursing

Pre-intermediate



Virginia Allum
and Patricia McGarr
Series Editor: Jeremy Day

With Audio CD



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Introduction

The aims of *Cambridge English for Nursing Pre-intermediate* are to improve your communication skills at work and your English language knowledge in key areas of nursing. To give you practice in current healthcare situations, each of the eight units contains:

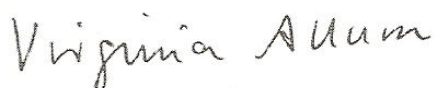
- discussion of the nursing topic
- listening activities reflecting everyday nursing scenarios
- a focus on communication, for example showing empathy
- a medical focus, for example using IV infusion equipment
- charting and documentation – medical forms and how to use them

On the audio you hear people in the kind of healthcare situations that you encounter as a nurse, for example admitting a patient, explaining medical procedures, discussing lifestyle changes, handing over patients, caring for patients in Recovery, managing embarrassing moments, helping patients with mobility aids and making a referral. In addition, online activities focusing on advances in technology will help you keep up-to-date with the latest medical equipment.

How to use *Cambridge English for Nursing Pre-intermediate* for self-study

If you are working on your own, you can do the units in any order you like. Choose the topic that you want to look at and work through the unit, doing the exercises and checking your answers in the answer key. Note down any mistakes you make, and go back and listen or read again to see what the problem was. It's a good idea to listen to the audio more than once and to read the audioscript afterwards to check that you've understood. For the speaking activities, *think* about what you would say in the situation. You could also try talking about the discussion points with your colleagues; the topics are all relevant for people who work in healthcare. At the back of the book, you'll find audioscripts and a comprehensive answer key with solutions to the activities as well as suggested answers for the discussion tasks. In addition, you can find extra material and further activities for practice online at www.cambridge.org/elt/englishfornursing.

We hope you enjoy using the course. If you have any comments on *Cambridge English for Nursing Pre-intermediate*, we'd love to hear them. You can email us at englishfornursing@cambridge.org.



Virginia Allum (BA, MA, Cert TESOL, Certificate in Nursing) lived and worked in Australia for many years and has extensive experience as a Registered Nurse working in hospitals in Sydney and on the Gold Coast. She also has palliative care experience gained while working as Director of a home nursing service in Sydney and in a private hospital in Queensland. She has taught English for nursing at a vocational training institute in Queensland and has worked as a Lecturer and Nurse Facilitator in the diploma of nursing at the Gold Coast Institute of TAFE (Technical and Further Education) in Queensland. She currently works as a Registered Nurse in south-west England.

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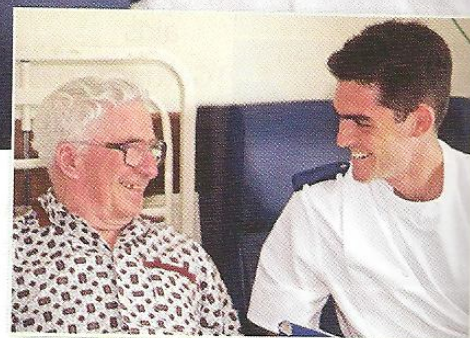
	Skills	Medical focus	Charting and documentation
UNIT 1	Welcoming a patient on admission	Equipment to take patient Observations	Observation Chart
Admitting patients page 6	Checking a patient's identity (ID) bracelet Describing parts of the body Using equipment to take patient Observations Giving instructions to a patient Taking and recording patient Observations		
UNIT 2	Caring for a patient in Recovery Returning a patient to the ward Talking about pain Checking an IV Prescription Using IV infusion equipment	IV infusion equipment	IV Prescription
Caring for patients after an operation page 16			
UNIT 3	Talking about feelings Showing empathy Discussing pain relief Using a Palliative Care Pain Assessment Telephone skills: managing a patient enquiry Using patient information leaflets	Pain relief	Palliative Care Pain Assessment
Caring for terminally ill patients page 26			
UNIT 4	Describing your nursing role Describing wounds Helping a patient with Activities of Daily Living (ADLs) Managing embarrassing moments Using a District Nurse Prescription Sheet Reading medication labels	Wounds	District Nurse Prescription Sheet
The District Nurse page 36			

	Skills	Medical focus	Charting and documentation
UNIT 5	Discussing a patient's progress	Safe swallowing	Food Chart
Helping patients with rehabilitation page 46	Helping a patient with meals Explaining safe swallowing Reassuring a patient before an unpleasant procedure Using a Food Chart Telephone skills: making a referral		
UNIT 6	Helping a patient with mobility aids	Hoists	Moving and Handling Assessment
Mobilising patients page 56	Getting a patient out of bed Using a slide sheet Using a hoist Completing a Moving and Handling Assessment		
UNIT 7	Describing medical imaging equipment	Medical imaging equipment	X-ray Contrast Consent Form
Medical imaging page 66	Completing an X-ray Contrast Consent Form Preparing a patient for Radiology Telephone skills: making an appointment Giving directions in the hospital		
UNIT 8	Doing a blood sugar test	Blood glucose levels	Diabetic Chart
Helping patients with diabetes management page 76	Asking a patient for consent Describing blood glucose levels Completing a Personal Diabetes Care Plan Talking about lifestyle and diabetes Explaining how to use an insulin pen		Personal Diabetes Care Plan
Role plays and additional material page 86			
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Acknowledgements page 111			

UNIT 1

Admitting patients

- Welcoming a patient on admission
- Checking a patient's identity (ID) bracelet
- Describing parts of the body
- Using equipment to take patient Observations
- Giving instructions to a patient
- Taking and recording patient Observations



Welcoming a patient on admission

- 1 a** In pairs, discuss which of the following things a nurse does when a patient arrives in hospital.

- Shows the patient around the ward
- Puts on the patient's identity (ID) bracelet
- Gets the patient lunch
- Checks the patient's details
- Gets the patient a cup of tea
- Shows the patient how to use the nurse call
- Helps the patient change into pyjamas
- Takes the patient's Observations

- b** ▶ **1.1** Listen to a conversation between Stephen, the Ward Nurse, and Mr Connolly, a patient. Mark the following statements True (T) or False (F) in column 1.1.

	1.1	1.2
1 The nurse knows the patient's name.	☐	☐
2 The nurse introduces himself to the patient.	☐	☐
3 The nurse explains the nurse call button.	☐	☐
4 The nurse checks if the patient can walk to the bathroom.	☐	☐
5 The nurse is in a hurry.	☐	☐

- c** ▶ **1.2** Listen to another conversation between a patient and a nurse. Mark the statements in Exercise 1b True (T) or False (F) in column 1.2.

- d** Which of the two conversations, 1.1 or 1.2, is more welcoming?

- e** ▶ **1.1** Complete the following extracts from the conversation between Stephen and Mr Connolly. Listen again and check your answers.

Hello. It's Mr Connolly, (1) isn't it ?
 (2) _____ Stephen. (3) _____ looking after you today.
 (4) _____ the nurse call. (5) _____ press the button if you (6) _____ .
 (7) _____ to walk to the bathroom?
 Is there (8) _____ you need?

- f** How does Stephen make Mr Connolly feel welcome?

- g** In pairs, practise welcoming a patient on admission. Student A, you are the nurse; Student B, you are the patient. Use the following prompts to help you. Swap roles and practise again.

Nurse		Patient
Check patient's name	→	Say name
Introduce yourself	←	Reply
Explain nurse call	←	Reply
Say where bathroom is	←	Reply
Ask if patient needs help to go to bathroom	←	Reply
Ask if patient has any questions	←	Reply
Say you will see patient later	←	Reply

Checking a patient's identity (ID) bracelet

- 2 a** ▶ **1.3** Stephen continues talking to Mr Connolly. Listen to the conversation and answer the following questions.

- 1 What does Stephen need to do?
- 2 What is Mr Connolly allergic to?
- 3 What colour identity (ID) bracelet does Mr Connolly need?

- b** Match the abbreviations from an identity (ID) bracelet (1–4) to their meanings (a–d).

1 DOB	a hospital number
2 Hosp. No.	b admission date
3 ADM	c doctor
4 Dr	d date of birth

- c** ▶ **13** Listen again and check the information on the ID bracelet below. Put a tick ✓ next to the correct information and correct any incorrect information.



- d** ▶ **13** Put the following extracts from the conversation in the correct order. Listen again and check your answers.

- ☐ Do you have any allergies?
- ☐ I'll just check that on the identity bracelet.
- ☐ What's your date of birth, please?
- ☐ I'll change that for you right away.
- ☐ Can I look at your ID bracelet, please?
- ☐ Can you tell me your full name, please?

- e** In pairs, practise the conversation between Stephen and Mr Connolly using audioscript 1.3 on page 93 to help you.

- f** In pairs, practise checking patient details. Student A, you are the nurse; use the patient 1 ID bracelet below. Student B, you are the patient; use the patient 1 information on page 89. Swap roles and practise again using the patient 2 ID bracelet on page 89 and the patient 2 information on page 86.



Share your knowledge

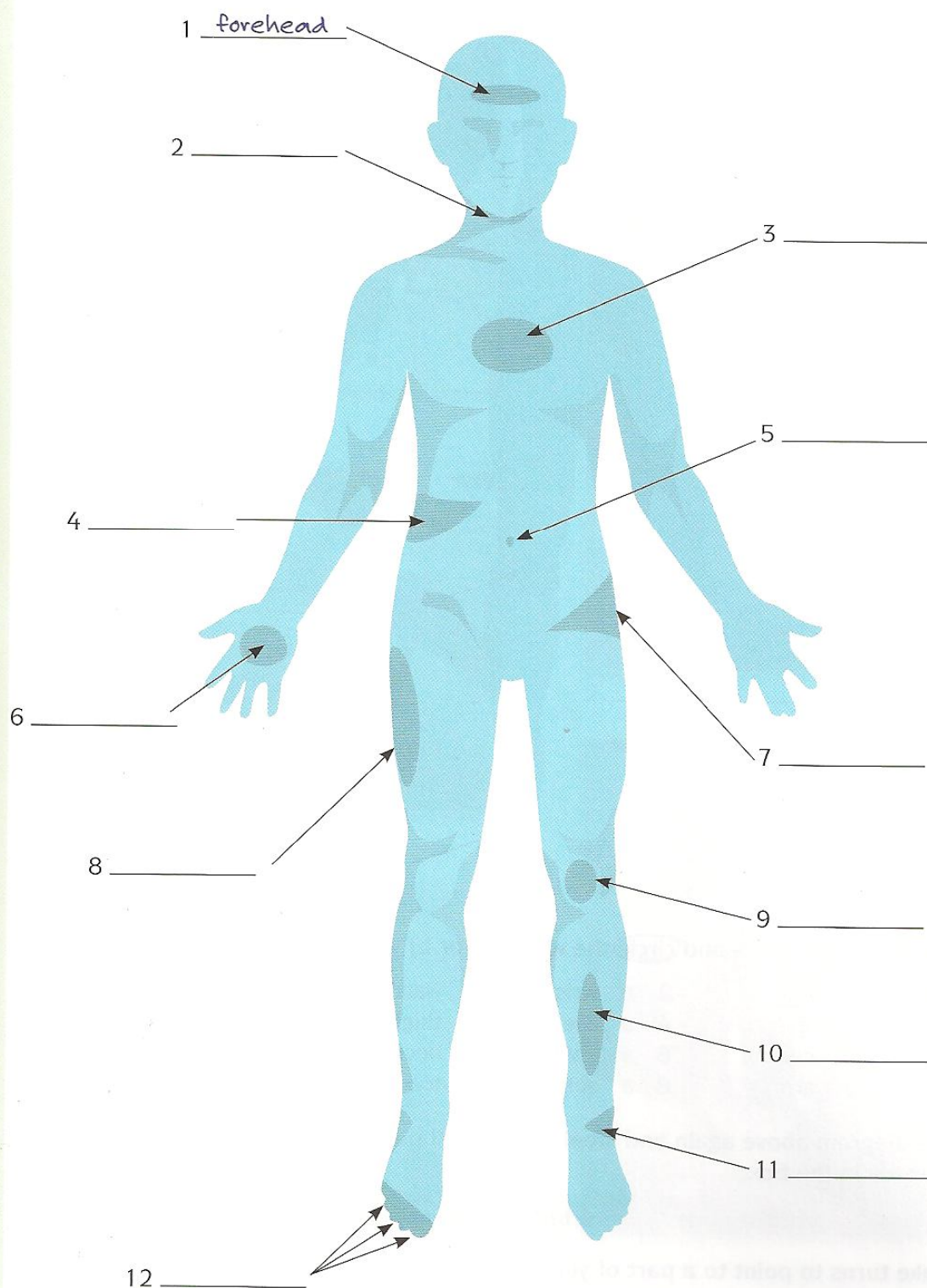
In small groups, discuss the following questions and then feed back your group's ideas to the class.

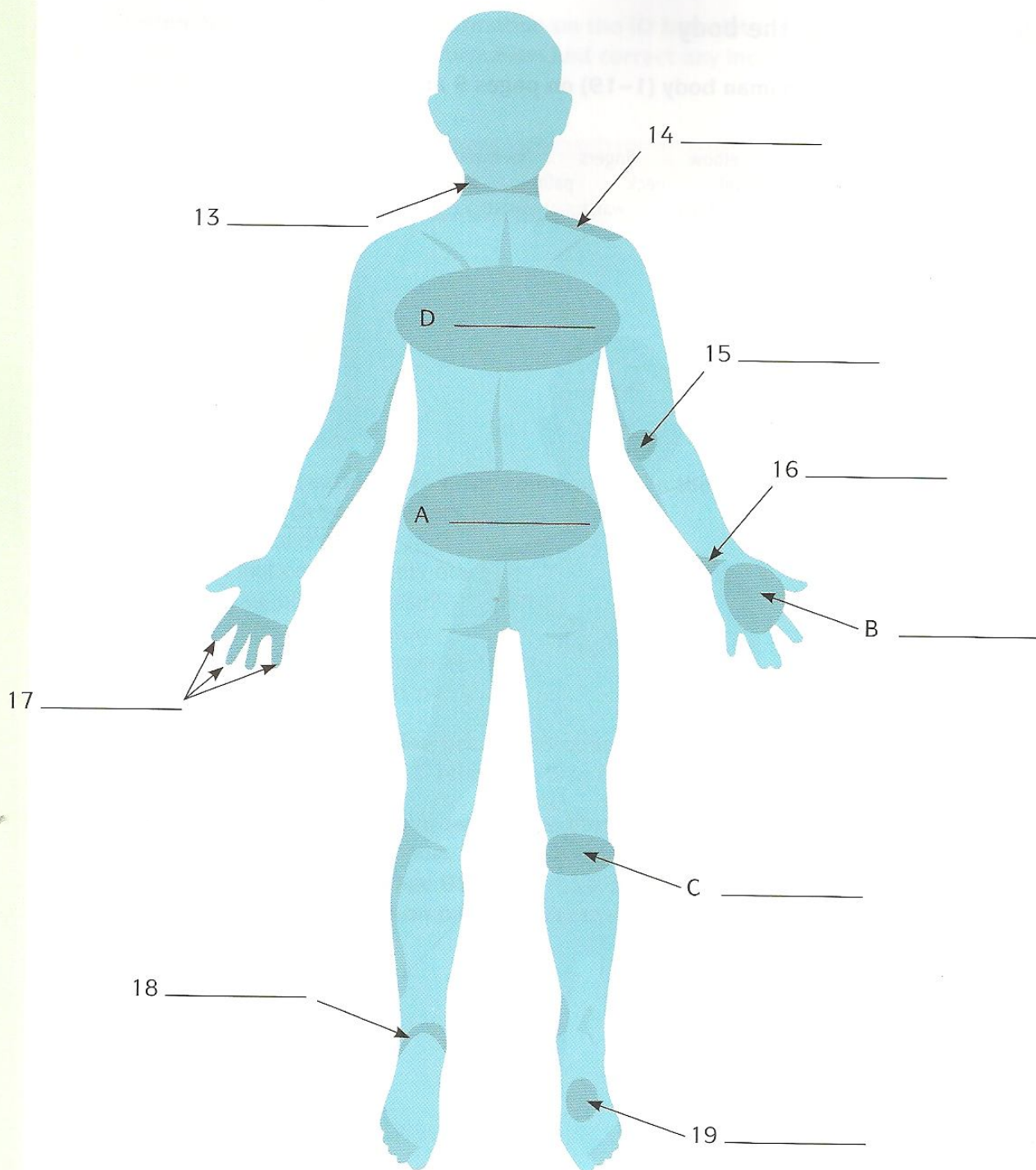
- Do you use ID bracelets in your country?
- Do you have the same information on the ID bracelet?
- Do you use any other colours for ID bracelets?

Describing parts of the body

- 3 a Label the parts of the human body (1–19) on pages 9 and 10 using the words in the box.

ankle	chest	chin	elbow	fingers	forehead
heel	hip	knee	navel	neck	palm
shoulder	sole	thigh	toes	waist	wrist





b ▶ 1.4 Listen to the sentences and circle the words (a or b) you hear.

- | | | | |
|----------|---------------|-----------|---------|
| 1 a chin | b <u>shin</u> | 2 a wrist | b waist |
| 3 a hip | b lip | 4 a eye | b thigh |
| 5 a knee | b heel | 6 a back | b neck |
| 7 a palm | b arm | 8 a sole | b toe |

c Look at the diagram above again and label the shaded parts A, B, C and D using the words in the box.

back of the hand back of the knee lower back upper back

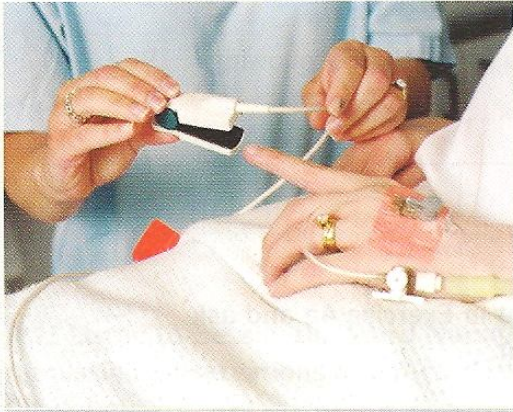
d In pairs, take turns to point to a part of your body. Ask your partner to say what it is.

Medical focus: equipment to take patient Observations

4 a Match the equipment (1–5) to the definitions (a–e).

1 blood pressure cuff	a takes a patient's blood pressure
2 digital blood pressure monitor	b wraps around a patient's arm to take blood pressure
3 pulse oximeter	c takes a patient's temperature
4 scales	d records a patient's blood oxygen saturation
5 tympanic thermometer	e weigh a patient

b Match the pictures (1–5) below to the equipment in Exercise 4a.



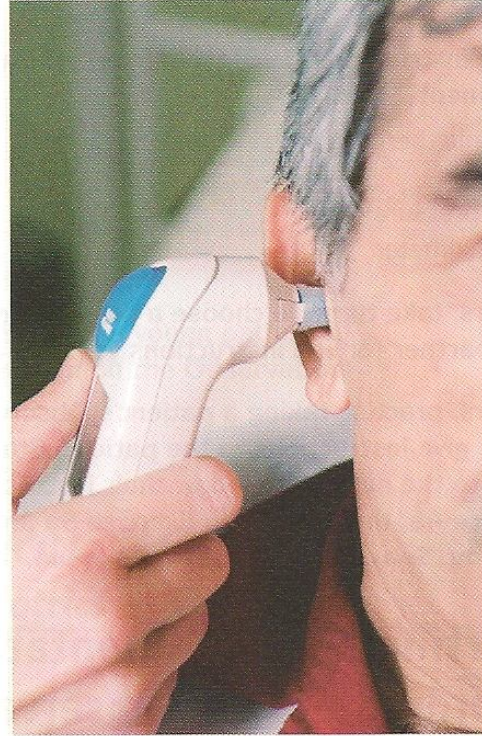
1 _____



3 _____



4 _____



2 _____



5 _____

Communication focus: giving instructions to a patient

- 5 a** ▶ 1.5 Stephen, the Ward Nurse, is taking Mr Bracknell's Observations. Listen to the conversation and tick ✓ the instructions you hear.

- | | |
|--|--------------------------|
| 1 Can you stand on the scales, please? | ☐ |
| 2 Can you open your mouth, please? | ☐ |
| 3 Can you bend your leg, please? | ☐ |
| 4 Can you turn your head to one side for me, please? | ☐ |
| 5 Can you bend your arm, please? | ☐ |
| 6 Can you roll up your sleeve, please? | ☐ |
| 7 Can you put your arm out straight? | ☐ |
| 8 Can you hold out your hand, please? | ☐ |

- b** Which instructions (1–8) from Exercise 5a can you use with the following equipment?

tympanic thermometer	_____
scales	_____
blood pressure cuff	_____
pulse oximeter	_____

- c** In pairs, take turns to choose a piece of equipment in Exercise 4a and ask your partner for the instructions you give a patient.
- d** In pairs, practise taking a patient's Observations. Student A, you are the nurse; give instructions to the patient. Student B, you are the patient; listen to the nurse and follow their instructions. Use the equipment in Exercise 4a, the phrases in Exercise 5a and audioscript 1.5 on page 93 to help you. Swap roles and practise again.

Charting and documentation: taking and recording patient Observations

- 6 a** Match the abbreviations (1–8) to their meanings (a–h).

1 T	a oxygen saturation
2 P	b observations
3 RR	c kilograms
4 BP	d pulse
5 Wt	e respiratory rate
6 O ₂ SATS	f temperature
7 kg	g blood pressure
8 Obs.	h weight

- b** ▶ 1.5 Listen again to Stephen taking Mr Bracknell's Admission Observations and record the information on the Observation Chart below.

Mount Sophia Hospital		OBSERVATION CHART					
ADMISSION OBSERVATIONS							
DATE: 24/06/2009				Full name: Phillip Bracknell Preferred name: Mr Bracknell DOB: 28/5/58 Dr: P A Watson Hosp. No: 897635			
BP	/	T					
P		Wt		kg			
RR		O ₂ SATS		%			
Date	Time	T	P	BP	RR	O ₂ SATS	Sign Name

- c** ▶ 1.6 Listen to Bessie, the Ward Nurse, taking Samira, a young patient's, Admission Observations and record the information on the Observation Chart below.

Mount Sophia Hospital		OBSERVATION CHART <i>Paediatrics</i>					
ADMISSION OBSERVATIONS							
DATE: 02/10/2009				Full name: Samira Khadri Preferred name: Samira DOB: 05/01/2003 Dr: R Howland Hosp. No: 87453			
BP	/	T					
P		Wt		kg			
RR		O ₂ SATS		%			

- d** ▶ 1.6 Match the beginnings (1–8) to the endings (a–h) to complete Bessie's explanations. Listen again to check your answers.

1 I'm going to take	a the information from this machine.
2 I'll just take	b your Obs. now.
3 I'll get the rest of	c your respirations while you were watching the machine.
4 I'll wrap	d the cuff around your arm.
5 ... I'll just clip	e your temperature with this special thermometer ...
6 I'll turn on	f weigh you now.
7 I counted	g this lead onto your finger.
8 OK, I'll	h the machine now.

- e In pairs, practise the conversation between Bessie and Samira using audioscript 1.6 on page 94 to help you.



- f ▶ 1.7 Bessie and Fay, another Ward Nurse, are talking about Samira's 10.00 Obs. Look at the chart below and listen to the conversation. Did Fay chart all the Observations correctly? Correct any incorrect information on the Observation Chart.



OBSERVATION CHART

Paediatrics

ADMISSION OBSERVATIONS

DATE: 02/10/2009

BP / T

P Wt kg

RR O₂ SATS %

Full name: Samira Khadri

Preferred name: Samira

DOB: 05/01/2003

Dr: R Howland

Hosp. No: 87453

Date	Time	T	P	BP	RR	O ₂ SATS	Sign Name
02/10/09	10.00hrs	37 ⁵	64	105/60	20	99%	F. Newland

- g Look at the following examples of written and spoken abbreviations. In pairs, practise saying the spoken abbreviations.

Written	Spoken
T 36 ⁵	Temp thirty-six five
P 78	Pulse seventy-eight
BP 125/85	BP one twenty-five over eighty-five
RR 18	Resps 18
O ₂ SATS 97%	Sats ninety-seven percent

h ▶ 1.8 Listen to some more patient Observations and circle the readings you hear.

- 1 Her temp's up today. It's ^{36²}/_{37³}.
- 2 He has a slow pulse. It's ⁴⁶/₅₆.
- 3 Her BP's ^{95/60}/_{95/16}.
- 4 His temp's normal, ^{37⁶}/_{36⁷}.
- 5 Her resps are slow at ¹⁵/₁₄ breaths a minute.
- 6 She has a pulse of ⁷²/₆₂ and a BP of ^{119/70}/_{118/70}.

i In pairs, take turns choosing one of the following abbreviations and asking your partner to say it.

- | | |
|---------------------------|---------------------------|
| a BP 140/90 | f RR 19 |
| b P 75 | g BP 120/80 |
| c RR 16 | h T 37 ⁵ |
| d O ₂ SATS 96% | i P 60 |
| e T 36 ⁴ | j O ₂ SATS 99% |

j In pairs, practise explaining a patient's Admission Observations to another nurse who is taking over the next shift. Student A, use the Admission Observations below; Student B, use the Admission Observations on page 89.



OBSERVATION CHART

ADMISSION OBSERVATIONS

DATE: 24/06/2009

BP 120/85	T 36 ⁵
P 72	Wt 78kg
RR 18	O ₂ SATS 98%

Full name: Annabel Marriot

Preferred name: Annie

DOB: 16/5/1965

Dr: N Kovacs

Hosp. No: 719322

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Have you ever admitted a patient before?
- 2 What sort of things do patients like to know about when they come into hospital?
- 3 Why is it important to spend time with a patient when they first arrive in hospital?

UNIT 2

Caring for patients after an operation

- Caring for a patient in Recovery
- Returning a patient to the ward
- Talking about pain
- Checking an IV Prescription
- Using IV infusion equipment



Caring for a patient in Recovery

1 a In pairs, discuss the following questions.

- 1 What do you think the nurses are doing in the picture on the right?
- 2 Do you have experience of looking after patients in Recovery?

b Complete the following sentences about Recovery using the words and phrases in the box.

alert and oriented	anaesthetic	Coronary Care Unit (CCU)
Intensive Care Unit (ICU)	oxygen mask	Post Anaesthesia Care Unit (PACU)

Recovery, or (1) _____, is where patients go to wake up after an operation.

In Recovery, nurses check that the patient is (2) _____ – that they are awake and know where they are.

Patients often need to breathe using an (3) _____ until they recover from the (4) _____.

If patients are too ill to go to the Ward, they go to the (5) _____.

If a patient has heart problems, they go to the (6) _____.

c In pairs, discuss the following questions.

- 1 After a patient has had an operation, a nurse in Recovery checks ...
 - a that the patient has woken up.
 - b if the patient is in pain.
 - c that the patient has ordered lunch.
 - d the patient's Observations.
 - e if the patient has an appointment for an x-ray.
 - f if IV fluids are running.
 - g if the patient is bleeding.
 - h if the patient would like to go for a walk.

- 2 How can a nurse check to see if a patient is awake and oriented after an operation?
 - a Call the patient's name
 - b Slap the patient on the shoulder
 - c Tap the patient's hand
- 3 Where do patients go after they have recovered well from their operation?
 - a To the Intensive Care Unit
 - b To the ward
 - c Home to their family

d ▶ **2.1** Emile, the Recovery Nurse, is checking Mr Brodzik, a patient, after an operation. Listen to the conversation and answer the following questions.

- 1 How does Emile know that Mr Brodzik is alert and oriented?
- 2 How does Mr Brodzik feel?
- 3 Is Mr Brodzik in pain?

e ▶ **2.1** Choose the correct sentence (a or b) from the following pairs. Listen again and check your answers.

- 1 a Can you open your eyes, please?
b Can you opening your eyes, please?
- 2 a I'll just take out your oxygen mask.
b I'll just take off your oxygen mask.
- 3 a Do you know where are you?
b Do you know where you are?
- 4 a How do you feel?
b How do you feeling?
- 5 a You are warmer now?
b Are you warmer now?
- 6 a Are you in any pain?
b Have you pain?
- 7 a Do you feeling sick at the moment?
b Do you feel sick at the moment?

f In pairs, practise checking a patient in Recovery. Student A, you are a nurse; Student B, you are a patient. Use the following prompts to help you. Swap roles and practise again.

- open / eyes?
- take off / oxygen mask?
- know / where you are?
- how / feel?
- are / warmer?
- are / in pain?
- feel / sick?

Returning a patient to the ward

2 a Label the pictures (1–8) below using the words in the box.

blanket	dressing	ice pack	IV cannula	light
pain relief	pillow	vomit bowl		



1 blanket



2 _____



3 _____



4 _____



5 _____



6 _____



7 _____



8 _____

b ▶ 2.2 Rachel, the Ward Nurse, is checking Mr Brodzik back on the ward. Listen to the conversation and tick ✓ the items below that you hear.

- | | |
|---|--------------------------------------|
| ☐ blanket | ☐ IV cannula |
| ☐ dressing | ☐ pain relief |
| ☐ drink of water | ☐ pillow |
| ☐ ice pack | ☐ vomit bowl |

c ▶ 2.2 Some of the information below is incorrect. Listen again and correct any mistakes in the following sentences.

- 1 Mr Brodzik's knee hurts.
- 2 Rachel is going to get Mr Brodzik some pain relief.
- 3 The dressing is comfortable.
- 4 The IV cannula feels OK.
- 5 Rachel gets Mr Brodzik a pillow.

d Put the following words in the correct order to make Rachel's questions.

- 1 are/feeling/you/how/? _____
- 2 still/hip/does/hurt/your/? _____
- 3 dressing/how's/the/hip/your/on/? _____
- 4 IV cannula/arm/how/the/does/in/feel/your/? _____

e Match the patient's statements (1–7) to the nurse's replies (a–g).

1 I'm thirsty.	a I'll get you something to eat.
2 I'm hungry.	b I'll get you some water.
3 I'm uncomfortable.	c I'll get you some pain relief.
4 My ... hurts.	d I'll get you a vomit bowl.
5 I feel sick.	e I'll take off a blanket for you.
6 I'm too warm.	f I'll turn off the light.
7 I feel tired.	g I'll get you another pillow.

f In pairs, practise the conversation between Rachel and Mr Brodzik. Use the following prompts to help you.

Nurse		Patient
How / feeling?	→	Say how you are feeling
Say what you will do	←	Thank nurse
... / still hurt?	←	Reply
Say what you will do	←	Thank nurse
How / the dressing / cannula / catheter?	←	Reply
Say what you will do	←	Thank nurse

g In pairs, practise checking a patient back on the ward. Student A, you are a nurse; use the patient 1 notes below. Student B, you are a patient; use the patient 1 information on page 89. Swap roles and practise again using patient 2 notes on page 86 and patient 2 information below.

patient 1 notes

Name: Mr Douglas

Operation performed: Right shoulder arthroscopy

IV cannula: Left arm for IV antibiotics (IVABs)

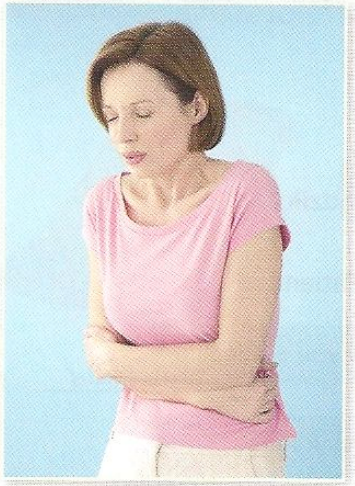
Wound: Dressing to right shoulder

patient 2 information

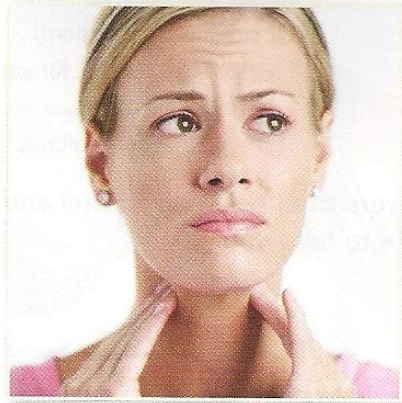
You are Mrs Simmons. You had a big operation on your left hip. You are in a lot of pain. The dressing feels tight and uncomfortable, but the cannula doesn't hurt. You've got a sore throat and you're thirsty.

Talking about pain

- 3 a ▶ 2.3 Look at the pictures of people in pain. Listen to six short conversations (1–6) and match the pictures (a–f) to the conversations.



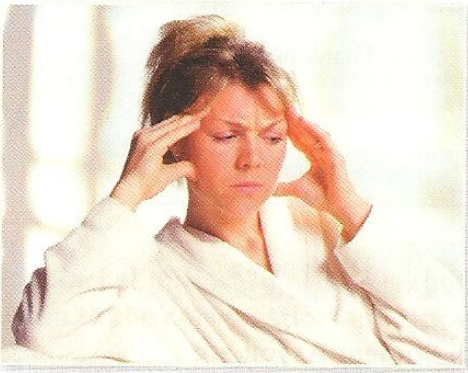
a ☐



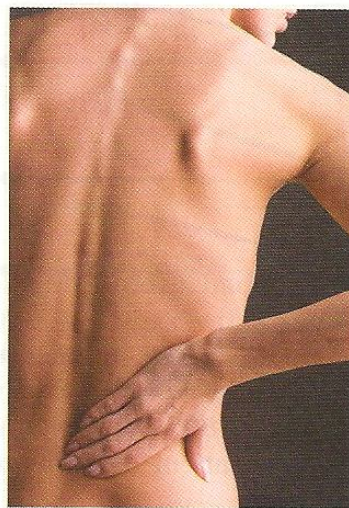
b ☐



c ☐



d ☐



e ☐



f ☐

- b ▶ 2.3 Listen again and complete the following extracts from the conversations using the words in the box.

ache aches **aching** hurts I've got x3 painful sore

My lower back's really (1) aching.

(2) _____ a terrible headache.

(3) _____ a really bad stomach ache.

My knee (4) _____ a bit.

It's quite (5) _____ and it (6) _____.

(7) _____ a bit of a sore throat.

Thanks, it's really (8) _____.

My hands (9) _____ a lot.

C Complete the table below using the sentences in the box.

I've got a bit of a sore throat. I've got a slight headache.
 I've got a terrible stomach ache. My back doesn't hurt at all.
 My chest's really painful/aching/sore. My foot's very painful.
 My hand's quite painful/sore. My hands hurt a lot. My leg aches/hurts quite a bit.

No pain	Mild pain	Severe pain
	I've got a bit of a sore throat.	

d In pairs, practise asking a patient how s/he is feeling. Student A, you are the nurse; Student B, you are the patient. Use the words and phrases from this section to help you. Swap roles and practise again.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 What are some methods to relieve pain?
- 2 Which methods have you used and which ones worked well?

Charting and documentation: IV Prescription

a In pairs, look at the chart below and discuss the following questions.

- 1 What is the chart used for?
- 2 Who prescribes IV infusions?
- 3 How many nurses check the IV infusion?

1 3 4 5 6 7 8 9 10

THE ALEXANDRA HOSPITAL 

INTRAVENOUS PRESCRIPTION

Hosp. No: 576398
 SURNAME: Lenworth
 FIRST NAMES: Arnold

DATE	Type of IV fluid	Volume	Time to be infused	Rate	Prescriber's Signature	Time started	Signature		Time stopped	Signature		Vol. infused
							Witness			Witness		
01.09.2009	Normal Saline	1000 ml	8 hours	125 ml	Dr G.Mackie	13.50	MP	SD	21.50	NV	ST	1000 ml
01.09.2009	Normal Saline	1000 ml	8 hours	125 ml	Dr G.Mackie	22.00	MP	SD	06.00 02/09	HL	MA	1000 ml
02.09.2009	5% Dextrose	1000 ml	8 hours	125 ml	Dr B.Flower	06.15	MA	HL				
02.09.2009	Normal Saline	1000 ml	10 hours	100 ml	Dr B.Flower							

2

b Match the sections of the chart (1–10) to their meanings (a–j).

1	a the amount in the IV bag
2	b the doctor's signature
3	c how long the IV infusion takes
4	d the initials of the nurses who put up the IV infusion
5	e the date of the IV Prescription
6	f the time the IV infusion started
7	g the amount of IV infusion which the patient had
8	h the name of the IV solution
9	i the time the IV infusion stopped
10	j the amount of IV solution which runs every hour

c ▶24 Helena, the Nurse Educator, is helping Mylene, a Student Nurse, check an IV bag. Listen to the conversation and underline the information you hear on the IV Prescription in Exercise 4a.

d ▶24 Listen again and complete the following extracts from the conversation using the words in the box.

check finished IV Prescription rate run sign through

Mylene, can you (1) check this IV bag with me, please?

Here's the (2) _____. It's for Mr Lenworth.

Right, so the Normal Saline (3) _____ at six o'clock.

A litre went (4) _____.

Yes, 5% Dextrose. What's the infusion (5) _____?

125 mls an hour. It's going to (6) _____ over eight hours.

That's it. I'll (7) _____ here.

e ▶25 Helena and Mylene continue discussing Mr Lenworth's IV. Listen to the conversation and answer the following questions.

- 1 What does Mylene ask Helena?
- 2 Which IV solution are they checking?
- 3 When will the nurses put up the next IV infusion?

f ▶25 Put the following words in the correct order to make Helena and Mylene's questions. Listen again and check your answers.

- 1 next/what's/infusion/IV/the/? _____
- 2 run/the/will/infusion/how long/? _____
- 3 infusion/the/what's/rate/? _____
- 4 current/the/left/bag/fluid's/in/how much/? _____
- 5 need/we/do/next/up/the/put/when/to/bag/? _____

g In pairs, practise discussing the 2 September order on the IV Prescription in Exercise 4a. Use the questions in Exercise 4f to help you.

- h** In pairs, practise checking the next litre of IV fluids on the following IV Prescription. It's 02.30 on 11 June. Use the questions in Exercise 4f and audioscript 2.5 on page 95 to help you.

THE ALEXANDRA HOSPITAL



INTRAVENOUS PRESCRIPTION

Hosp. No: 471382

SURNAME: Zuber

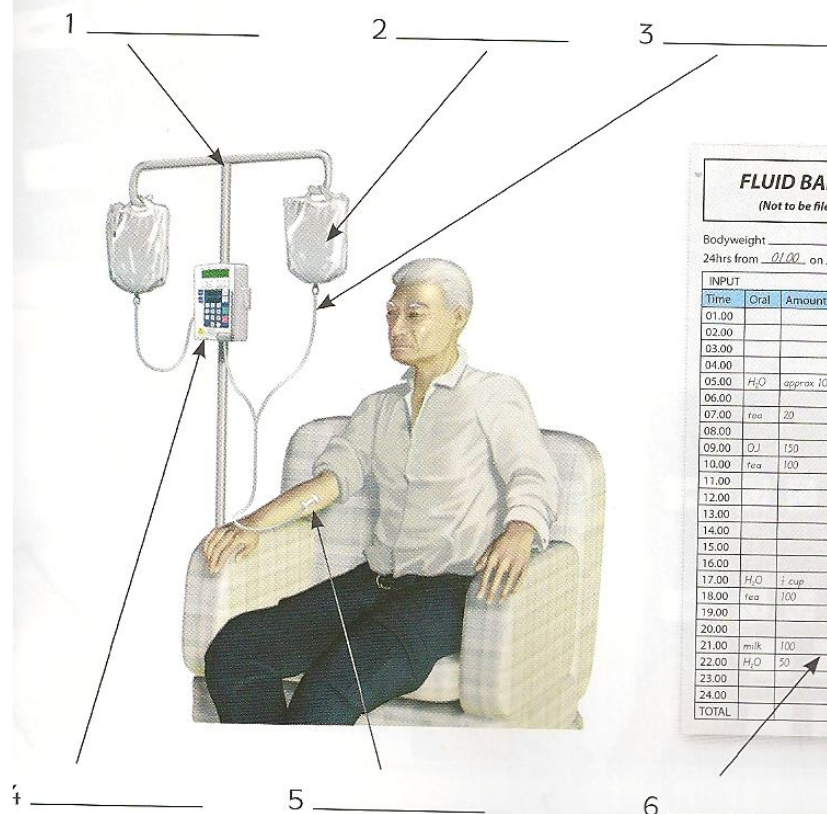
FIRST NAMES: Esther

DATE	Type of IV fluid	Volume	Time to be infused	Rate	Prescriber's Signature	Time started	Signature Witness	Time stopped	Signature Witness	Vol. infused
10.06.2009	Normal Saline	1000 ml	10 hours	100 ml	Dr F.Gunter	16.00	CD ST	02.10 11/06	JH KN	1000 ml
11.06.2009	Normal Saline	1000 ml	10 hours	100 ml	Dr F.Gunter	02.45				

Medical focus: IV infusion equipment

- a** Label the IV equipment (1–6) below using the words in the box.

Fluid Balance Chart IV cannula IV infusion pump
IV line IV pole IV solution



FLUID BALANCE CHART

(Not to be filed in Medical Record)

Name: Arthur Lenworth
U/N 473652338
Date: 14.11.2009

Bodyweight: 72kg
24hrs from 01.00 on 14.11.02 to 01.00 on 15.11.02

INPUT			OUTPUT						
Time	Oral	Amount	IV Fluids	Amount	Vomit	Asp	U/O	Drains	Bowel
01.00			1L N/S to KVO (42 ml/hr) C/F	(900)					
02.00				42					
03.00				42			100		
04.00			1L 5% Dextrose 8/24	125			Wet bed+		
05.00	H ₂ O	approx 100		125	Lge amt				
06.00			IV ABs + 100 ml	225			250		
07.00	tea	20		125					
08.00				125			Wet bed++		
09.00	OJ	150		125					BNO
10.00	tea	100		125	100 ml				
11.00				125			300		
12.00			1L N/S 8/24	125				60ml	BO mod amt
13.00				125	60 ml		UTT		
14.00				125					
15.00				125					
16.00				125					BO smd amt
17.00	H ₂ O	1 cup		125					
18.00	tea	100	IV ABs + 100 ml	225	Smd amt				
19.00				125					
20.00			1L 5% Dextrose 8/24	125					
21.00	milk	100		125					
22.00	H ₂ O	50		125					
23.00				125					
24.00				125					
TOTAL								55 ml	

b ▶ **2.6** Helena and Mylene are preparing the next IV infusion for Mr Lenworth. Listen to the conversation and answer the following questions.

- 1 Which IV fluid has been prescribed?
- 2 What is the infusion rate?
- 3 Where do the nurses write up the infusion?

c ▶ **2.6** Listen again and complete these extracts from the nurse's instructions using the verbs in the box.

check connect prime set sign start wash write up

- ... we need to (1) wash our hands.
 ... we'll (2) _____ the IV solution against the IV Prescription.
 ... I'm going to (3) _____ the line.
 ... (4) _____ the rate on the infusion pump.
 ... I'll (5) _____ the IV to Mr Lenworth's cannula.
 ... I'll (6) _____ the infusion pump.
 ... to (7) _____ the IV Prescription.
 ... to (8) _____ the Fluid Balance Chart.

d Label the stages (1–8) below involved in changing an IV bag using the words and phrases in the box. Sometimes more than one answer is possible.

After that ~~Before we start~~ First Next x3 The last thing Then



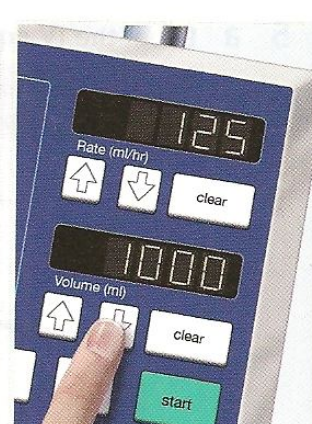
1 Before we start



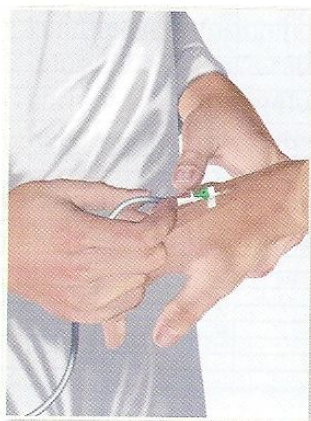
2 _____



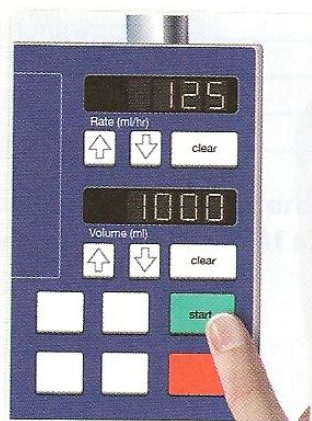
3 _____



4 _____



5 _____



6 _____



7 _____



8 _____

- e** In pairs, practise explaining how to change an IV bag. Use the words and pictures in Exercise 5d to help you.



- f** Choose one of the procedures below, or think of a procedure that nurses do and explain it to your partner. Use the words and phrases from this section to help you.

- changing a dressing
- removing a cannula
- emptying a catheter bag
- putting on an oxygen mask

Share your knowledge

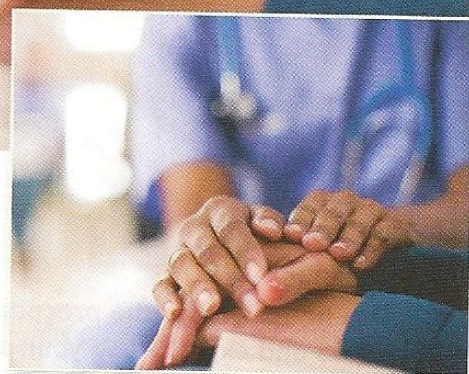
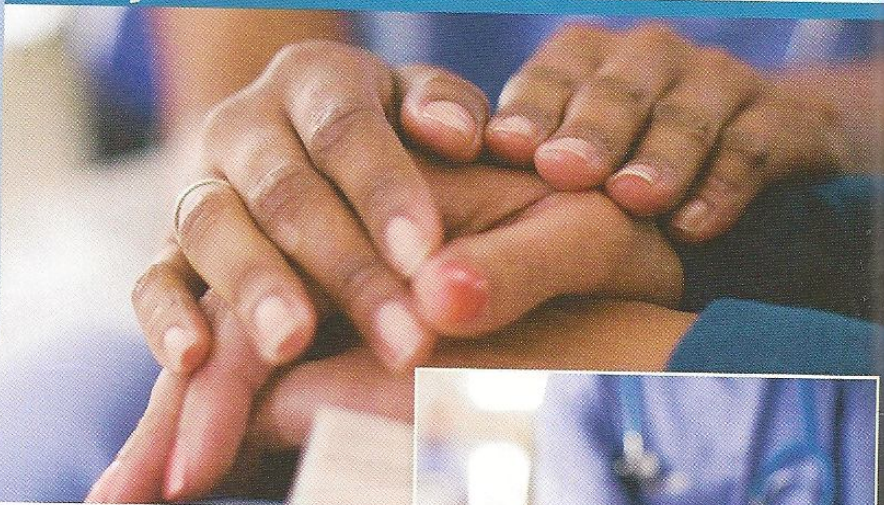
In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Why is it important to wash your hands before you start a procedure?
- 2 What other times do you wash your hands?
- 3 How can we remind staff and patients to wash their hands?

UNIT 3

Caring for terminally ill patients

- Talking about feelings
- Showing empathy
- Discussing pain relief
- Using a Palliative Care Pain Assessment
- Telephone skills: managing a patient enquiry
- Using patient information leaflets



Talking about feelings

1 a In pairs, discuss the following questions.

- 1 What is a hospice?
- 2 What's the difference between a hospital and a hospice?
- 3 What kinds of illnesses do patients in a hospice have?

b ▶ **3.1** Judy, the Ward Nurse, is talking to Usha, a patient. Listen to the conversation and answer the following questions.

- 1 How is Usha feeling?
- 2 How did she feel after radiotherapy?
- 3 What is Judy getting for Usha?

c Match the words (1–4) to their synonyms (a–d).

1 sick/nauseous	a medicine used to treat an illness
2 medication (meds)	b sad, not very happy
3 down	c unpleasant feeling of wanting to vomit
4 chemotherapy (chemo)	d drugs used to treat cancer

d ▶ **3.1** Listen again and mark the following statements True (T) or False (F).

- 1 Usha doesn't want to talk about her illness. _____
- 2 Usha enjoys her meals. _____
- 3 Usha's pain is getting worse. _____
- 4 Usha is having radiotherapy treatment. _____
- 5 Usha felt sick after the radiotherapy treatment. _____
- 6 Usha is going to have a rest now. _____

e ▶ **3.1 Match Judy's questions (1–6) to Usha's answers (a–f). Listen again and check your answers.**

1 How are you feeling today?	a No. I feel it's getting worse.
2 I'm sorry to hear that. Anything you want to talk about?	b Yes, in the morning. It made me feel quite sick.
3 Oh dear, I see. You don't think the pain is getting any better with your treatment.	c Yes, please. Then I might try to have a rest.
4 Mm. Did you have radiotherapy yesterday?	d Thanks, Judy. I'd like that.
5 Why don't I get you some medication for pain and nausea?	e I feel a bit down today.
6 Can I get you a cup of tea, too?	f ... I'm still in a lot of pain.

f ▶ **3.1 How does Judy respond to show sympathy and that she is listening? Listen again if you need to.**

g What other answers could a patient give to the following questions? Write the possible answers in the table below. Use the phrases in the box and your own ideas.

A bit better. Have you got the time? I feel a bit low. I feel a bit sad.
 I feel awful. I feel OK. I'm in a bad way.
 No, not really. No thanks, I'm not in the mood to talk.
 Not right now, maybe later. ~~Not too good.~~ Thanks, I'd like that.
 Yes, it might make me feel better.

How are you feeling today?	Would you like to talk about it?
Not too good.	

h In pairs, practise conversations between a nurse and patient. Practise a conversation with a patient who wants to talk about his/her feelings and a conversation with a patient who is not ready to talk about his/her feelings. Use the words and phrases in this section to help you.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Have you ever had to talk to a patient about a difficult topic?
- 2 How can you show a patient that you want to listen to what s/he is saying?
- 3 What happens if patients feel they can't talk to nurses about difficult topics?

Communication focus: showing empathy

- 2 a Read the extract from an information leaflet about talking to terminally ill patients and answer the questions below.

Talking to terminally ill patients

It can be difficult and uncomfortable talking to patients who are dying. Sometimes nurses put up a barrier; they don't like to talk about the patient's problem, appearing embarrassed or even putting up a physical barrier. Nurses may hide behind a chart or stand at the end of the patient's bed, for example. It's important to use open questions – not questions where the answer is yes or no – so that patients can explain how they feel. Don't use a lot of medical jargon when talking to a patient. Simple, clear sentences are easier to understand. Most patients feel comfortable when nurses show empathy and try to understand how they are feeling.

- 1 Find an example in audioscript 3.1 on page 95 of
 - a an open question. _____
 - b showing empathy. _____
- 2 Putting up a barrier means that you
 - a talk freely about the patient's problem with the patient.
 - b don't talk about the patient's problems but talk about other things.
- 3 Which of these is an example of medical jargon?
 - a A medicine that stops you feeling sick.
 - b Anti-emetic medication.

- b Complete the table of *Dos* and *Don'ts* below using the following communication strategies.

- Put up a barrier
- Show empathy
- Use a lot of medical jargon
- Use only Yes/No questions
- Use open-ended questions to encourage patients to talk freely

Dos	Don'ts

- C** You are going to listen to two conversations between nurses and patients. Before you listen, match the words (1–4) to their meanings (a–d).

1 cope	a press the nurse call button
2 fed up with	b medication which stops patients vomiting or feeling sick
3 buzz	c manage / put up with something
4 anti-emetic	d tired of doing something

- d** ▶ **3.2 & 3.3** Listen to the two conversations. Which is better and why?

- e** Tick ✓ the communication strategies that the extracts (1–8) from the conversations show. Sometimes more than one answer is possible.

	Put up a barrier	Use open-ended questions	Use a lot of medical jargon	Show empathy	Use only Yes/No questions
1 How was your chemo today?		✓			
2 I'm sure you're fed up with it by now.					
3 Cope with the chemo, you mean?					
4 How's he doing?					
5 That must be hard for you.					
6 Do you want an anti-emetic for that?					
7 I've got to give out the meds.					
8 Right, look, I'm a bit busy now.					

- f** In pairs, practise conversations between a nurse and patient. Student A, you are the nurse; use good communication strategies. Student B, you are a patient in pain; talk about it to the nurse. Use the words and phrases in this section to help you. Swap roles and practise again.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

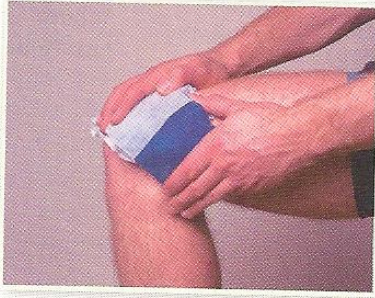
- 1 Do you find it easy to talk to patients about their feelings?
- 2 What topics are difficult for you to talk about with a patient?

Medical focus: pain relief

3 a Match the types of pain relief (1–6) to the definitions (a–f).

1 acupuncture	a medicine taken by mouth or by injection which stops pain
2 aromatherapy	b rub or press parts of the body to relieve pain
3 heat pack	c a machine which gives the patient a continuous dose of medication
4 massage	d use of fine needles to relieve pain
5 analgesia	e use of fragrant oils for well-being
6 syringe driver	f a heated pad which soothes sore muscles

b Match the pictures (a–f) below to the types of pain relief (1–6) in Exercise 3a.



a _____



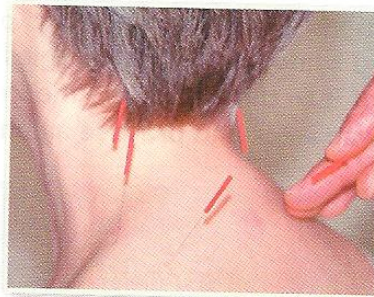
b _____



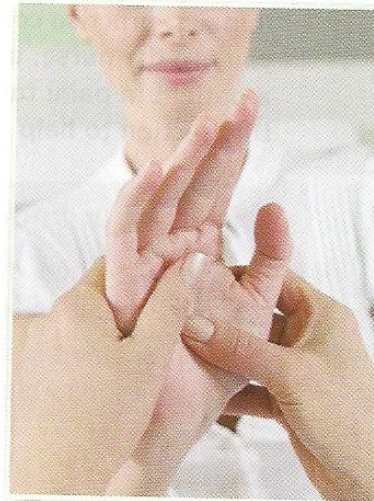
c _____



d _____



e _____



f _____

c In pairs, take turns pointing to a picture in Exercise 3b and asking your partner to name it and explain what it's for.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Why are different types of pain relief used to help with cancer pain?
- 2 Do you think massage is suitable for all patients? Which patients may not like massage?
- 3 Have you ever used aromatherapy or massage with a patient who is terminally ill?

d Match the medical terms (1–4) to their meanings (a–d).

1 Palliative Care	a into the subcutaneous layer under the skin
2 secondaries	b extra medication to relieve severe pain
3 breakthrough dose	c healthcare which supports a dying patient but does not cure
4 subcut injection	d other cancers which grow away from the main tumour

e ▶ 3.4 Chris, the Ward Nurse, is handing over to the next shift. Listen to the handover and circle the words in the box that you hear.

acupuncture	analgesia	aromatherapy	breakthrough medication	heat pack
massage	<u>Palliative Care</u>	secondaries	subcut	syringe driver

f ▶ 3.4 Complete the handover below using words from Exercise 3e. Listen again and check your answers.

... OK, now we're up to Jim Sullivan in bed 3. Jim was admitted today for (1) Palliative Care and pain control. He's got cancer of the liver with (2) _____ in the spine. He was in quite a lot of pain when he first arrived. He said the pain in his back is a stabbing pain. He also has pain in the liver area and he describes this as an aching pain. Jim was taking regular (3) _____ at home but it's not enough now. He rated the pain as 9 out of 10 when I spoke to him. Doctor Donnelly saw Jim this morning and ordered a (4) _____. I explained to Jim that this will give him a small amount of painkiller medication continuously. The (5) _____ cannula for the syringe driver has been inserted into his abdomen. I checked Jim just before handover and he says the pain level is much better now. Jim's had one injection of (6) _____ this morning. He also finds that a (7) _____ on his back helps a lot.

g In pairs, practise handing over to the next shift. Student A, you are handing over a patient. Use the patient 1 information on page 86. Student B, listen to the handover and make notes. Swap roles and practise again using the patient 2 information on page 89.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Have you used complementary therapies such as acupuncture, massage or aromatherapy before?
- 2 Why is it important to give enough pain relief to a terminally ill patient?

Charting and documentation: Palliative Care Pain Assessment

4 a In pairs, look at the Palliative Care Pain Assessment on page 32 and discuss the following questions.

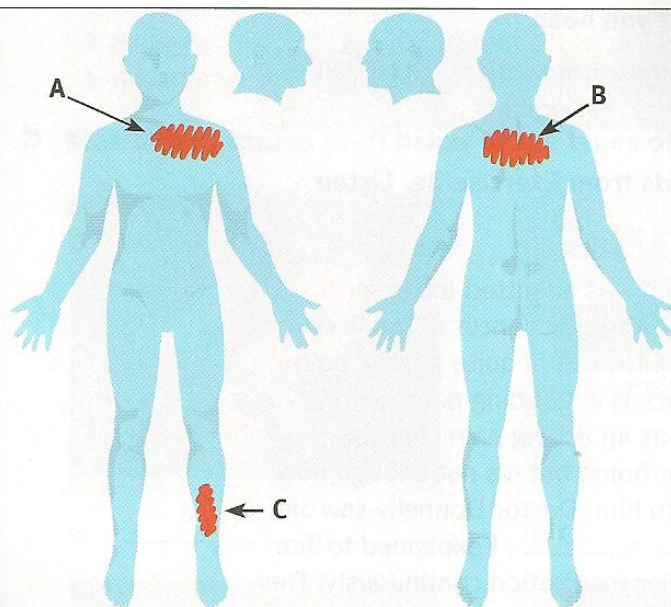
- 1 When do you use a chart like this?
- 2 What information is on the chart?
- 3 Have you used a pain assessment chart like this?



Palliative Care Pain Assessment

Patient Name: Wilfred Summerville

Hospital Number: 458376



PAIN SCORE

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0–10, what is the worst pain you have had in the last 24 hours?

0 is no pain

1–3 is mild pain

4–6 is moderate pain

7–9 is severe pain

10 is the worst pain imaginable

Record a pain score 0–10 for each site or as mild/moderate/severe if the patient cannot give a number.

PAIN TYPES

Neuro pain Tingling or burning

Acute pain Sharp pain, e.g. when patient moves, during dressing change

Other pain Aching or throbbing, e.g. bone pain

Date: 15/10/2009	Pain A	Pain B	Pain C
Location of pain	Left shoulder	Upper back	Left lower leg ulcer
Pain level	5	8	3
Description of pain	Throbbing and sharp	Aching	Burning
What triggers (starts) the pain?	Lying in bed / movement	Movement / sitting in chair	Showering
What relieves the pain (makes better)?	Analgesia + heat pack	Analgesia helps a lot	Non-adhesive dressing + analgesia

b Match the words and phrases from the Palliative Care Pain Assessment (1–5) to a question (a–e).

1 Location of the pain

2 Pain level

3 Description of pain

4 Triggers

5 Relieves

a What sets the pain off?

b What makes the pain better?

c Where is the pain?

d How strong is the pain?

e What does the pain feel like?

c Match the words (1–6) to describe pain to their meanings (a–f) below.

1 tingling	a feels like a knife is stuck into you
2 sharp	b feels like it stops/starts in time with your heart
3 stabbing	c sudden pain
4 aching	d feels not too painful but always there
5 burning	e feels like a lot of sharp points going into you
6 throbbing	f feels like fire

d ▶ 3.5 Karin, the Ward Nurse, is using a Palliative Care Pain Assessment with Wilf, a patient. Listen to the conversation and answer the following questions.

- 1 Why does Karin use the Pain Assessment chart?
- 2 How many pain areas does Wilf have?
- 3 When is Wilf's shoulder pain worse?
- 4 Which pain is the most severe?
- 5 When does Wilf's leg ulcer hurt?

e ▶ 3.5 Listen again and correct any incorrect information on the Palliative Care Pain Assessment chart in Exercise 4a.

f Look at audioscript 3.5 on page 96 and underline the questions that Karin asks Wilf about the pain.

g In pairs, practise asking and answering Karin's questions in Exercise 4f.

h In pairs, practise using a Palliative Care Pain Assessment to record a patient's pain. Student A, you are the nurse; ask the patient questions about his/her pain using the Palliative Care Pain Assessment on page 87. Student B, you are the patient; look at the patient 1 information on page 90. Swap roles and practise again using the Palliative Care Pain Assessment on page 87 and the patient 2 information on page 86.

Telephone skills: managing a patient enquiry

5 a In pairs, discuss the following questions.

- 1 Who might telephone the ward for patient information?
- 2 What information can a nurse give a patient's relative or friend?
- 3 What information can't a nurse give to a patient's relative or friend?



b ▶ 3.6 Kelly, the Ward Nurse, answers the phone at the nurses' station. Listen to the conversation and mark the following statements True (T) or False (F).

- 1 Mrs Dixon's daughter is calling Ward 16. _____
- 2 The caller wants information about Mrs Dixon's ultrasound. _____
- 3 The nurse can't give the caller any details about Mrs Dixon's treatment. _____
- 4 The nurse can give the caller information about visiting hours. _____
- 5 The nurse will tell Mrs Dixon about the phone call. _____

c ▶ 3.6 Listen again and complete the following extracts from the conversation using the words in the box.

because of I'll let I'm afraid I'm sorry I'm sure

- (1) _____, I can't give you any information about Mrs Dixon's treatment.
- (2) _____ I'm not allowed to talk about her treatment. It's
- (3) _____ patient confidentiality.
- ... (4) _____ she'll be happy to see you.
- (5) _____ Mrs Dixon know you called.

d ▶ 3.7 Ruth, another Ward Nurse, answers the phone at the nurses' station. Listen to the conversation and answer the following questions.

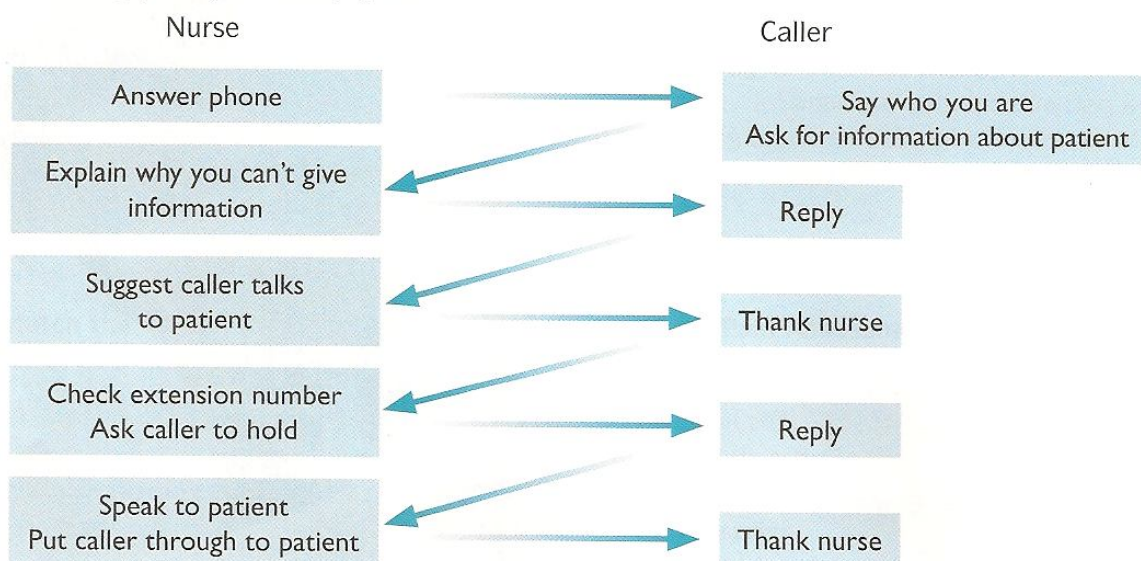
- 1 Who does the caller want to speak to?
- 2 Who is the caller?
- 3 What does Ruth do?

e ▶ 3.7 Complete the following extracts from the conversation using the words in the box. Listen again and check your answers.

extension hold put me through speaking

M Wing East, Ruth (1) _____.
 Could you please (2) _____ to Mrs George?
 I'll just check what her (3) _____ is.
 Can you please (4) _____ for a minute?

f In pairs, practise the conversation between Ruth and Elsa Fulton. Use the following prompts to help you.



Using patient information leaflets

6 a Read the patient information leaflet below and answer the following questions.

- 1 What kinds of people read patient information leaflets?
- 2 What four things does the hospital/health service have to do?
- 3 Why must hospitals keep confidential records?
- 4 Who might read information about a patient?
- 5 Who does patient information belong to?
- 6 Can a patient read their own medical records?

Patient Confidentiality

Patients sometimes give information about their illness which could be sensitive. Hospitals must keep records about you and your healthcare so that you can be cared for properly.

Most information is only passed to people involved in your care, for example pharmacists dispensing drugs for you, or a radiologist reporting on your X-rays.

Occasionally, it may be necessary to pass information about you to another hospital if you are being referred for specialist treatment.

Our duty is to:

- keep an accurate Patient Record of your care.
- keep your records confidential.
- keep your records secure.
- provide information to you in a format that is accessible to you, for example in large type if you are partially sighted.

CONFIDENTIALITY IS YOUR RIGHT

- Information about you as an individual belongs to you.
- Information for research is anonymous.
- You can have access to your records if you ask to see them.
- You have the right to confidentiality under the Data Protection Act 1998, the Human Rights Act 1998 and the common law duty of confidence.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Where do nurses keep the Patient Record so that the information is confidential?
- 2 Why is it important for patients to know that their personal information is kept accurately and in a safe place?

UNIT 4

The District Nurse

- Describing your nursing role
- Describing wounds
- Helping a patient with Activities of Daily Living (ADLs)
- Managing embarrassing moments
- Using a District Nurse Prescription Sheet
- Reading medication labels



Describing your nursing role

- 1 a In pairs, discuss what you think the following healthcare professionals do.

Dietician	District Nurse	GP	Health Visitor
Midwife	Pharmacist	Practice Nurse	Psychologist

- b Read the information below about nursing roles and discuss the following questions.

Nurses who work in the community

Practice Nurses work in GPs' surgeries and are part of the Primary Care Team. The Primary Care Team are the people that patients contact first and include doctors, nurses, health visitors, district nurses, midwives, dieticians, pharmacists, psychologists and reception staff.

Health Visitors assess the health needs of people of all ages and give practical help and advice. They may give advice on parenting to new parents and run health promotion programmes, for example *Quit Smoking*.

District Nurses visit people in their own homes or in Residential Care Homes. Residential Care Homes, also called Nursing Homes, or Aged Care Facilities, are places where elderly people are cared for.

- 1 Why do you think District Nurses travel to visit patients in their own homes?
- 2 Which of the following tasks do you think a District Nurse does?
 - a Changes dressings
 - b Gives insulin injections
 - c Reloads continuous infusion pumps with analgesia
 - d Helps with showering
 - e Cooks meals
 - f Administers medications
 - g Cleans the house
 - h Sets up nebulisers for patients with asthma
- 3 Do you have District Nurses in your country?

c Look at the picture of a District Nurse and her patient on page 36. In pairs, discuss the following questions.

- 1 What do you think the District Nurse is doing?
- 2 Why do you think the patient is at home?

d ▶ 4.1 Angela, the District Nurse, is visiting Mrs Briggs at home. Listen to the conversation and answer the following questions.

- 1 Why is the nurse visiting?
- 2 Where is the wound?
- 3 What is Mrs Briggs going to do after Angela finishes?

e ▶ 4.1 Listen again and mark the following statements True (T) or False (F).

- 1 The wound looks much better. _____
- 2 The skin around the wound looks redder. _____
- 3 The wound's got less pus in it. _____
- 4 The wound doesn't have a bad odour. _____
- 5 The wound has got a lot bigger. _____

f ▶ 4.1 Complete the following extracts from the conversation using the words in the box. Listen again and check your answers.

bandage dressing odour pus smaller wound

I'm here to do your (1) _____.

I'll take the (2) _____ off first.

Actually, the skin around the (3) _____'s less red.

The wound's got less (4) _____ in it.

It doesn't have a bad (5) _____ now because the infection's better.

The wound's a bit (6) _____, too.

Medical focus: wounds

2 a Match the medical terms (1–10) with their meanings (a–j).

1 bandage	a red, painful and swollen
2 discharge	b liquid which comes out of a wound
3 dressing	c a long piece of soft cloth that you tie around an injury
4 inflamed	d a yellow substance that comes from an infected part of your body
5 odour	e an injury to the skin
6 pus	f a covering that protects an injury
7 surrounding skin	g the skin around a wound
8 sutures	h cells which make up the skin
9 tissue	i stitches used to sew up a cut
10 wound	j smell

- b** ▶ 4.2 Look at the pronunciation table below and match the parts of the words in bold in the box to the sounds in the table. Listen and check your answers. Practise saying the words.

bandage	discharge	dressing	odour	pus
sutures	tissue	wound		

s as in sat	ʃ as in shut	tʃ as in chat	dʒ as in juice	ʌ as in bus	ə as in soda	uː as in soon
			bandage			

- c** Match the pictures (1–4) below to the descriptions of the wounds (a–d).

- There is a moderate amount of bloody discharge from the wound. It doesn't have a bad odour.
- The sutures are healing well and the surrounding tissue is healthier. It doesn't smell.
- The middle of the wound's still got a large area of dead tissue. It smells bad.
- It has a lot of greenish pus in it. The surrounding skin is still red and inflamed. It has quite a bad odour.



1 ☐



2 ☐



3 ☐



4 ☐

- d** Complete the following sentences using the words and phrases in the box. Sometimes there is more than one possible answer.

blood	bloody discharge	dead tissue	greenish pus	healthy tissue
odour	pus	red and inflamed	surrounding tissue	

The wound is healing well. There's a lot of (1) healthy tissue.

The patient is bleeding after his operation. There's a lot of (2) _____ in the wound drain.

There is a large area of (3) _____ in the middle of the wound. It has quite a bad (4) _____.

The infection is clearing. There's not much (5) _____ in the wound.

The (6) _____ is healthier. It doesn't smell.

There is a moderate amount of (7) _____ from the wound.

The wound has a lot of (8) _____ in it.

The surrounding skin is still (9) _____.

- e How can you describe improvement / no improvement in wounds? Add examples from Exercises 2c and 2d to the following table.

Improvement	No improvement
The sutures are healing well ...	

- f In pairs, practise describing improvement / no improvement in the wounds in Exercise 2c. Use audioscript 4.1 on pages 96 and 97 and the phrases from this section to help you.

Helping a patient with Activities of Daily Living (ADLs)

- 3 a Label the pictures (1–5) below using the words in the box.

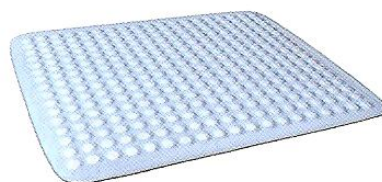
grab bar non-slip mat raised toilet seat shower chair walking frame



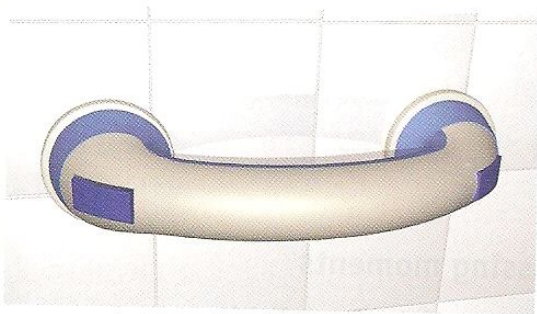
1



2



3



4



5

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 What sort of activities are ADLs?
- 2 Which patients would use the equipment in Exercise 3a?
- 3 Have you helped patients use any of the equipment in Exercise 3a?

- b In pairs, choose a piece of equipment in Exercise 3a and ask your partner which ADL it helps with.

- c** ▶ 4.3 Joe, the District Nurse, is helping Mr Heath at home. Listen to the conversation and tick ✓ the things that Mr Heath can do without help and the things that Joe needs to do.

the patient can

- ☒ stand up
- ☐ have a shower without help
- ☐ turn the walking frame around
- ☐ sit on the toilet
- ☐ walk using the walking frame
- ☐ hold the grab bar
- ☐ stand up in the shower

the nurse needs to

- ☐ help the patient stand up
- ☐ help the patient to the bathroom
- ☐ move the walking frame to the patient
- ☐ help the patient sit down
- ☐ take off the patient's pyjamas
- ☐ wipe the patient's bottom
- ☐ put the patient's feet on the non-slip mat

- d** ▶ 4.3 Complete the following extracts from the conversation using the words in the box. Listen again and check your answers.

I'll help I'll just get I'll just put I'll put I'll take off I'll wipe

- (1) _____ you to the bathroom so you can have a shower.
- (2) _____ your walking frame for you.
- (3) _____ your pyjamas while you finish.
- (4) _____ your bottom. OK, all done.
- (5) _____ your walking frame outside the bathroom until we need it.
- (6) _____ your feet on the non-slip mat. I don't want you to slip.

- e** In pairs, practise the conversation between Joe and Mr Heath. Use the following prompts to help you.

- help / to the bathroom
- get / walking frame
- take off / pyjamas
- wipe / bottom
- put / walking frame outside
- put / your feet on mat

Communication focus: managing embarrassing moments

- 4 a** Match the beginnings (1–7) to the endings (a–g) to complete the definitions.

1 A call bell is	a understands what people are feeling.
2 Somebody who is sensitive	b you make them feel worthless or embarrassed.
3 Somebody who is incontinent	c you are alone and people cannot see or hear what you are doing.
4 Somebody who is impatient	d you talk to them in a way that shows you think they are stupid or not important.
5 Privacy is when	e cannot control when urine or faeces come out of their body.
6 If you talk down to somebody	f the buzzer which patients press to call a nurse.
7 If you humiliate somebody	g doesn't like waiting.

b Complete the following extract from an information leaflet using the words in the box.

call bell humiliate impatient incontinent
privacy sensitive talk down to

Some patients need help with daily activities such as showering or going to the toilet. Some things can be embarrassing for patients. A patient who is (1) incontinent of urine may feel ashamed and not want to ring the (2) _____ for the nurse. It is always important to help patients in a (3) _____ way so that patients do not feel embarrassed at all. Nurses should make sure that patients have (4) _____ when they are on the toilet. When nurses speak to patients, particularly elderly patients, they should never (5) _____ patients. It is not acceptable to (6) _____ patients if they have been incontinent. Above all, it's important to give patients enough time and not be (7) _____.

In pairs, decide which of the following strategies for managing embarrassing moments are good or bad. Write them in the table below.

Be impatient and rush patients
~~Be sensitive~~
Don't get embarrassed
Give patients privacy
Humiliate patients when they are incontinent
Speak normally
Talk down to patients
Use inappropriate language, for example *lovie* or *sweetie*

Good strategies

Be sensitive

Bad strategies

▶ **4.4** Listen to four conversations between nurses and patients. Tick ✓ the following strategies that you hear the nurses use in each conversation (a–d). Sometimes more than one answer is possible.

	1 Privacy	2 Speak normally	3 Talk down to patients	4 Use inappropriate language	5 Be sensitive	6 Don't get embarrassed	7 Be impatient	8 Humiliate patients
a			✓					
b								
c								
d								

Listen again to conversations b and c. How does the nurse demonstrate the good strategies you identified in Exercise 4c?

Charting and documentation: District Nurse Prescription Sheet

- 5 a In pairs, look at the District Nurse Prescription Sheet and answer the following questions.

- 1 What is the sheet used for?
- 2 What information is on the sheet?

DISTRICT NURSE PRESCRIPTION SHEET District Nurse Liaison 0153 299 6530	
Patient Name: <i>Martha Bartle</i>	DOB: <i>03/04/1962</i>
Address: <i>16 Heath Crescent Kettleworth TH5 9BZ</i>	
GP: <i>Dr John Fildes</i>	Address: <i>10 Field Close Kettleworth TH5 7PK</i>

FAO DISTRICT NURSE

Thank you for taking over the care of Martha Bartle who will require:

Drug: *Hydroxocobalamin (vitamin B12)*

Dose: *1000 mcg*

Frequency: *one injection every 2 months*

Route: Rectal / SC / IM / Administration of eye drops

For a period of: *6* days / weeks / months

Thank you for your co-operation

Signature: *V Nuttall* Designation: *SHO*

- b Match the terms from the District Nurse Prescription Sheet (1–9) with their meanings (a–i).

1 Designation	a for the attention of
2 dose	b title, for example Registered Nurse
3 FAO	c a measured amount of medication
4 GP	d subcutaneous, an injection under the skin
5 IM	e Intra Muscular, an injection into the muscle
6 mcg	f microgram
7 rectal	g Senior House Officer
8 SC	h inserted into the rectum
9 SHO	i General Practitioner

c ▶ 4.5 Vivien, the Ward Nurse, is phoning Fiona, at District Nurse Liaison. Listen to the conversation and answer the following questions.

- 1 Why did Vivien phone Fiona?
- 2 What does the District Nurse need to do?
- 3 How often does the District Nurse have to visit?
- 4 When will Mrs Bartle see Dr Nuttall?
- 5 Who will the District Nurse keep in contact with?

d ▶ 4.5 Listen again and circle the information on the District Nurse Prescription Sheet in Exercise 5a that you hear.

e ▶ 4.5 Complete the following extracts from the conversation using the words in the box. Listen again and check your answers.

check-up fax intramuscular keep in touch pass on speaking

District Nurse Liaison, Fiona (1) _____ .
 Hi, Fiona. It's Vivien from the Alexandra Hospital.
 Have you got the (2) _____ with Mrs Bartle's prescription yet?
 Let me see. Yes. I have it with me now.
 Can you please (3) _____ the prescription to the District Nurse who'll be looking after Mrs Bartle?
 Sure. So, she'll need vitamin B12 injections every two months?
 Yes. Vitamin B12, 1000 micrograms, (4) _____ .
 And she'll have the injections for six months. Is that right?
 Yes. She has an appointment with Dr Nuttall in six months for a (5) _____ .
 Can you also ask Sara to (6) _____ with Mrs Bartle's GP?
 Yes, sure. Dr Fildes is her GP, isn't he?

f In pairs, practise the conversation between Fiona and Vivien. Use the following prompts to help you. Cover the text in Exercise 5e.

Vivien		Fiona
got / Mrs Bartle's prescription?	→	yes / have it now
pass on / prescription / District Nurse?	↔	need / vitamin B12 injections / every two months
vitamin B12 / 1000 micrograms / IM	↔	injections / six months?
yes / appointment / Dr Nuttall / six months / check-up	↔	pass on / prescription / Sara / looking after Mrs Bartle
ask Sara / keep in touch / Mrs Bartle's GP?	↔	yes / Dr Fildes / her GP?
yes / let Sara know	↔	

- 9 In pairs, practise phoning to check the information on a District Nurse Prescription Sheet. Student A, you are a Ward Nurse; Student B, you work at District Nurse Liaison. Use the District Nurse Prescription Sheet below to help you.

DISTRICT NURSE PRESCRIPTION SHEET

District Nurse Liaison

0153 299 6530

Patient Name:	<i>William Armitage</i>	DOB:	<i>12/06/1945</i>
Address:	<i>16 Roseville Lane Kettleworth TH5 4HN</i>		
GP:	<i>Dr Simon Gunter</i>	Address:	<i>67 St Vincent Close Kettleworth TH5 9JG</i>

FAO DISTRICT NURSE

Thank you for taking over the care of William Armitage who will require:

Drug: *Lantus (insulin)*

Dose: *16 units*

Frequency: *Daily*

Route: Rectal / SO / IM / Administration of eye drops

For a period of: *4* days / weeks / months then review at the Diabetic Clinic on 05/08/2010

Thank you for your co-operation

Signature: *P Peterson*

Designation: *SHO*

Reading medication labels

- 6 a Look at the medication labels (a-i) on page 45 and find a word or a phrase with the following meanings.

- Mix the contents Shake well
- Clean the mouth with a mouthful of water _____
- Do not stay out in the sun _____
- Throw away what is left in the container _____
- Keep in the fridge between 2–8°C _____
- Take before eating or drinking _____
- Don't take with alcohol _____
- Take all of the medication _____
- Don't take the medication, use on your skin only _____



b ▶ 4.6 Listen to two conversations between nurses and patients. Which of the medication instructions (1–9) in Exercise 6a did you hear?

c ▶ 4.6 Listen again and complete the following extracts from the conversations using the phrases in the box.

Don't forget It's important that Make sure remember to You must x2

Conversation 1

This one is your antibiotic. (1) _____ you take it on an empty stomach.

Now, this is your inhaler. (2) _____ rinse your mouth with water after you use it.

The last one is the lotion for your rash. (3) _____ you shake the bottle so you mix the contents well.

Conversation 2

Here are the eye drops. They only last a month so

(4) _____ discard the contents after this date.

(5) _____ to keep the eye drops in the fridge.

(6) _____ avoid too much sun with these tablets.

You could burn easily.

d In pairs, practise giving precautions about medications. Use the medication labels in Exercise 6a and the phrases in Exercise 6c to help you.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Why is it important to follow the instructions on medication labels?
- 2 In what situations do nurses talk to patients about how they should take their medications?
- 3 Have you ever explained medication labels to a patient?

UNIT 5

Helping patients with rehabilitation

- Discussing a patient's progress
- Helping a patient with meals
- Explaining safe swallowing
- Reassuring a patient before an unpleasant procedure
- Using a Food Chart
- Telephone skills: making a referral



Discussing a patient's progress

- 1 a** In pairs, discuss the following questions.
- 1 What is the therapist in the picture doing?
 - 2 What kind of therapist is this?
 - 3 What kinds of therapist have you worked with?

- b** Match the therapists (1–4) to the definitions (a–d).

1 Occupational Therapist (OT)	a works with people who have problems with nutrition
2 Speech and Language Therapist (SLT)	b works with people who need help with ADLs
3 Physiotherapist (Physio)	c works with people who have problems with communication and swallowing
4 Dietician	d works with people who have problems moving after an injury

- c** ▶ **5.1** Luisa, the Ward Nurse, and Dr Connor are discussing a patient's progress. Listen to the conversation and answer the following questions.

- 1 How is Mr Kransky doing?
- 2 Can he feed himself?
- 3 When will the Doctor review Mr Kransky's diet?

- d** ▶ **5.1** Listen again and mark the following statements True (T) or False (F).

- 1 Mr Kransky sees the Speech and Language Therapist every day for speaking exercises. _____
- 2 He'll start on a puréed diet tomorrow. _____
- 3 Mr Kransky will continue eating puréed food and drinking thickened fluids for a few weeks. _____

e ▶ **5.1** Listen again and **circle** Luisa's answers in the following extracts from the conversation.

Dr Connor: Hello, Luisa. Can you tell me how Mr Kransky's doing?

Luisa: Mr Kransky? Mm. He's (1) **doing quite well** / not doing very well but he still has (2) **difficulty swallowing** / a weak swallow reflex.

Dr Connor: That's good. How's he doing with the exercises?

Luisa: He's (3) **not doing very well** / **doing well** / **doing much better** with the tongue exercises.

Dr Connor: How's he finding the puréed diet?

Luisa: He's (4) **not managing very well** / **managing well**.

Dr Connor: Right. What about fluids?

Luisa: He's still having thickened fluids and he's (5) **not coping very well** / **coping quite well** with them.

Dr Connor: OK. Er ... Can he feed himself yet?

Luisa: (6) **No, not yet. He still needs help with feeding.** / Yes, he can.

Dr Connor: Yeah. Right. Can you continue with the puréed diet and thickened fluids until his swallow reflex is better?

Luisa: Sure. I'll (7) **make a note of that** / **write it in his Notes**.

f In pairs, practise asking and answering the questions in Exercise 1e.

g In pairs, practise discussing a patient's progress. Student A, you are the Ward Nurse; use the patient 1 information below. Student B, you are the Doctor; use the questions in Exercise 1e. Swap roles and practise again using the patient 2 information on page 90.

patient 1 information

Mrs Davies (56) had a car accident six weeks ago. She has a brain injury as a result but is recovering slowly. She has a weak swallow reflex and is still having a puréed diet and thickened fluids. She has been seeing the OT for two weeks for swallowing exercises and can now feed herself with a little help. Dr Gregory reviewed her today and wants her to stay on the puréed diet for another two days.

Helping a patient with meals

2 a In pairs, discuss the following questions.

- 1 Why do you think the man in the picture on the right is having problems eating?
- 2 How can the nurse help the patient to feed himself?

b Label the pictures (a–e) below using the words in the box.

modified utensil
spill-proof lid

non-slip bowl
utensil handclip

non-tip cup



a _____



b _____



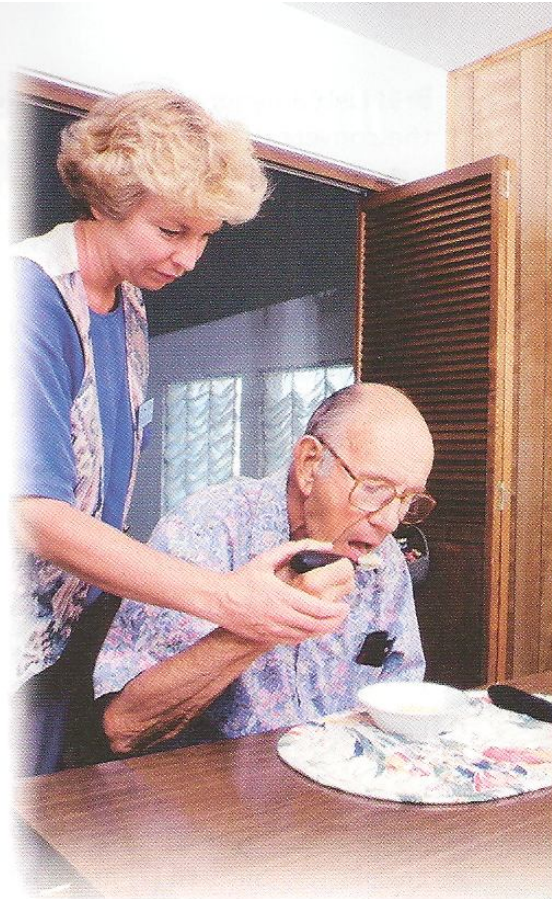
c _____



d _____



e _____



c Match the beginnings (1–5) to the endings (a–e) to complete the definitions of the utensils.

1 A spill-proof lid	a helps a person hold a utensil.
2 A non-slip bowl	b will not leak when you have a drink.
3 Modified utensils	c will not fall over if you knock it.
4 A non-tip cup	d will not move around on the table.
5 A utensil handclip	e are changed to make the handles easier to use.

d In pairs, take turns pointing to a utensil in Exercise 2b and asking your partner to define it.

e ▶ 5.2 Debbie, the Ward Nurse, is helping Mr Gimlet, a patient who is recovering from a stroke. Listen to the conversation and answer the following questions.

- 1 What does Mr Gimlet have to do before he starts eating?
- 2 Who sent the new things?
- 3 What kind of modified utensils does Mr Gimlet have to try?

f ▶ 5.2 Listen again and complete the extracts from the conversation using the phrases in the box.

Are you sitting up for you to hold for you to try for you to use
~~I've got~~ Now, don't rush She's also sent you The OT's sent

- (1) I've got your lunch for you.
 (2) _____ comfortably in the chair?
 (3) _____, there's plenty of time.
 (4) _____ a few things to help you feed yourself.
 She's sent a special bowl (5) _____.
 (6) _____ a non-tip cup.
 There are some modified utensils (7) _____, too.
 They're easier (8) _____.

g In pairs, practise the conversation between Debbie and Mr Gimlet. Use the following prompts to help you.

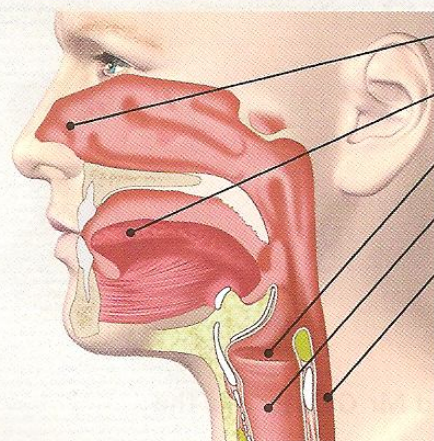
Nurse		Patient
Got / lunch / sitting up	→	Yes
New things / from OT	←	What?
Non-slip bowl	→	Good
Modified utensils	←	These spoons?
Easier to hold	→	Will / try

Medical focus: safe swallowing

- 3 a In pairs, look at the information leaflet below and answer the following questions.

- 1 Is the leaflet for nurses or patients?
- 2 What does the leaflet describe?

Safe swallowing after a stroke



- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

You may experience difficulty swallowing because you have had a stroke or another injury. It is important to learn how to swallow food and drink safely so that you do not choke.

Tips for safe swallowing

- Make mealtimes quiet and relaxed – don't rush
- Have small, frequent meals
- Only take a teaspoon at a time and make sure you have swallowed it before having any more
- Don't mix food and drink in the same mouthful
- Don't try to talk when you are eating
- Sit upright for half an hour after each meal

- b ▶ 5.3 Max, the Ward Nurse, is explaining a process to Mrs Hudson, a patient who has recently had a stroke. Listen to the conversation and answer the following questions.

- 1 What is Max explaining?
- 2 What does the tongue help with?
- 3 What does the throat join up with?

- c Label the diagram of the mouth and throat in Exercise 3a using the words in the box.

larynx nasal cavity oesophagus tongue trachea

- d ▶ 5.4 Look at the pronunciation table below and match the parts of the words in bold in the box to the sounds in the table. Listen and check your answers. Practise saying the words.

larynx nasal cavity oesophagus tongue trachea

z as in days	k as in cat	ʌ as in bus	ə as in soda	ɪŋ as in ring

e Match the Dos (1–6) and Don'ts (a–f) of safe swallowing.

1 Eat small amounts of food several times a day.	a Don't rush meals.
2 Eat and drink separately.	b Don't try to eat a lot of food in one meal.
3 Finish eating before talking.	c Don't eat any more food before you have swallowed the previous mouthful.
4 Sit upright for thirty minutes after you finish eating.	d Don't mix food and drink in the same mouthful.
5 Take time eating your food.	e Don't try to talk when you are eating.
6 Swallow each mouthful before you have more food.	f Don't lie down after eating.

f ▶ 5.5 Max is explaining safe swallowing to Mrs Hudson. Listen to the conversation and answer the following questions.

- 1 What kind of diet is Mrs Hudson starting?
- 2 Why is it better for people who've had a stroke to eat smaller meals?

g ▶ 5.5 Complete the following extracts from the conversation using the words and phrases in the box. Listen again and check your answers.

Don't it's a good idea It's also important It's better
~~it's really important~~ Take your time Try not to you should

First of all, (1) it's really important not to rush meals. (2) _____ eating your food.

(3) _____ to eat smaller meals than larger meals.

That's why (4) _____ eat the amount of food which fits on a teaspoon.

(5) _____ to keep food and liquids separate.

(6) _____ drink and eat at the same time.

(7) _____ talk while you eat. Relax and enjoy your meal.

After your meal, (8) _____ to sit up for around thirty minutes to let your food settle.

h In pairs, practise the conversation between Max and Mrs Hudson. Use the following prompts to help you. Cover the text in Exercise 3g.

- don't / rush meals
- eat / small amounts
- don't mix / food / drink
- don't / talk / eat
- sit up

i In pairs, practise explaining a procedure to a patient. Student A, you are the Ward Nurse; use the patient information leaflet opposite. Student B, you are the patient; listen and ask any questions you have. Swap roles and practise again.

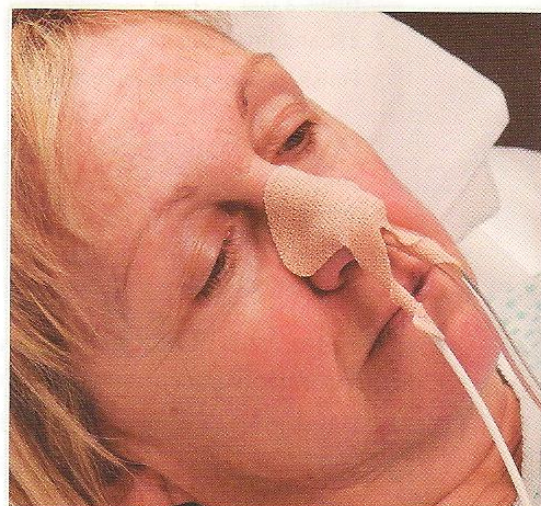
Tips to avoid a fall after a stroke

- Don't rush to the toilet. Take your time.
- Keep the bathroom light on at night so you can see where you are going.
- Put on shoes before you walk. Don't get up in stockinged feet.
- Get out of bed carefully if you suffer from low blood pressure.
- Don't hold onto tables with wheels for support.
- Use your walking frame even if it is a short distance.
- Mop up spills on the floor so you don't slip.

Communication focus: reassuring a patient before an unpleasant procedure

4 a In pairs, discuss the following questions.

- 1 Look at the picture on the right. What procedure has this patient had?
- 2 How do you think the patient felt during the procedure?
- 3 What would you do to make her feel better during the procedure?



b ▶ 5.6 Dina, the Ward Nurse, is talking to Mrs Noonan, a patient. Listen to the conversation and answer the following questions.

- 1 What is Dina going to do?
- 2 What does Dina do first?
- 3 What does Mrs Noonan have to do?
- 4 What will Dina do if Mrs Noonan wants a break?

c ▶ 5.6 Listen again and circle the words that Dina uses in the following extracts from the conversation.

- 1 I'm **sorry but** / **afraid** I need to put a tube through your nose into your stomach now.
- 2 I know it's not very pleasant but I'll **try** / **help** to make you as comfortable as possible.
- 3 I'll **show** / **tell** you everything I'm going to **do** / **use** so you'll understand what's happening.
- 4 **I must** / **I'll just** turn off the TV so we're not distracted.
- 5 Here's the tube which goes **into** / **through** your stomach.
- 6 I'll **get you to** / **make you** swallow as I feed the tube through your nose.
- 7 I'll stop if you need a **drink** / **break**.
- 8 Just hold **out** / **up** your hand and I'll stop.

d Match the strategies (1–4) to the phrases Dina uses (a–d).

1 empathise with your patient	a I'll show you everything I'm going to use so you'll understand what's happening.
2 explain everything before you start	b I'll stop if you need a break.
3 let patients stop if they are feeling anxious	c I know it's not very pleasant but I'll try to make you as comfortable as possible.
4 remove distractions	d I'll just turn off the TV.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Which of the strategies in Exercise 4d have you used to calm a patient before an unpleasant procedure?
- 2 Can you think of any other ways to reassure patients?
- 3 How would you reassure a child?

Charting and documentation: Food Chart

5 a Look at the chart below and answer the following questions.

- 1 What is the chart used for?
- 2 What do nurses write in the chart?
- 3 Have you ever used a chart like this before?

Food Chart			
Patient name: John Silverman			Ward: Rehab 1
- Record <u>all</u> food and drink consumed throughout the day - Specify the <u>type</u> of food, e.g. wholemeal bread, puréed potato - Specify the <u>quantity</u> actually eaten, e.g. ½ bowl of soup, 1 slice of beef, 1 serving vegetables - Include <u>all</u> drinks and nutritional supplements taken - Record the amount of fluid consumed, e.g. 1 cup of tea = 120 ml			measurements bowl 150 ml cup 120 ml glass 100 ml juice container 110 ml nutritional supplement 250 ml tub of ice cream 80 ml
Date: 14/07/09	Type of food and fluid		Amount of fluid
BREAKFAST			
Cereal	½ bowl of porridge		
Milk/sugar	1 cup milk, 2tsp sugar		120 ml
Cooked items			
Bread/toast/spread	1 piece of toast and butter		
Fruit juice	container apple juice		110 ml
Drink/sugar/milk	¾ cup of white coffee, 1tsp sugar		90 ml
Nutritional supplement			
MORNING TEA			
Snack	1 biscuit		
Drink/sugar/milk			
Nutritional supplement	nutritional suppl.		250 ml
LUNCH			
Soup	(1)	1 bowl of soup	(2) ml
Main course	(3)	serving casserole	
Potato/rice/pasta	(4)	serving rice	
Vegetables	(5)	serving vegetables	
Dessert	(6)	tub ice cream	(7) ml
Drink/sugar/milk	(8)	container apple juice	(9) ml
Nutritional supplement			
AFTERNOON TEA			
Snack			
Drink/sugar/milk			
Nutritional supplement			
DINNER			
Soup			
Main course			
Potato/rice/pasta			
Vegetables			
Dessert			
Drink/sugar/milk			
Nutritional supplement			
EVENING SNACK			
Snack			
Drink/sugar/milk			
Nutritional supplement			

- b** ▶ 5.7 Amanda, the Ward Nurse, is asking Mr Silverman about his lunch. Listen to the conversation and complete the following questions using the words in the box.

casserole dessert drink juice ~~soup~~ tub vegetables

How much (1) soup did you have?
 How much (2) _____ did you eat?
 Did you have any (3) _____ ?
 Did you have any (4) _____ ?
 Did you have the whole (5) _____ ?
 Did you have a (6) _____ ?
 How much of the (7) _____ did you have?

- c** ▶ 5.7 Listen again and complete Mr Silverman's Food Chart in Exercise 5a for lunch on 14/07/09.

- d** In pairs, practise asking a patient about their food and fluid intake. Student A, you are Amanda; use the Food Chart in Exercise 5a to ask about dinner on 14/07/09. Student B, you are Mr Silverman; use the patient information on the right. Swap roles and practise again. Student B, use the Food Chart on page 90 to ask about breakfast on 15/07/09. Student A, use the patient information on page 87.

Patient information

Dinner 14/7
 1 bowl soup
 ½ piece roast chicken
 1 serving puréed potato
 ½ serving vegetables
 1 serving apple pie
 1 glass of milk

Telephone skills: making a referral

- 6 a** Complete the information leaflet below using the telephone phrases in the box.

Could you hold, please? Extension 494
 I'm calling to make an appointment with the podiatrist
 It's Vivien from M Ward ~~M Ward~~ Thank you for holding Vivien speaking

When answering a phone, it is usual to state the ward or department name (1 M Ward) or the extension number (2 _____) first. Then, state who is speaking (3 _____). When making a call, state your name and ward area (4 _____), then state the reason for your call (5 _____). If you have to ask the caller to wait while you check some information, you need to ask the caller to hold (6 _____). Always thank the caller for waiting (7 _____).

b ▶ **5.8** Listen to a conversation between Hannah, the Ward Nurse, and Rhonda and answer the following questions.

- 1 What's Rhonda's job?
- 2 Why is Hannah phoning?
- 3 What problem does Mr Vermont have?
- 4 Why can't the appointment be 3 pm?

c ▶ **5.8** Complete the following extracts from the conversation using the words in the box. Listen again and check your answers.

Could you hold Could you review I'd like to make a referral
I'm calling about Mr Vermont It's Hannah calling
Rhonda speaking Thanks for holding that would be better

Extension 567, (1) Rhonda speaking . Can I help you?
Hello. (2) _____ from Ward 5.
(3) _____ to the Dietician, please.
(4) _____ in bed 301.
(5) _____ Mr Vermont, please? He's lost a lot of weight in the last week.
(6) _____ for a minute while I check his notes?
(7) _____ . I'm afraid 3 pm is no good. He is having an x-ray at 3.
Yes, (8) _____ .

d Complete the table below using the phrases in the box.

Could you hold ... Could you review ... I'd like to make a referral ...
I'm calling about Mr Vermont. It's Hannah calling. Rhonda speaking.

Saying who you are	Saying why you're calling	Asking someone to do something

e In pairs, practise making a patient referral over the phone. Student A, you are the Ward Nurse; use the patient 1 information below. Student B, you are the therapist; use the therapist 1 information on page 91. Swap roles and practise again using the patient 2 information on page 91 and the therapist 2 information on page 87.

patient 1 information

Patient: John Hunter

Referral to: Speech and Language Therapist

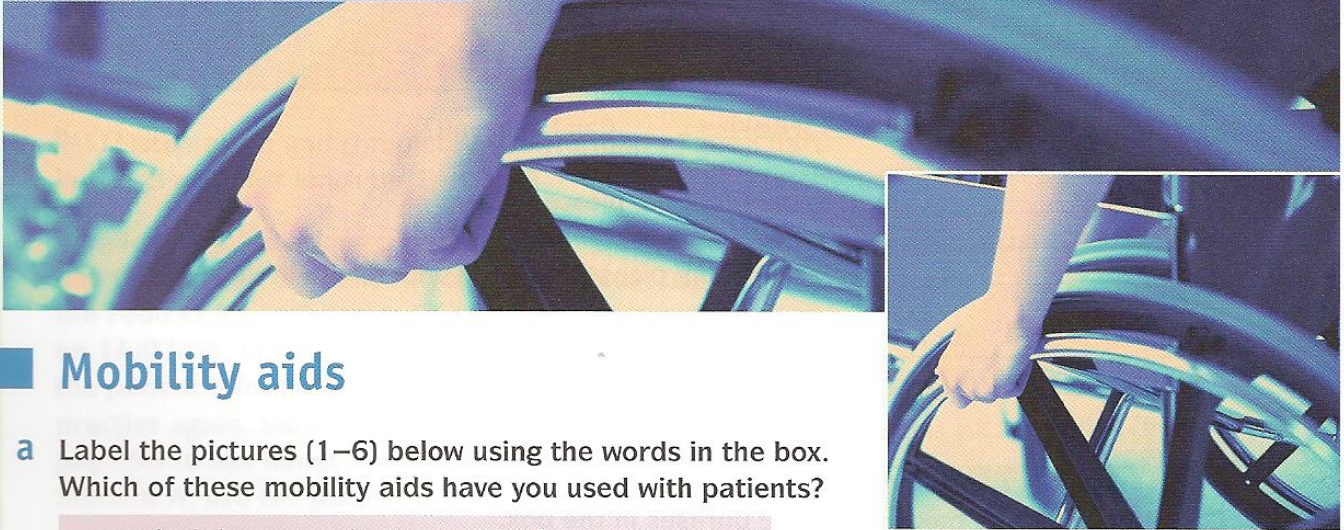
Problems: Difficulty swallowing after stroke, needs to start puréed diet

Tests booked this week: CT scan on Monday at 11.30

UNIT 6

Mobilising patients

- Helping a patient with mobility aids
- Getting a patient out of bed
- Using a slide sheet
- Using a hoist
- Completing a Moving and Handling Assessment



Mobility aids

- 1 a Label the pictures (1–6) below using the words in the box. Which of these mobility aids have you used with patients?

commode chair crutches walking frame
walking frame with wheels walking stick wheelchair



1 _____



2 _____



3 _____



4 _____



5 _____



6 _____

- b** ▶ **6.1** Listen to four conversations (1–4) between nurses and patients. Complete the table below with some of the mobility aids in Exercise 1a. What are the patients going to do?

	Mobility aid	The patient is going to ...
1	walking frame	
2		
3		
4		

- c** ▶ **6.1** Match the following extracts to the conversations (1–4). Listen again and check your answers.

	1	2	3	4
Hold the handles for me.	✓			
I'll get you the crutches, Mark.				
I'll get your walking stick for you.				
I'll help you into the wheelchair, Gina.				
I'll help you up now.				
Just make sure the top of your crutches are a few centimetres below your armpits.				
Make sure the stick is firmly on the ground.				
Now put your feet on the floor.				
Now, sit down slowly on the wheelchair.				
Now, stand up and turn around to face me.				
Sit up and swing your legs over the side of the bed.				

- d** Complete the following strategies 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) name 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.

- e** Find examples of the strategies for helping a patient to mobilise in Exercise 1c.

- f** In pairs, practise helping a patient to mobilise. Read the patient 1 information on the right. Student A, you are the Ward Nurse; Student B, you are the patient. Swap roles and practise again using the patient 2 information on the right.

patient 1 information

Patient: Mr Peter James
 Mobility aid: Walking stick

Mr James needs to use a walking stick to walk to the bathroom as he has some weakness on the left side of his body after suffering a stroke.

patient 2 information

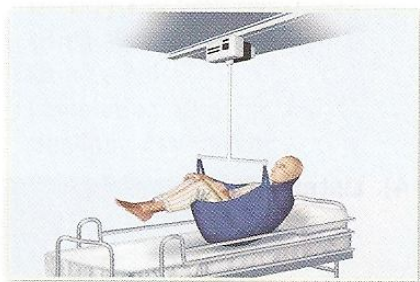
Patient: Ms Margaret Dean
 Mobility aid: Crutches

Ms Dean had a skiing accident and broke her leg. She uses crutches to help her walk and go to Physiotherapy for exercises.

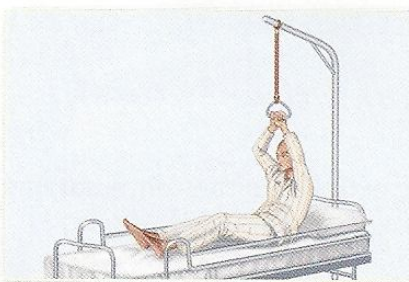
Getting a patient out of bed

- 2 a Label the mobility aids (1–4) below using the words in the box.

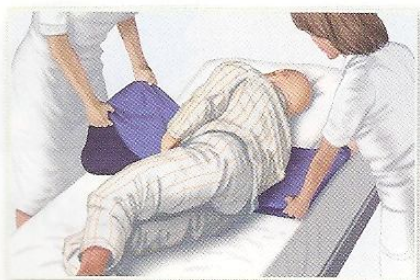
hoist monkey pole rope ladder slide sheet



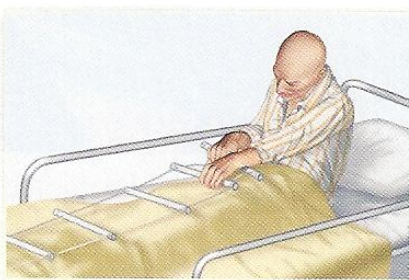
1 _____



2 _____



3 _____



4 _____

- b In pairs, complete the table below using the mobility aids in Exercise 2a and the number of nurses you need to do the task.

Task	Equipment	Number of nurses
moving large or immobile patients into or out of bed		2 nurses
helping patients sit from a lying position		
helping patients lift up their lower back and buttocks		
helping move or turn an immobile patient in bed		

- c ▶ 6.2 Sally and Lenka, two Ward Nurses, are discussing patients' mobility. Listen to the conversation and complete the following table with the equipment the patients use.

Patient	Equipment
Mrs Kovacs	
Mrs Hartley	
Ms Sayed	
Mrs Phillips	

- d ▶ 6.2 Listen again and complete the following extracts from the conversation using the words in the box.

lift up move put sit up turn use

She uses the rope ladder to help her (1) _____ in bed.
 You'll need the slide sheet to (2) _____ her in bed.
 Can Ms Sayed (3) _____ her bottom for a bedpan?
 I (4) _____ a monkey pole on the bed for her.
 You have to (5) _____ the hoist. She can't
 (6) _____ much at all now.

3 a ▶ 6.3 Caroline, the Ward Nurse, is helping Mrs Kennedy, a patient who recently had a hip operation, get out of bed. Listen to the conversation and answer the following questions.

- 1 Why is Mrs Kennedy getting out of bed?
- 2 What does Mrs Kennedy use to help her walk?
- 3 What does Mrs Kennedy hold to make her steady?

b ▶ 6.3 Listen again and put the following steps in the correct order.

- ☐ hold / rope ladder / both hands
- ☐ put / feet / floor
- ☐ swing legs / side of bed
- ☐ hold / handles / walking frame / both hands
- ☐ get up / shower
- ☐ walk / shower
- ☐ pull up / sitting

c ▶ 6.3 Complete the following extracts from the conversation using the words in the box. Listen again and check your answers.

both hands	feet	floor	get up	handles	hold x2
legs	pull up	put	rope ladder	shower x2	
side of the bed	sitting	swing	walk	walking frame	

I'm going to help you (1) get up for your (2) _____ now.

OK, (3) _____ the (4) _____ with both hands.

Now, (5) _____ so you are (6) _____.

Now, (7) _____ your (8) _____ over the (9) _____, slowly.

That's right, (10) _____ your (11) _____ firmly on the (12) _____.

Now, (13) _____ the (14) _____ of the (15) _____ with (16) _____.

OK, you're ready to (17) _____ to the (18) _____ now.

d In pairs, practise the conversation between Caroline and Mrs Kennedy. Use the steps in Exercise 3b to help you. Cover the text in Exercise 3c.

e In pairs, practise helping a patient to get out of bed. Read the patient 1 information below. Student A, you are the Ward Nurse; Student B, you are the patient. Swap roles and practise again using the patient 2 information below.

patient 1 information

Patient: Mrs Ivy Lake

Problem: Arthritis in left hip

Mobility aids: Rope ladder, walking frame

patient 2 information

Patient: Mr Donald Griggs

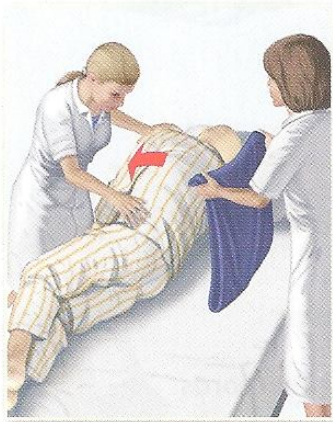
Problem: Weakness left side of the body after a stroke

Mobility aids: Monkey pole, walking stick

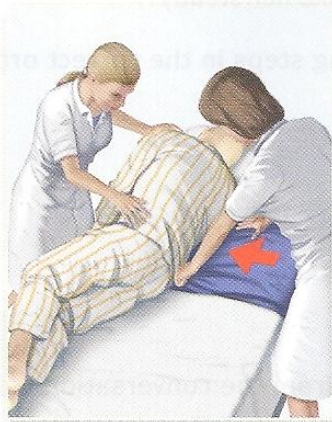
Using a slide sheet

- 4 a** Look at the pictures of two nurses using a slide sheet to move a patient and label the pictures (1–6) below using the verbs in the box.

lift pull roll x2 take out tuck



1 _____



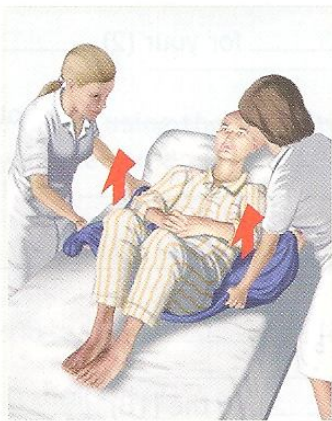
2 _____



3 _____



4 _____



5 _____



6 _____

- b** ▶ 6.4 Julia and Su, two Ward Nurses, are using a slide sheet to move Mrs McKenzie, a patient. Listen to the conversation and put the following extracts in the correct order.

- ☐ I'll take out the slide sheet now.
- ☐ First, roll over on your left side.
- ☐ Now, roll over again on your left side.
- ☐ I'll just pull the slide sheet through to my side.
- ☒ We're just going to tuck the slide sheet under you, Mrs McKenzie.
- ☐ Now, roll over on the other side.
- ☐ Su's going to tuck in the slide sheet.
- ☐ One, two, three – lift.
- ☐ I'll lift up the head of the bed so you can eat your lunch.
- ☐ Julia and I are going to help move you up the bed.

- c** Look at the sentences in Exercise 4b. How do we use *going to* and *will*? Complete the beginnings of the sentences in the table below using endings in the box.

explaining a procedure before we do it
introducing the next step in a procedure while we're doing it

We use <i>going to</i> for	We use <i>will</i> for

- d** Look at audioscripts 6.1, 6.3 and 6.4 on pages 99 and 100 and find more examples of *going to* and *will*. Write them in the table in Exercise 4c.

- e** In pairs, practise moving a patient with a slide sheet. Use the following prompts to help you.

- going to / tuck under / slide sheet / lift you up / bed
- roll over / left
- tuck in / slide sheet
- roll over / right
- pull through / slide sheet
- lift / you / up
- roll over / left
- take out / slide sheet

Medical focus: using a hoist

- 5 a** In pairs, look at the picture on the right and discuss the following questions.

- Where do the nurses put the sling?
 - Around the patient's leg
 - Around the patient's elbow
 - Around the front of the patient
- Where do the straps attach?
 - To both ends of the hoist
 - To both shoulders
 - To the walking frame
- What does the patient hold to keep him steady?
 - The hoist
 - The bars
 - The nurse
- Where does the patient use the equipment?
 - In the ward
 - In the operating theatre
 - In the rehabilitation unit
- Who helps the patient?
 - A Physiotherapist
 - A Rehab nurse
 - Both *a* and *b*



b ▶ **6.5** Bob, the Ward Nurse, is helping Walter, a patient, get out of bed. Listen to the conversation and answer the following questions.

- 1 What does the nurse bring to help Walter?
- 2 What is it important for patients to do after an operation?
- 3 Does the patient find it difficult to use the equipment?

c ▶ **6.5** Put the following steps in the correct order. Listen again and check your answers.

- ☐ Attach straps of sling to hoist
- ☐ Patient holds bars
- ☐ Put on patient's slippers
- ☐ Ask patient to take a few steps
- ☐ Bring hoist to patient
- ☐ Get patient to go for a short walk
- ☐ Hoist patient from sitting to standing position
- ☒ Explain what's going to happen and why it's important

d ▶ **6.5** Complete the following extracts from the conversation using the words in the box. Listen again and check your answers.

attach bring go hoist hold onto put take

I'll (1) bring the hoist up close first.
Put your arms up and I'll (2) _____ the straps of the sling to the hoist.
Now, (3) _____ your feet into your slippers.
Now, relax and I'll (4) _____ you up.
Good, now (5) _____ the bars with both hands.
You're doing very well. Now, (6) _____ a few steps.
Just (7) _____ for a short walk today.

e In pairs, practise taking a patient for a walk after an operation using a hoist. Student A, you are the Ward Nurse; use the steps in Exercise 5c to help you. Student B, you are the patient; follow the nurse's instructions. Swap roles and practise again.

Charting and documentation: Moving and Handling Assessment

6 a Match the equipment (1–3) to the definitions (a–c).

1 hand block	a flat board which helps nurses transfer patients
2 handling sling	b helps patients move themselves in bed
3 patslide	c helps support patients when standing

b Match the pictures (1–3) below to the equipment in Exercise 6a.



1 _____



2 _____



3 _____

c Which mobility aids and equipment in Unit 6 do you think these abbreviations are for? Look back through this unit and write the words next to the abbreviations.

- | | |
|----------------------------|--------------|
| 1 W/S <u>walking stick</u> | 7 W/W _____ |
| 2 S/S _____ | 8 H/B _____ |
| 3 Cr _____ | 9 Wh/C _____ |
| 4 H/S _____ | 10 H _____ |
| 5 W/F _____ | 11 C _____ |
| 6 M/P _____ | 12 P/S _____ |

d Complete the lists of mobility aids and equipment below using the words in the box.

commode chair	crutches	hand block	handling sling	hoist
monkey pole	patslide	slide sheet	walking frame	
walking frame with wheels	walking stick		wheelchair	

Mobility aids	Equipment
walking stick	handling sling

e Match the abbreviations (1–7) to the words (a–g).

1 A x 1	a supervise
2 I	b assistance of three nurses
3 Sup	c mobilise
4 Mob	d assistance of two nurses
5 A x 3	e bedrest
6 B/R	f assistance of one nurse
7 A x 2	g independent

f Match the patient classification and mobility terms (1–7) to the definitions (a–g).

1 assistance of one nurse	a patient must stay in bed at all times
2 assistance of three nurses	b needs two nurses to help patient get up, have a shower etc.
3 assistance of two nurses	c help patient get up and go for a walk
4 bedrest	d needs three nurses to help patient get up, have a shower etc.
5 independent	e watch over patient while s/he is walking, showering etc.
6 mobilise	f needs one nurse to help patient get up, have a shower etc.
7 supervise	g able to do all ADLs without help of a nurse

g A Moving and Handling Assessment contains information about how mobile a patient is and which mobility aids they need. Look at Ms Slessor's Moving and Handling Assessment below and answer the following questions.

- 1 Does Ms Slessor need help with her ADLs?
- 2 Is Ms Slessor on bedrest?
- 3 What mobility aid does Ms Slessor use?
- 4 What equipment do the nurses use to turn Ms Slessor in bed?
- 5 What do the nurses use to help Ms Slessor stand up when she is sitting in a chair?
- 6 Can Ms Slessor sit over the edge of the bed without help?
- 7 What do the nurses use to move Ms Slessor from the bed to the trolley?



MOVING AND HANDLING ASSESSMENT

Patient: Minnie Slessor

DOB: 23/04/1933

Hosp. No: 34529

Ward: H Wing

Date of Initial Mobility Assessment: 04/11/2009

Nurse Signature: R. Rohipa RN

Task	Pt. classification	Mobility	Mobility aids	Equipment	04/11	05/11	06/11	07/11	08/11
Mobility	A x 2	Mob	Wh/C	H	RR				
Move up bed	A x 2			S/S	RR				
Turn in bed	A x 2			S/S	RR				
Sit → stand	A x 2			H/S	RR				
Toileting	A x 2			H + C	RR				
Showering	A x 2			H + C	RR				
Lie → sit over edge of bed	A x 2			H/S	RR				
Transfer bed → trolley	A x 2			P/S	RR				

- h** ▶ **6.6 Listen to Bob handing over Ms Slessor to the next shift. Complete the handover below using the words in the box. Listen and check your answers.**

assistance of two nurses commode chair handling sling
hoist patslide slide sheet ~~wheelchair~~

Ms Slessor was admitted to H Wing from a Nursing Home this morning. She's an obese lady who needs quite a bit of assistance to mobilise. She uses a (1) wheelchair as she is very unsteady on her feet. She needs the (2) _____ and the (3) _____ for all moving and handling. We used a (4) _____ to get her up to a standing position from the wheelchair. We also used the handling sling to get her to sit over the edge of the bed. Use a (5) _____ to turn her or move her in bed as she is quite heavy. She needs the (6) _____ to take her to the toilet or for a shower. You'll need the (7) _____ to transfer her to a trolley when she goes for an x-ray this afternoon.

- i** In pairs, practise handing over Ms Slessor to the next shift. Student A, you are giving the handover; Student B, you are listening to the handover. Use the following prompts to help you. Swap roles and practise again.

- need / two nurses / assistance
- use / hoist / onto wheelchair / commode chair
- use / slide sheet / move up bed / turn in bed
- use / handling sling / get her / stand / sit up
- use / patslide / transfer / trolley

- j** In pairs, practise handing over a patient. Student A, use the Moving and Handling Assessment below; Student B, use the Moving and Handling Assessment on page 91.

MOVING AND HANDLING ASSESSMENT

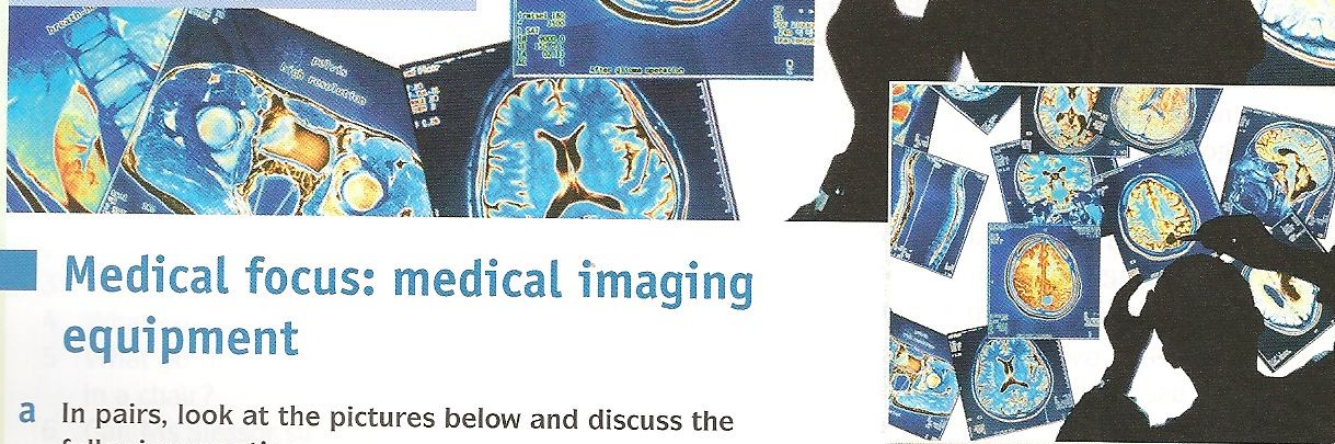
Patient: Mr Peter Oakes DOB: 05/05/1942 Hosp. No: 79219
Ward: Beechtree
Date of Initial Mobility Assessment: 01/11/2009
Nurse Signature: *N White RN*

Task	Pt. classification	Mobility	Mobility aids	Equipment	04/11	05/11	06/11	07/11	08/11
Mobility	Sup	Mob	W/F	None	NW				
Move up bed	A x 2			S/S	NW				
Turn in bed	A x 2			S/S	NW				
Sit → stand	A x 1			H/S	NW				
Toileting	A x 1		W/F		NW				
Showering	A x 1		W/F		NW				
Lie → sit over edge of bed	A x 1		None		NW				
Transfer bed → trolley	A x 2			P/S	NW				

UNIT 7

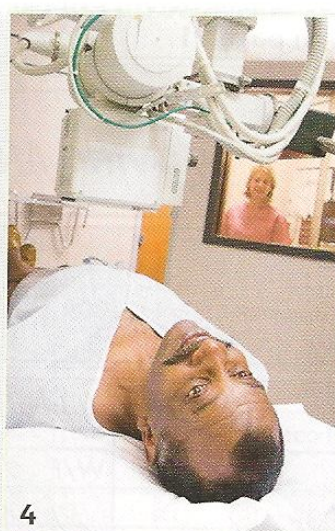
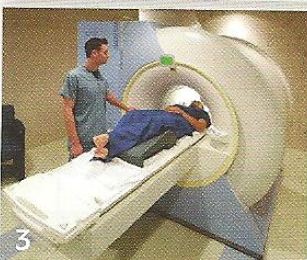
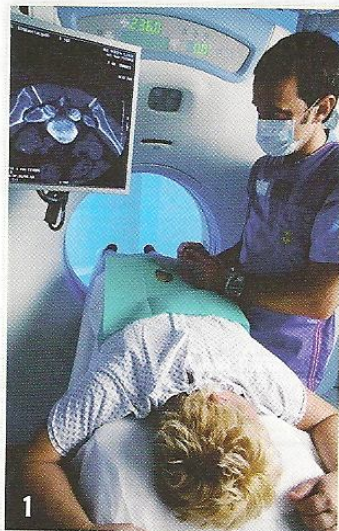
Medical imaging

- Describing medical imaging equipment
- Completing an X-ray Contrast Consent Form
- Preparing a patient for Radiology
- Telephone skills: making an appointment
- Giving directions in the hospital



Medical focus: medical imaging equipment

- 1 a In pairs, look at the pictures below and discuss the following questions.
- 1 What are these machines used for?
 - 2 Why are these machines useful?
 - 3 Why do you have to be careful when using some of these machines?



b Match the medical imaging tests (1–6) to the uses (a–f).

1 angiogram	☐	a takes a picture of the breast
2 CT scan	☐	b gives a 3-D image of the body
3 mammogram	☐	c takes a picture of the bones
4 MRI	☐	d uses a magnetic field to take pictures of the body
5 ultrasound	☐	e takes an image of the blood vessels
6 X-ray	☐	f uses high-frequency waves to take a picture of the body

c Match the pictures (1–6) in Exercise 1a to the medical imaging tests in Exercise 1b.

d In pairs, take turns pointing to a picture in Exercise 1a and asking your partner to name it and explain what it's for.

Charting and documentation: X-ray Contrast Consent Form

a Match the terms (1–8) to their meanings (a–h).

1 allergy	a not applicable – something which is not relevant
2 asthma	b watching someone carefully
3 contrast	c sea animals such as prawns, crab and lobster
4 N/A	d when air suddenly comes out of your mouth and nose
5 observation	e a red, itchy patch on the skin
6 rash	f a special dye which is used to show blood vessels clearly
7 seafood	g a hypersensitivity to something, for example a food or drug
8 sneezing	h a disease which makes it difficult to breathe in

b ▶ 7.1 Marcus, the Ward Nurse, is helping Mr Desai, a patient, complete an X-ray Contrast Consent Form. Listen to the conversation and circle the correct words.

- Mr Desai is going to have an **ultrasound** / **angiogram**.
- Mr Desai suffers from **asthma** / **angina**.
- Mr Desai has a **plaster** / **penicillin** allergy.
- Mr Desai takes **insulin** / **tablets** for his diabetes.

- c** ▶ **7.1** Listen again. Complete the questions on the X-ray Contrast Consent Form below.



X-RAY CONTRAST CONSENT FORM

Your examination may include an injection of X-ray contrast.
Please answer the following questions before the procedure. Tick Yes, No or N/A.

	Yes	No	N/A
1. Have you <u>ever had</u> asthma?		✓	
2. Are you _____ any drug or food (especially seafood)?		✓	
3. _____ ever _____ an injection of X-ray contrast before?			✓
4. Do you have _____ disease?		✓	
5. Do you have _____ disease?	✓		
6. Are you _____?	✓		
7. _____ any medications for diabetes at the moment?		✓	
8. Are you _____ or breastfeeding?		✓	

It is important that you understand the risks that may be associated with this procedure. Occasionally, a patient may have mild allergic reactions such as a rash or sneezing. Very rarely, a patient may have a more severe reaction such as an asthma attack. Please stay in the waiting room for 30 minutes after the injection of X-ray contrast for observation.

Name (please print)

Signature

Date

RAJ DESAI

R. Desai

15/04/2009

- d** ▶ **7.1** Listen again and correct any incorrect information in the shaded area on Mr Desai's X-ray Contrast Consent Form above.
- e** ▶ **7.2** Listen to question 1 from the X-ray Contrast Consent Form in Exercise 2c and look at the stressed syllables. Practise saying the question. Underline the stressed syllables in questions 2 to 8. Listen and check your answers and then practise saying the questions.

- f** In pairs, practise completing an X-ray Contrast Consent Form. Student A, you are the nurse; ask questions to complete the Consent Form on page 88. Student B, you are the patient; use the patient 1 information below to answer the nurse's questions. Swap roles and practise again using the Consent Form on page 92 and the patient 2 information on page 88.

patient 1 information

Name: Ms Jacinta Greene

Past Medical History: Kidney disease (10 years),
diabetes, no history of asthma

Allergies: Allergy to seafood

Past X-rays with dye: No

Diabetes medications: Insulin

Pregnancy: No

Breastfeeding: No

Preparing a patient for Radiology

- 3 a** In pairs, discuss what is happening in pictures (1–8) below.



1 ☐



2 ☐



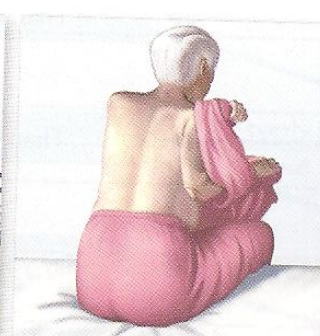
3 ☐



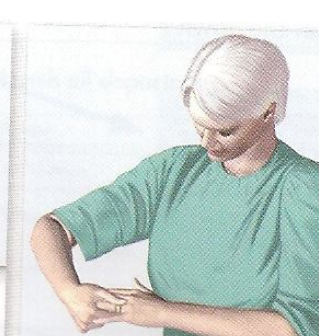
4 ☐



5 ☐



6 ☐



7 ☐



8 ☐

- b** ▶ 7.3 Laila, the Ward Nurse, is preparing Mrs Jessop, a patient, for a procedure. Listen to the conversation and answer the following questions.

- 1 What procedure is Mrs Jessop going to have?
- 2 Where is Mrs Jessop going?
- 3 How long is it going to take?

- c** ▶ **7.3** Listen again and tick ✓ the things in Exercise 3a that Laila helps Mrs Jessop with.
- d** ▶ **7.3** Put the following sentences from the conversation in the correct order. Listen again and check your answers.
- ☐ How long is it going to take?
 - ☐ I'll help you put on this gown.
 - ☐ I'll put your slippers on for you.
 - ☐ You'll probably be in Radiology for about an hour.
 - ☐ I'll help you into the wheelchair.
 - ☐ I'll just transfer your IV to the IV pole on the wheelchair.
 - ☐ I'll just put the footplate down for you.
 - ☐ My feet are cold.
 - ☐ You're having your CT scan today.
 - ☐ The porter's coming in a little while, so I'll help you get ready.
- e** In pairs, practise offering help to a patient using *I'll ... / I'll just ...* and pictures 2, 3, 4 and 5 in Exercise 3a.
- f** In pairs, practise the conversation between Laila and Mrs Jessop. Use the pictures in Exercise 3a to help you.
- g** In pairs, practise taking a patient to Radiology for an MRI. Student A, you are the nurse; Student B, you are the patient. Use the following prompts to help you. Swap roles and practise again.

Nurse		Patient
Greet patient Tell them they are having MRI	→	What time / MRI?
Say what time	←	Take off / jewellery?
Yes Help patient put on the gown	←	Thank nurse
Help patient get into the wheelchair	←	Thank nurse
Move the IV pole to wheelchair	←	Say you're cold
Help patient with blanket	←	Thank nurse How long / MRI / take?
Say how long – MRI / one and a half hours	←	

- h** In pairs, practise getting a patient ready for different procedures. Student A, you are the nurse; Student B, you are the patient. Use the prompts in Exercise 3g and the information on procedures and preparations below to help you. Swap roles and practise again.

	Angiogram	CT with contrast	Mammogram	MRI	Ultrasound	X-ray
sign consent form	✓	✓	N/A	✓	✗	✗
eat/drink	NBM* from midnight	drink prep	N/A	✗	NBM* from midnight for some ultrasound; for pregnancy ultrasound drink 1–2 litres water	N/A
take off clothes	✓	✓	✓	✓	✓	✗
put on gown	✓	✓	✓	✓	✓	✗
jewellery/ piercings; other	take off jewellery; remove piercings	take off jewellery; remove piercings	take off jewellery; remove piercings; no deodorant or talcum powder under arms	take off jewellery; remove piercings	✓	✓

*NBM = Nil by Mouth – nothing to eat or drink

Telephone skills: making an appointment

- 4 a** In pairs, look at the Radiology appointment book below and answer the following questions.

- 1 What tests do they do at Radiology?
- 2 What patients do the radiologists see between 07.00 and 08.00, and 18.00 and 20.00?

Radiology Appointments 06–11 December 2009			
	Department	08 Dec 2009	09 Dec 2009
07.00	Emergency only		
08.00	Emergency only		
09.00	X-ray Angiogram	09.00 Suzie McGowan	09.30 Paige Jorgensen
10.00	MRI	10.30 John Plant	
11.00	Mammogram		11.00 Julie Dixon
12.00	Lunch all departments		
13.00			
14.00	Ultrasound	14.15 Beverly Platt	14.00 Barbara Stendal
15.00	Angiogram	15.15 Michael McGann	
16.00	MRI Angiogram		16.30 Rosemary Nolan
17.00	CT scan X-ray	17.00 Pearl Wilson	17.15 Elizabeth Knight
18.00	Emergency only		
19.00	Emergency only		

- b** ▶ **7.4** Listen to three conversations between nurses and Radiology receptionists and answer the following questions. Today is 8th December.

- 1 When is Mr Dunston's angiogram?
- 2 When is Ms Platt's ultrasound?
- 3 Why can't Elizabeth Knight come to her appointment tomorrow at 17.15?
- 4 When is Elizabeth's new appointment?

c ▶ 7.4 Today is 8th December. Listen again and write the appointments in the appointment book.

d ▶ 7.4 Complete the following conversations by crossing out the incorrect words. Listen again and check your answers.

- 1 Hello, this is Kenny from the Coronary Unit here. Can I (1) ~~reserve~~ / **book** an angiogram appointment for Mr Dunston tomorrow?
 Sure, (2) ~~when about~~ / **what about** 3.30?
 Mm, 4 would be better. He (3) **has an appointment** / ~~is appointed~~ at 3 and won't be back in time.
 Let me see ... yes, 4 pm (4) **is fine** / ~~suits~~.
 OK. Thanks.
 You're welcome. Bye.
 Bye.
- 2 Hello, (5) ~~here is~~ / **this is** Sheila from Ward 14. Can I (6) ~~check~~ / **checking** when Ms Beverly Platt is having her ultrasound today?
 Sure. It's at 2.15.
 Oh, I (7) ~~think~~ / **thought** it was 4.15.
 No, definitely 2.15.
 OK, (8) **I'll make** / ~~I make~~ sure she's ready. Thanks. Bye.
 Bye.
- 3 Hello, (9) ~~here is~~ / **it's** Veronika from 5C. Does Elizabeth Knight (10) ~~have~~ / **had** an X-ray appointment tomorrow?
 Yes, it's at 5.15.
 I'm afraid she won't be able to (11) ~~make it~~ / **go there**. She's seeing the doctor at that time.
 OK, I'll cancel the appointment.
 Can I (12) ~~reschedule~~ / **redo** her appointment, please?
 Sure. 3 pm tomorrow OK?
 3 pm, tomorrow? Fine. Thanks. Bye.
 Bye.

e Complete the following table of functions with questions from the conversations in Exercise 4d.

Function	Question
Make an appointment	
Check an appointment	
Change an appointment	

f In pairs, practise the conversations in Exercise 4d.

- g** In pairs, practise making, checking and changing appointments. Student A, you are the nurse; use the instructions below. Student B, you are the receptionist; use the appointment book in Exercise 4a. Swap roles and practise again using the appointment book in Exercise 4a and the instructions on page 92.

Instructions

- check Mr Michael McGann's appointment
- change Ms Julie Dixon's appointment – she has an appointment with the Physio at 11 am but is free in the afternoon
- reschedule Miss Pearl Wilson's appointment – she's not available for a CT scan on 8 December at 17.00, but is available at the same time on 9 December

Communication focus: giving directions in the hospital

- 5 a** Match the beginnings (1–10) to the endings (a–j) to complete the definitions of hospital departments.

1 Accident and Emergency (A&E)	a is where women give birth and babies are looked after.
2 Intensive Care	b is a clinic for patients who come to the hospital for an appointment.
3 Maternity	c is the department that treats patients with bone problems.
4 Occupational Therapy	d is where therapists help patients relearn ADLs.
5 Oncology	e is where patients give blood samples.
6 The Orthopaedic Clinic	f is where therapists help patients with movement.
7 Outpatients	g is where cancer patients go for treatment.
8 Phlebotomy	h is the department that treats patients with a mental health illness.
9 Physiotherapy	i is where doctors and nurses treat seriously ill patients.
10 The Psychiatric Unit	j is where patients who have had a sudden illness or injury arrive.

- b** ▶ **7.5** Listen to the pronunciation of the hospital departments in Exercise 5a and underline the stressed syllables.

Accident and Emergency (A&E)

Intensive Care

Maternity

Occupational Therapy

Oncology

The Orthopaedic Clinic

Outpatients

Phlebotomy

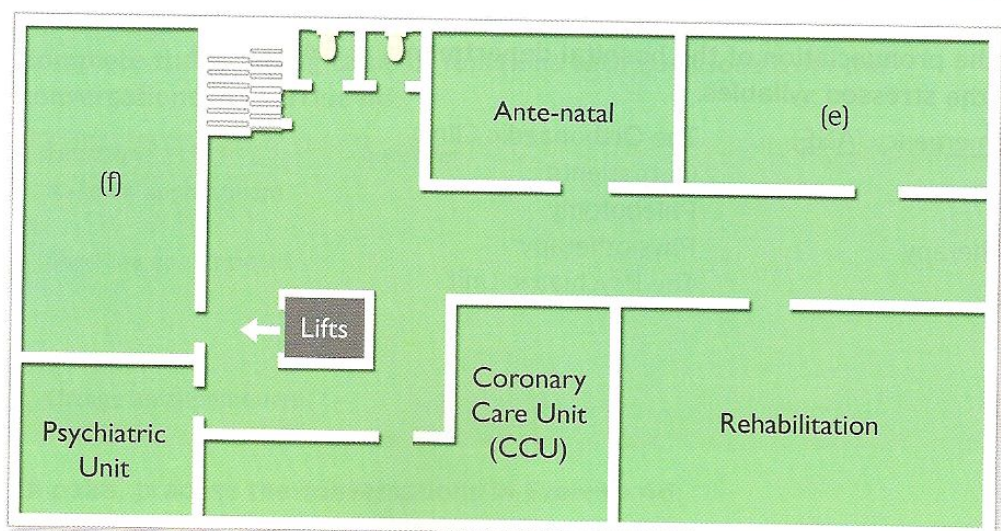
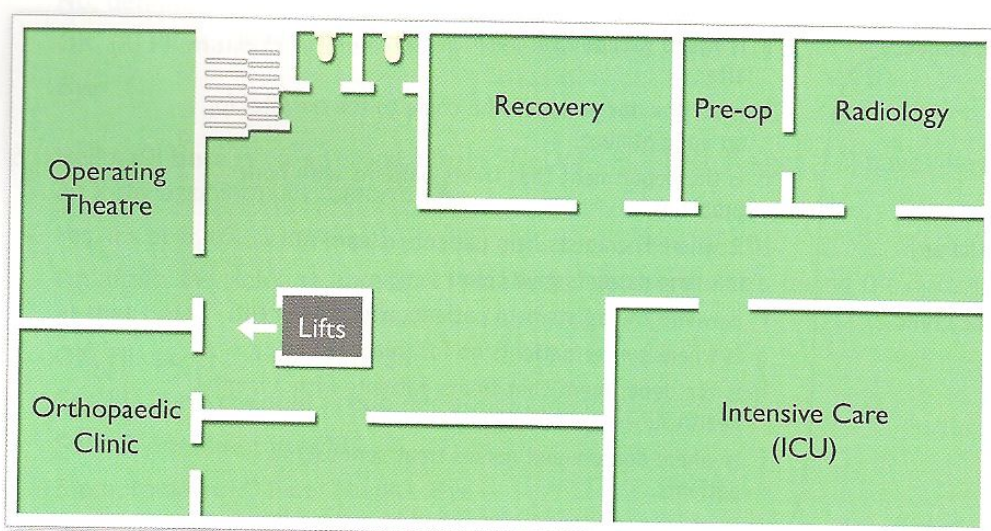
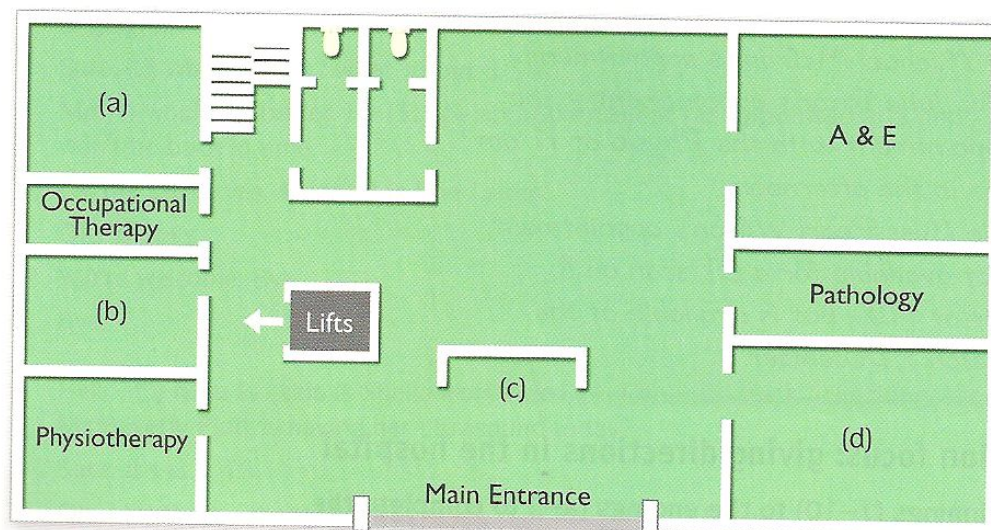
Physiotherapy

The Psychiatric Unit

c In pairs, take turns choosing a department in Exercise 5a and asking your partner to define it.

d ▶ **7.6** Listen to three conversations and label the places in the box with letters (a)–(f).

Café ... Gift shop ... Maternity ... Outpatients ... Phlebotomy ... Security ...



- e** ▶ **7.6** Listen again and complete the following extracts from the conversations using the words in the box.

at the end of go down to go up to in front of you
next to x2 opposite ~~turn left~~ turn right

Excuse me, could you tell me where I go for a blood test?
Yes, sure. Go out of A&E, (1) turn left and it's
(2) _____ Pathology.
Left, then after Pathology. Right, thanks.

I have an appointment at Outpatients.
OK, you'll need to (3) _____ the second floor. Outpatients is
(4) _____ as you get out of the lift.
Great, that sounds easy. I'm also looking for Maternity. My friend's just had a baby.
OK, it's on the second floor, too. As you get out of Outpatients, go straight ahead. It's (5) _____ the corridor.

Excuse me, I'm looking for the café. My mother's having an operation so I'd like to have a cup of tea while I wait for her.
OK, (6) _____ the ground floor, (7) _____ as you get out of the lift and go past Security. You'll see the café
(8) _____ Occupational Therapy.
Thanks very much. Oh, is there a gift shop here in the hospital?
Yes, there's a small gift shop on the ground floor (9) _____ the Main Entrance.
Thanks, I can find that.

- f** Write down the directions to the Orthopaedic Clinic, Recovery and the Coronary Care Unit (CCU) from the Main Entrance. In pairs, practise asking for and giving these directions.
- g** In pairs, practise asking for and giving directions in the hospital in Exercise 5d. You are at the Main Entrance. Student A, ask for directions to Physiotherapy, Maternity and Radiology. Student B, ask for directions to the Psychiatric Unit, the Operating Theatre and A&E. Use the words and phrases from this section to help you.

Share your knowledge

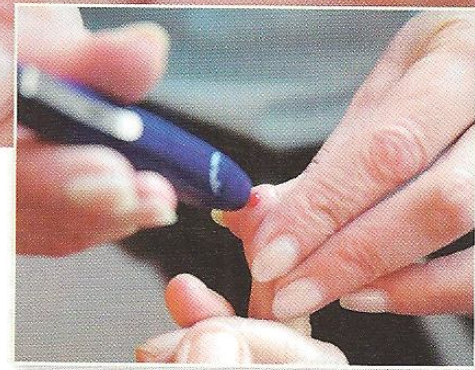
In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 Why do people get lost in hospitals?
- 2 Have you given directions in a hospital in English?

UNIT 8

Helping patients with diabetes management

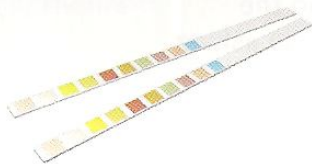
- Doing a blood sugar test
- Asking a patient for consent
- Describing blood glucose levels
- Completing a Personal Diabetes Care Plan
- Talking about lifestyle and diabetes
- Explaining how to use an insulin pen



Doing a blood sugar test

- 1 a Label the pictures (1–5) below using the words in the box. Which piece of equipment is not used in a blood sugar test?

blood testing strips cotton swabs glucometer
lancets urinalysis sticks



1 _____



2 _____



3 _____



4 _____



5 _____

- b Match the types of diabetes (1–3) to the definitions (a–c).

1 Type 1	a diabetes during pregnancy
2 Type 2	b diabetes controlled by insulin
3 Gestational	c diabetes usually controlled by medication, diet and exercise

- c In pairs, discuss the following questions.

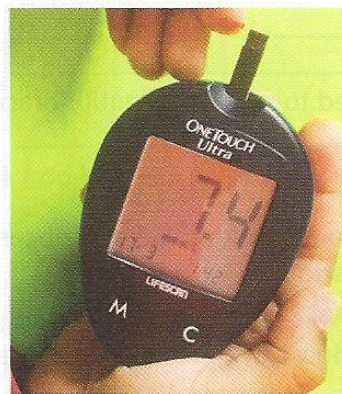
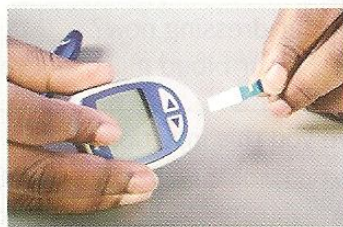
- 1 What do you know about the types of diabetes in Exercise 1b?
- 2 What are some of the treatments for diabetes?

d ▶ **8.1** Sheena, the Diabetes Nurse, is checking Ms Simpson's blood sugar (glucose) level. Listen to the conversation and answer the following questions.

- 1 How does Sheena ask Ms Simpson for consent before she starts the test?
- 2 Where does the nurse take the blood from?
- 3 What does the nurse put into the glucometer?
- 4 What is the patient's result?

e ▶ **8.1** Look at the pictures below and complete the sentences using the phrases in the box. Listen again and check your answers.

... a drop of blood on the test strip.
 ... for the result to flash on the screen.
 ... hold out your finger, please?
 ... it on your chart now.
 ... prick the side of your finger with this lancet.
 ... a test strip in the glucometer.
 ... the cotton swab on your finger now.
 ... your blood glucose level before you see the doctor. Is that OK?



1 I need to check your blood glucose level before you see the doctor. Is that OK?

2 I'll just put _____



7 We'll have to wait _____

3 Can you _____

4 I'm going to _____



5 I'll put _____

6 You can put _____

8 I'll record _____

THE ALEXANDRA HOSPITAL

DIABETIC CHART

Hosp No: 562896
 Surname: Simpson
 Given name: Rebecca
 DOB: 26/7/53 Sex: Female

Date: _____

Time	07.30	12.30	17.00	21.00	07.30	12.30	17.00	21.00	07.30	12.30	17.00	21.00
BSL												
15 min BSL												
1 hr BSL												
2 hr BSL												
3 hr BSL												
4 hr BSL												
5 hr BSL												
6 hr BSL												
7 hr BSL												
8 hr BSL												
9 hr BSL												
10 hr BSL												
11 hr BSL												
12 hr BSL												
13 hr BSL												
14 hr BSL												
15 hr BSL												
16 hr BSL												
17 hr BSL												
18 hr BSL												
19 hr BSL												
20 hr BSL												
21 hr BSL												
22 hr BSL												
23 hr BSL												
24 hr BSL												

BSL
 15 min BSL
 1 hr BSL
 2 hr BSL
 3 hr BSL
 4 hr BSL
 5 hr BSL
 6 hr BSL
 7 hr BSL
 8 hr BSL
 9 hr BSL
 10 hr BSL
 11 hr BSL
 12 hr BSL
 13 hr BSL
 14 hr BSL
 15 hr BSL
 16 hr BSL
 17 hr BSL
 18 hr BSL
 19 hr BSL
 20 hr BSL
 21 hr BSL
 22 hr BSL
 23 hr BSL
 24 hr BSL

f In pairs, practise taking a blood glucose reading. Use the following prompts to help you.

- check / blood glucose / doctor
- test strip / glucometer
- hold out / finger
- prick / side of finger / lancet
- drop blood / test strip
- cotton swab / finger
- wait / result / screen
- record / chart

Communication focus: asking a patient for consent

Nurses must always ask patients for their consent or permission before a procedure. For a simple procedure, for example testing a blood glucose level, it is enough to ask Is that OK? or Do you mind if I take your blood glucose level? For a more serious procedure like an operation, the consent must be in writing.

2 a ▶ **8.2** Listen to six extracts from conversations between nurses and patients. Complete the ways the nurse asks for consent using the phrases in the box.

Can	Do you mind if	Is it all right if	Is it OK if	Is that all right	Is that OK
-----	----------------	--------------------	-------------	-------------------	------------

- (1) _____ I take your blood pressure?
 (2) _____ I do your dressing now?
 (3) _____ I check your blood glucose level?
 I need to see your identity bracelet. (4) _____ ?
 (5) _____ I give you this injection?
 I need to put up a new IV bag. (6) _____ ?

b In pairs, look at the sentences (a–f) below and answer the following questions.

- 1 Which of the sentences are good examples of asking for consent?
 - 2 How can you improve the bad examples?
- a Good morning, Mrs Hunter. I'd like to ask you some questions about your lifestyle. Is that OK?
 b I'm going to phone your GP about your diabetes medication.
 c Mr Smith, the doctor will explain your operation to you before you sign the consent form. Is that all right?
 d I'm going to give you a shower. Take your pyjamas off, please, and come to the bathroom.
 e Do you mind if I do your blood sugar level now?
 f Please can you roll up your sleeve? I need to take some blood.

c In pairs, practise asking for consent in the following situations. Student A, you are the nurse; Student B, you are the patient. Use the words and phrases from this section to help you. Swap roles and practise again.

- check blood glucose level
- check ID bracelet
- do a dressing
- give an injection
- put up a new IV bag
- take blood pressure

Medical focus: blood glucose levels

3 a Match the medical terms (1–9) to their meanings (a–i).

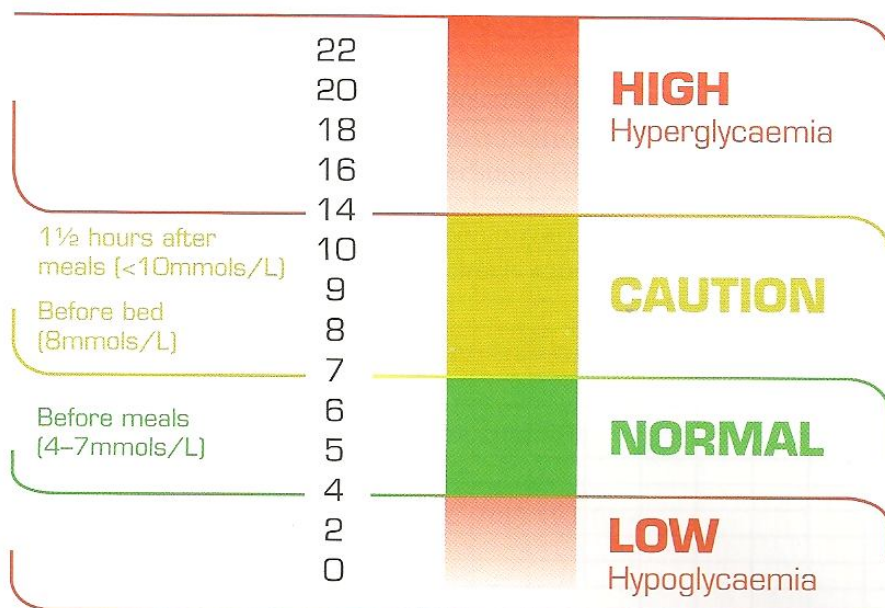
1 <	a amount of fat in the blood
2 >	b amount of glucose (sugar) which sticks to the blood
3 bgl	c blood glucose level
4 cholesterol	d high blood sugar
5 glycated haemoglobin	e less than
6 hyperglycaemia	f litre
7 hypoglycaemia	g low blood sugar
8 L	h millimols
9 mmols	i more than

b ▶ 8.3 Look at the pronunciation table below and match the parts of the words in bold in the box to the sounds in the table. Listen and check your answers. Practise saying the words.

cholesterol glycated haemoglobin hypoglycaemia glucose hyperglycaemia litre

k as in cat	i: as in tree

c Look at the following blood glucose chart and complete the information about blood glucose results below.



Normal blood glucose results are between (1) 4 and (2) 7 mmols/L. (3) Before meals, blood glucose level should be between 4 and 7 mmol/L. Ninety minutes after meals, blood glucose level should be less than (4) 10. When going to bed for the night, blood glucose level should be about (5) 8. (6) Before bed blood glucose, or hypoglycaemia, is less than 4 mmols/L. Hyperglycaemia, or (7) 14-22 blood glucose, is greater than (8) 14.

- d** Nurses write the blood glucose levels for diabetic patients on a scrap of paper before they chart them. In pairs, look at the hospital mealtimes and results below and tell your partner about the patient's blood glucose results. Say whether the patient's blood glucose was too low, normal or too high using the chart in Exercise 3c. For example:

Mr Kingston-Smith's blood sugar at 5 pm was 6.3. The normal range is 4 to 7 so that's OK. He had a bgl of 12.4 at 9 pm. That's quite high.

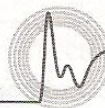
Patient name: Mr P Kingston-Smith

Date / Time	07.30	12.30	17.00	21.00
30/04/2009	4.4	10.6	6.3	12.4
01/05/2009	7.2	9.3	3.2	8.3
02/05/2009	2.2	12.8	6.5	8.0
03/05/2009	4.5	7.7	6.4	7.6

breakfast	07.00 – 08.30
lunch	12.00 – 13.15
dinner	17.30 – 18.30

- e** Chart Mr Kingston-Smith's results on the Diabetic Chart below. Looking at his chart, how can you describe Mr Kingston-Smith's diabetes?

THE ALEXANDRA HOSPITAL



Hosp No: 562894
Surname: Kingston-Smith
Given names: Paul
DOB: 28/12/53 Sex: Male

DIABETIC CHART

Date																
Time	07.30	12.30	17.00	21.00	07.30	12.30	17.00	21.00	07.30	12.30	17.00	21.00	07.30	12.30	17.00	21.00
25																
20																
15																
10																
5																
0																
BSL																
u/a glucose																
u/a ketones																
Hypo time																
Hypo BSL																
Action taken																
10 min BSL																

Charting and documentation: Personal Diabetes Care Plan

- 4 a Look at the Personal Diabetes Care Plan below and answer the following questions.

- 1 Is Ms Bhaskhar taking insulin?
- 2 How often does Ms Bhaskhar test her own blood glucose level?
- 3 How often does Ms Bhaskhar visit the Diabetes Clinic?

Personal Diabetes Care Plan: Ms Rita Bhaskhar			DOB: 15/09/1963		
Insulin management:		Lantus daily			
Blood glucose testing:		Before breakfast and in the evening			
TEST RESULTS – EVERY THREE MONTHS					
	Normal result	Your results Date: 11/12/2008	Your results Date: 12/03/2009	Your results Date: 18/06/2009	Your results Date: 14/09/2009
Glycated Haemoglobin	<7%	7%	7%	8%	
Weight		92 kg	93 kg	90 kg	
Height		162 cm	162 cm	162 cm	162 cm
Blood Pressure	<140/80	142/83	145/85	130/70	
Total Cholesterol	<5.0 mmol/L	5.1 mmol/L	5.3 mmol/L	6.2 mmol/L	

- b ▶ 8.4 Joan, the Diabetes Nurse, is discussing lab results with Ms Bhaskhar, a diabetic patient. Listen to the conversation and complete Ms Bhaskhar's results for 14 September in her Personal Diabetes Care Plan.

- c ▶ 8.4 Complete the extracts from the conversation by crossing out the incorrect words. Listen again and check your answers.

- 1 How are the results?
Overall, ~~a bit worse~~ / **much better** than last time.
- 2 Is that good?
Mm, it should be **less than** / **more than** 7%.
- 3 What about my cholesterol?
It's 5.0, which is **less than** / **more than** last time.
- 4 What's normal?
It should be **less than** / **more than** five.
- 5 What was it last time?
A hundred and thirty over seventy, so it's **higher** / **stayed the same**.
- 6 Do you think I've lost weight?
We'll see. That's **great** / **not good**. You weigh 85 kg, so you've **gained** / **lost** 5 kg.
- 7 What have you been doing to lose weight?
I've been exercising **less** / **more**. I swim three times a week now.
- 8 How do you find the new diet?
I'm certainly eating **less** / **more**.

d In pairs, practise asking and answering the questions in Exercise 4c using the information from Ms Bhaskhar's chart. Student A, use the information from 12 March; Student B, use the information from 18 June.

e Match the abbreviations and symbols (1–9) to their meanings (a–i).

1 3 x	a increased
2 ↓	b week
3 ↑	c Registered Nurse
4 appt	d three times
5 bgls	e glycated haemoglobin
6 HbA _{1c}	f appointment
7 Pt.	g patient
8 RN	h decreased
9 wk	i blood glucose levels

f Complete the Clinic Notes for Ms Bhaskhar below using the abbreviations and symbols from Exercise 4e.

14/09/2009 09.30 Clinic Notes

Returned to clinic today to review test results.

Results:

(1) HbA_{1c} 7%, wt. 85 kg BP 130/70 Total Cholesterol 5.0 mmol/L. Started on a new insulin (Lantus daily).

(2) _____ states that it seems to give better control of

(3) _____. Followed new diet without difficulty. Also

(4) _____ exercise programme. Now swims

(5) _____ per (6) _____.

(7) _____ made for 13/12/2009. Continue diet and exercise programme. Aim: lose 2–3 kg by next appt.

J. Thorpe (8) _____ (THORPE)

g In pairs, practise discussing results at the Diabetic Clinic. Student A, you are the nurse; Student B, you are the patient. Use the Personal Diabetes Care Plan below and the words and phrases from this section to help you. Swap roles and practise again.

Personal Diabetes Care Plan: Mr Henry Johns		DOB: 01/08/1954		
Insulin management:	Lantus daily			
Blood glucose testing:	Before breakfast and in the evening			
TEST RESULTS – EVERY THREE MONTHS				
	Normal result	Your results Date: 12/03/2009	Your results Date: 18/06/2009	Your results Date: 14/09/2009
Glycated Haemoglobin	<7%	5%	6%	6.8%
Weight		76 kg	80 kg	77 kg
Height		170 cm	170 cm	170 cm
Blood Pressure	<140/80	125/70	130/75	120/68
Total Cholesterol	<5.0 mmol/L	5.3 mmol/L	6.2 mmol/L	4.8 mmol/L

Talking about lifestyle and diabetes

5 a In pairs, try to answer the following quiz questions about diabetes.

- 1 In 2000, how many diabetics were there worldwide, according to the WHO?
a 50 million b 171 million c 200 million
- 2 Worldwide, how many people develop diabetes each year?
a 5 million b 7 million c 10 million
- 3 What percentage of Type 2 diabetes can be prevented by having a healthy lifestyle?
a 80% b 50% c 20%

b ▶ **8.5** Rosie, the Diabetes Nurse, is talking to Jess, a young adult diabetic patient. Listen to the conversation and answer the following questions. Sometimes more than one answer is possible.

- 1 Which lifestyle problems does Rosie talk about?
a overeating b alcohol use c dieting
d over-exercising e drug use
- 2 What problem can too much alcohol cause?
a liver disease b kidney disease c hypoglycaemia
- 3 What's the maximum number of units of alcohol a woman should have per week?
a 15 b 40 c 14
- 4 What should diabetics do if they are planning to drink alcohol?
a Have their insulin before they go out b Have food while they are drinking c Only drink wine not beer
- 5 Why can recreational drugs cause a problem for diabetics? Tick ✓ all the reasons Rosie mentions.
a Diabetics may take too much insulin b Diabetics may forget to eat meals and have regular insulin c They may lower the blood sugar level

c ▶ **8.5** Match the beginnings (1–6) and endings (a–f) to complete Rosie's explanations. Listen again and check your answers.

1 You have to be very careful	a drink on an empty stomach.
2 Alcohol can lower your blood sugars	b so you could have more hypos.
3 ... women shouldn't have	c while you're drinking.
4 ... you shouldn't	d or your blood sugars may drop too much.
5 Always have a meal or a snack	e can change your diabetes routine.
6 Taking drugs like speed or ecstasy	f more than 14 units of alcohol a week.

d In pairs, practise giving advice to a diabetic on alcohol and drug use. Student A, you are the Diabetes Nurse; Student B, you are the diabetic patient. Use the words and phrases from this section to help you. Swap roles and practise again.

Share your knowledge

In small groups, discuss the following questions and then feed back your group's ideas to the class.

- 1 What sort of health problems do diabetics suffer from?
- 2 Why are more younger people getting diabetes?
- 3 Is diabetes a problem in your country?

Explaining how to use an insulin pen

- 6 a Label the insulin equipment (1–4) below using the words in the box.

alcohol wipe cool pouch insulin pen insulin pen needle



1 _____ 2 _____ 3 _____ 4 _____

- b ▶ 8.6 Neil, the Ward Nurse, is explaining how to use an insulin pen to Mr Vega, a patient. Listen to the conversation and put the following topics in the order (1–6) you hear them.

- | | | |
|---|--|-------------------------------------|
| ☐ cool pouch when travelling | ☐ needle on pen | ☐ store pen |
| ☐ inject insulin | ☐ prime pen | ☐ wash hands |

- c ▶ 8.6 Listen again and match the beginnings (1–11) to the endings (a–k) to complete the instructions.

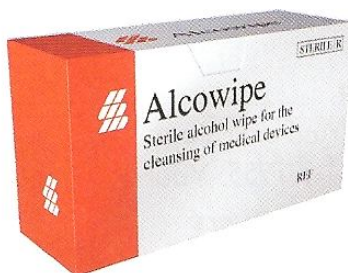
1 ... use an alcohol wipe	a ... so it's easier to inject the insulin.
2 ... screw the needle	b ... until you need it next time.
3 ... turn the end of the pen	c ... so the insulin stays at the right temperature.
4 ... get the insulin to the end of the needle	d ... to clean the rubber seal on the end of the insulin pen.
5 Turn the end of the pen to	e ... to number two.
6 ... pinch up some skin on your abdomen	f ... onto the end of the insulin pen.
7 Hold the pen up	g ... so it's best to store the pen at room temperature.
8 ... hold in the button at the end of the pen and count to five	h ... dial the dose of insulin.
9 ... put the pen away	i ... and inject into the raised skin.
10 Insulin shouldn't be too hot or too cold,	j ... so all the insulin goes in.
11 Use the cool pouch when you travel	k ... to prime the pen.

d Label the pictures (1–10) below using the instructions in the box.

Clean rubber seal of the insulin pen with alcohol wipe Hold pen in for count of 5
 Inject insulin Pinch up skin Prime insulin pen
 Screw needle onto insulin pen Store at room temperature
 Take cover off insulin pen Turn dose to 2 Turn end of pen to dial dose



1 Take cover off insulin pen



2 _____



3 _____



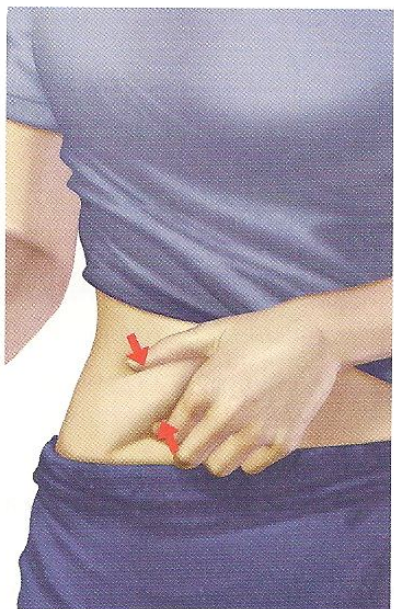
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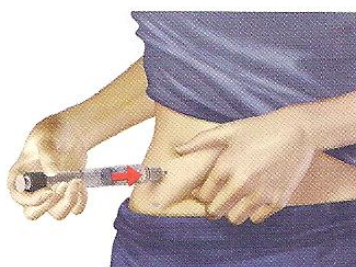
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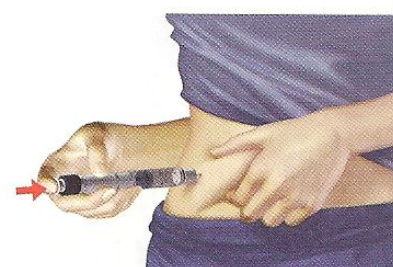
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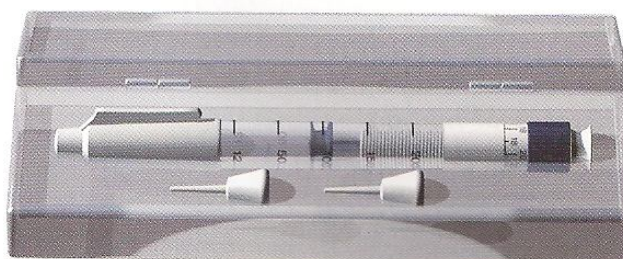
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8 _____



9 _____



10 _____

e In pairs, practise explaining how to use an insulin pen. Student A, you are the nurse. Student B, you are the patient. Use the pictures from Exercise 6d to help you. Swap roles and practise again.

ROLE PLAYS AND ADDITIONAL MATERIAL

Unit 1

2 f

patient 2 information

Your name is Anthony McGarr. Your date of birth is 7th August 1955. Your hospital number is 219677. You are allergic to penicillin.

Unit 2

2 g

patient 2 notes

Name of patient: Mrs Simmons

Operation performed: Left Total Hip Replacement (THR)

IV cannula: Right arm for IV Therapy (IVT)

Wound: Dressing to left hip

Unit 3

3 g

patient 1 information

Patient: Magdalena de Souza

Bed: 15

Diagnosis: Cancer of the pancreas

Admitted for: Pain management and management of nausea

Pain: mid-back pain - aching

Pain scale: 8 when moving, 5 at rest

Medication: Anti-emetic before meals, pain relief every 4 hours - not enough

Review: To be seen by Dr Singh in the morning

4 h

patient 2 information

You are Mr Peter Rutherford.

You have advanced cancer of the prostate. The pain around your prostate is an aching pain, around 6, and is worse when you get out of bed to walk around. A syringe driver with morphine makes it better. You also have an infected wound on your left arm. The pain is 2 and is worse when the dressing is changed. Painkillers before the dressing change and a non-stick dressing make the pain better.

Unit 3

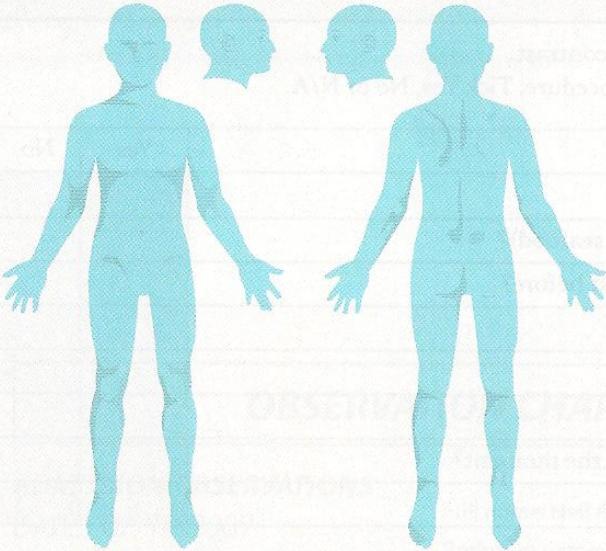
THE ALEXANDRA HOSPITAL



Palliative Care Pain Assessment

Patient Name:

Hospital Number:



PAIN SCORE

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0–10, what is the worst pain you have had in the last 24 hours?

0 is no pain

1–3 is mild pain

4–6 is moderate pain

7–9 is severe pain

10 is the worst pain imaginable

Record a pain score 0–10 for each site or as mild/moderate/severe if the patient cannot give a number.

PAIN TYPES

Neuro pain

Acute pain

Other pain

Date	Pain A	Pain B	Pain C
Location of pain			
Pain level			
Description of pain			
What triggers (starts) the pain?			
What relieves the pain (makes better)?			

Unit 5

patient information

Breakfast 15/7

1 bowl cereal with milk and 1
teaspoon sugar

1 fried egg

1 piece of toast, no butter

nutritional supplement (1/2)

therapist 2 information

You can review the patient at
these times:

Tuesday at 09.00

Tuesday at 14.30

Wednesday at 15.30

Unit 7

2 f

THE ALEXANDRA HOSPITAL



X-RAY CONTRAST CONSENT FORM

Your examination may include an injection of X-ray contrast.

Please answer the following questions before the procedure. Tick Yes, No or N/A.

	Yes	No	N/A
1. Have you ever had asthma?			
2. Are you allergic to any drug or food (especially seafood)?			
3. Have you ever had an injection of X-ray contrast before?			
4. Do you have heart disease?			
5. Do you have kidney disease?			
6. Are you diabetic?			
7. Are you taking any medications for diabetes at the moment?			
8. Are you pregnant or breastfeeding?			

It is important that you understand the risks that may be associated with this procedure. Occasionally, a patient may have mild allergic reactions such as a rash or sneezing. Very rarely, a patient may have a more severe reaction such as an asthma attack. Please stay in the waiting room for 30 minutes after the injection of X-ray contrast for observation.

Name (please print)

Signature

Date

patient 2 information

Name: Mr Brian Dunlop

Past Medical History: Heart disease
(2 years), mild asthma

Allergies: Allergy to peanuts

Past X-rays with dye: Yes

Diabetes medications: No

Pregnancy: N/A

Breastfeeding: N/A

Unit 1

2 f

patient 1 information

Your name is Sheena Davies. Your date of birth is 3rd July 1963. Your hospital number is 782343. You are allergic to latex.

patient 2 ID bracelet



6 j



OBSERVATION CHART

ADMISSION OBSERVATIONS

DATE: 02/10/2009

BP 115/76 T 37²
P 70 Wt 55 kg
RR 16 O₂ SATS 99%

Full name: Neil Adams
Preferred name: Mr Adams
DOB: 15/12/1962
Dr: C. M. Rutter
Hosp. No: 324719

Unit 2

2 g

patient 1 information

You are Mr Douglas. You had an operation on your right shoulder. You are in a lot of pain. The dressing feels OK, but the cannula hurts. You feel cold and sick and you want to vomit.

Unit 3

3 g

patient 2 information

Patient: Algirdis Paksas
Bed: 26
Diagnosis: Cancer of the lung and secondaries in the spine
Admitted for: Radiotherapy and pain management
Pain: Back pain
Pain scale: 5 when walking, 2 at rest
Medication: Pain relief twice a day, breakthrough medication when needed
Review: Dr Patterson before radiotherapy on Monday

Unit 3

4 h

patient 1 information

You are Mrs Lisa Gibson. You have cancer of the lung with secondaries in your lower spine and liver. The pain in your liver is an aching pain, around 7 and worse when you sit up. Pain relief and a heat pack make the pain better. The pain in your lower spine is a burning pain, around 6 and worse when you lie down. Pain relief and massage make this pain better. The wound in your right thigh (from a fall) is a sharp pain, around 4 and worse when the dressing is changed. Pain relief before the dressing makes the pain better.

Unit 5

1 g

patient 2 information

Mr Hills (84) had a stroke ten weeks ago. He has weakness on the left side of his body. He also has difficulty swallowing and can only manage thickened fluids at the moment. He has been seeing the OT for three weeks for hand exercises and can feed himself using the utensil handclip. Dr Yelland reviewed him today and wants him to stay on thickened fluids for another week.

5 d

Food Chart

Patient name: John Silverman

Ward: Rehab 1

- Record all food and drink consumed throughout the day
- Specify the type of food, e.g. wholemeal bread, puréed potato
- Specify the quantity actually eaten, e.g. ½ bowl of soup, 1 slice of beef, 1 serving of vegetables
- Include all drinks and nutritional supplements taken
- Record the amount of fluid consumed, e.g. 1 cup of tea = 120 ml

measurements	
bowl	150 ml
cup	120 ml
glass	100 ml
juice container	110 ml
nutritional supplement	250 ml
tub of ice cream	80 ml

Date: 15/07/09	Type of food and fluid	Amount of fluid
BREAKFAST		
Cereal		
Milk/sugar		
Cooked items		
Bread/toast/spread		
Fruit juice		
Drink/sugar/milk		
Nutritional supplement		

Unit 5

therapist 1 information

You can review the patient at these times:

Monday 11.30

Monday 16.30

Tuesday 10.00

patient 2 information

Patient: Mrs Diana Bradford

Referral to: Occupational Therapist

Problems: Difficulty feeding herself after a stroke, weakness in hands

Tests booked this week: MRI on Tuesday at 09.00

Unit 6



MOVING AND HANDLING ASSESSMENT

Patient: Mrs Lee Dawson

DOB: 07/05/1940

Hosp. No: 28210

Ward: Seagull

Date of Initial Mobility Assessment: 29/10/2009

Nurse Signature: S Bennett RN

Task	Pt. classification	Mobility	Mobility aids	Equipment	04/11	05/11	06/11	07/11	08/11
Mobility	I	Mob	W/S	None	SB				
Move up bed	A x 1		None	None	SB				
Turn in bed	A x 1		None	None	SB				
Sit → stand	A x 1		None	H/S	SB				
Toileting	A x 1		W/S		SB				
Showering	A x 1		W/S		SB				
Lie → sit over edge of bed	A x 1		None	H/S	SB				
Transfer bed → trolley	A x 2			P/S	SB				

Unit 7

2 f

THE ALEXANDRA HOSPITAL



X-RAY CONTRAST CONSENT FORM

Your examination may include an injection of X-ray contrast.

Please answer the following questions before the procedure. Tick Yes, No or N/A.

	Yes	No	N/A
1. Have you ever had asthma?			
2. Are you allergic to any drug or food (especially seafood)?			
3. Have you ever had an injection of X-ray contrast before?			
4. Do you have heart disease?			
5. Do you have kidney disease?			
6. Are you diabetic?			
7. Are you taking any medications for diabetes at the moment?			
8. Are you pregnant or breastfeeding?			

It is important that you understand the risks that may be associated with this procedure. Occasionally, a patient may have mild allergic reactions such as a rash or sneezing. Very rarely, a patient may have a more severe reaction such as an asthma attack. Please stay in the waiting room for 30 minutes after the injection of X-ray contrast for observation.

Name (please print)

Signature

Date

4 g

Instructions

- check Mrs Barbara Stendal's appointment
- change John Plant's appointment – he has an appointment with the OT at 11.00 but is free after 14.30
- reschedule Rosemary Nolan's appointment – she isn't free at 16.30 on 9 December but is available at the same time on 8 December

AUDIOSCRIPT

1.1

Stephen: Hello. It's Mr Connolly, isn't it?

Mr Connolly: Yes. That's right.

Stephen: My name's Stephen. I'm looking after you today.

Mr Connolly: Oh, Stephen. Right.

Stephen: I just wanted to make sure you know where everything is. Then I'll come back and ask you some questions.

Mr Connolly: Oh, all right.

Stephen: I see you already have your pyjamas on.

Mr Connolly: Yes.

Stephen: That's good. Here's the nurse call. Just press the button if you need some help.

Mr Connolly: Oh, all right.

Stephen: The bathroom is outside on your left.

Mr Connolly: Er, OK.

Stephen: Do you need help to walk to the bathroom?

Mr Connolly: Yes. I'm a bit unsteady on my feet.

Stephen: That's OK. Just call me and I'll help you.

Mr Connolly: Thanks, Stephen.

Stephen: Is there anything else you need?

Mr Connolly: Er, no I'm fine. Thanks.

Stephen: All right. I'll be back to ask some questions after your lunch.

Mr Connolly: Right.

1.2

Nurse: All right now. Er, what's your name?

Patient: It's Alan Bennett.

Nurse: Bennett?

Patient: Yes.

Nurse: Oh, yeah. Here it is. I've got a few things I have to tell you.

Patient: Oh, all right.

Nurse: OK. You know about the nurse call?

Patient: Not really.

Nurse: Well, it's here.

Patient: Oh, right.

Nurse: The bathroom's out to the left. OK?

Patient: Er, OK.

Nurse: Look, I'm a bit busy now, I'll finish this later. All right?

Patient: Er, yes.

1.3

Stephen: Mr Connolly, have you got an ID bracelet on?

Mr Connolly: Yes. Here it is.

Stephen: I just need to check your personal details. Can I look at your ID bracelet, please?

Mr Connolly: Certainly.

Stephen: Can you tell me your full name, please?

Mr Connolly: John Everson Connolly.

Stephen: Right. That's correct on the bracelet. What's your date of birth, please?

Mr Connolly: The 30th of November, 1934.

Stephen: 30th of November 1934, right. Now your hospital number is four, six, three, eight, one, seven. I'll just check that on the identity bracelet. Four, six, three, eight, one, five. Oh no, that's wrong.

Mr Connolly: Oh dear, better change that, then. Anything else?

Stephen: One more question. Do you have any allergies?

Mr Connolly: Yes, I do. I'm allergic to morphine. It makes me very sick.

Stephen: Oh. If you're allergic to something, you should have a red identity bracelet. I'll change that for you right away.

Mr Connolly: Oh, thanks, Stephen. I forgot to tell them about the allergy.

Stephen: That's OK, Mr Connolly. That's why we like to check everything carefully.

1.4

- 1 I bumped my shin on the table.
- 2 The nurse put the ID bracelet on my wrist.
- 3 I fell down the stairs and broke my hip.
- 4 Put the injection into his thigh.
- 5 She twisted her knee.
- 6 I hurt my back carrying the box.
- 7 Show me your arm, please.
- 8 My toe is bleeding.

1.5

Stephen: Good morning, Mr Bracknell. I'm here to do your admission Obs.

Mr Bracknell: Obs?

Stephen: Observations. It's your weight, temperature, pulse and respirations. Also, your blood pressure and oxygen sats – that's the amount of oxygen in your blood.

Mr Bracknell: Oh, right.

Stephen: I'll weigh you first. Can you stand on the scales, please?

Mr Bracknell: Yeah, sure. What's my weight?

Stephen: Let me see. It's 78 kilos.

Mr Bracknell: Oh well, that's all right.

Stephen: Yes, that's fine. Now, I'm going to take your temperature.

Mr Bracknell: OK.

Stephen: I'm going to take it in your ear with this tympanic thermometer.

Mr Bracknell: That's new.

Stephen: Yes. Can you turn your head to one side for me, please?

Mr Bracknell: Sure. This side?

Stephen: That's fine. I'll just wait for the beep. Right. It's thirty-seven three.

Mr Bracknell: Now what?

Stephen: I'll put the blood pressure cuff on. Can you roll up your sleeve, please?

Mr Bracknell: Sure, no problem.

Stephen: Can you put your arm out straight? That's it. I'll put on the blood pressure cuff.

Mr Bracknell: That's for my blood pressure?

Stephen: Yes. The machine will read your blood pressure and pulse.

Mr Bracknell: OK. What's the other lead for?

Stephen: It reads the amount of oxygen in your blood.

Mr Bracknell: Oh, yes, I remember. Oxygen sats, right?

Stephen: Yes, very good. Can you hold out your hand, please?

Mr Bracknell: This hand?

Stephen: That's fine. I'm going to clip the lead onto your finger so it'll give me a reading for oxygen sats.

Mr Bracknell: Mm. So how are my readings? Are they normal?

Stephen: Let me see. Your BP's a hundred and twenty over seventy-five. That's quite normal.

Mr Bracknell: That's good. Is my pulse all right, too?

Stephen: It's 68. That's fine.

Mr Bracknell: What about the oxygen?

Stephen: Your oxygen sats are 98%. That's fine, too. Now, I'll just finish by noting down your respirations – they were 16 breaths per minute. I counted them while ...

1.6

Bessie: Hello, Samira. I'm Bessie. I'm your nurse for today. How are you?

Samira: OK, thanks.

Bessie: That's good. I'm going to take your Obs. now.

Samira: What's that?

Bessie: It's your temperature, pulse and respirations – that's how many breaths per minute – and your weight. I need to check your blood pressure and your oxygen sats, too.

Samira: OK.

Bessie: Right. I'll just take your temperature with this special thermometer in your ear and wait for the beep.

Samira: What's my temperature?

Bessie: Your temp's thirty-seven three. That's good.

Samira: Now what?

Bessie: I'll get the rest of the information from this machine. Lift up your arm for me, please. That's it. I'll wrap the cuff around your arm.

Samira: Is that OK?

Bessie: Yes, that's fine. Now, I'll just clip this lead on your finger.

Samira: What's that for?

Bessie: It measures the amount of oxygen in your blood.

Samira: OK.

Bessie: I'll turn on the machine now.

Samira: What does it say?

Bessie: Mm. Your blood pressure's one hundred over sixty-eight. That's fine. Your pulse is 64. That's OK, too. Your oxygen sats are 98%. That's the percentage of oxygen in your blood.

Samira: Is that good?

Bessie: Yes, it's fine. That's all from this machine. I counted your respirations while you were watching the machine. Your resps are 18 breaths a minute.

Samira: I didn't even know you were doing it.

Bessie: I know. OK, I'll weigh you now. Samira, can you stand on these scales for me, please?

Samira: OK.

Bessie: That's a good girl.

Samira: How much do I weigh?

Nurse: Let's see. You weigh 45 kilos.

Samira: Am I finished now?

Bessie: Yes. That's it.

1.7

Fay: Hi, Bessie. I took Samira's 10 am Obs. for you.

Bessie: Oh, thanks, Fay. What were they?

Fay: Her temp is thirty-seven eight now.

Bessie: Oh. Her temp's up a bit.

Fay: Mm. Her pulse is 64. BP is one hundred and ten over sixty.

Bessie: OK. Pulse 64, BP is one hundred and ten over sixty. What about her resps?

Fay: Resps are still 18. Oxygen sats are 98%. I've charted the Obs. for you.

Bessie: Oh. Thanks a lot.

1.8

1 Her temp's up today. It's 37³.

2 He has a slow pulse. It's 56.

3 Her BP's 95/60.

4 His temp's normal, 36⁷.

5 Her resps are slow at 14 breaths a minute.

6 She has a pulse of 72 and a BP of 118/70.

2.1

Emile: Hello, Mr Brodzik? Can you open your eyes, please?

Mr Brodzik: Urgh.

Emile: That's it. I'll just take off your oxygen mask. Do you know where you are?

Mr Brodzik: Hospital.

Emile: That's right. You've had your operation. How do you feel?

Mr Brodzik: Cold.

Emile: That's quite normal after an operation. I'll get you a blanket.

Mr Brodzik: Mm.

Emile: There you are. Are you warmer now?

Mr Brodzik: Er, yes.

Emile: Are you in any pain?

Mr Brodzik: Mm ... no.

Emile: That's good. You had a painkiller before you left the Operating Theatre.

Mr Brodzik: Mm.

Emile: Do you feel sick at the moment?

Mr Brodzik: No.

Emile: OK. Some people feel a bit sick after the anaesthetic. All right, I'm just going to take your Obs. again.

Mr Brodzik: OK.

2.2

Rachel: Here we are, Mr Brodzik. You're back on the ward now. How are you feeling?

Mr Brodzik: A bit better, thank you.

Rachel: Does your hip still hurt?

Mr Brodzik: Yes, my hip's still very sore.

Rachel: I'll get you some more pain relief for that.

Mr Brodzik: Thanks.

Rachel: How's the dressing on your hip?

Mr Brodzik: It feels a little uncomfortable.

Rachel: That's because the dressing has to be quite firm.

Mr Brodzik: Oh, I see.

Rachel: How does the IV cannula in your arm feel? Does it feel OK?

Mr Brodzik: Yes, but it's a bit painful when the nurses put in the IV medications.

Rachel: Mm, it can be. I'll get you an ice pack to put on it.

2.3

1

Nurse: How are you feeling?

Patient: Not great. Can I have some painkillers, please?

Nurse: Sure. Where does it hurt?

Patient: My lower back's really aching.

Nurse: OK, I'll get the tablets and a heat pack, too.

2

Nurse: How do you feel this morning?

Patient: Awful. I've got a terrible headache.

Nurse: I'll get you some pain relief.

Patient: Thanks. Can you turn off the light too, please?

Nurse: Sure.

3

Nurse: Are you all right, Mrs Jameson?

Patient: No. I've got a really bad stomach ache.

Nurse: Sit down on the bed and I'll get you some pain relief.

Patient: Thanks.

Nurse: When did you last have some tablets?

Patient: I'm not sure. I think it was a few hours ago.

Nurse: That's right. It's on your chart here. It was five hours ago.

4

Nurse: How are you feeling today?

Patient: My knee hurts a bit.

Nurse: Put your leg on this pillow and I'll get some pain relief for you.

Patient: Oh, that's better. It's quite sore and it aches.

Nurse: OK, I'll get some tablets for you now.

5

Nurse: How do you feel today?

Patient: Well, I've got a bit of a sore throat.

Nurse: I'll get you some pain relief for that.

Patient: Thanks, it's really painful. Can I have a cold drink too, please?

Nurse: Sure. I'll get some iced water for you.

6

Nurse: Are you feeling better today?

Patient: Not really. My hands ache a lot.

Nurse: Would you like some pain relief?

Patient: Yes, please. My hands ache more in the mornings.

2.4

Helena: Mylene, can you check this IV bag with me, please?

Mylene: Sure.

Helena: Here's the IV Prescription. It's for Mr Lenworth.

Mylene: OK.

Helena: Right, so the Normal Saline finished at six o'clock.

Mylene: OK. 06.00 hours today, 2 September.

Helena: Mm. A litre went through.

Mylene: OK. A thousand mls.

Helena: I've got the next bag here. It's 5% Dextrose.

Mylene: Yes, 5% Dextrose. What's the infusion rate?

Helena: 125 mls an hour. It's going to run over eight hours.

Mylene: All right. It's starting at 6.15.

Helena: That's it. I'll sign here. Can you sign, too?

Mylene: Sure. There you are.

Helena: Thanks.

2.5

Mylene: Helena, could you please show me how to change Mr Lenworth's IV bag?

Helena: Sure, Mylene. What's the next IV infusion?

Mylene: The next one's 5% Dextrose.

Helena: OK. How long will the infusion run?

Mylene: It'll run over eight hours.

Helena: That's right. What's the infusion rate?

Mylene: Well, it's a litre, so that's a thousand mls. It's running over eight hours. It'll run at 125 mls per hour.

Helena: That's right. How much fluid's left in the current bag?

Mylene: I'll just look on the infusion pump ... um. There's 60 mls left.

Helena: When do we need to put up the next bag?

Mylene: In about 30 minutes.

Helena: That's right, because it's running at 125 mls an hour. I'll show you how to put up the next bag ...

2.6

Helena: All right, Mylene. Let's get the next IV bag ready. Before we start, we need to wash our hands.

Mylene: Oh, right. Of course.

Helena: OK, now we can start. First, we'll check the IV solution against the IV Prescription.

Mylene: OK. The prescription is for 5% Dextrose.

Helena: That's it. Here's the IV infusion. Can you check it with me? This is a bag of 5% Dextrose.

Mylene: Yes, I can see the label. 5% Dextrose.

Helena: Next, I'm going to prime the line. To prime the line, you run the IV fluid through the IV tubing of the giving set.

Mylene: The giving set has one end to go into the IV bag and the other end is for connection to the patient's cannula. Is that right?

Helena: That's right. We're going to run this IV infusion through an IV infusion pump. Next we need to set the rate on the infusion pump. What's the rate, Mylene?

Mylene: The rate's 125 mls per hour.

Helena: That's right. It's an eight-hour litre. After that, I'll start the infusion pump. Don't worry, Mr Lenworth, the pump is just running a test.

Mr Lenworth: Oh, right. Noisy, isn't it?

Helena: Yes, it is. OK, that's ready. Now, I'll connect the IV to Mr Lenworth's cannula. Then, I'll start the infusion pump. All right, Mr Lenworth?

Mr Lenworth: Yes, that's fine.

Helena: Now we both have to sign the IV Prescription.

Mylene: OK. Here?

Helena: That's right. The last thing is to write up the Fluid Balance Chart.

Mylene: OK, I think I have all that.

Helena: Let's go over it again. Can you tell me the seven steps we went through?

Mylene: Yes, I think I can. Before you start, wash your hands. First, check the IV bag against the IV order. Next, prime the line of the giving set. Then, set the rate on the infusion pump. After that,

connect the IV to the patient's cannula and then start the infusion. Finally, sign the IV Prescription and write up the IV infusion on the Fluid Balance Chart.

Helena: Well done.

3.1

Judy: Hello, Usha. How are you feeling today?

Usha: Hello, Judy. I feel a bit down today.

Judy: Oh, I'm sorry to hear that. Anything you want to talk about?

Usha: Well ... um, I'm still in a lot of pain.

Judy: Oh dear, I see. You don't think the pain is getting any better with your treatment?

Usha: No. I feel it's getting worse.

Judy: Mm. Did you have radiotherapy yesterday?

Usha: Yes, in the morning. It made me feel quite sick.

Judy: Mm. I know. Radiotherapy can make you feel quite sick.

Usha: Mm. I don't feel like eating at all.

Judy: Why don't I get you some medication for pain and nausea?

Usha: Yes, please. Then I might try to have a rest.

Judy: Good idea. I'll bring you the injection right now.

Usha: Thanks.

Judy: Can I get you a cup of tea, too?

Usha: Thanks, Judy. I'd like that.

3.2

Nurse: Hello, Janice. How was your chemo today?

Patient: Oh, it was OK, I suppose.

Nurse: I'm sure you're fed up with it by now.

Patient: Yes, I am. I am trying to cope but it's hard.

Nurse: Cope with the chemo, you mean?

Patient: Yes. The chemo, feeling sick and being in hospital away from my family.

Nurse: Mm. Your husband was in to visit this morning. How's he doing?

Patient: He's having a few problems. He doesn't like to talk about my illness.

Nurse: That must be hard for you.

Patient: Yes, it is. Look, erm, thanks for listening. It's good to have a chat. Sometimes it's hard to talk to my family about how I feel.

Nurse: That's OK. No problem.

3.3

Nurse: Did you buzz?

Patient: Oh, yes, sorry. I just feel a bit sick.

Nurse: Do you want an anti-emetic for that?

Patient: I don't know what to do. I had chemo this morning.

Nurse: Oh no, look at the time. I've got to give out the meds. Do you want the anti-emetic?

Patient: Oh, I don't know. I just feel a bit down, I think.

Nurse: Right, look, I'm a bit busy now. Your husband'll be in soon, won't he?

Patient: Yes. Don't worry. I'll be all right.

Nurse: Good, right. I'll see you soon.

3.4

... OK, now we're up to Jim Sullivan in bed 3. Jim was admitted today for Palliative Care and pain control. He's got cancer of the liver with secondaries in the spine. He was in quite a lot of pain when he first arrived. He said the pain in his back is a stabbing pain. He also has pain in the liver area and he describes this as an aching pain. Jim was taking regular analgesia at home but it's not enough now. He rated the pain as 9 out of 10 when I spoke to him. Doctor Donnelly saw Jim this morning and ordered a syringe driver. I explained to Jim that this will give him a small amount of painkiller medication continuously. The subcut cannula for the syringe driver has been inserted into his abdomen. I checked Jim just before handover and he says the pain level is much better now. Jim's had one injection of breakthrough medication this morning. He also finds that a heat pack on his back helps a lot.

3.5

Karin: Hello, Mr Summerville. My name's Karin. I'm looking after you today.

Wilf: Hello, Karin. Call me Wilf.

Karin: How are you feeling today?

Wilf: I'm not too good today. I've got a lot of pain.

Karin: Oh dear, I'm sorry to hear that. I've brought a pain chart so you can explain your pain a bit better.

Wilf: Er all right.

Karin: Where's the pain, Wilf?

Wilf: There are three areas which hurt.

Karin: OK. Can you tell me on a scale of nought to ten what is the worst pain you've had in the last twenty-four hours in each area?

Wilf: OK.

Karin: Can you show me the first one on the picture of the body?

Wilf: It's my right shoulder.

Karin: OK. What's the pain in your shoulder like?

Wilf: It's a throbbing pain, not a sharp pain.

Karin: What sets the pain off?

Wilf: It starts when I move or lie in bed.

Karin: How bad is the pain right now?

Wilf: Er, a six. I had to get back to bed because of the pain.

Karin: OK. I'll label that pain 'A'. What do you take for the pain?

Wilf: The painkillers help and heat packs are good, too.

Karin: OK. What about the next area?

Wilf: My lower back. It's the worst pain.

Karin: Mm. It's where the main cancer is, isn't it?

Wilf: Yes. My back aches a lot.

Karin: I'll label that pain 'B'. How's the back pain now?

Wilf: It's eight at the moment.

Karin: When is it worse?

Wilf: When I move or sit in a chair.

Karin: Does the medication help?

Wilf: A little but not much.

Karin: That's not good, is it? I'll ask the doctor to check the medications for you.

Wilf: Thanks. I might need some stronger painkillers.

Karin: Mm. What about the last area of pain?

Wilf: The leg ulcer.

Karin: OK, that's 'C'. What starts the pain in your leg?

Wilf: It only hurts when the dressing's changed.

Karin: What's the pain like?

Wilf: It's sharp – around a three out of ten.

Karin: What helps the pain?

Wilf: Those non-stick dressings are good. And I have painkillers before the nurse does the dressing.

3.6

Kelly: Ward 16, Kelly speaking.

Joyce: Oh, um, yes. It's Joyce Gribble here. I'm Mrs Brenda Dixon's next-door neighbour. Can you tell me how her CT scan went today?

Kelly: I'm sorry, I can't give you any information about Mrs Dixon's treatment.

Joyce: It's all right, dear. I've been her friend for years. I'm sure she wouldn't mind.

Kelly: I'm afraid I'm not allowed to talk about her treatment. It's because of patient confidentiality. Perhaps you could speak to Mrs Dixon yourself.

Joyce: Oh, I see. Can I visit her?

Kelly: Yes, of course you can. Visiting hours are from 2 pm to 7 pm.

Joyce: Good. I'll get a bus in today. How is she feeling at the moment?

Kelly: She's very tired but I'm sure she'll be happy to see you.

Joyce: All right. I'll be in later. Could you tell her I called?

Kelly: Sure. I'll let Mrs Dixon know you called.

Joyce: Thank you, dear.

3.7

Ruth: M Wing East, Ruth speaking.

Elsa: Yes, hello. Could you please put me through to Mrs George?

Ruth: Are you a friend or relative?

Elsa: Oh, yes. I'm her sister. My name's Elsa Fulton.

Ruth: I'll just check what her extension is ... 9316. OK. Can you please hold for a minute?

Elsa: Yes, certainly.

Ruth: Right ... extension 9-3-1-6. Mrs George?

Mrs George: Hello. Yes, it's Mrs George here.

Ruth: Mrs George, I'm just putting your sister through.

Mrs George: Thank you. Hello, Elsa? Is that you, dear?

Elsa: Hello, Freda. How are you?

Mrs George: Oh, getting along nicely.

4.1

Angela: Morning, Mrs Briggs. It's Angela. I'm here to do your dressing. Can I come in?

Mrs Briggs: Hello, Angela. I didn't hear the door bell. Come on in.

Angela: I'll just take a quick look at the wound to see how it's doing.

Mrs Briggs: Thank you. I'll put my leg up for you.

Angela: That's good. I'll take the bandage off first. Mm, well, it looks much better, doesn't it?

Mrs Briggs: Ooh. It still looks awful to me.

Angela: Actually, the skin around the wound's less red.

Mrs Briggs: Yes, I suppose so.

Angela: The wound's got less pus in it.

Mrs Briggs: Oh well, that's good.

Angela: It doesn't have a bad odour now because the infection's better.

Mrs Briggs: I noticed that.
Angela: The wound's a bit smaller, too.
Mrs Briggs: That's good news, isn't it?
Angela: It certainly is. Right, I'll do the dressing now.
Mrs Briggs: Thanks, Angela. I'd like to have a shower.

4.2

- 1 bandage
- 2 discharge
- 3 dressing
- 4 odour
- 5 pus
- 6 sutures
- 7 tissue
- 8 wound

4.3

Joe: All right, Mr Heath. I'll help you to the bathroom so you can have a shower.
Mr Heath: Thank you, Joe.
Joe: I'll just get your walking frame for you.
Mr Heath: It's over there.
Joe: OK. Up you get. That's right. Do you want to go to the toilet first?
Mr Heath: Yes, Joe. I think that's a good idea.
Joe: All right. Turn the walker around. That's it. You can sit on the toilet now.
Mr Heath: Ooh. The raised toilet seat you brought last week is much better than the old one I had.
Joe: Good. I'll take off your pyjamas while you finish.
Mr Heath: Thanks. Um, nearly finished.
Joe: That's OK. Finished now?
Mr Heath: Yes. I'm ready now.
Joe: I'll wipe your bottom. OK, all done.
Mr Heath: Thanks, Joe. It's a bit embarrassing.
Joe: Don't worry. No problem. Now, can you walk to the shower chair with your walking frame, please?
Mr Heath: Yes, right.
Joe: Hold the grab bar in the shower. That's good. I'll put your walking frame outside the bathroom until we need it.
Mr Heath: The grab bar's useful, too.
Joe: Yes, it helps to have something to hold onto so you feel steady. Now, sit on the shower chair.
Mr Heath: OK, here we go.
Joe: I'll just put your feet on the non-slip mat. I don't want you to slip.
Mr Heath: Neither do I.

4.4

a
Nurse: Come on, lovie. Let's get that nappy off.
Patient: Ooh, dear.
Nurse: Phew! That smells awful! What have you been eating?
Patient: I'm sorry. I didn't mean to do it.
Nurse: Well, you're very naughty, aren't you? Oh, that's disgusting.
Patient: Sorry, sorry.
b
Patient: Nurse, I didn't ring the bell on time. I think I've wet myself.
Nurse: That's OK, Mrs Crawford. These things happen. I'll get a fresh pad for you.
Patient: I'm so sorry. It's awful for you to have to do this.
Nurse: Don't worry. It's OK. I'll sort it out for you.
Patient: I'm sorry.
Nurse: That's all right. All done. I'll put the call bell closer so you can reach it next time.
Patient: Thank you. You're very kind.

c

Nurse: I'll close the door to give you some privacy.
Patient: Thank you. It's very embarrassing.
Nurse: That's all right. No problem. Can you lift up for me and I'll put the bedpan under you?
Patient: Oh, um. Is that all right?
Nurse: That's fine. Just press the call bell when you're ready.
Patient: Thanks a lot.

d

Nurse: Come on now, no one can see you.
Patient: But they can. The door's open.
Nurse: Come on. Do a wee for me in the bottle like a good man.
Patient: I can't, it won't come out. I want the door shut, please.
Nurse: Now, now. Let's do it quickly, shall we?
Patient: I can't. I'm sorry. I just can't like this.

4.5

Fiona: District Nurse Liaison, Fiona speaking.
Vivien: Hi, Fiona. It's Vivien from the Alexandra Hospital.
Fiona: Hi, Vivien. How are you?
Vivien: Good, thanks. Have you got the fax with Mrs Bartle's prescription yet?

Fiona: Let me see. Yes. I have it with me now.

Vivien: Great. Can you please pass on the prescription to the District Nurse who'll be looking after Mrs Bartle?

Fiona: Sure. So, she'll need vitamin B12 injections every two months?

Vivien: Yes. Vitamin B12, 1000 micrograms, intramuscular.

Fiona: And she'll have the injections for six months. Is that right?

Vivien: Yes. She has an appointment with Dr Nuttall in six months for a check-up.

Fiona: OK. I'll pass the prescription on to Sara. She'll be looking after Mrs Bartle.

Vivien: Thanks. Can you also ask Sara to keep in touch with Mrs Bartle's GP?

Fiona: Yeah, sure. Dr Fildes is her GP, isn't he?

Vivien: Yes, he is.

Fiona: All right. I'll let Sara know when she comes back to the office.

Vivien: Thanks. Bye.

Fiona: Bye.

4.6

1

Nurse: I've got your discharge medication here, Mr Feldman. I just need to explain a few things to you.
Mr Feldman: Right. What have you got there?
Nurse: This one is your antibiotic. Make sure you take it on an empty stomach.
Mr Feldman: Oh right. Take it before I eat.
Nurse: That's right. Now, this is your inhaler. You must rinse your mouth with water after you use it.
Mr Feldman: OK. Clean my mouth after I use it.
Nurse: Mm hm. The last one is the lotion for your rash. It's important that you shake the bottle so you mix the contents well.
Mr Feldman: OK, I'll do that.

2

Nurse: Mrs Tinsdale, your medications have come up from pharmacy.
Mrs Tinsdale: Oh good. I was waiting for them.
Nurse: Right. I've got two medications. Here are the eye drops. They only last a month so remember to discard the contents after this date.
Mrs Tinsdale: OK. After September the 16th. I see.
Nurse: Don't forget to keep the eye drops in the fridge.

Mrs Tinsdale: Oh, yes. Thanks for reminding me.

Nurse: You've also got a tablet to take twice a day. You must avoid too much sun with these tablets. You could burn easily.

Mrs Tinsdale: Oh. OK.

5.1

Dr Connor: Hello, Luisa. Can you tell me how Mr Kransky's doing?

Luisa: Mr Kransky? Mm. He's doing quite well but he still has difficulty swallowing.

Dr Connor: Mm. Has he seen the Speech and Language Therapist yet?

Luisa: Yes. He sees him every day to do tongue exercises to help his swallow reflex.

Dr Connor: That's good. How's he doing with the exercises?

Luisa: He's doing well with the tongue exercises.

Dr Connor: What type of diet is he on now?

Luisa: He started on a puréed diet yesterday.

Dr Connor: How's he finding the puréed diet?

Luisa: He's managing well.

Dr Connor: Right. What about fluids?

Luisa: He's still having thickened fluids and he's coping quite well with them.

Dr Connor: OK. Erm ... Can he feed himself yet?

Luisa: No, not yet. He still needs help with feeding.

Dr Connor: OK. I'll write a referral to the OT.

Luisa: Thanks. Maybe she can bring a few things to help him feed himself.

Dr Connor: Yeah. Right. Can you continue with the puréed diet and thickened fluids until his swallow reflex is better?

Luisa: Sure. I'll make a note of that.

Dr Connor: OK. I'll review him at the end of the week.

Luisa: OK, thanks.

5.2

Debbie: Hello, Mr Gimlet. I've got your lunch for you.

Mr Gimlet: Oh good.

Debbie: Right. Are you sitting up comfortably in the chair?

Mr Gimlet: Yes, thanks.

Debbie: That's good. Now, don't rush, there's plenty of time.

Mr Gimlet: That's good.

Debbie: The OT's sent a few things to help you feed yourself.

Mr Gimlet: Oh, yes?

Debbie: She's sent a special bowl for you to try.

Mr Gimlet: Oh, what for?

Debbie: It's a non-slip bowl.

Mr Gimlet: Oh, that's a good idea.

Debbie: She's also sent you a non-tip cup.

Mr Gimlet: All right, that's useful.

Debbie: There are some modified utensils for you to use, too.

Mr Gimlet: What, you mean those spoons?

Debbie: Yes. They're easier for you to hold.

Mr Gimlet: Right, well, I'll try them out.

5.3

Max: Hello, Mrs Hudson. I've brought you a brochure to help explain about how to swallow safely before you start on a puréed diet today. I'll go through it with you now, if that's OK?

Mrs Hudson: Yes. That's OK.

Max: Before we start talking about swallowing, I'll go through some of the parts of the head and neck.

Mrs Hudson: All right.

Max: First of all, the food enters the mouth. Then the teeth help with chewing the food.

Mrs Hudson: Right, yes.

Max: The tongue also helps with chewing and swallowing the food.

Mrs Hudson: I see.

Max: Then the soft food goes to the throat, which is at the back of the mouth.

Mrs Hudson: OK.

Max: The throat joins up with two separate tubes. One tube is called the trachea or windpipe. The other tube is called the oesophagus.

Mrs Hudson: Is that important?

Max: Yes, it is. I'll explain about it in a minute.

Mrs Hudson: Oh, right.

5.4

- 1 larynx
- 2 nasal cavity
- 3 oesophagus
- 4 tongue
- 5 trachea

5.5

Max: Right, let's move on to talk about a few tips for safe swallowing which I'd like to go through with you. Is that OK?

Mrs Hudson: Yes. That's fine.

Max: First of all, it's really important not to rush meals. Take your time eating your food.

Mrs Hudson: Right, I understand. Huh, take it slowly.

Max: That's it. And eat small amounts of food several times a day. It's better to eat smaller meals than larger meals.

Mrs Hudson: Why's that?

Max: A person who's had a stroke doesn't always feel that food is going the wrong way into the airways. They don't cough and so food can enter their lungs.

Mrs Hudson: Oh dear. Now I understand why I shouldn't rush.

Max: That's why you should eat the amount of food which fits on a teaspoon. Swallow all the food in your mouth before having another teaspoonful. It's also important to keep food and liquids separate.

Mrs Hudson: What do you mean?

Max: Don't drink and eat at the same time.

Mrs Hudson: I see.

Max: Try not to talk while you eat. Relax and enjoy your meal.

Mrs Hudson: I'll make sure that I do. What else?

Max: After your meal, it's a good idea to sit up for around thirty minutes to let your food settle.

Mrs Hudson: OK.

5.6

Dina: Hello, Mrs Noonan. How are you today?

Mrs Noonan: Not too bad, thanks.

Dina: Mrs Noonan, I'm afraid I need to put a tube through your nose into your stomach now.

Mrs Noonan: It sounds awful!

Dina: I know, it's not very pleasant but I'll try to make you as comfortable as possible.

Mrs Noonan: All right.

Dina: I'll show you everything I'm going to use so you'll understand what's happening.

Mrs Noonan: OK.

Dina: I'll just turn off the TV so we're not distracted.

Mrs Noonan: OK.

Dina: Here's the tube which goes into your stomach.

Mrs Noonan: Ooh, it's very long.

Dina: That's because it has to go in through your nose and down into your stomach.

Mrs Noonan: I see.

Dina: I'll get you to swallow as I feed the tube through your nose.

Mrs Noonan: I'm really nervous about this. I don't know if I can do it.
Dina: It's OK. I'll stop if you need a break. Just hold up your hand and I'll stop straight away.
Mrs Noonan: You will?
Dina: Yes. Just hold up your hand and I'll stop.
Mrs Noonan: Right. I feel a bit better about it now.
Dina: All right. OK if I start now?
Mrs Noonan: Yes, go ahead.

5.7

Amanda: Mr Silverman, I need to write down what you had for lunch.
Mr Silverman: Oh, OK.
Amanda: Can I look at your menu?
Mr Silverman: Yes. Here it is.
Amanda: Right. How much soup did you have?
Mr Silverman: Er, the whole bowl.
Amanda: Good. One bowl of soup, that's 150 mls. Now, the main course was beef casserole and rice. How much casserole did you eat?
Mr Silverman: About half.
Amanda: OK. And the rice?
Mr Silverman: About half.
Amanda: Right. Half a serving of casserole and half a serving of rice. Did you have any vegetables?
Mr Silverman: No.
Amanda: Mm. Did you have any dessert?
Mr Silverman: Yes. Ice cream.
Amanda: Right. Did you have the whole tub?
Mr Silverman: Yes. All of it.
Amanda: Right. One tub is 80 mls. Did you have a drink?
Mr Silverman: Yes. Apple juice.
Amanda: How much of the juice did you have?
Mr Silverman: Half a container.
Amanda: OK. That's 55 mls.

5.8

Rhonda: Extension 567, Rhonda speaking. Can I help you?
Hannah: Hello. It's Hannah calling from Ward 5. I'd like to make a referral to the Dietician, please.
Rhonda: Sure. I'm the Dietician.
Hannah: Right, I'm calling about Mr Vermont in bed 301.
Rhonda: OK. What's the problem?
Hannah: Could you review Mr Vermont, please? He's lost a lot of weight in the last week.
Rhonda: I could come and see him at 3 pm today.

Hannah: Could you hold on for a minute while I check his notes?
Rhonda: Sure.
Hannah: Thanks for holding. I'm afraid 3 pm is no good. He's having an x-ray at 3.
Rhonda: Would 4 pm be OK?
Hannah: Yes, that would be better.
Rhonda: All right, I'll see you at 4.
Hannah: See you at 4. Bye.

6.1

1
Nurse: Good morning, Mrs Swift. I'm going to take you to the shower.
Mrs Swift: Thank you, dear.
Nurse: Do you use the walking frame to help you?
Mrs Swift: Yes. I do.
Nurse: All right. I'll help you up now.
Mrs Swift: Ooh. Thank you very much.
Nurse: That's it. Hold the handles for me.
Mrs Swift: There. I'm steady now.

2

Nurse: Hello, Mrs Wilson. How are you?
Mrs Wilson: Not bad, not bad.
Nurse: Would you like a short walk outside?
Mrs Wilson: Oh yes, thank you.
Nurse: I'll get your walking stick for you.
Mrs Wilson: Yes, I need my stick.
Nurse: All right. Make sure the stick is firmly on the ground.
Mrs Wilson: Oh yes, I don't want to fall.
Nurse: Ready?
Mrs Wilson: Yes, ready.

3

Nurse: I'll help you into the wheelchair, Gina.
Gina: Oh, thank you.
Nurse: Sit up and swing your legs over the side of the bed.
Gina: Ooh.

Nurse: That's it. Now put your feet on the floor.
Gina: OK.
Nurse: Now, stand up and turn around to face me.
Gina: Oh, all right.
Nurse: That's it. Now, sit down slowly on the wheelchair.
Gina: There.
Nurse: Right. You're ready to go to Rehab now.

4

Nurse: I'll get you the crutches, Mark.
Mark: Thanks.

Nurse: Can you manage them all right?
Mark: Yeah, I'm getting better.
Nurse: Just make sure the top of your crutches are a few centimetres below your armpits.
Mark: OK.
Nurse: If the crutches press into your armpits, they hurt a lot.
Mark: They sure do!
Nurse: The Physio's going to take you for a walk soon.
Mark: Great. I want to move around a bit more.

6.2

Sally: Can Mrs Kovacs sit up in bed?
Lenka: Yes, she can. She uses the rope ladder to help her sit up in bed.
Sally: OK. What about Mrs Hartley?
Lenka: You'll need the slide sheet to turn her in bed.
Sally: Mm. Can Ms Sayed lift up her bottom for a bedpan?
Lenka: Yes. I put a monkey pole on the bed for her.
Sally: Good. How do you get Mrs Phillips up?
Lenka: You have to use the hoist. She can't move much at all now.
Sally: OK. Thanks.

6.3

Caroline: Hello, Mrs Kennedy. How are you this morning?
Mrs Kennedy: Not too bad.
Caroline: That's good. I'm going to help you get up for your shower now.
Mrs Kennedy: All right.
Caroline: OK, hold the rope ladder with both hands.
Mrs Kennedy: Oh, yes.
Caroline: Great. Now, pull up so you are sitting.
Mrs Kennedy: Oh, oh.
Caroline: That's great. Well done. Now, swing your legs over the side of the bed, slowly.
Mrs Kennedy: Ooh.
Caroline: That's right, put your feet firmly on the floor.
Mrs Kennedy: Ooh. All right?
Caroline: That's it. Here's the frame for you. Now, hold onto the handles of the walking frame with both hands.
Mrs Kennedy: Oh, yes.
Caroline: There you are. Are you steady?
Mrs Kennedy: Yes, I'm fine.
Caroline: OK, you're ready to walk to the shower now.

6.4

Julia: We're just going to tuck the slide sheet under you, Mrs McKenzie.

Mrs McKenzie: Why?

Su: We'll be able to lift you up the bed then.

Mrs McKenzie: All right.

Julia: First, roll over on your left side.

Su: That's it, Mrs McKenzie.

Mrs McKenzie: Ooh.

Julia: That's good. Su's going to tuck in the slide sheet.

Su: OK. Ready.

Julia: Now, roll over on the other side.

Su: That's it.

Julia: I'll just pull the slide sheet through to my side.

Su: Now, just relax. Julia and I are going to help move you up the bed.

Mrs McKenzie: Oh, all right.

Julia: OK. One, two, three – lift.

Su: There.

Julia: Now, roll over again on your left side.

Su: That's it. I'll take out the slide sheet now.

Julia: OK. I'll lift up the head of the bed so you can eat your lunch.

Mrs McKenzie: Thank you.

6.5

Bob: Hello, Walter. How are you this morning?

Walter: Not too bad.

Bob: That's good. I've brought a hoist to get 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 bring the hoist up close first.

Walter: OK.

Bob: Put your arms up and I'll attach the straps of the sling to the hoist.

Walter: Are they on?

Bob: Yes. Now, put your feet into your slippers.

Walter: OK.

Bob: Yes, that's right. Now, relax and I'll hoist you up.

Walter: Oh. That was easy.

Bob: Good, now hold 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.

6.6

Bob: Ms Slessor was admitted to H Wing from a Nursing Home this morning. She's an obese lady who needs quite a bit of assistance to mobilise. She uses a wheelchair as she is very unsteady on her feet. She needs the assistance of two nurses and the hoist for all moving and handling. We used a handling sling to get her up to a standing position from the wheelchair. We also used the handling sling to get her to sit over the edge of the bed. Use a slide sheet to turn her or move her in bed as she is quite heavy. She needs the commode chair to take her to the toilet or for a shower. You'll need the patslide to transfer her to a trolley when she goes for an X-ray this afternoon.

7.1

Marcus: Hello, Mr Desai. I need to ask you some questions before you have an angiogram.

Mr Desai: All right. What sort of questions?

Marcus: The questions are for the consent form for X-ray contrast.

Mr Desai: OK.

Marcus: Have you ever had asthma?

Mr Desai: Yes. I've had asthma all my life.

Marcus: OK. Are you allergic to any drugs or food?

Mr Desai: Yes. I'm allergic to penicillin.

Marcus: OK. What about allergies to food, especially seafood?

Mr Desai: Oh, no. I'm not allergic to any food. Seafood? Why is that important?

Marcus: The dye has similarities to seafood proteins.

Mr Desai: That's interesting. But no, I'm not allergic to seafood.

Marcus: Have you ever had an injection of X-ray contrast before?

Mr Desai: Yes, I have. It was six months ago.

Marcus: Did you have a reaction to it?

Mr Desai: Yes, I had a rash afterwards but they gave me some medication and I was fine.

Marcus: OK. Do you have heart disease?

Mr Desai: No, I don't.

Marcus: Do you have kidney disease?

Mr Desai: No, I don't.

Marcus: Are you diabetic?

Mr Desai: Yes, I am.

Marcus: Are you taking any medication for diabetes at the moment?

Mr Desai: Yes, I take tablets for diabetes.

Marcus: All right. I'll make sure the radiologist knows before the angiogram.

Mr Desai: Anything else?

Marcus: No, it's N/A for pregnant or breastfeeding.

Mr Desai: Definitely.

Marcus: I just need you to read the information under the questions here, check and sign it for me.

Mr Desai: Right.

7.2

1 Have you ever had asthma?

2 Are you allergic to any drug or food (especially seafood)?

3 Have you ever had an injection of X-ray contrast before?

4 Do you have heart disease?

5 Do you have kidney disease?

6 Are you diabetic?

7 Are you taking any medications for diabetes at the moment?

8 Are you pregnant or breastfeeding?

7.3

Laila: Hello, Mrs Jessop. You're having your CT scan today.

Mrs Jessop: What time is the CT scan?

Laila: It's at 10.30. The porter's coming in a little while, so I'll help you get ready.

Mrs Jessop: Do I have to take all my clothes off?

Laila: Yes, please. I'll help you put on this gown. Just put your arms through the sleeves of the gown and I'll tie it at the back for you.

Mrs Jessop: Thank you.

Laila: I'll help you into the wheelchair. Here it is.

Mrs Jessop: Uh. Thank you.

Laila: I'll just transfer your IV to the IV pole on the wheelchair.

Mrs Jessop: Oh, I forgot about that.

Laila: I'll just put the footplate down for you.

Mrs Jessop: Yes.

Laila: Lift up your feet and put them on the footplate. That's it.

Mrs Jessop: My feet are cold.

Laila: I'll put your slippers on for you
Mrs Jessop: Thank you. How long is it going to take?

Laila: You'll probably be in Radiology for about an hour.

7.4

1

Kenny: Hello, this is Kenny from the Coronary Unit here. Can I book an angiogram appointment for Mr Dunston tomorrow?

Radiology Clerk: Sure, what about 3.30?

Kenny: Mm, 4 would be better. He has an appointment at 3 and won't be back in time.

Radiology Clerk: Let me see ... erm, yes, 4 pm is fine.

Kenny: OK. Thanks.

Radiology Clerk: You're welcome. Bye.

Kenny: Bye.

2

Sheila: Hello, this is Sheila from Ward 14. Can I check when Ms Beverly Platt is having her ultrasound today?

Receptionist: Sure. It's at 2.15.

Sheila: Oh, I thought it was 4.15.

Receptionist: No, definitely 2.15.

Sheila: OK, I'll make sure she's ready. Thanks. Bye.

Receptionist: Bye.

3

Veronika: Hello, it's Veronika from 5C. Does Elizabeth Knight have an X-ray appointment tomorrow?

Receptionist: Yes, it's at 5.15.

Veronika: I'm afraid she won't be able to make it. She's seeing the doctor at that time.

Receptionist: OK, I'll cancel the appointment.

Veronika: Can I reschedule her appointment, please?

Receptionist: Sure. 3 pm tomorrow OK?

Veronika: 3 pm, tomorrow? Fine. Thanks. Bye.

Receptionist: Bye.

7.5

Accident and Emergency (A & E)

Intensive Care

Maternity

Occupational Therapy

Oncology

The Orthopaedic Clinic

Outpatients

Phlebotomy

Physiotherapy

The Psychiatric Unit

7.6

1

Patient: Excuse me, could you tell me where I go for a blood test?

Nurse: Yes, sure. Go out of A&E, turn left and it's next to Pathology.

Patient: Left, then after Pathology. Right, thanks.

Nurse: Yep, you can't miss it.

Patient: OK, thanks.

2

Patient: Excuse me. I'm a bit lost.

Nurse: That's OK. Where do you want to go?

Patient: I have an appointment at Outpatients.

Nurse: OK, you'll need to go up to the second floor. Outpatients is in front of you as you get out of the lift.

Patient: Great, that sounds easy. I'm also looking for Maternity. My friend's just had a baby.

Nurse: OK, it's on the second floor, too. As you get out of Outpatients, go straight ahead. It's at the end of the corridor.

Patient: Thanks very much.

Nurse: No problem.

3

Visitor: Excuse me, I'm looking for the café. My mother's having an operation so I'd like to have a cup of tea while I wait for her.

Nurse: OK, go down to the ground floor, turn right as you get out of the lift and go past Security. You'll see the café next to Occupational Therapy.

Visitor: Thanks very much. Oh, is there a gift shop here in the hospital?

Nurse: Yes, there's a small gift shop on the ground floor opposite the Main Entrance.

Visitor: Thanks, I can find that.

8.1

Sheena: Good morning, Ms Simpson. How are you today?

Ms Simpson: Morning, Sheena. Nice to see you again. I'm fine, thanks.

Sheena: Great. I need to check your blood glucose level before you see the doctor. Is that OK?

Ms Simpson: Yes, that's fine with me.

Sheena: OK, I'll just put a test strip in the glucometer. Can you hold out your finger, please?

Ms Simpson: Here you are. This finger's the best one, I think.

Sheena: I'm going to prick the side of your finger with this lancet.

Ms Simpson: Ah, sss.

Sheena: Now, I'll put a drop of blood on the test strip. There.

Ms Simpson: Got enough?

Sheena: Yes, that's fine. You can put the cotton swab on your finger now.

Ms Simpson: Thanks. What's the reading?

Sheena: We'll have to wait for the result to flash on the screen. Erm ... it's 5.8.

Ms Simpson: That's good. I'm happy with that.

Sheena: Yes, it's fine. I'll record it on your chart now.

8.2

1

Nurse: Do you mind if I take your blood pressure?

Patient: No, I don't mind. I'll roll up my sleeve for you.

Nurse: Thanks. That makes it easier.

2

Nurse: Is it OK if I do your dressing now?

Patient: Yes, that's fine. I've just had a shower.

Nurse: Good. I've got everything ready for you here.

3

Nurse: Can I check your blood glucose level?

Patient: Sure. I hope it's OK.

Nurse: It should be OK. It was OK last time.

4

Nurse: I need to see your identity bracelet. Is that all right?

Patient: Yes. Here it is. It's on my right arm.

Nurse: Thanks. Yes ... that's all right.

5

Nurse: Is it all right if I give you this injection?

Patient: OK. It's a painkiller, isn't it?

Nurse: That's right.

6

Nurse: I need to put up a new IV bag. Is that OK?

Patient: That's OK. Is it the last one?

Nurse: No, one more after this one.

8.3

cholesterol

glycated

haemoglobin

hypoglycaemia

glucose

hyperglycaemia

litre

8.4

Joan: Hello, Ms Bhaskhar. Has it really been three months since I saw you last?

Ms Bhaskhar: Yes, it has. Time flies.

Joan: I've got the lab results here for you.

Ms Bhaskhar: Oh, right. How are the results?

Joan: Overall, much better than last time. Your glycated haemoglobin is 7%.

Ms Bhaskhar: Is that good?

Joan: Mm, it should be less than 7%.

Ms Bhaskhar: That's not good then.

Joan: Don't worry, it's less than the last time.

Ms Bhaskhar: OK. What about my cholesterol?

Joan: It's 5.0, which is less than last time.

Ms Bhaskhar: What's normal?

Joan: It should be less than five. A higher result may not be good for your heart.

Ms Bhaskhar: Oh. What about my blood pressure?

Joan: Let's see. I'll take it now. It's a hundred and thirty over seventy.

Ms Bhaskhar: What was it last time?

Joan: A hundred and thirty over seventy, so it's stayed the same.

Ms Bhaskhar: Well, that's great. Do you think I've lost weight?

Joan: We'll see. Hop on the scales.

That's great. You weigh 85 kg, so you've lost 5 kg.

Ms Bhaskhar: That's good, isn't it?

Joan: It sure is. What have you been doing to lose weight?

Ms Bhaskhar: I've been exercising more. I swim three times a week now.

Joan: That's really good. How do you find the new diet?

Ms Bhaskhar: It's quite good actually. I'm certainly eating less.

Joan: Terrific. I've made an appointment for you on December the 13th at 11 am. Is that OK?

Ms Bhaskhar: Yes, that's fine. I'm going to try to lose some more weight by the next visit.

8.5

Rosie: Hi, Jess. How are you this week?

Jess: Oh hi, Rosie. I'm a bit tired, actually.

Rosie: Mm. Sounds like a good time to have a chat about partying when you have diabetes.

Jess: OK. You're probably right.

Rosie: Have you been going out a lot with your friends lately?

Jess: Yeah. I've been partying pretty hard. Uni's finished for the semester and, well, ha ha, you know.

Rosie: Have you been drinking more alcohol than usual?

Jess: Yeah, I suppose I have.

Rosie: I need to talk to you about alcohol and diabetes. You have to be very careful or your blood sugars may drop too much. Alcohol can lower your blood sugars so you could have more hypos.

Jess: I have had a few lately if I have a big night out.

Rosie: Well, it's good to know how much alcohol is safe to drink.

Jess: How much can I have?

Rosie: Well, women shouldn't have more than 14 units of alcohol a week.

Jess: Oh, what's a unit?

Rosie: A unit of alcohol is one standard glass of wine or half a pint of beer.

Jess: Oh, that's not much, is it?

Rosie: No, it isn't. Also, you shouldn't drink on an empty stomach. Always have a meal or a snack while you're drinking.

Jess: OK. I'd better plan my nights out a bit better from now on.

Rosie: Good idea. The other thing I need to talk to you about is recreational drugs. Taking drugs can be more harmful for diabetics than for non-diabetics.

Jess: Yeah. Honestly, I stay away from drugs.

Rosie: That's good. You still need to understand what can happen just in case.

Jess: I suppose so.

Rosie: Taking drugs like speed or ecstasy can change your diabetes routine. You may not eat your meals on time or you may forget your insulin.

Jess: I wouldn't do that.

Rosie: Well, it's good to be aware of what might happen.

Jess: Which is?

Rosie: Drugs are like alcohol. They can make your blood sugars drop. You could have a hypo.

Jess: Mm. OK. I'll be careful.

Rosie: That's good. Ring me if you need to ask any questions, won't you?

Jess: Thanks, Rosie. I know I can always talk to you.

8.6

Neil: OK, Mr Vega. I'll show you how to use your insulin pen now.

Mr Vega: OK.

Neil: Before we start, we'll wash our hands. OK, I've got everything ready on the trolley.

Mr Vega: Mm.

Neil: First, take the cover off the insulin pen.

Mr Vega: Right.

Neil: Now, use an alcohol wipe to clean the rubber seal on the end of the insulin pen.

Mr Vega: OK.

Neil: Now, screw the needle onto the end of the insulin pen.

Mr Vega: OK, now it's put together, right?

Neil: That's right. Next, you have to prime the insulin pen.

Mr Vega: What does that mean?

Neil: It means that you have to get the insulin right to the end of the needle.

Mr Vega: I see. How do I do that?

Neil: Firstly, turn the end of the pen to number two.

Mr Vega: Mm. Number two in the window.

Neil: That's it. Then get the insulin to the end of the needle to prime the pen.

Mr Vega: OK.

Neil: That's it. You can see the drop of insulin at the end of the needle.

Mr Vega: Yes.

Neil: Next, turn the end of the pen to dial the dose of insulin.

Patient: Right. I need twelve units. OK.

Neil: Now, pinch up some skin on your abdomen so it's easier to inject the insulin.

Patient: Like this, so the skin's raised?

Neil: That's it. Hold the pen up and inject into the raised skin.

Patient: OK. Hold pen upright and inject.

Neil: Finally, hold in the button at the end of the pen and count to five so all the insulin goes in.

Patient: OK. One, two, three, four, five.

Neil: That's it. Now you put the pen away until you need it next time.

Patient: OK. Do I have to keep the insulin pen in the fridge?

Neil: No. You mustn't store the insulin pen in the fridge.

Patient: Oh, why's that?

Neil: Insulin shouldn't be too hot or too cold, so it's best to store the pen at room temperature.

Patient: Right. So, what do I use the cool pouch for then?

Neil: Use the cool pouch when you travel so the insulin stays at the right temperature.

Patient: That's handy.

ANSWER KEY

Unit 1

1a

- Shows the patient around the ward
- Puts on the patient's identity (ID) bracelet
- Checks the patient's details
- Shows the patient how to use the nurse call
- Helps the patient change into pyjamas
- Takes the patient's Observations

b

- 1 T 2 T 3 T 4 T 5 F

c

- 1 F 2 F 3 F 4 F 5 T

d

- 1.1

e

- 2 My name's
- 3 I'm
- 4 Here's
- 5 Just
- 6 need some help
- 7 Do you need help
- 8 anything else

f

Stephen uses the patient's name and introduces himself, he explains how things work and takes time with the patient.

2a

- 1 Check Mr Connolly's ID bracelet
- 2 Morphine
- 3 Red

b

- 1 d 2 a 3 b 4 c

c

Correct: Name; DOB
Incorrect: Hosp. No. 463817; Allergy-bracelet should be red

d

- 1 Can I look at your ID bracelet, please?
- 2 Can you tell me your full name, please?
- 3 What's your date of birth, please?
- 4 I'll just check that on the identity bracelet.
- 5 Do you have any allergies?
- 6 I'll change that for you right away.

3a

- | | |
|---------|-------------|
| 2 chin | 11 ankle |
| 3 chest | 12 toes |
| 4 waist | 13 neck |
| 5 navel | 14 shoulder |
| 6 palm | 15 elbow |
| 7 hip | 16 wrist |
| 8 thigh | 17 fingers |
| 9 knee | 18 heel |
| 10 shin | 19 sole |

b

- 2 wrist
- 3 hip
- 4 thigh
- 5 knee
- 6 back
- 7 arm
- 8 toe

c

- A lower back
- B back of the hand
- C back of the knee
- D upper back

4a

- 1 b 2 a 3 d 4 e 5 c

b

- 1 pulse oximeter
- 2 tympanic thermometer
- 3 digital blood pressure monitor
- 4 scales
- 5 blood pressure cuff

5a

- 1, 4, 6, 7, 8

b

- tympanic thermometer 4
- scales 1
- blood pressure cuff 6;7
- pulse oximeter 8

6a

- 2 d 3 e 4 g 5 h 6 a
7 c 8 b

b

BP 120/75 P 68 RR 16 T 37³
Wt 78 kg O₂ SATS 98%

c

BP 100/68 P 64 RR 18 T 37³
Wt 45 kg O₂ SATS 98%

d

- 2 e 3 a 4 d 5 g 6 h
7 c 8 f

f

The correct information should be:
T 37⁸ BP 110/60 RR 18
O₂ SATS 98%

h

- 1 37³
- 2 56
- 3 95/60
- 4 36⁷
- 5 14
- 6 72; 118/70

Share your knowledge

- 2 Visiting hours, how to call the nurse, where the bathroom is, where the TV control is
- 3 It makes them less anxious.

Unit 2

1a

- 1 Looking after a patient after they come out of the Operating Theatre, checking vital signs, asking if the patient is OK.

b

- 1 PACU
- 2 alert and oriented
- 3 oxygen mask
- 4 anaesthetic
- 5 ICU
- 6 CCU

c

- 1 a, b, d, f, g
- 2 a
- 3 b

d

- 1 Mr Brodzik opens his eyes when he asks him, and can answer his questions.
- 2 He feels cold.
- 3 No

e

- 2 b 3 b 4 a 5 b
6 a 7 b

2a

- 2 vomit bowl
- 3 pain relief
- 4 IV cannula
- 5 ice pack
- 6 pillow
- 7 light
- 8 dressing

b

pain relief, dressing, IV cannula, ice pack

c

- 1 Mr Brodzik's hip hurts.
- 3 The dressing is uncomfortable.
- 4 The IV cannula is a bit painful when the nurses put in the IV medications.
- 5 Rachel gets an ice pack.

d

- 1 How are you feeling?
- 2 Does your hip still hurt?
- 3 How's the dressing on your hip?
- 4 How does the IV cannula in your arm feel? / How does the IV cannula feel in your arm?

e

- 2 a 3 g 4 c 5 d 6 e
7 f

3a

- 1 e 2 d 3 a 4 f 5 b
6 c

- b**
- I've got
 - I've got
 - hurts
 - sore
 - aches
 - I've got
 - painful
 - ache

c

No pain	Mild pain	Severe pain
My back doesn't hurt at all.	I've got a slight headache. My hand's quite painful/sore.	My chest's really painful/aching/sore. I've got a terrible stomach ache. My foot's very painful. My hands hurt a lot. My leg aches/hurts quite a bit.

Share your knowledge

- medication, heat packs, massage

4a

- To order IV infusions
- The doctor
- Two nurses

b

- 2 h 3 a 4 c 5 j 6 b
7 f 8 d 9 i 10 g

c

Mr Lenworth; Normal Saline; 06.00; 02.09.09; 1000 ml; 5% Dextrose; 125 ml; 8 hours; 06.15

d

- IV Prescription
- finished
- through
- rate
- run
- sign

e

- To show her how to change an IV bag
- 5% Dextrose
- In 30 minutes

f

- What's the next IV infusion?
- How long will the infusion run?
- What's the infusion rate?
- How much fluid's left in the current bag?
- When do we need to put up the next bag?

5a

- IV pole
- IV solution
- IV line
- IV infusion pump
- IV cannula
- Fluid Balance Chart

b

- 5% Dextrose
- 125 ml per hour
- On the Fluid Balance Chart

c

- check
- prime
- set
- connect
- start
- sign
- write up

d

- First
- Next / Then
- After that / Next / Then
- After that / Next / Then
- Next / Then
- Next / Then
- The last thing

Share your knowledge

- So that germs are not transferred from patient to patient
- Before and after attending a patient, before eating or drinking, after going to the toilet, before commencing a shift and after finishing the shift
- Posters in prominent positions, patient and staff education, having washbasins and soap in easy access

Unit 3

1a

- A hospice is a place where patients with a terminal illness go for nursing care.
- In a hospice, the aim is to make a patient comfortable but not treat their illnesses. Patients go to hospital to have their disease or condition treated.
- Cancer and degenerative diseases

b

- a bit down
- quite sick
- medication and a cup of tea

c

- 1 c 2 a 3 b 4 d

d

- 1 F 2 F 3 T 4 T 5 T
6 T

e

- 1 e 2 f 3 a 4 b 5 c
6 d

f

She says: *Mm; Oh dear; I'm sorry to hear that.* She uses a soothing tone of voice, she asks how she's feeling, she offers her help and a cup of tea.

g

How are you feeling today?	Would you like to talk about it?
A bit better. I feel a bit sad. I feel a bit low. I feel awful. I feel OK. I'm in a bad way.	Thanks, I'd like that. No, not really. No thanks, I'm not in the mood to talk. Have you got the time? Not right now, maybe later. Yes, it might make me feel better.

Share your knowledge

- By not being in a hurry, by sitting down as if you're ready to have a chat, trying not to look shocked or embarrassed, not being judgemental
- They can become depressed, feel hopeless and lose their trust in nurses.

2a

- a Anything you want to talk about?
b You don't think the pain is getting any better with your treatment?

2 b

3 b

b

Dos	Don'ts
Use open-ended questions Show empathy	Put up a barrier Use a lot of medical jargon Use only Yes/No questions

c

- 1 c 2 d 3 a 4 b

d

Conversation 3.2 is better because the nurse is empathetic and takes time to ask if the patient wants to talk.

e

Put up a barrier: 7, 8
Use open-ended questions: 1, 3, 4
Use a lot of medical jargon: 1, 6
Show empathy: 2, 3, 5
Use only Yes/No questions: 6

3a

- 1 d 2 e 3 f 4 b 5 a
6 c

b

a heat pack b syringe driver
c aromatherapy d analgesia
e acupuncture f massage

Share your knowledge

- To relieve different types of pain, the different methods work together to give better pain relief.
- Some elderly patients may feel embarrassed by younger nurses touching them. In some cultures, it may not be appropriate for a female nurse to massage a male patient and vice versa.

- d**
1 c 2 d 3 b 4 a

e
Palliative Care; secondaries; analgesia; syringe driver; subcut; breakthrough medication; heat pack

- f**
2 secondaries
3 analgesia
4 syringe driver
5 subcut
6 breakthrough medication
7 heat pack

Share your knowledge

- 2 Their pain level is always increasing. They are often very frightened that they will not be able to stand the pain.

- 4a**
1 To see what type of pain the patient has and where it is
2 Location, intensity, type, what makes it worse/better, what is being used to treat the pain

- b**
1 c 2 d 3 e 4 a 5 b

- c**
1 e
2 c
3 a
4 d
5 f
6 b

- d**
1 To understand about Wilf's pain level
2 Three areas of pain
3 When he moves or lies in bed
4 Wilf's lower back
5 When the dressing is changed

e
Pain A – right shoulder; pain level 6; not sharp pain
Pain B – lower back; analgesia helps a little
Pain C – sharp pain; changing the dressing triggers pain

f
How are you feeling today?
Where's the pain, Wilf?
Can you tell me on a scale of 0 to 10 what is the worst pain you've had in the last 24 hours in each area?
Can you show me the first one on the picture of the body?
What's the pain in your shoulder like?
What sets the pain off?
How bad is the pain right now?
What do you take for the pain?
What about the next area?
How's the back pain now?
When's it worse?
Does the medication help?

What about the last area of pain?
What starts the pain in your leg?
What's the pain like?
What helps the pain?

- 5a**
1 Doctor, allied health worker, friend or family of patient
2 Bed number, visiting hours, 'neutral' information, for example 'condition stable'
3 Personal details, test results, medication names, diagnosis

- b**
1 F – next-door neighbour
2 F – about a CT scan
3 T 4 T 5 T

- c**
1 I'm sorry
2 I'm afraid
3 because of
4 I'm sure
5 I'll let

- d**
1 Mrs George
2 Mrs George's sister, Elsa
3 She phones Mrs George and tells her she has a call, and then connects the call.

- e**
1 speaking
2 put me through
3 extension
4 hold

- 6a**
1 Patients and their families
2 Keep accurate records, keep the records safe, keep the records confidential and give patients information in a way that is understandable to them
3 To ensure patients are cared for properly
4 People involved in the patient's care
5 Patient information belongs to the patient.
6 Yes, but they have to send a letter asking to read the records.

Share your knowledge

- 1 Behind the nurses' station, in folders away from the patient area
2 They may have information which is sensitive in the record.

Unit 4

- 1a**
A Dietician reviews nutritional needs.
A District Nurse cares for patients in their own homes or in residential homes.
A GP works in a surgery and cares for patients.

A Health Visitor gives medical care and advice, for example on managing with a disability, to people in their homes.
A Midwife cares for pregnant women before and after the birth of their babies.
A Pharmacist reviews and dispenses medications.
A Practice Nurse works in a GP's surgery and provides advice, care and treatment, for example giving vaccinations.
A Psychologist cares for patients with emotional and behavioural problems.

- b**
1 Because the patients can't travel to the surgery, because it is cheaper to look after people in their own home
2 a, b, c, d, f, h

- c**
1 Doing a dressing on the patient's leg
2 Because the patient only needs her dressing changing, so hospital isn't necessary

- d**
1 To dress the patient's wound
2 On her leg
3 Have a shower

- e**
1 T 2 F 3 T 4 T 5 F

- f**
1 dressing
2 bandage
3 wound
4 pus
5 odour
6 smaller

- 2a**
2 b 3 f 4 a 5 j 6 d
7 g 8 i 9 h 10 e

b

s	ʃ	tʃ
dressing	tissue	sutures discharge

dʒ	ʌ	ə	uː
bandage	pus	odour	wound

- c**
1 c 2 a 3 d 4 b

- d**
2 blood
3 dead tissue
4 odour
5 pus
6 surrounding tissue
7 bloody discharge
8 greenish pus
9 red and inflamed

e

Improvement	No improvement
... the surrounding tissue is healthier.	The middle of the wound's still got a large area of dead tissue
It doesn't smell.	It smells bad. It has quite a bad odour.
The wound is healing well.	There's a lot of blood in the wound drain.
There's a lot of healthy tissue.	There is a large area of dead tissue in the middle of the wound.
The infection is clearing.	It has quite a bad odour.
There's not much pus in the wound.	The wound has a lot of pus in it. The surrounding skin is still red and inflamed.

3a

- 1 raised toilet seat
- 2 walking frame
- 3 non-slip mat
- 4 grab bar
- 5 shower chair

Share your knowledge

- 1 Activities of Daily Living (ADLs) are the things a person has to do every day to take care of themselves, for example bathing, grooming, dressing, eating, toileting and mobilising.
- 2 Patients who are unsteady on their feet

b

raised toilet seat – toileting
walking frame – mobility
non-slip mat – bathing, showering
grab bar – showering
shower chair – showering

c

The patient can stand up, turn the walking frame around, sit on the toilet, walk using the walking frame and hold the grab bar.

The nurse needs to help the patient to the bathroom, move the walking frame to the patient, take off the patient's pyjamas, wipe the patient's bottom and put the patient's feet on the non-slip mat.

d

- 1 I'll help
- 2 I'll just get
- 3 I'll take off
- 4 I'll wipe
- 5 I'll put
- 6 I'll just put

4a

- 2 a
- 3 e
- 4 g
- 5 c
- 6 d
- 7 b

b

- 2 call bell
- 3 sensitive
- 4 privacy
- 5 talk down to
- 6 humiliate
- 7 impatient

c

Good strategies	Bad strategies
Give patients privacy	Talk down to patients
Speak normally	Use inappropriate language, for example <i>love</i> or <i>sweetie</i>
Don't get embarrassed	Be impatient and rush patients
	Humiliate patients when they are incontinent

d

- conversation a 3, 4, 7, 8
- conversation b 2, 5, 6
- conversation c 1, 2, 5, 6
- conversation d 3, 4, 7

e

Conversation b: The nurse doesn't talk down to the patient and uses the patient's name, isn't embarrassed and is sensitive (places the nurse call closer to the patient so the situation doesn't happen again).

Conversation c: The nurse understands the importance of privacy, isn't embarrassed and doesn't rush the patient.

5a

- 1 The doctor uses it to order medications which the District Nurse will give the patient at home.
- 2 It contains patient details, information about the medication – dose, frequency and route.

b

- 2 c
- 3 a
- 4 i
- 5 e
- 6 f
- 7 h
- 8 d
- 9 g

c

- 1 To check if she had received the fax
- 2 Give Mrs Bartle an injection of B12
- 3 Every two months
- 4 In six months' time
- 5 Mrs Bartle's GP, Dr Fildes

d

vitamin B12; 1000 mcg; every 2 months; IM; for 6 months; GP Dr Fildes; Dr Nuttall

e

- 1 speaking
- 2 fax
- 3 pass on
- 4 intramuscular
- 5 checkup
- 6 keep in touch

6a

- 2 Rinse mouth with water
- 3 Avoid sun exposure
- 4 Discard contents
- 5 Refrigerate, do not freeze
- 6 Take on an empty stomach
- 7 Avoid alcoholic beverages
- 8 Complete the course of medication
- 9 For external use only

b

Take on an empty stomach, Rinse mouth with water, Shake well, Discard contents, Refrigerate, do not freeze, Avoid sun exposure

c

- 1 Make sure
- 2 You must
- 3 It's important that
- 4 remember to
- 5 Don't forget
- 6 You must

Share your knowledge

- 1 Because some medications don't work as well if they are taken at the wrong time or in the wrong way
- 2 In hospital, in a Residential Care Home, at home

Unit 5

1a

- 1 Helping a patient feed herself using modified utensils
- 2 Occupational Therapist

b

- 1 b
- 2 c
- 3 d
- 4 a

c

- 1 Quite well
- 2 No, he needs help with feeding.
- 3 At the end of the week

d

- 1 F – for tongue exercises
- 2 F – he started yesterday
- 3 F – until his swallow reflex is better

e

- 2 difficulty swallowing
- 3 doing well
- 4 managing well
- 5 coping quite well
- 6 No, not yet. He still needs help with feeding.
- 7 make a note of that

2a

- 1 He may have had a stroke and have problems holding the spoon.
- 2 Provide modified feeding utensils

b

- a non-tip cup
- b non-slip bowl
- c spill-proof lid
- d utensil handclip
- e modified utensil

c

- 1 b
- 2 d
- 3 e
- 4 c
- 5 a

- e**
- Sit up in the chair
 - The Occupational Therapist (OT)
 - Spoons

- f**
- Are you sitting up
 - Now, don't rush
 - The OT's sent
 - for you to try
 - She's also sent you
 - for you to use
 - for you to hold

- 3a**
- It's a patient information leaflet.
 - Reasons why a person may have swallowing difficulties, tips for safe swallowing

- b**
- How we swallow food
 - Chewing and swallowing food
 - Two separate tubes

- c**
- nasal cavity
 - tongue
 - larynx
 - trachea
 - oesophagus

d

z	k
nasal cavity	trachea

λ	ə	lɪŋ
tongue	oesophagus	larynx

- e**
- b
 - d
 - e
 - f
 - a
- 6 c**

- f**
- A puréed diet
 - Because they don't always feel that food is going down the wrong way so they don't cough and food can enter their lungs.

- g**
- Take your time
 - It's better
 - you should
 - It's also important
 - Don't
 - Try not to
 - it's a good idea

- 4a**
- Insertion of a naso-gastric tube
 - Anxious, felt like being sick
 - Speak calmly, explain what is happening

- b**
- Put a tube through Mrs Noonan's nose into her stomach
 - Shows her everything she is going to use
 - Swallow as the tube goes down
 - Stop straight away

- c**
- try
 - show; use
 - I'll just
 - into
 - get you to
 - break
 - up

- d**
- c
 - a
 - b
 - d

Share your knowledge

- Have another nurse present so the patient can squeeze his/her hand
- Let a child have a favourite toy with him/her during the procedure, use frequent encouragement, allow the parent to stay (if the parent is calm)

- 5a**
- Assessing nutritional status
 - All food and fluid intake for the day

- b**
- casserole
 - vegetables
 - dessert
 - tub
 - drink
 - juice

- c**
- 150
 - 3 ½
 - 4 ½
 - 0
 - 6 1
 - 7 80
 - ½
 - 9 55

- 6a**
- Extension 494
 - Vivien speaking
 - It's Vivien from M Ward
 - I'm calling to make an appointment with the podiatrist
 - Could you hold, please?
 - Thank you for holding

- b**
- She's a Dietician
 - To make a referral for the Dietician to see a patient
 - He's losing weight
 - Mr Vermont is having an x-ray

- c**
- It's Hannah calling
 - I'd like to make a referral
 - I'm calling about Mr Vermont
 - Could you review
 - Could you hold
 - Thanks for holding
 - that would be better

d

Saying who you are	Saying why you're calling
It's Hannah calling. Rhonda speaking.	I'd like to make a referral ... I'm calling about Mr Vermont.
Asking someone to do something	
Could you hold ...	
Could you review ...	

Unit 6

- 1a**
- crutches
 - walking stick
 - walking frame
 - walking frame with wheels
 - wheelchair
 - commode chair

b

Conversation	Mobility aid	The patient is going to ...
1	walking frame	go to the shower
2	walking stick	go for a short walk outside
3	wheelchair	go to Rehab
4	crutches	go for a walk with the Physio

c

	1	2	3	4
Hold the handles for me.	✓			
I'll get you the crutches, Mark.				✓
I'll get your walking stick for you.		✓		
I'll help you into the wheelchair, Gina.			✓	
I'll help you up now.	✓			
Just make sure the top of your crutches are a few centimetres below your armpits.				✓
Make sure the stick is firmly on the ground.		✓		
Now put your feet on the floor.			✓	
Now, sit down slowly on the wheelchair.			✓	
Now, stand up and turn around to face me.			✓	
Sit up and swing your legs over the side of the bed.			✓	

- d**
- now
 - just
 - imperative
 - I'll
 - Make sure
 - for me
 - for you
 - firmly
 - slowly

2a

- 1 hoist
- 2 monkey pole
- 3 slide sheet
- 4 rope ladder

b

Task	Equipment	Number of nurses
moving large or immobile patients into or out of bed	hoist	2 nurses
helping patients sit from a lying position	rope ladder	patient themselves
helping patients lift up their lower back and buttocks	monkey pole	patient themselves
helping move or turn an immobile patient in bed	slide sheet	2 nurses

c

Mrs Kovacs – rope ladder
 Mrs Hartley – slide sheet
 Ms Sayed – monkey pole
 Mrs Phillips – hoist

d

- 1 sit up
- 2 turn
- 3 lift up
- 4 put
- 5 use
- 6 move

3a

- 1 To have a shower
- 2 Walking frame
- 3 Handles

b

- 1 get up / shower
- 2 hold / rope ladder / both hands
- 3 pull up / sitting
- 4 swing legs / side of bed
- 5 put / feet / floor
- 6 hold / handles / walking frame / both hands
- 7 walk / shower

c

- 2 shower
- 3 hold
- 4 rope ladder
- 5 pull up
- 6 sitting
- 7 swing
- 8 legs
- 9 side of the bed
- 10 put
- 11 feet
- 12 floor
- 13 hold

- 14 handles
- 15 walking frame
- 16 both hands
- 17 walk
- 18 shower

4a

- 1 roll
- 2 tuck
- 3 roll
- 4 pull
- 5 lift
- 6 take out

b

- 1 We're just going to tuck the slide sheet under you, Mrs McKenzie.
- 2 First, roll over on your left side.
- 3 Su's going to tuck in the slide sheet.
- 4 Now, roll over on the other side.
- 5 I'll just pull the slide sheet through to my side.
- 6 Julia and I are going to help move you up the bed.
- 7 One, two, three – lift.
- 8 Now, roll over again on your left side.
- 9 I'll take out the slide sheet now.
- 10 I'll lift up the head of the bed so you can eat your lunch.

c and d

We use <i>going to</i> for explaining a procedure...	We use <i>will</i> for introducing the next step in a procedure ...
I'm going to take you to the shower. The Physio's going to take you for a walk ... I'm going to help you get up...	I'll help you up now. I'll get your walking stick for you. I'll help you into the wheelchair ... I'll get you the crutches ...
We're just going to tuck the slide sheet ... Su's going to tuck in the slide sheet. Julia and I are going to lift you ...	I'll just pull the slide sheet through ... I'll take out the slide sheet ... I'll lift up the head of the bed ...

5a

- 1 c 2 a 3 b 4 c 5 c

b

- 1 A hoist
- 2 To mobilise quickly
- 3 No

c

- 2 Bring hoist to patient
- 3 Attach straps of sling to hoist
- 4 Put on patient's slippers
- 5 Hoist patient from sitting to standing position
- 6 Patient holds bars
- 7 Ask patient to take a few steps
- 8 Get patient to go for a short walk

d

- 2 attach
- 3 put
- 4 hoist
- 5 hold onto
- 6 take
- 7 go

6a

- 1 b 2 c 3 a

b

- 1 handling sling
- 2 hand block
- 3 patslide

c

- 2 slide sheet
- 3 crutches
- 4 handling sling
- 5 walking frame
- 6 monkey pole
- 7 walking frame with wheels
- 8 hand block
- 9 wheelchair
- 10 hoist
- 11 commode chair
- 12 patslide

d

Mobility aids	Equipment
walking frame	slide sheet
crutches	monkey pole
walking frame with wheels	hand block
wheelchair	hoist
	commode chair
	patslide

e

- 2 g 3 a 4 c 5 b 6 e
- 7 d

f

- 2 d 3 b 4 a 5 g 6 c
- 7 e

g

- 1 Yes
- 2 No, she has to mobilise
- 3 Wheelchair
- 4 Slide sheet
- 5 Handling sling
- 6 No
- 7 Patslide

h

- 2 assistance of two nurses
- 3 hoist
- 4 handling sling
- 5 slide sheet
- 6 commode chair
- 7 patslide

Unit 7**1a**

- 1 To look inside the body
- 2 Because you can see inside without operating
- 3 Because some of the machines use radiation

- b**
1 e 2 f 3 a 4 d 5 b
6 c

- c**
1 CT scan
2 ultrasound
3 MRI
4 x-ray
5 angiogram
6 mammogram

- 2a**
2 h 3 f 4 a 5 b 6 e
7 c 8 d

- b**
1 angiogram
2 asthma
3 penicillin
4 tablets

- c**
2 allergic to
3 Have you; had
4 heart
5 kidney
6 diabetic
7 Are you taking
8 pregnant

- d**
Incorrect answers to questions
1, 3, 5, 7, 8

- e**
2 Are you allergic to any drug or food (especially seafood)?
3 Have you ever had an injection of x-ray contrast before?
4 Do you have heart disease?
5 Do you have kidney disease?
6 Are you diabetic?
7 Are you taking any medications for diabetes at the moment?
8 Are you pregnant or breastfeeding?

- 3a**
1 The porter is taking a patient to Radiology in a wheelchair.
2 The nurse is helping the patient into a gown.
3 The nurse is helping the patient into a wheelchair.
4 The nurse is putting on the patient's slippers.
5 The nurse is transferring the IV pole to the IV stand on the wheelchair.
6 The patient is undressing.
7 The patient is taking off jewellery.
8 The nurse is putting a blanket around the patient.

- b**
1 CT scan
2 Radiology
3 About an hour

- c**
Laila helps Mrs Jessop into a hospital gown and into the wheelchair. She puts on her slippers and transfers the IV pole to the wheelchair.

- d**
2 The porter's coming in a little while, so I'll help you get ready.
3 I'll help you put on this gown.
4 I'll help you into the wheelchair.
5 I'll just transfer your IV to the IV pole on the wheelchair.
6 I'll just put the footplate down for you.
7 My feet are cold.
8 I'll put your slippers on for you.
9 How long is it going to take?
10 You'll probably be in Radiology for about an hour.

- 4a**
1 X-ray, MRI, CT scan, angiogram, ultrasound, mammogram
2 Emergency patients

- b**
1 16.00 tomorrow
2 14.15 today
3 She is seeing the doctor at that time.
4 15.00 tomorrow

- c**
Mr Dunston: 16.00 on 9 December.
Elizabeth Knight: 15.00 on 9 December

- d**
The correct answers are:
2 what about
3 has an appointment
4 is fine
5 this is
6 check
7 thought
8 I'll make
9 it's
10 have
11 make it
12 reschedule

e

Function	Question
Make an appointment	Can I book an appointment ...?
Check an appointment	Can I check ...? Does ... have ...?
Change an appointment	Can I reschedule ...?

- 5a**
2 i 3 a 4 d 5 g 6 c
7 b 8 e 9 f 10 h

- b**
2 Intensive Care
3 Maternity
4 Occupational Therapy
5 Oncology
6 The Orthopaedic Clinic

- 7 Outpatients
8 Phlebotomy
9 Physiotherapy
10 The Psychiatric Unit

- d**
Café (a)
Gift Shop (c)
Maternity (e)
Outpatients (f)
Phlebotomy (d)
Security (b)

- e**
2 next to
3 go up to
4 in front of you
5 at the end of
6 go down to
7 turn right
8 next to
9 opposite

Unit 8

- 1a**
1 urinalysis sticks
2 glucometer
3 blood testing strips
4 lancets
5 cotton swabs
The urinalysis sticks aren't used in blood sugar testing.

- b**
1 b 2 c 3 a

- c**
2 Treatments include insulin injection, tablets and special diets.

- d**
1 She asks *Is that OK?*
2 The side of the finger
3 A drop of blood on a test strip
4 5.8

- e**
2 I'll just put a test strip in the glucometer.
3 Can you hold out your finger, please?
4 I'm going to prick the side of your finger with this lancet.
5 I'll put a drop of blood on the test strip.
6 You can put the cotton swab on your finger now.
7 We'll have to wait for the result to flash on the screen.
8 I'll record it on your chart now.

- 2a**
1 Do you mind if
2 Is it OK if
3 Can
4 Is that all right
5 Is it all right if
6 Is that OK

- b**
Good examples are sentences a, c, e.
Improvement to the other sentences:
b Is it OK if I phone your GP about your diabetes medication?
d I'll give you a shower now. Is that OK?
f Is it all right if I take some blood now?

3a
2 i 3 c 4 a 5 b 6 d
7 g 8 f 9 h

b	
k as in cat	i: as in tree
cholesterol	haemoglobin
glucose	hyperglycaemia
glycated	hypoglycaemia
	litre

- c**
2 7
3 Before meals
4 10 mmols/L
5 8 mmols/L
6 Low
7 high
8 14 mmols/L

e
Mr Kingston-Smith's diabetes is poorly managed.

- 4a**
1 Yes
2 Twice a day
3 Every three months

b
glycated haemoglobin 7%; cholesterol 5.0; blood pressure 130/70; weight 85 kg

- c**
The correct answers are:
2 less than
3 less than
4 less than
5 stayed the same
6 great; lost
7 more
8 less

e
2 h 3 a 4 f 5 i 6 e
7 g 8 c 9 b

- f**
2 Pt.
3 bgls
4 ↑
5 3 x
6 wk
7 Appt.
8 RN

- 5a**
1 171 million
2 7 million
3 80%

b
1 b and e 2 c 3 c 4 b
5 b and c

c
1 d 2 b 3 f 4 a 5 c
6 e

Share your knowledge

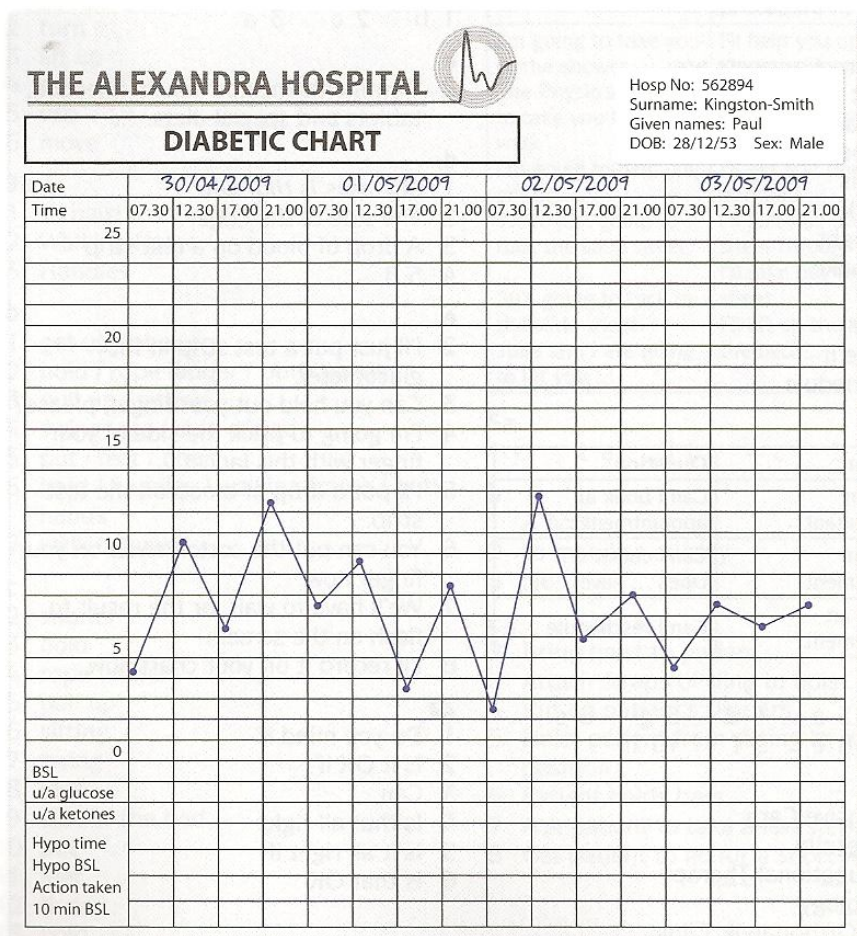
- Kidney disease, eye diseases, heart disease, wounds which don't heal easily, nerve damage in their feet
- They aren't active enough, they don't eat healthy food, they eat irregular meals or too much junk food

- 6a**
1 insulin pen
2 alcohol wipe
3 cool pouch
4 insulin pen needle

- b**
1 wash hands
2 needle on pen
3 prime pen
4 inject insulin
5 store pen
6 cool pouch when travelling

c
2 f 3 e 4 k 5 h 6 a
7 i 8 j 9 b 10 g 11 c

- d**
2 Clean rubber seal of the insulin pen with alcohol wipe
3 Screw needle onto insulin pen
4 Turn dose to 2
5 Prime insulin pen
6 Turn end of pen to dial dose
7 Pinch up skin
8 Inject insulin
9 Hold pen in for count of 5
10 Store at room temperature



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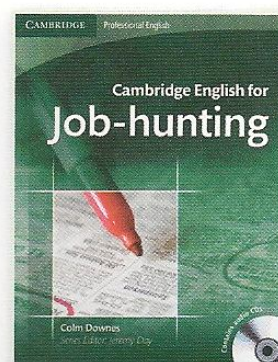
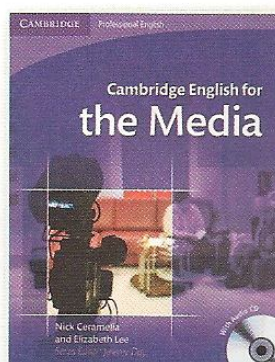
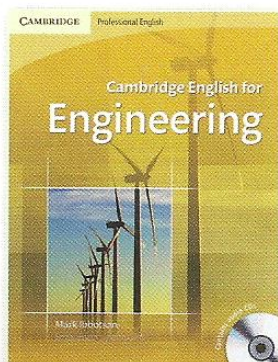
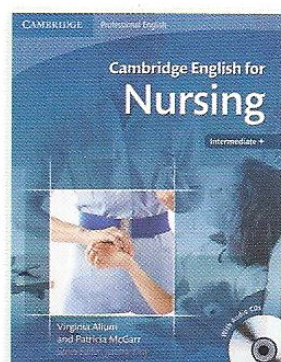
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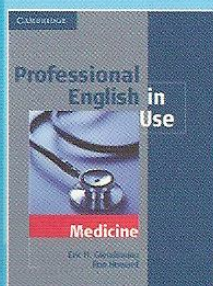
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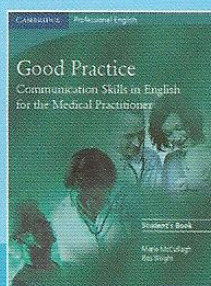
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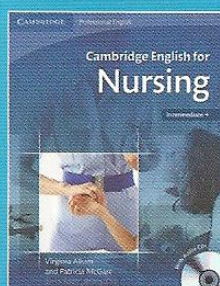
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