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Nursing
EXTRA ACTIVITIES

UNIT 1 Patient admissions

a **Match the types of pulse (1–8) with its location (a–h).**

1 pedal	a in the elbow cavity on the inside of the arm
2 popliteal	b at the wrist near the thumb
3 brachial	c in front of the ear on the temples
4 tibial	d behind the knee when the leg is bent at an angle of 120°
5 carotid	e found in the groin
6 temporal	f found on the top of the foot
7 femoral	g found in the neck
8 radial	h found behind the ankle

b **In pairs, discuss the following questions.**

1 When would you use the temporal pulse?
2 When would you use the carotid pulse?
3 When would you use the pedal and tibial pulses?
4 Which pulse is the most commonly used by nurses?

c **Match the medical terms (1–6) with their meanings (a–f).**

1 tachycardia	a strength of the pulse
2 bradycardia	b a strong pulse
3 thready	c a rapid pulse (greater than 100 beats per minute)
4 bounding	d the regularity of a pulse
5 rhythm	e a slow pulse (lower than 60 beats per minute)
6 force	f a weak pulse

d **Complete the nurse information leaflet about the pulse using the words in the box.**

force beats ~~rate~~ bradycardia slow
tachycardia thready rhythm bounding character

THE PULSE

When taking a patient's pulse, the nurse is careful to note 1) rate and 2)_____ . The normal pulse rate for an adult is between 60 and 80 3) _____ per minute. 4) _____ refers to a fast pulse rate, i.e. over 100 beats per minute. A 5) _____ pulse rate, under 60 beats a minute, is called 6)_____ . It is also important to take note of the character of the pulse. In other words, what is the pulse like? Check the 7) _____ of the pulse – that is whether the pulse is regular or irregular. Finally, describe the strength or 8) _____ of the pulse. A weak, slow pulse is described as 9) _____ , while a strong, fast pulse is described as 10)_____ .

Cambridge English for
Nursing
EXTRA ACTIVITIES

UNIT 2 Respiratory problems

Read the article and discuss the following questions in pairs.

1 What is this treatment for?
2 How is the treatment administered?
3 How does the treatment work?
4 Do you think there could be any disadvantages?
5 What are the benefits of this treatment

New heat technology helps asthma patients

A new technology that uses radio waves to burn off overgrown muscle in the airways of asthma sufferers helps them breathe better, have fewer symptoms and use less medication, researchers report. The technique, called bronchial thermoplasty, is now being tested in a larger trial that could lead to its approval by the US Food and Drug Administration.

With thermoplasty, doctors snake wires that can emit radio waves into the lungs. These radio waves emit heat that can burn off some smooth muscle in the airways. The basic idea behind thermoplasty is that smooth muscle sits around the airway, and when it contracts, it makes the airway narrower. When the amount of muscle is reduced, and it is triggered to contract, there is nothing to contract.

The trial included 112 people with moderate to severe asthma. Half underwent three sessions of thermoplasty; the other half had their usual drug treatment. One year later, air flow was much better in patients receiving thermoplasty – 39 liters per minute compared to 8.5 liters per minute for those getting standard treatment.

The thermoplasty group also reported an average of 40 symptom-free days, compared to 17 for the others, with fewer asthma symptoms and less medication used. The therapy may also produce other beneficial effects besides just giving air more space to move in. Living muscle cells produce chemicals and biological signals that increase inflammation. It may also change some of the dynamics of connective tissue in the airway. Thermoplasty ultimately may be especially useful for asthma sufferers whose problem is severe enough to bring them to the emergency room.

Cambridge English for
Nursing
EXTRA ACTIVITIES

UNIT 3 Wound care

a **In pairs, role play the two situations below.**

Student A

1 You are giving a handover report on Mr David Young to the afternoon shift. Use the following information.

Name:	Mr David Young
Unit no.	466781
Bed No.	304
Age:	47
Doctor:	Singh
Diagnosis:	diabetes, chronic ulcer on L second toe
Venous access:	Cannula with 4˚ N/S flushes
ABs:	IV Cefolin 1g
Drains:	nil
Wound:	cover with antimicrobial dressing, small amount of purulent discharge
Pain management:	Tramadol 50mg bd
OBS:	4˚/ Obs (febrile 38˚ at 18.00hrs)
Diet:	diabetic

2 You are a nurse on the afternoon shift. Listen to your partner and fill in the missing information in the handover sheet.

U/N	Name	Dr	Age Sex	Bed no.	D_x	IV
5177926	(a) _____	Hicks	(b) _____ F	(c) _____	Diabetes wound infection H/O* _____ 8/2	Cannula 4˚ (d) _____
Drains	Diet	ABs		Pain	OBS	Wound
(e) _____	Diabetic	IV Ticarcillin (f) _____ tds		Tramadol (g) _____ bd	_____ Obs.	Daily dressing mod. amt. (i) _____ reddened area around wound

* *H/O* = History of

Student B

1 You are a nurse on the afternoon shift. Listen to your partner and fill in the missing information in the handover sheet.

U/N	Name	Dr	Age Sex	Bed no.	D_x	IV
466781	(a) _____	Singh	b) _____ M	(c) _____	Diabetes chronic ulcer L 2nd toe	Cannula (d) _____ flushes
Drains	Diet	ABs	Pain	OBS	Wound	
(e) _____	Diabetic	IV Cefolin (f) _____	Tramadol (g) _____ bd	(h) _____ Obs febrile 38° at 18.00 hrs	cover (i) _____ sml. amt. purulent ooze dressing	

2 You are giving a handover report on Mrs Christine Browne to the afternoon shift. Use the following information.

Name:	Mrs Christine Browne
Unit no.	5177926
Bed No.	412
Age:	86
Doctor:	Hicks
Diagnosis:	diabetes, post-op wound infection History of amputation of 3rd toe 8/2
Venous access:	Cannula with 4˚ N/S flushes
ABs:	Ticarcillin 3.1g tds
Drains:	minivac
Wound:	daily dressing, moderate amount of ooze. Reddened area surrounding wound.
Pain management:	Tramadol 50mg bd
OBS:	4˚ Obs
Diet:	diabetic

Cambridge English for
Nursing
EXTRA ACTIVITIES

UNIT 4 Diabetes care

a **Complete the text using the words in the box.**

intermediate	absorb	pitting	actions	genetically
~~oral~~	potential	mixed	absorption	subcutaneous

The treatment of diabetes

Diabetes is treated by the administration of insulin injections in the case of Type 1 diabetes and (1) oral hypoglycaemic medication and diet modification in the case of Type 2 diabetes. Insulin is not yet available in an oral form although the first inhaled insulin recently became available in some countries. Insulin injections are given as a (2) _____ injection one to four times a day. The injection site should be rotated from one area of the body to another area each time to avoid (3) _____ of the skin. Changing the site where insulin is injected can also affect the (4) _____ of insulin; for example, it is easier for the body to (5) _____ insulin from the area above the umbilicus.

There are five different types of insulin. Their (6) _____ range from rapid onset to long acting. Some diabetics have to combine a short-acting insulin and an (7) _____-acting insulin. To make it easier, they can use a (8) _____ insulin which contains both types of insulin in one injection.

Insulin used to be extracted from the pancreas of cattle and pigs but since 1982, (9) _____ engineered human insulin has been used. Using human insulin takes away any concerns about transferring any (10) _____ animal diseases into the insulin.

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Nursing
EXTRA ACTIVITIES

UNIT 5 Medical specimens

a **Complete the text using the words in the box.**

catheterisation	discharged	urinary retention
bacteria	voiding	~~hospitalised~~
clamp		

Evidence of Best Practice: removal of short-term IDCs

Evidence of Best Practice (EBP) is the use of the best evidence available to make clinical decisions for individual patients. Nursing protocols, which are based on research, are developed for patient care and management. Up to 25% of (1) hospitalised patients have an indwelling catheter inserted during surgery, as a result of (2) _____ or in order to record an accurate measure of urinary output. IDCs carry a risk of (3) _____ , the risk of which increases by between five and eight percent each day of (4) _____ . Studies which looked at the best time for catheter removal found that by removing the catheter at midnight, patients were able to return to normal (5) _____ patterns quicker than patients whose catheters were removed in the mornings. Patients whose catheters were removed at midnight were also (6) _____ from hospital significantly earlier. More studies are needed to assess the need to (7) _____ catheters before their removal. This practice is believed to assist in encouraging the filling of the bladder before voiding.

Share your knowledge

Discuss the following questions in class or with a colleague and compare your experience.

Are you familiar with EBP for the removal of short-term IDCs?
If not, what protocols are you familiar with?
How is EBP determined in your country?
Why is EBP important?

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Nursing
EXTRA ACTIVITIES

UNIT 6 Medications

Mrs Lim is a frail 80 year-old who has been admitted for the investigation of cardiac problems. Dr Khalil has recently reviewed Mrs Lim's medications.

a **Read the conversation between Gina, the Ward Nurse and Dr Khalil, a Senior House Officer and answer the following questions.**

1 Why did the nurse phone the doctor?
2 What was the problem?
3 Why was the nurse's response to the problem correct?

Gina: Dr Khalil, do you have a minute? I wondered if I could ask you about a medication order, please.

Dr Khalil: Yes, sure. Whose order is it?

Gina: It's Mrs Lim. I wanted to check her Furosemide order. I've got the medication chart here. Mrs Lim's Furosemide dose was increased from 20mg to 40mg after the ward round. Is that correct?

Dr Khalil: Yes, that's right. Is there a problem?

Gina: Yes. You didn't write in the new dose. Also, the order hasn't been signed and there's no frequency of dose written in either. I wanted to check with you first.

Dr Khalil: Oh, yes. Thanks for pointing it out. I think I was called away to an emergency when I was writing it up. I want her on 40mg of Furosemide and it should be given b.d. She's having a lot of breathing problems and her legs are quite oedematous.

Gina: Yeah, I thought that was what you wanted but I didn't want to assume anything. After all, that's how mistakes are made. And, I'm not allowed to give the medication unless the order is correct. Could you just sign the order for me now please? She'll be due for her medication in half an hour.

Dr Khalil: Sure. Sorry, I know you can't give it until the order's correct. I'll fix it now. Here we are, 40mg, b.d and my signature. OK. It's right now.

Gina: Thanks. I know how easy it is to become distracted.

b **Look at Mrs Lim's medication chart. Read the conversation again and circle the problematic parts of the chart. How many errors did you identify?**

PATIENT'S NAME: Mrs Honor Lim				HEALTH RECORD NUMBER: 6574938														
MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800); BEDTIME (around 2200)																		
Enter dose against time required. Use only one route for each entry				REGULAR MEDICATIONS						MONTH July						YEAR 2009		
				6.7														
Date→		5.7		MEDICINE (Approved Name) Furosemide					SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE bleep no. 4216			Pharmacist T Bank	
Route→		po																
Specify time required ↓		Dose 20mg ↓	sign / Dose change ↓													Supply		
Morning																		
Midday																		
Evening																		
Bedtime																		
NON-ADMINISTRATION CODE: X Doctor's request; 2. Patient not on ward; 3. Unable / No access; 4. Refused; 5. Medication not available; 6. See notes																		

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Nursing
EXTRA ACTIVITIES

UNIT 7 Intravenous infusions

a **Match the medical terms (1–8) with their meanings (a–h).**

1 a heparin lock (heplock)	a remove all air from the IV line by replacing it with IV solution
2 occlusive dressing	b clear the IV line by injecting 4-5ml of Normal Saline. A 10 ml syringe must be used to avoid creating too much pressure.
3 a lock cannula	c a volumetric device which infuses IV solutions at a programmable rate to avoid blockages in the line.
4 to prime	d flushing with an anticoagulant through a small tube connected to the PICC line for easy access.
5 to swab	e inner, open space of the PICC line
6 to flush	f a secure cap which is placed over the line to ensure that air does not enter into the line.
7 lumen	g to wipe a wound or incision with a piece of gauze and cleanser made of alcohol and an antiseptic solution
8 infusion pump	h a dressing which seals the site from air and bacteria

b ***Mrs Candy Braun has just had a Peripherally Inserted Central Catheter (PICC) inserted. PICC lines are used for patients who need long-term antibiotics, chemotherapy or intravenous nutrition.***
Chris, the Clinical Nurse Specialist from the IV Infusion Team telephones Lesley, the Ward Nurse, to give instructions about the care of Mrs Braun's PICC line. Complete Chris's instructions using the words in the box.

occlusive	insertion	lumens	~~blood clots~~	cannula lock
occlusion	syringes	chlorhexidine		

1 Heparin lock daily to avoid the formation of blood clots .
2 Swab the exit site with a solution of 70% alcohol and 0.5%_____ .
3 It's important to flush the _____ of the PICC line with Normal Saline after the administration of IV antibiotics .
4 You must run all infusions through an infusion pump to avoid _____ .
5 A dressing change over the _____ site must be done three times a week.
6 Only use 10ml _____ to flush the lumen otherwise you create too much pressure.
7 Don't forget to place a _____ on the end of the IV line to prevent any air from entering the line.
8 Then, apply an _____ dressing to keep the site clean and dry.

C Imagine you are passing on instructions from Chris to a colleague. Read the words that Chris said and then write the words you would say to pass on the instructions.

1 'Heparin lock daily'
Chris said _____ .
2 'You must use an alcohol and chlorhexidine solution to swab the exit site'
Chris said _____ .
3 'It's important to flush the line after the administration of antibiotics'
Chris advised that _____ .
4 'All infusions should be run through an infusion pump to avoid occlusion'
Chris said to tell you that _____ .
5 'Don't forget to change the dressing over the exit site three times a week'
Chris reminded you _____ .

Cambridge English for
Nursing
EXTRA ACTIVITIES

UNIT 8 Pre-operative patient assessment

a **Read the following patient information leaflet and write the questions that are the headings for each section.**

Lumbar laminectomy: What to expect after your operation

1 What is a lumbar laminectomy?
A lumbar laminectomy is an operation which involves making an incision in the middle of your back so that a lamina or part of the vertebra can be removed. This opens up the spinal canal and takes pressure off the nerves in the back which may be causing pain in your back and numbness in your legs.

2 _____
Wear and tear on the spine which is sometimes age-related can cause the spinal column to narrow. The joints on either side of the spinal cord may swell and press on nerves causing back pain and weakness in the legs. The operation aims to improve mobility by relieving the pressure on the nerves leading to the legs.

3 _____
Yes, a very small scar at the base of your spine. The scar is minimal.

4 _____
You will have a small dressing over the suture line on your back in case there is a small amount of discharge after the operation. If the discharge becomes discoloured and smelly, you will have to take a course of antibiotics to clear the infection.

5 _____
Yes. When you come back to the ward after your operation you will have an IV infusion or drip in your arm just until you are able to drink fluids again.

6 _____
Yes, you will be able to eat a soft diet as soon as the Nursing staff is satisfied that your bowels are working again after the operation.

7 _____
Any surgery can cause some discomfort. You will have Patient Controlled Analgesia running through the drip in your arm for the first day. When you are feeling uncomfortable, you can press a small hand-held control button and you will receive some pain relief through the drip. After the first day you will change to oral analgesia.

8 _____
We advise you to continue wearing your anti-embolism stockings until you are up and about again. Keep up the deep breathing exercises too using your Tri-ball. You will have a follow-up appointment between 6 and 12 weeks after the operation.

9 _____
The physiotherapist will assist you out of bed the day after surgery. After that, nursing staff will encourage mobilisation by helping you to walk around the unit as much as possible.

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EXTRA ACTIVITIES

UNIT 9 Post-operative patient assessment

a **There is considerable debate about whether to allow relatives to witness resuscitation efforts after trauma. Write down as many points as you can in the following table.**

allowing relatives to witness resuscitation is a good idea	allowing relatives to witness resuscitation is a bad idea

b **Read the following article and compare your answers in Exercise a.**

Accident and Emergency trauma resuscitations can be disturbing to experience, even to the most experienced clinical staff. The sight and smell of blood or burnt tissue can be very confronting. Hearing a loved one cry out in pain or watching a loved one behave in a bizarre fashion because of hypoxia or anxiety can also be disturbing. On the other hand, many people report that seeing what was actually happening stopped them imagining worse things. It appears that although the general public is exposed to so-called trauma images on reality TV, real images which are accompanied by other sensory inputs create a different impression.

Staff members in A&E are often cautious about allowing relatives to witness resuscitation events for several reasons. Firstly, the issue of confidentiality arises especially if the patient is unconscious. During the resuscitation event, personal information which may be sensitive and unknown to the relatives may be heard by the relatives, for example HIV status. In favour of allowing relatives present is the safeguarding of the wishes of the trauma patient in the case where s/he is unable to voice them.

There may be hesitation on the part of A&E staff to have their performance witnessed, especially if there is any thought that litigation may result after a poor outcome. Most experienced staff, however, are confident in their expertise and are willing to allow relatives to remain, even explaining procedures to lessen anxiety. It is quite common for nursing and medical staff to use flippant remarks during an emergency as a way of coping with the overload of stress. The ability to make these comments may be hampered if relatives are present as staff would feel that relatives might misinterpret the comments as showing a lack of care for their loved one. US and UK studies do not bear this out. In fact, studies in both countries suggest that the ability to witness resuscitation events lessens the probability of relatives suffering from post-traumatic stress disorder or excessive grieving afterwards. Studies also indicated that, unlike scenarios which are portrayed on the media, relatives are unlikely to interfere with the resuscitation. Extreme reactions such as hysteria are not common and it has been found that leading relatives gently away is sufficient to deal with the occurrence. Finally, studies suggest that children should be given the opportunity to witness resuscitation events as well as adults.

Cambridge English for
Nursing
EXTRA ACTIVITIES

UNIT 10 Discharge planning

a **The Healthcare Team is made up of hospital specialists who have been involved in a patient's care. Match the job titles with their job descriptions.**

1 Nursing Unit Manager/Sister/ Charge Nurse	a the physician or surgeon who heads the team
2 Clinical Nurse Specialist	b a specialist who works with individuals or families who have problems relating to illness or hospitalisation
3 Discharge Planning Nurse	c the Registered Nurse responsible for the co-ordination of nursing care in a particular ward
4 Consultant	d a specialist who helps people recover their ability to do ADLs
5 Physiotherapist (Physio)	e a specialist who supervises the preparation and service of food and develops modified diets for patients with specific needs
6 Occupational Therapist (OT)	f a Registered Nurse who makes all the necessary plans for a patient's discharge from the hospital including liaison with other facilities or healthcare workers.
7 Speech and Language Therapist	g a specialist in restoring and maintaining maximum movement in the body
8 Social Worker	h a specialist who dispenses medication and checks prescriptions for accuracy
9 Dietitian	i a Registered Nurse who specialises in a particular area and is often attached to the Medical Team as a consultant on specialised nursing care
10 Pharmacist	j a specialist who assists in the rehabilitation of patients with speech and swallowing disorders

b **In pairs, take turns giving definitions of the jobs in Exercise a.**