

Cambridge English for
Nursing
Pre-intermediate
TEACHER'S NOTES

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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

➔ Go to page 13 for essential background information on the topic and useful web links

➔ Don't forget to explore the [Extra activities](#) for this unit

📖 Medical terms can be found in the [Glossary](#)

▶ Refers to Student's Book pages

Welcoming a patient on admission

Before you begin ...

The following question can be used to generate a warm-up discussion before starting Unit 1. You could also ask the students to look at the outline of Unit 1 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the question in pairs and then feed back to the class as a whole with their ideas.

Elicit from the class the following list of people who help care for patients in hospital. What do each of the people do?

chef	technicians (Radiology, Pathology)
dietician	pharmacists
cleaners	radiologists
Healthcare Support Workers	pathology collectors
housekeepers	front reception
kitchen staff	discharge planners
laundry workers	social workers
medical receptionist	psychologists
porters	

Answers

chef: prepares meals for patients
 dietician: assesses nutritional needs of patients
 cleaners: clean all areas of the hospital
 Healthcare Support Workers (HSW): work with nurses and provide basic nursing care, also called Healthcare Assistants (HCA) in the UK, Personal Care Assistant (PCA), Assistant in Nursing (AIN) or Nursing Assistants
 housekeepers: organise linen requirements, tidy ward areas
 kitchen staff: deliver meals
 laundry workers: wash hospital linen
 medical receptionists: arrange paperwork for patient's admission and discharge, also called ward clerks
 porters: take patients to tests or appointments or operating theatres
 technicians (Radiology, Pathology): perform tests, e.g. ECG
 pharmacists: prepare medications
 radiologists: take medical images, e.g. X-ray
 pathology collectors: collect specimens from patients, e.g. blood tests
 front reception: welcomes patients and visitors
 discharge planners: set up community services when patient returns home
 social workers: advise patients about social services
 psychologists: help patients with emotional problems

1 a Students discuss the list in pairs.**Answers**

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

You could ask students the following question.

Why is it important to orientate the patient to the ward?

Answer

Patients will be less anxious if they know where facilities are and how to call a nurse.

b Students listen to the conversation and mark the statements True (T) or False (F).

▶ 1.1 page 93

Answers

1 T 2 T 3 T 4 T 5 F

You could ask students the following question.

Do you think the nurse is helping the patient feel comfortable? Why? Why not?

Answers

Yes. The nurse introduces himself and explains what he is going to do in a quiet way.

c Students listen to another conversation and mark the statements True (T) or False (F).

▶ 1.2 page 93

Answers

1 F 2 F 3 F 4 F 5 T

You could ask students the following question.

Do you think the nurse is helping the patient feel comfortable? Why? Why not?

Answers

No. The nurse doesn't introduce himself and hurries the patient.



d Students answer the question.

Answer

1.1



Extension activity: conversation analysis

Draw the table below on the board. Ask students to discuss the conversations and complete the table with *yes/no*. For example, in conversation 1.2 the nurse doesn't make the patient feel welcome, so the answer would be *no*. Students listen again to check.

	1.1	1.2
1 Welcome pt		
2 Introduce self		
3 Explain call bell		
4 Where/bathroom?		
5 Personal information		

e Students complete the conversation extracts.

▶ 1.1 page 93

Answers

- 2 My name's
- 3 I'm
- 4 Here's
- 5 Just
- 6 need some help
- 7 Do you need help
- 8 anything else



You could ask students the following question.

Why is it important to make a patient feel welcome and comfortable?

Answer

Patients feel less anxious if they are made to feel comfortable and are also more likely to communicate with nurses.



f Students discuss the question.

Answers

Stephen uses the patient's name and introduces himself, he explains how things work and takes time with the patient.



Extension activity: role-play

Students use the audioscript on page 93 to role-play the unfriendly conversation (1.2). Afterwards, elicit from the students playing the patients how they felt. Elicit from the class whether they might sometimes use these bad techniques themselves.

g Students use the prompts to practise welcoming a patient. Afterwards, get them to swap roles to repeat the activity without the prompts.

Checking a patient's identity (ID) bracelet

- 2 a Students listen to the conversation and answer the questions.

▶ 1.3 page 93

Answers

- 1 Check Mr Connolly's ID bracelet
- 2 Morphine
- 3 Red



You could ask students the following question.

Why is it important to know which allergies a patient has?

Answer

Allergies can cause reactions such as rashes or more serious reactions, e.g. shock. It's important to know before giving a medication in order to check if patients have any allergies because patients may suffer irritations such as rashes or more serious reactions such as shock. Allergies to anaesthetics may cause serious reactions such as breathing difficulties.



- b Students match the abbreviations and meanings.

Answers

1 d 2 a 3 b 4 c



You could ask students the following question.

Why do you think the admission date is important?

Answer

The length of stay is often needed for statistics, for example to see how effective the treatment was. The length of stay may also be needed for costing.



Language note

In some countries, **Unit Number** (U/N) is used instead of **Hospital Number** (Hosp. No.).



- c Students listen again and check the information on the identity bracelet.

▶ 1.3 page 93

Answers

Correct: Name; DOB
Incorrect: Hosp. No. 463817; Allergy-bracelet should be red



You could ask students the following question.

Why do you think they use red to indicate allergies?

Answer

It is important to be immediately aware of allergies because it could be life-threatening to give patients medications which they are allergic to.



- d Students put the conversation in the correct order and then listen and check their answers.

▶ 1.3 page 93

Answers

- 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.

You could check the pronunciation and stress on the following words.

allergies

date of birth

ID bracelet

identity bracelet

- e** Students practise the conversation using audioscript 1.3. Encourage them to try to remember as much as possible from the dialogue, rather than simply reading it aloud.

Extension activity: Role-play

Students could repeat the conversation without the script. You could ask them to include friendly body language, e.g. eye contact; standing next to the patient not at the end of the bed; smiling and nodding the head.

- f** In pairs, students practise checking patient details using the patient ID bracelet on page 8 and patient 1 information on page 89. Students swap roles and use the ID bracelet on page 89 and patient 2 information on page 86.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

The discussion should include the following items:

- Checking patient identity is important to avoid hospital errors, e.g. medication errors or errors during an operation
- Checking ID is very important in case two patients have the same name, especially the same surname
- The importance of colour coded ID bracelets to make sure nurses are aware that the patient has an allergy etc.

Extension activity: electronic ID bracelets

Some countries are introducing electronic ID bracelets which have a barcode which can be read using a hand-held machine. Students discuss these questions in groups and then feed back to the class.

- What differences do you think will they make?
- What are the advantages and disadvantages of electronic ID bracelets?

Suggested Answers



No confusion possible between patients with the same surname; cuts down on the need to write information; barcode can be swiped any time patient details are needed. Easier for administration, reporting and analysis of statistics, e.g. length of stay, success of treatment. Danger of incorrect data being inputted as the barcode needs to be accompanied by written text.

Describing parts of the body

3 a Students label the diagrams.

Answers

2 chin	8 thigh	14 shoulder
3 chest	9 knee	15 elbow
4 waist	10 shin	16 wrist
5 navel	11 ankle	17 fingers
6 palm	12 toes	18 heel
7 hip	13 neck	19 sole



You could check the pronunciation of the words on the diagram before the next exercise.

Extension activity: parts of the body 1

Put the students into two teams, A and B. Choose a part of the body in Exercise 3a and ask the first student in Team A to point to the position on the body, e.g. *Show me your elbow*. Ask a student in Team B and continue with the other parts of the body. The team with the most correct answers wins.

b Students listen and circle the words they hear.

▶ 14 page 93

Answers

2 wrist	6 back
3 hip	7 arm
4 thigh	8 toe
5 knee	



c Students label parts A, B, C and D.

Answers

- A lower back
- B back of the hand
- C back of the knee
- D upper back



Extension activity: parts of the body 2

Students work individually, or in pairs, to complete the table below. You could set a time limit so that the student with the most completed table wins. Some of the parts of the body may appear in more than one section, e.g. face is both upper and front.

upper part of the body	front of the body
lower part of the body	back of the body

Answers



upper part of the body head lip chest chin shoulders elbow navel neck waist upper back	front of the body face forehead chest navel fingers shin palm
lower part of the body ankle heel hip knee wrist fingers palm thigh lower back shin sole toes	back of the body back of the hand fingers back of the knee upper back lower back

d Students take turns naming the parts of the body.

Medical focus: equipment to take patient Observations

4 a Students match the equipment and definitions.

Answers

1 b 2 a 3 d 4 e 5 c



b Students match the pictures and definitions in Exercise 4a.

Answers

- 1 pulse oximeter
- 2 tympanic thermometer
- 3 digital blood pressure monitor
- 4 scales
- 5 blood pressure cuff



Check that students are familiar with the following verb-noun collocations.

- take a temperature / a pulse / a blood pressure / a patient's oxygen SATs
- chart the Observations
- weigh a patient

Extension activity: present tenses to describe equipment and processes

Students cover the definitions in Exercise 4a. Point to a picture and ask *What does this equipment do?* or *What is the nurse doing in the photo?* to elicit the difference between present simple (*The pulse oximeter records a patient's blood oxygen saturation.*) and present continuous (*The nurse is weighing a patient.*). Students test each other in pairs.

Extension activity: comparing Observation equipment

In small groups, students discuss and write down the advantages and disadvantages of the following Observation equipment and then share their ideas with the class.

Temperature

- mercury-filled thermometer
- tympanic thermometer

Blood pressure

- sphygmomanometer and stethoscope
- digital blood pressure monitor

Weight

- manual scales
- electronic scales

Suggested Answers



	advantages	disadvantages
mercury-filled thermometer	cheap; easy to use	dangerous if it breaks; gives a false reading if patient has had a hot drink; dangerous if patient bites down
tympanic thermometer	easy to use; placed in the ear, safe	more expensive than mercury-filled thermometer; needs probe covers, which add expense; false reading if not put in ear correctly
sphygmomanometer and stethoscope	cheap; does not require power supply	sometimes hard to hear heart sounds; difficult to hear low readings
digital blood pressure monitor	easy to use; quick; takes several readings at once (BP, pulse, oxygen SATS)	can give false readings if not plugged in; more expensive to buy
manual scales	cheap, easy to use	do not give accurate readings
electronic scales	measure accurately	expensive; need recharging

Language note



sphygmomanometer /ˌsɪfɪgməʊmən'ɒmɪtə/ is often abbreviated to sphyg /sɪfɪg/
For more information please see [Unit 1](#) of the Medical technology section of Cambridge English for Nursing Intermediate + .

Communication focus: giving instructions to a patient

- 5 a Students listen to the conversation and tick the instructions they hear.
▶ 1.5 page 93

Answers

1, 4, 6, 7, 8



- b Students match the instructions in Exercise 5a with the equipment.

Answers

tympanic thermometer 4
scales 1
blood pressure cuff 6;7
pulse oximeter 8



You could elicit and/or review the language used for giving instructions, e.g. *Can you ...*, *please?* and the use of *I'll ...* or *I'm going to ...* to explain the reason for the instruction.

Language note

The nurse uses a mixture of *I'll ...* and *I'm going to ...* explain what he is going to do, in order to make the patient feel more comfortable. *I'm going to ...* is used to explain a procedure before it happens; *I'll ...* (or *I'll just ...*) is more likely to be used when the nurse begins a procedure. In this context, the differences in meaning between the two forms are rather subtle and not worth worrying about.



Extension activity: instructions and reasons

Students listen again to the conversation in Exercise 5a and identify the sentences where the nurse explains the reason for the instruction.

Answers

Nurse: I'll weigh you first. Can you stand on the scales, please?
Nurse: I'm going to take it in your ear with this tympanic thermometer.
Nurse: Can you turn your head to one side for me, please?
Nurse: I'll put the blood pressure cuff on. Can you roll up your sleeve, please?
Nurse: Can you hold out your hand, please?
Nurse: I'm going to clip the lead onto your finger so it'll give me a reading for oxygen SATS.



- c Students look again at the equipment in Exercise 4a and take turns to ask their partner for the instruction to give a patient.
d Students take turns taking a patient's Observations using the equipment in Exercise 4a, the phrases in Exercise 5a and audioscript 1.5.

Charting and documentation: recording patient Observations

- 6 a Students match the abbreviations to the meanings.

Answers

2 d 3 e 4 g 5 h 6 a 7 c 8 b



Extension activity: saying written abbreviations

In pairs, students complete the table below with the spoken versions of the written abbreviations. They then test each other in pairs.

written	spoken
T	
P	
RR	
BP	
Wt	
O ₂ SATS	
kg	
Obs.	

Answers

written	spoken
T	temp
P	pulse
RR	resps
BP	BP
Wt	weight
O ₂ SAT	sats
kg	kilos
Obs.	Obs

Language note

O₂ SATS may also be written SaO₂

- b** Students listen again and record the information in the Admission Observations section on the Observation Chart.

▶ 1.5 page 93

Answers

BP 120/75 P 68 RR 16 T 37³ Wt 78 kg O₂ SATS 98%

Language note

Admission Observations are often recorded on a section at the top of the observation chart and are also called **Baseline Obs.**

- c** Students listen to the conversation and record the admissions Observations.

▶ 1.6 page 94

Answers

BP 100/68 P 64 RR 18 T 37⁴ Wt 45 kg O₂ SATS 98%

You could review the language for giving a temperature, e.g. 37⁴ is said *thirty-seven four* not *thirty-seven point four*. Blood pressure can be given using *over* or *on*, e.g. 120/80 is said *one hundred and twenty over eighty* or *one hundred and twenty on eighty*.

d Students match the beginnings and endings.

▶ 1.6 page 94

Answers

2 e 3 a 4 d 5 g 6 h 7 c 8 f



You could ask students to identify which future structures Bessie uses to explain the procedure.

Answers*I'm going to ... I'll just ... I'll ...***e** Students practise the conversation using audioscript 1.6. Encourage them to act the conversation as much as possible from memory, rather than simply reading it aloud.**Note**

Observations are usually taken in the following order: temperature, pulse, respiration, blood pressure and oxygen saturations. Admission Observations usually include weight as well.

f Students listen to the conversation and identify any Observations which are incorrectly charted.

▶ 1.7 page 94

Answers

The correct information should be:

T 37⁸ **BP** 110/60 **RR** 18 **O₂SATS** 98%**g** Students practise saying the spoken abbreviations.**h** Students listen and circle the information they hear.

▶ 1.8 page 94

Answers

1 37 ³	3 95/60	5 14
2 56	4 36 ⁷	6 72; 118/70

**Extension activity: extremes of readings**

Draw the table below on the board. Elicit from the class ways of describing negative and positive readings.

	–	+
TEMPERATURE		
PULSE		
RESPIRATIONS		
BLOOD PRESSURE		
OXYGEN SATS		

Answers

	-	+
TEMPERATURE	low /down	high / up S/he has a fever.
PULSE	slow	fast
RESPIRATIONS	slow	fast
BLOOD PRESSURE	low/ down	high / up
OXYGEN SATS	down	up

- i** Students choose one of the abbreviations and ask their partner to say it. Remind them to swap roles.
- j** Students practise explaining a patient's Admission Observations. They use the charts on page 15 and page 89. Remind them to swap roles.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Suggested Answers

- 2 Visiting hours, how to call the nurse, where the bathroom is, where the TV control is
- 3 It makes them less anxious.

You could ask students the following questions.

- 1 Why is it important to orientate a patient to the ward area?
- 2 Why is it important that patients know how to call a nurse?
- 3 Do you always have enough time to welcome patients to the ward in a caring way?

Answers

- 1 It allays anxiety if patients know what to expect.
- 2 It ensures patients feel confident in the care they are receiving; it minimises the risk of elderly patients trying to get out of bed without assistance and falling.

Background information and useful web links

Welcoming a patient on admission (► page 6)

Patients are greeted on arrival to the ward or unit. Patients who have been admitted through Accident and Emergency (A&E) may have been waiting for some time to get a bed on the ward. They are often tired as well as unwell. Some patients are admitted on the day before an operation if they require preparation for the operation such as blood tests or special medication. They may feel anxious or unsure of protocol. Nurses welcome patients on admission and try to put them at ease. Paperwork is completed to ensure that all charts and documents are correctly labelled.



Useful web links

Protocol on Admission to Hospital

<http://www.shb.scot.nhs.uk/documents/pphandbook/documents/HospitalAdmission.pdf>

Checking a patient's identity (ID) bracelet (► page 7)

It is vitally important to check the patient's identity bracelet and ensure that the information is correct. Identity bracelets are colour-coded, for example white for most patients, red for patients with allergies, green for patients who are at risk of falling and yellow for patients who may wander because of dementia. ID bracelets are generally placed on the patient's wrist so the information is easy to refer to, for example before giving medications or during a preoperative check.



Useful web links

Information for Staff to Accompany Patient Identification Policy

<http://www.whittington.nhs.uk/>

Medical focus: equipment to take patient Observations (► page 11)

A Nursing admission includes taking a patient's observations (Obs.). These are temperature, pulse, respirations, blood pressure, oxygen saturation (oxygen SATS) and weight. Digital monitors are commonly used to take all observations except temperature. A tympanic thermometer, which is placed into the patient's ear, is the most common way to take a temperature these days. In most countries, glass thermometers which contain mercury are no longer allowed because of the health risks if the thermometer breaks.



Useful web links

Tympanic thermometers <http://www.northallertoncoll.org.uk/avcescience/Unit%2015%20Med%20Physics/Medical%20Physics.htm>

Digital blood pressure monitor <http://familydoctor.org/online/famdocen/home/common/heartdisease/treatment/128.html>

Oxygen saturation / Pulse Oximetry

http://www.nda.ox.ac.uk/wfsa/html/u05/u05_003.htm

Communication focus: giving instructions to a patient (► page 12)

Nurses frequently give instructions to patients. They instruct patients on the use of equipment, for example walking aids, so that patients can achieve as much independence as possible. Nurses may also give instructions on medication use. There are several factors which are important when giving instructions to patients. Instructions must be organised into steps and the instructions need to be checked.



Useful web links

An article on effective communication skills <http://www.nursingtimes.net/nursing-practice-clinical-research/clinical-development-a-framework-for-effective-communication-skills/296359.article>

Charting and documentation: taking and recording patient

Observations (► page 12)

Patient observations are recorded on an Observation chart (Obs. Chart). Charts may be in a horizontal form or a vertical form. In a vertical chart, each line records temperature at the top, pulse and blood pressure on the middle section and oxygen SATS and weight on the lower section. In a horizontal chart the same information can be recorded along the line. When taking patient Observations, nurses sometimes need to explain the patient's observations to allay anxiety. The patient may want to know if the results are normal or too high or too low. The explanation can be done while the Observations are recorded on the Observation Chart, which is often kept at the end of the bed.



Useful web links

A new type of patient observation chart

<http://www.midstaffs.nhs.uk/aboutUs/media/media-latest-news-detail.asp?id=304>



Useful web links

Assessing vital signs in children and young people

http://www.rcn.org.uk/_data/assets/pdf_file/0004/114484/003196.pdf

Measuring vital signs <http://www.excellencegateway.org.uk/media/KSSP/recording%20vital%20sign%20pp.pdf>

Share your knowledge (► page 15)

This section gives students the opportunity to discuss their own nursing experience with other students. Students practise giving opinions and sharing information with colleagues. Patient identification and the importance of colour coding patient ID bracelets is discussed in this unit as well as the admission procedure.



Useful web links

A document on Patient Identification http://www.ruh.nhs.uk/about/policies/documents/clinical_policies/blue_clinical/Blue_775_Patient_Identification_Policy.pdf

PowerPoint presentation on Patient Identifiers and Identity Bands www.npsa.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=48263

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

➔ Go to page 24 for essential background information on the topic and useful web links

➔ Don't forget to explore the [Extra activities](#) for this unit

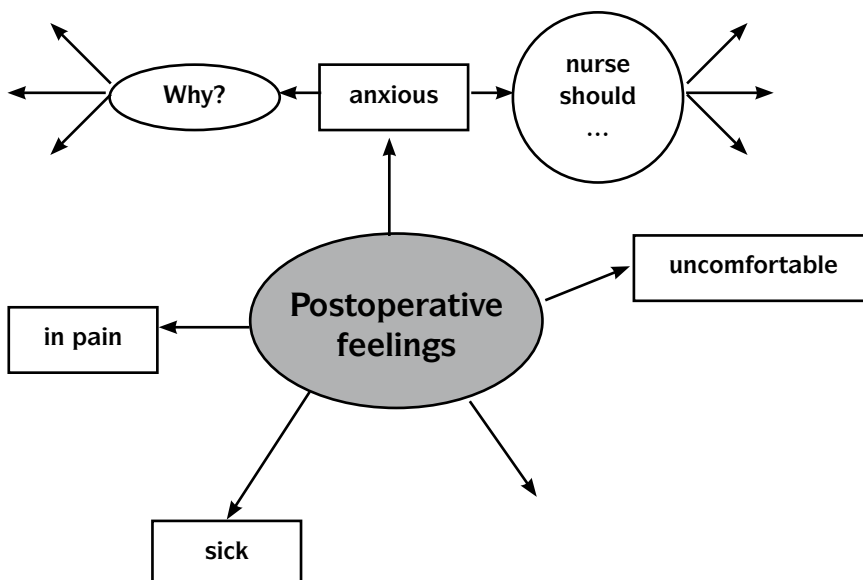
ABC Medical terms can be found in the [Glossary](#)

▶ Refers to Student's Book pages

Caring for a patient in Recovery

Before you begin ...

The following activity can be used to generate a warm-up discussion before starting Unit 2. You could also ask the students to look at the outline of Unit 2 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Ask students to discuss how a patient might feel after an operation. Draw a mind map on the board and elicit answers from the class. Use the prompts below to get started, and add more ideas from the students. From each box you could draw arrows to more boxes (as shown).



You could ask the students the following questions.

- 1 What is the nurse's role in Recovery?
- 2 What is the difference between the recovery bay and the ward?
- 3 Do nurses require special training to work in the recovery bay?

Answers

- 1 The nurse should check Observations, reassure the patient, manage the patient's pain, make them comfortable, etc.
- 2 In the Recovery bay, patients require more intensive care, the patient staff ratio is much lower to ensure close monitoring and optimum care, there is different Observation monitoring equipment.
- 3 Yes. Nurses who work in the Recovery bay must have completed an advanced Life Saving course which includes **cardiopulmonary resuscitation, defibrillation**, and recognition of post-op complications such as breathing difficulties.

1 a Students discuss the questions in pairs.**Answers**

- 1 Looking after a patient after they come out of the Operating Theatre, checking vital signs, asking if the patient is OK.

b Students work in pairs to complete the sentences.**Answers**

- 1 PACU
- 2 alert and oriented
- 3 oxygen mask
- 4 anaesthetic
- 5 ICU
- 6 CCU

Extension activity: making questions

- In pairs, students write the questions to the five sentences in Exercise 1b. They then practise asking and answering the questions.

Answers

- What do patients do in Recovery? / Where do patients go to wake up after an operation?
 What do nurses check?
 What do patients need to help them to breathe?
 Where do patients go if they are very ill?
 Where do patients go if they have heart problems?

C Students discuss the questions**Answers**

- 1 a, b, d, f, g 2 a 3 b

You could ask the following questions.

- 1 In your country, is the role of nurses in Recovery the same as in the book?
- 2 How would it be different for children?

Answers

- 2 Parents may be present.

d Students listen to the conversation and answer the questions**Answers** 

- 1 Mr Brodzik opens his eyes when he asks him, and can answer his questions.
- 2 He feels cold.
- 3 No

You could ask students the following question.

How does the nurse show that she is trying to understand how the patient is feeling?

Answers 

The nurse uses empathetic statements, e.g. *OK. Some people feel a bit sick after the anaesthetic.*

e Students choose the correct sentence.

▶ 2.1 page 94

Answers 

2 b 3 b 4 a 5 b 6 a 7 b

.....

Extension activity: postoperative feelings

Ask students to discuss what other feelings a patient may have after an operation. Elicit from the class how the nurse could ask about each of these feelings.

.....

Sample Answers 

- headache: *Do you have / Have you got a headache?*
- cramp: *Have you got cramp?*
- hungry: *Are you (feeling) hungry?*
- thirsty: *Are you (feeling) thirsty?*
- cold: *Are you (feeling) cold?*

f Students practise checking a patient in Recovery.

You could ask students the following question.

What other ways can the nurse use to show empathy with the patient?

Answers 

keep eye contact, hold their hand

Returning a patient to the ward

Before you begin ...

You could ask students the following question.

What information might the IC (intensive care) nurse give to the ward nurse about the patient?

Answers 

any difficulties experienced in recovery, pain management plan

2 a Students label the pictures.**Answers**

- | | |
|---------------|------------|
| 2 vomit bowl | 6 pillow |
| 3 pain relief | 7 light |
| 4 IV cannula | 8 dressing |
| 5 ice pack | |

**b** Students listen to the conversation and answer questions about Mr Brodzik.

▶ 22 page 94

Answers

pain relief, dressing, IV cannula, ice pack

**You could ask students the following question.**

How does the nurse show that she is trying to understand how Mr Brodzik is feeling?

Answers

She explains that the pain from the IV and dressing is normal.

**c** Students listen and correct the mistakes in the information.

▶ 22 page 94

Answers

- 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.

**You could ask students the following question.**

What other forms of pain relief might be used in Recovery?

Answers

Heat packs

**d** Students put the words in the correct order.**Answers**

- 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?

**Extension activity: asking and answering questions**

Students could role-play asking and answering the questions. Student A is the nurse and Student B is the patient. They then swap roles.

e Students match the patient's statements to the nurse's replies.**Answers**

2 a 3 g 4 c 5 d 6 e 7 f



Extension activity: asking and answering questions

Students could role-play asking and answering the questions. Student A is the nurse and Student B is the patient. They then swap roles.

f Students act out the conversation using the prompts.

You could ask students the following question.

Do you think Mr Brodzik felt better or worse after his conversation with Rachel?

Answers

Better, he was more positive.



g Students practise checking a patient back on the ward. They use the information on pages 19 and 89. Remind them to swap roles.

Talking about pain

Before you begin ...

Elicit ways in which we talk about pain and write them up on the board.

Discuss these questions.

- 1 Are there any cultural differences?
- 2 How might you talk about pain with children?
- 3 What colloquialisms are you familiar with?

Answers

- ways to talk about pain
verbs: to hurt, to ache
adjectives: painful, agonising
nouns: an ache, a pain
expressions: in agony

- 1 In some cultures, people may try to *put a brave face on it* and pretend to be suffering less than they really are. This may be associated with so-called macho attitudes, where men are expected to be strong and not to complain. Many older people believe in the *stiff upper lip*, i.e. keeping emotions under control.
- 2 Through pictures, mime, using a toy, e.g. point on teddy where you feel the pain.
- 3 My leg is killing me; I'm bent double with pain.



3 a Students listen to the conversations and match the pictures.

▶ 23 pages 94–95

Answers

1 e 2 d 3 a 4 f 5 b 6 c



You could ask students the following question.

Why is it important to know what type of pain it is?

Answers

To follow the appropriate pain management plan.



b Students listen again and complete the extracts.

▶ 23 pages 94–95

Answers

- | | |
|------------|------------|
| 2 I've got | 6 aches |
| 3 I've got | 7 I've got |
| 4 hurts | 8 painful |
| 5 sore | 9 ache |

You could ask students the following question.

What ways can you use to describe a cold?

Answers

heavy, mild, streaming, a bit of a, terrible, stinking

c Students complete the table with the sentences.**Answers**

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.

d Students role-play asking a patient how they are feeling.**Share your knowledge****Students discuss the questions in small groups and then share their ideas with the whole class.**

The discussion should include the following items:

- What alternative methods are you familiar with?
- How might your methods change for children?

Answers

- 1 medication, heat packs, massage

Suggested Answers

Pain management techniques include pharmacologic measures, i.e. analgesics and pain modifiers, non-pharmacologic measures, e.g. interventional procedures, physical therapy and physical exercise, application of ice and/or heat, and psychological measures, e.g. biofeedback and cognitive therapy.

With children, distraction techniques may be used, e.g. computer games.

Charting and documentation: IV Prescription*Before you begin ...***You could ask the students the following question.**

What would a nurse check before putting up an IV bag?

Answers

patient's name, saline solution, rate, time

4 a Students discuss the questions.**Answers** 

- 1 To order IV infusions
- 2 The doctor
- 3 Two nurses

You could ask students the following questions.

- 1 Are you familiar with this type of chart?
- 2 Are there similarities/differences from IV charts you have used before?
- 3 What basic information is in all IV Prescription charts?

Answer 

- 3 the name of the IV fluid; the amount (volume) of IV fluid; the time the IV fluid will be infused; the name of the doctor who has prescribed the IV fluid; the names of the two nurses who check the IV fluid; the time the IV fluid commences and the time it stops

b Students match the sections of the chart to their meanings.**Answers** 

2 h 3 a 4 c 5 j 6 b 7 f 8 d 9 i 10 g

c Students listen to the conversation and underline the information.

▶ 24 page 95

Answers 

Mr Lenworth; Normal Saline; 06.00; 02.09.09; 1000 ml; 5% Dextrose; 125 ml; 8 hours; 06.15

d Students listen again and complete the extracts from the conversation.

▶ 24 page 95

Answers 

- | | |
|-------------------|--------|
| 2 IV Prescription | 5 rate |
| 3 finished | 6 run |
| 4 through | 7 sign |

e Students listen to the conversation and answer the questions.

▶ 25 page 95

Answers 

- 1 To show her how to change an IV bag
- 2 5% Dextrose
- 3 In 30 minutes

f Students put the words in the correct order. They then listen again to check their answers.

▶ 25 page 95

Answers 

- 1 What's the next IV infusion?
- 2 How long will the infusion run?
- 3 What's the infusion rate?
- 4 How much fluid's left in the current bag?
- 5 When do we need to put up the next bag?

Extension activity: question forms

Students test their partners by pointing to an entry in the IV Prescription chart on page 21. Their partners have to provide the correct question for the entry.

g Students practise asking and answering the questions.

h Students practise checking IV fluids.

Medical focus: IV infusion equipment

Before you begin ...

You could ask the students the following questions.

- 1 What IV equipment can you name?
- 2 Have you ever changed an IV bag?

Answers

- 1 stand, cannula, IV bag, line



5 a Students label the equipment.

Answers

- | | |
|---------------|-----------------------|
| 1 IV pole | 4 IV infusion pump |
| 2 IV solution | 5 IV cannula |
| 3 IV line | 6 Fluid Balance Chart |



b Students listen to the conversation and answer the questions.

▶ 26 page 95

Answers

- 1 5% Dextrose
- 2 125 ml per hour
- 3 On the Fluid Balance Chart



c Students listen again and complete the extracts from the nurse's instructions.

▶ 26 page 95

Answers

- | | |
|-----------|------------|
| 2 check | 6 start |
| 3 prime | 7 sign |
| 4 set | 8 write up |
| 5 connect | |



d Students label the pictures.

Answers

- | | |
|----------------------------|------------------|
| 2 First | 6 Next / Then |
| 3 Next / Then | 7 Next / Then |
| 4 After that / Next / Then | 8 The last thing |
| 5 After that / Next / Then | |



e In pairs, students role-play changing an IV bag

- f** Elicit from the class some other simple procedures that nurses do and write them up on the board. Examples may include: admitting a patient, giving an injection, weighing a patient, changing a bandage, etc. In pairs, students choose and explain a procedure to their partner. They then swap roles.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

The discussion should include the following items:

- Infection control in hospitals
- Use of visuals such as posters on procedures for hand washing
- Placement of visuals/written information in appropriate places such as staff and patient bathrooms.

Answers



- 1 So that germs are not transferred from patient to patient
- 2 Before and after attending a patient, before eating or drinking, after going to the toilet, before commencing a shift and after finishing the shift
- 3 Posters in prominent positions, patient and staff education, having washbasins and soap in easy access

Background information and useful web links

Caring for a patient in Recovery (► page 16)

Patients are taken to the Recovery area within the Operating Theatre complex immediately after their operation. They are attached to monitors which check their vital signs, including blood pressure, pulse and oxygen saturations. They are also hooked up to an ECG machine which monitors their heart. Nurses check vital signs every few minutes until the patient regains consciousness. Wounds are also checked regularly to monitor blood loss.



Useful web link

Nursing Management of the Perioperative Patient
<http://www.udmercy.edu/crna/agm/periop03.htm>

Returning a patient to the ward (► page 18)

Ward nurses are called to collect the patient from Recovery when the patient is considered stable and safe to transport. On return to the ward, nurses check postoperative instructions, e.g. *drains to be removed when < 10 mls; appointment with surgeon in six weeks*. Patients have their vital signs monitored every fifteen minutes for an hour, then hourly for several hours. Wound drainage and dressings are checked, as is the patient's pain level as the painkilling effects of anaesthesia wear off. Nurses are also alert to any postoperative complications. These include:

- airway, breathing and circulation problems in association with or caused by surgery and anaesthesia, e.g. decreased oxygen saturations leading to a need for oxygen
- pain related to surgical procedure
- potential injury due to returning consciousness, e.g. patient flailing arms or legs
- sensory-perceptual alterations due to returning consciousness, e.g. disorientation

Nurses record postoperative information on a *Care Pathway* or a *Care Plan* specific to the operation performed or any postoperative complications, e.g. *Care Pathway for Total Hip Replacement*, *Care Plan for Ineffective Airway Clearance* (see example from web link below). The *Care Pathway* outlines all procedures which are performed over three shifts (24 hours). Each procedure, e.g. *wound checked for ooze or bleeding*, is signed when completed. This forms an important part of the patient record.



Useful web link

Nursing Care Plan for Ineffective Airway Clearance
<http://www.scribd.com/doc/1868979/Nursing-Care-Plan-for-Ineffective-Airway-Clearance>

Talking about pain (► page 20)

Pain level is assessed each time Observations are taken as it is important that patients are given adequate pain relief when needed. A raised blood pressure will also hint at increasing pain levels if patients are unable to verbalise or unwilling to admit to the presence of pain. Nurses must always be aware of different cultural responses to pain as well as anxiety regarding pain relief. Some patients may fear dependence on a strong painkiller, e.g. morphine. Patient education is important in order to reassure patients that strong pain killers are given as a short-term measure and dependence is not usually a problem.



Useful web link

Adult postoperative pain management
<http://behindthemedicalheadlines.com/articles/adult-post-operative-pain-management>

Charting and Documentation: IV Prescription (► page 21)

Patients often return to the ward with an IV infusion running to replace fluids lost during the operation. IV infusions must be ordered on the IV Prescription. Nurses check the order against the prescription before putting up a new bag of IV solution. The IV infusion is written up on the *Intake* section of the Fluid Balance Chart. The amount of fluid taken in by the patient as IV fluids or oral fluids is tallied at midnight and compared with the amount of fluid output as urine, blood loss, vomit and wound

drainage. This way, the patient's fluid status can be monitored and dehydration or fluid overload avoided. Note that the IV Prescription is known as the IV Infusion Chart in some countries, e.g. Australia. The Fluid Balance Chart can be abbreviated to FBC (which can also mean *Full Blood Count*). Context will be used to determine which meaning is appropriate, e.g. *Urinary output has been documented on the FBC* (= the Fluid Balance Chart) whereas *Patient's FBC sent to Pathology this morning* (= Full Blood Count, i.e. blood sample).



Useful web links

Flashcards about IV Therapy

<http://www.studystack.com/flashcard-20456>

This is a good site for students to test themselves. A background in nursing is useful.

Do You Know what's hanging and why?

<http://rn.modernmedicine.com/rnweb/article/articleDetail.jsp?id=463604>

Share your knowledge (► page 25)

This section gives students the opportunity to discuss their own nursing experience with other students. Students practise giving opinions and sharing information with colleagues. Pain relief and infection control are discussed in the unit as well as postoperative recovery. Hand washing is an important focus.



Useful web links

Healthcare workers and public: Infection control

<http://www.ips.uk.net/template2.aspx?PageID=24&cid=6&category=Health-care-workers--public>

Hand Hygiene Resource Center

<http://www.handhygiene.org/>

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

➔ Go to page 38 for essential background information on the topic and useful web links

➔ Don't forget to explore the [Extra activities](#) for this unit

📖 Medical terms can be found in the [Glossary](#)

▶ Refers to Student's Book pages

Talking about feelings

Before you begin ...

The following questions can be used to generate a warm-up discussion before starting Unit 3. You could also ask the students to look at the outline of Unit 3 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the questions in pairs and then feed back to the class with their ideas.

- 1 What kind of feelings do the following phrases suggest? Put them into the table below.

I feel sad.	I feel sick.
I feel worried about dying.	My back feels sore.
I feel at peace.	I feel depressed.

Physical feelings	Emotional feelings	Spiritual feelings

Answers



Physical feelings	Emotional feelings	Spiritual feelings
I feel sick. My back feels sore.	I feel sad. I feel worried about dying. I feel depressed.	I feel at peace.

- 2 Do all patients find it easy to talk about feelings? Which patients may feel uncomfortable talking about their feelings?

Suggested Answer

Elderly patients and patients from some cultures. Some men find it more difficult to discuss feelings than some women

1 a Students discuss the questions in pairs.**Answers**

- 1 A hospice is a place where patients with a terminal illness go for nursing care.
- 2 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.
- 3 Cancer and degenerative diseases

You could ask students the following questions.

- 1 Why is it important to spend a lot of time talking about feelings with patients who are terminally ill?
- 2 Why might a hospice be a better place for this than a hospital?

Suggested Answers

- 1 Patients who are dying may be very frightened and/or anxious about the future. It is important to allow patients to talk about their feelings.
- 2 Hospices are designed around the needs of the patient whereas staff in hospitals are often pressured for time and may be unable to spend time talking to patients.

b Students listen to the conversation and answer the questions.

▶ 3.1 page 95

Answers

- 1 a bit down
- 2 quite sick
- 3 medication and a cup of tea

c Students match the words to their synonyms.**Answers**

1 c 2 a 3 b 4 d

You could ask students the following question.

What kind of medication are chemotherapy drugs?

Answer

Drugs which kill cancer cells and can help make tumours smaller.

d Students listen to the conversation again and mark the statements True (T) or False (F).

▶ 3.1 page 95

Answers

1 F 2 F 3 T 4 T 5 T 6 T

- e** Students match the questions and answers. They then listen to check their answers. You could ask them to test each other in pairs by reading one of the questions to elicit the correct answer from their partner.

▶ 3.1 page 95

Answers

1 e 2 f 3 a 4 b 5 c 6 d



You could ask students the following question.

Do you think Usha felt better or worse after her conversation with Judy?

Suggested Answer

Better: she was more positive.



- f** Students identify the empathetic responses.

▶ 3.1 page 95

Answers

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.



Extension activity: active listening strategies

Students discuss what active listening responses, such as *Mm, Oh, Hm* and *OK* in English are used in their countries to show you are listening.

- g** Students write the phrases in the table.

Answers

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



You could ask students the following questions.

- 1 What is the difference between *How are you?* and *How are you feeling?*
- 2 How could you respond to a patient who says that s/he does not want to talk at the moment?

Answers

- 1 *How are you?* is a general greeting without the expectation of a reply about health status. *How are you feeling?* is a question about physical or emotional health.
- 2 You could use phrases such as *That's OK, just call me when you want to talk.* or *Don't worry, you can call me any time if you want to talk.*



- h** In pairs, students practise the nurse-patient conversations.

Extension activity: performing the role-play

You may like to divide the class into two groups, A and B.

Group A: In pairs, students write a short role-play of a patient who is ready to talk about his/her feelings, and perform it in front of the class. Encourage use of empathetic body language.

Group B: In pairs students write a short role-play of a patient who is not ready to talk about his/her feelings, and perform it in front of the class. Encourage use of empathetic body language.

Students in the audience may comment on the verbal and non-verbal language used.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class

Suggested Answers

- 2 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
- 3 They can become depressed, feel hopeless and lose their trust in nurses.

Communication focus: showing empathy*Before you begin ...*

The following activity can be used to generate a warm-up discussion before starting this section.

Write the following headings on the board, *Open questions* and *Closed questions*, and elicit the difference between the two types of questions and some examples of each.

Write *Empathy* on the board and elicit the meaning. Ask the students which type of questions (open or closed) are better for showing empathy. In pairs, students write three examples of open questions that show empathy and then feed back their ideas to the class.

Answers

Open questions encourage people to give more information, for example *Can you tell me a bit about your brother? Could you explain why you started smoking?*

Closed questions result in a short answer, i.e. yes/no or a single word answer, e.g. *Do you like swimming?*

Empathy is the ability to imagine what it must be like to be in someone else's situation.

2 a Students read the text and answer the questions.**Answers**

- 1 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

You could ask students the following question.

How do people put up a barrier when communicating?

Suggested Answers

avoiding eye contact, pretending not to hear

b Students complete the table.**Answers**

Dos	Don'ts
Use open-ended questions	Put up a barrier
Show empathy	Use a lot of medical jargon
	Use only Yes/No questions

You could ask students the following question.

Do you think that you always use positive communication strategies?

c Students match the words and meanings.**Answers**

1 c 2 d 3 a 4 b

Extension activity: vocabulary strategies

Ask students how they remember expressions such as *fed up with* and *cope with*. Students work in pairs to discuss useful strategies and then feed back their ideas to the class.

Suggested Answers

One good strategy is to think of a connection between the idiomatic meaning and the literal meaning. For example, *I'm fed up*. literally means *I've had enough food and feel bad as a result*. (from the verb *to feed, fed, fed*), which may make it easier to remember the idiomatic meaning *I've had enough of this situation and feel bad as a result*.

Another strategy is to find a connection with a word in your own language, or an international word or name, which sounds similar, e.g. the word *cope* sounds a bit like *Copacabana* (a famous beach). Students could imagine going to the beach to relax in order to *cope* with stress.

Both techniques are incredibly effective, but it's important that learners find the best system that works for them.

d Students listen to the conversations and identify which one is better.

▶ 32 & 33 pages 95–96

Answers

Conversation 3.2 is better because the nurse is empathetic and takes time to ask if the patient wants to talk.


You could ask students the following question.

Why does the nurse in audioscript 3.2 ask about the patient's husband?

Answer

Cancer affects the whole family, not just the patient in hospital. Asking about the patient's husband and his reaction to his wife's cancer shows the nurse is caring for the patient in a holistic way. Also, patients who are worried about their family's ability to cope with their diagnosis may become depressed or worried themselves.

e Students identify the different communication strategies in the conversations.

Answers 

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

Extension activity: responding to prompts

Play the recording (audioscript 3.2) again, but pause it after each of the patient's statements. Elicit from the class what would be a good thing to say in response to each statement, and then play the nurse's response to compare it with students' own ideas. You could repeat this activity in pairs, where one student plays the role of the patient and reads from the script on page 95. The student playing the nurse has to think of a suitable response to each statement.

f In pairs, students practise nurse-patient conversations. Encourage students who play the role of nurse to use as many open-ended questions as possible, for example *Can you tell me a bit more about ...?*; *Could you explain why ...?* Encourage students who play the role of patient to practise being a patient who wants to talk and also a patient who does not want to talk.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.


The discussion should include the following:

- Many nurses find it difficult talking about death
- People from some cultures do not feel comfortable talking about their death
- Younger nurses may feel uncomfortable talking to older patients about death
- Nurses may find it difficult talking to a patient who has a different religious viewpoint or no religious viewpoint about end-of-life issues

Medical focus: pain relief

Before you begin ...
 Elicit types of pain relief and write them on the board under the following headings.

Modern medicine Traditional medicine

Suggested Answers 

Modern medicine	Traditional medicine
Pain relieving drugs such as paracetamol, morphine, non-steroidals	TCM (Traditional Chinese Medicine) meditation natural therapies herbal remedies homeopathy massage

3 a Students match the types of pain relief to the definitions.

Answers 

1 d 2 e 3 f 4 b 5 a 6 c

Language note

Analgesia /,ænl'dʒi:zɪə/ (meaning *without pain*) is the medical terminology for pain relief. Tablets, and sometimes injections, are also referred to as **painkillers**.

**b** Students match the pictures to the types of pain relief.**Answers**

- | | |
|------------------|---------------|
| a heat pack | d analgesia |
| b syringe driver | e acupuncture |
| c aromatherapy | f massage |

**c** Students take turns to test each other using the pictures in Exercise 3b.**Share your knowledge**

As a warm-up, you could ask students the following question.

- 1 What is the difference between cancer pain and the pain a patient has after an operation (postoperative pain)?
- 2 What are *complementary therapies*?

Answers

- 1 Cancer pain is long-term and can get worse as the patient becomes more ill. Postoperative pain is short-term and reduces as the patient gets better.
- 2 Therapies which are used at the same time as other therapies, e.g. massage and antibiotics



Students discuss the questions in pairs then feed back to the whole class.

Answers

- 1 To relieve different types of pain, the different methods work together to give better pain relief.
- 2 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** Students match the medical terms to their meanings.**Answers**

1 c 2 d 3 b 4 a



You may want to draw attention to *subcutaneous* = *sub* (under) + *cutaneo* (skin). This is a common way to make medical terms. Students should be advised to keep a small note-book with common prefixes and suffixes.

You could ask students the following question.

Why are nursing handovers so important?

Answer

It's vital that each shift knows which nursing tasks have been done and which still need to be done and to pass on helpful information, for example the patient was upset after doctor gave him bad news about his condition



e Students listen to the handover and circle the words they hear.

▶ 34 page 96

Answers

Palliative Care; secondaries; analgesia; syringe driver; subcut; breakthrough medication; heat pack



f Students complete the handover.

Answers

2 secondaries	5 subcut
3 analgesia	6 breakthrough medication
4 syringe driver	7 heat pack



Extension activity: understanding handovers

Handovers are usually spoken, not written, which makes them potentially more problematic for learners. In pairs, students discuss strategies they can use if they find it difficult to understand all the handover and then feed back their ideas to the class.

Suggested strategies

Predict what you think you may hear for a particular diagnosis.
Write down the words without worrying about spelling and check later.
Write down as much as you can and ask later for the rest of the information.
Check the patient notes to find any missing information.
Make sure you have all the information for your patients by checking with a nurse from the previous shift.

g Students practise handing over the next shift using the patient information on pages 86 and 89.

Answer

2 Their pain level is always increasing. They are often very frightened that they will not be able to stand the pain.



Charting and documentation: Palliative Care Pain Assessment

Before you begin ...

Remind students of the differences between cancer pain and postoperative pain (see *Medical focus: pain relief* on page 31). In pairs, students discuss why a Palliative Care Pain Assessment is important.

Answer

There may be several different types of pain and the pain may be changing (getting better or worse).



4 a Students look at the Palliative Care Pain Assessment and answer the questions.

Answers

- To see what type of pain the patient has and where it is
- Location, intensity, type, what makes it worse/better, what is being used to treat the pain



- b** Students match the sections from the Palliative Care Pain Assessment with the correct questions. Revise *Wh-* questions here (*who, where, why, when, how, etc.*) if necessary.

Answers

1 c 2 d 3 e 4 a 5 b



- c** Students match the words to describe pain to their meanings.

Answers

1 e 2 c 3 a 4 d 5 f 6 b



You could ask students the following question.

Why are there so many different descriptions of pain?

Answer

Different types of pain are treated differently.



- d** Students listen to the conversation and answer the questions.

▶ 3.5 page 96

Answers

- 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** Students listen again and correct the incorrect information on the Palliative Care Assessment Chart.

▶ 3.5 page 96

Answers

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** Students look at audioscript 3.5 on page 96 and find and underline Karin's questions.

Answers

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?



- g** Students practise asking and answering the questions.
- h** Students practise using a Palliative Care Pain Assessment using the patient information on pages 86 and 90 and the Palliative Care Pain Assessment on page 87.

Telephone skills: managing a patient enquiry

Before you begin ...

You could ask students the following questions.

- 1 What is patient confidentiality?
- 2 Why must nurses maintain patient confidentiality?

Answers

- 1 Patient confidentiality refers to the practice of not revealing personal information about patients to other people.
- 2 It must be maintained because it is the law in most countries and because it is the ethical thing to do.

- 5 a** Students discuss the questions in pairs.

Answers

- 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** Students listen to the conversation and mark the statements True (T) or False (F).
▶ 3.6 page 96

Answers

- 1 F – next-door neighbour 2 F – about a CT scan 3 T 4 T 5 T

- c** Students listen again and complete the extracts from the conversation.
▶ 3.6 page 96

Answers

- | | |
|--------------|------------|
| 1 I'm sorry | 4 I'm sure |
| 2 I'm afraid | 5 I'll let |
| 3 because of | |

Ask students to identify the polite way the nurse refuses to give information. Elicit the differences between the two forms in spoken and written English.

Answers

I'm sorry, I can't ...

I'm afraid I'm not allowed to ...

There is a pause (or comma) after *I'm sorry*, but not after *I'm afraid*.

- d** Students listen to the conversation and answer the questions.
▶ 3.7 page 96

Answers

- 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 Students complete the extracts from the conversation.

Answers

- | | |
|------------------|-------------|
| 1 speaking | 3 extension |
| 2 put me through | 4 hold |



f Students practise the phone conversation using the prompts. If possible, students should use prompts without writing out whole sentences. Less confident students may like to write out their part of the dialogue first.

Extension activity: short telephone conversations

Telephone calls are sometimes difficult to understand, especially as you cannot see the caller. Students work in pairs to make a list of telephone tips. As an extra activity, students write a short telephone conversation which illustrates their tips and role-play it to the whole class. Students could sit on chairs back-to-back so they cannot see facial expressions.

Suggested Answers

Learn some phrases for checking information, e.g. *Sorry, I didn't catch that.* and managing a conversation, e.g. *Sorry, could you speak up, please.* and don't be afraid to use them.

Go to a quiet place (if possible) so you can concentrate on the call more easily.

Repeat the key information from the caller to make sure you have understood, placing emphasis on the information you want to check, e.g. *You'd like to speak to Mrs Williams?*



Using patient information leaflets

Before you begin ...

Ask students the differences between *confidential/confidentiality*, *private/privacy* and *Data Protection*.

Answers

The word *confidential* may have the meaning of *secret*, e.g. *Please don't tell anyone that my husband is ill. It's confidential.*

In the case of *patient confidentiality* there is an added meaning of *secrecy which is protected by law*.

Confidentiality is also often called *Privacy*, but *privacy* also includes physical privacy, e.g. allowing patients to change their clothes behind a curtain or to make a phone call in a room where others can't overhear it.

Data Protection is keeping data or information confidential.



6 a Students read the patient information leaflet and answer the questions.

Answers

- 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

Students discuss the questions in small groups and then share their ideas with the whole class.

The discussion should include the following items:

- The legal responsibility of keeping information secure.
- What may happen if information is passed on to the wrong person, e.g. the person may lose their job; a wife/husband/partner may not know about a health problem; the patient feels embarrassed that sensitive information is known.
- Patients need to feel confident that information will not be passed on to the wrong person. If not, they may lose confidence in their nurse.
- Some information must be passed on, e.g. information about an infectious disease to police or a public health authority.

Answers



- 1 Behind the nurses' station, in folders away from the patient area
- 2 They may have information which is sensitive in the record.

Background information and useful web links

Palliative care

Palliative Care is the care of a patient and the end of life. Palliation refers to the alleviation of pain and other symptoms without curing the cause of the symptoms. Examples are chronic pain relating to cancer, nausea and vomiting, constipation relating to the use of opioid medication for pain relief, depression relating to fear of impending death, etc. Patients who are cared for in Palliative Units in hospital or in hospices are typically cared for until death. During the time spent in Palliative Care, their condition deteriorates to the extent that they are often bedridden and totally dependent on nurses for their care.



Useful web links

End of Life Issues

<http://www.nhs.uk/carersdirect/guide/bereavement/pages/accessingpalliativecare.aspx>

Talking about feelings (▶ page 26)

It is extremely important for nurses to be able to talk to patients about their feelings. This is often difficult as death has become a taboo subject in many cultures. Many nurses identify this as the most difficult type of communication. Often, the most important thing for nurses to remember is to listen to the patient. Time must be allocated so that the conversation is not interrupted. This may require careful planning on the nurse's part. Showing a willingness to listen will often override any embarrassment felt by the nurse. Nurses will also find that conversations include other members of the patient's family. Patient confidentiality must always be maintained in these cases. Finally, cultural awareness is essential, particularly regarding customs or religious practices relating to death and dying.



Useful web links

Talking to dying patients of their hopes and needs

<http://www.nursingtimes.net/nursing-practice-clinical-research/talking-to-dying-patients-of-their-hopes-and-needs/205908.article>

Communication focus: showing empathy (▶ page 28)

To be able to show empathy, nurses need to develop keen active listening skills. It is important to understand the distinction between empathy and sympathy. Sympathy involves demonstrating that you feel sorry for another person, while empathy is more about showing that you are trying to understand. Whilst self disclosure can be a useful tool to indicate to the patient that the nurse has faced similar difficulties, it must be used sparingly. It can be very unpleasant when a patient is trying to explain his/her problems and the nurse keeps turning the conversation round to his/her own experiences. The focus should always be on the patient. Empathy should be used as a basis to find solutions to problems faced by the patient. Empathetic listening may also help to diffuse tense situations. Patients who are dealing with end-of-life issues are often stressed and may respond or react in uncharacteristic ways. An appreciation of the emotional state of a patient will assist nurses to respond appropriately.



Useful web links

Nurses' Attitudes Toward Death and Caring for Dying Patients, Cancer Center: Discussion (Page requires users to create an account, but access is free.)

http://www.medscape.com/viewarticle/585692_7

Share your knowledge (► page 29)

Useful web links

Difficult Conversations: Talking to the Dying<http://dying.about.com/b/2008/04/07/difficult-conversations-talking-to-the-dying.htm>**Medical focus: pain relief (► page 30)**

A variety of pain relief is used for optimum pain management. Whilst patients often complain of chronic pain, the type of pain will vary depending on the source of the pain. For example, bone pain is felt differently from joint or organ pain. Pain management follows the WHO ladder of pain management, where small amounts of one pain killer are used at first, increasing to two or more types of pain relief as the pain level increases. Medication is given orally if possible and injections or continuous subcutaneous infusions are used as the disease progresses. Pain management may also involve complementary medicine such as massage and aromatherapy as well as comfort measures such as heat packs. The aim of pain management is to keep the patient in a comfortable, pain-free state.



Useful web links

WHO pain relief ladder<http://www.who.int/cancer/palliative/painladder/en/index.html>**Share your knowledge (► page 30)**

The use of complementary therapies in cancer care is by no means accepted in all areas. Despite this, various comfort measures including hand massage, therapeutic touch (touching a patient on the hand or arm), massage with aromatic oils and naturopathy are used in several Palliative Care Units and hospices. Respect for cultural and generational issues is important when considering therapies such as massage or therapeutic touch.



Useful web links

Integrative Oncology: Complementary Therapies for Pain, Anxiety, and Mood Disturbance <http://caonline.amcancersoc.org/cgi/content/full/55/2/109>*Integrative Oncology: Complementary Therapies in Cancer Care* (Page requires users to create an account, but access is free.)<http://www.medscape.com/viewarticle/586874>**Charting and documentation: Palliative Care Pain Assessment (► page 31)**

Before administering any pain relief, an assessment of the patient's pain needs to be made. This allows for differences in pain recognition and gives the patient as opportunity to accept or reject pain relief. Some patients prefer to accept a certain level of pain so that they can remain more alert and spend time with their family. Often, patients have more than one type of pain, e.g. a pain relating to cancer, another relating to an incident such as a fall and another relating to a wound dressing. Each area of pain needs to be assessed and current pain relief monitored.

Telephone skills: managing a patient enquiry (▶ page 33)

Telephone skills are difficult to develop because of the lack of face-to-face cues and body language. Accents can also be more difficult to understand on the phone. Hospital enquiries can tend to be pressured because of time constraints and there is the need to ensure patient confidentiality at all times. Initially, it may be a good idea for students to write a telephone enquiry template which can be kept with them as a prompt. The use of a small notebook should be recommended.

Using patient information leaflets (▶ page 35)

There is a wide range of patient information leaflets which are made available to patients as well as health workers such as patients' rights and responsibilities, preoperative and postoperative care and healthy living. The leaflets are useful ways to inform patients before they enter hospital and may help to allay anxiety and improve patient compliance with their treatment.



Useful web links

Evaluation of a medical consultations patient education leaflet

<http://www.ncbi.nlm.nih.gov/pubmed/7603933>

Information leaflets

<http://www.patient.co.uk/pils.asp>

Share your knowledge (▶ page 35)

Patients have the legal right to expect all personal information to be kept in a safe and secure place and not to be shared with third parties unless required. This protects most information about a patient's health status from being passed on to, e.g. a spouse, a child of the patient or a passer-by. Patient Confidentiality is not only protected by law in most countries but also under ethical guidelines given to nurses upon their admittance to a nursing register. Note that privacy laws may be called Data Protection, as in the UK, or Privacy Laws, as in Australia. Nurses must be aware of situations where it is mandatory to pass on personal information about health status, for example in child abuse cases, suicide or admissions of unlawful activities. Also, cases of infectious diseases such as whooping cough must be reported to Public Health authorities.



Useful web links

Why Is Doctor-Patient Confidentiality So Important?

<http://www.yourprivacy.co.uk/DoctorPatientConfidentiality.html>

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

➔ Go to page 50 for essential background information on the topic and useful web links

➔ Don't forget to explore the [Extra activities](#) for this unit

📖 Medical terms can be found in the [Glossary](#)

▶ Refers to Student's Book pages

Before you begin ...

The following questions can be used to generate a warm-up discussion before starting Unit 4. You could also ask the students to look at the outline of Unit 4 on the Contents Page and ask them to think about what areas they would most like to improve and practise.

Ask students to discuss the differences between nursing in a hospital and nursing in the community. Write up their ideas on the board.

Suggested Answers



In the community

- nurses have the opportunity to see the client's environment. May indicate health difficulties which are not apparent in hospital
- less chance of contamination with hospital infections such as MRSA or C Dif.
- Clients may be more relaxed and feel they have more control over health decisions
- Nurses may not have access to supplies or equipment or may have to wait for them to be supplied

In hospital

- Nurses are often rushed and do not have the opportunity to build a nurse/client relationship
- Nurses have quick access to emergency equipment and other supplies.
- Nurses work as part of a team which is supportive and a useful resource.

Language note



Nurses who work in the community may have different titles in different countries, e.g.:

UK: A **District Nurse** looks after clients in their own homes; a **Community Nurse** may be attached to a medical surgery and therefore work in the community.

Australia: **Community Nurses** look after clients in the community. They may work for a state community health service, a private nursing service or a church-run nursing service.

Canada: **Community Health Nurse**.

Describing your nursing role

Before you begin ...

Ask students the following questions.

- 1 How has the role of nurse changed?
- 2 Think about the Multidisciplinary Team – what other healthcare workers do Nurses work with?
- 3 What sort of skills do nurses who work in the community need?

Suggested answers

- 1 nurses often work independently e.g. pre-assessment clinics, nurses are involved in health research, nurses give specialist advice e.g. wound care, nurse prescribing,
- 2 physiotherapists, occupational therapists, doctors, pharmacists
- 3 ability to work in a team, up-to-date nursing knowledge, good communication skills, cultural sensitivity, good problem-solving skills

1 a Students discuss the roles of the healthcare workers.

Answers

- 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.

You could ask students the following question.

Why is it important to have a team made up of different healthcare workers?

Answer

Healthcare is becoming more and more specialised and so it is necessary to have the input of specialists in many areas.

b Students read the information about the different healthcare roles and answer the questions.

Answers

- 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

You could ask students the following question.

Do you have similar roles for nurses in the community?


c Students look at the picture and answer the questions.

Answers

- 1 Doing a dressing on the patient's leg
- 2 Because the patient only needs her dressing changing, so hospital isn't necessary

You could also ask students the following question.

Why is it a good idea for patients to be at home rather than hospital?

Suggested answer 

They may only need a dressing; cheaper for the health system to look after the patient at home, patients are less likely to pick up infections at home, patients may be concerned about staying in hospital as they have commitments at home e.g. caring for an elderly spouse or relative.

d Students listen to the conversation and answer the questions

▶ 4.1 page 96–97

Answers 

- 1 to dress the patient's wound
- 2 on her leg
- 3 have a shower

e Students listen again and answer T or F

Answers 

1 T 2 F 3 T 4 T 5 F

Language note 

Draw attention to the word *wound*. Check understanding of the pronunciation differences between the noun form (used in this instance) and the verb form e.g. *He wound the bandage around her arm.*

f Students complete the missing information using audioscript 4.1 as a reference.

Answer 

- | | |
|------------|-----------|
| 1 dressing | 4 pus |
| 2 bandage | 5 odour |
| 3 wound | 6 smaller |

Medical Focus: wounds

2 a Students match the medical terms with the meaning.

Answer 

2 b 3 f 4 a 5 j 6 d 7 g 8 i 9 h 10 e

b Students listen to the pronunciation of the medical terms in the table and place them under the correct headings

▶ 4.2 page 97

Answers 

s	ʃ	tʃ	dʒ	ʌ	ə	u:
dressing	tissue	sutures	bandage	pus	odour	wound
		discharge				

c Students match the pictures to the description of the wounds.

Answers 

1 c 2 a 3 d 4 b

d Students complete the sentences using the phrases in the box.

Answers

- | | |
|---------------|----------------------|
| 2 blood | 6 surrounding tissue |
| 3 dead tissue | 7 bloody discharge |
| 4 odour | 8 greenish pus |
| 5 pus | 9 red and inflamed |

You could also ask students to cross out the expression which is not correct.

Write the following four phrases on the board:

A nice smell a bad smell a nice odour a bad odour

Point out that *a nice odour* is not correct.

e Students complete the table.

Answers

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.
The wound is healing well.	It has quite a bad odour.
There's a lot of healthy tissue.	There's a lot of blood in the wound drain.
The infection is clearing.	There is a large area of dead tissue in the middle of the wound.
There's not much pus in the wound.	It has quite a bad odour.
	The wound has a lot of pus in it.
	The surrounding skin is still red and inflamed.

Ask students to add any other expressions they might know.

Suggested answers

getting better, looking worse, not getting better, looks much better, doing quite well

f In pairs, students practise describing wound improvement/ lack of improvement. Before you start, you may introduce ways to ask about wounds e.g. *How does it look? How is the wound now?*

Extension activity: describing wounds

In pairs, students write a dialogue between two nurses. Students select one of the pictures on page 38 and describe the improvement or lack of improvement in a role-play. The class decides which wound has been described.

Helping patients with activities of daily living (ADLs)

Before you begin ...

Ask students to discuss why some patients may need help with showering and toileting.

Suggested answers

they may be unsteady on their feet, they may have just had an operation and feel a bit dizzy, they may be in pain and need to sit to have a shower.

3 a Students label the pictures using words in the boxes.

Answers

- | | | |
|----------------------|----------------|----------------|
| 1 raised toilet seat | 3 non-slip mat | 5 shower chair |
| 2 walking frame | 4 grab bar | |



Share Your knowledge

Students discuss the activities which are described as *Activities of Daily Living*. Ask students to discuss why it is important to check whether patients can perform these activities independently. (answer: they may need a nurse to assist them, they may need aids, they may need physiotherapy to help them become independent with ADLs)

Answer

- 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
- Patients who are unsteady on their feet



- b** In pairs, students discuss the uses of the equipment in ex 3a. Before you start, model the questions students may ask e.g. *What does this piece of equipment help with? How does a grab bar help patients when they shower? It may also be necessary to model the response e.g. A grab bar helps patients feel steady in the shower. A walking frame helps patients walk to the shower.*

Answer

raised toilet seat – toileting; waking frame – mobility; non-slip mat – bathing, showering; grab bar – showering; shower chair – showering



- c** Students listen to the conversation and tick the things that the patient needs help with.

▶ 4.3 page 97

Answers

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.



You could also ask students to list the things which Mr Heath may feel embarrassed about. Before you start, model the response for students e.g. *Mr Heath may feel embarrassed getting help to go to the toilet / to wipe his bottom/ to have a shower/to dry himself*

- d** Students complete the extracts using the expressions in the box

Answers

- | | |
|-----------------|-----------------|
| 1 I'll help | 4 I'll wipe |
| 2 I'll just get | 5 I'll put |
| 3 I'll take off | 6 I'll just put |



You could also ask students why Joe says *'I'll just...'*

Answer

it sounds a little softer and he is trying to make Mr Heath feel a bit more comfortable about an embarrassing situation



e Students practise the dialogue between Joe and Mr Heath.

Communication Focus: managing embarrassing moments

Before you begin ...

You could ask students the following questions.

- 1 What situations might make patients feel uncomfortable or embarrassed?
- 2 What can a nurse do to make a patient feel more comfortable and less embarrassed in these situations? Make a list.

Suggested answers

- 1 when they have to undress for procedures (especially with older patients in front of younger nurses), when they have to rely on a nurse to help with showering or toileting, if the patient comes from a culture which has a different set of cultural norms for undressing
- 2 become aware of different cultural needs, keep patients covered if possible (e.g. with a blanket), be casual (don't become embarrassed if the patient seems embarrassed)

4 a Students match the definitions

Answers

2 a 3 e 4 g 5 c 6 d 7 b

b Students complete the information leaflet using words from the box.

Answers

- | | |
|-------------|----------------|
| 2 call bell | 5 talk down to |
| 3 sensitive | 6 humiliate |
| 4 privacy | 7 impatient |

c Students place the strategies for managing embarrassing moments under the headings 'Good Strategies' and 'Bad Strategies'.

Answers

Good strategies	Bad strategies
Give patients privacy	Talk down to patients
Speak normally	Use inappropriate language, for example <i>lovie</i> or <i>sweetie</i>
Don't get embarrassed	Be impatient and rush patients
	Humiliate patients when they are incontinent

d Students listen to the four conversations and tick the good or bad strategies the nurses use.

▶ 4.4 page 97

Answers

conversation a 3, 4, 7, 8	conversation c 1, 2, 5, 6
conversation b 2, 5, 6	conversation d 3, 4, 7

e Students listen again and list the good strategies the nurse uses in conversations b and c.

Answers

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.

You could get students to practise the good dialogues in pairs.

Charting and documentation: District Nurse Prescription Chart

Before you begin ...

Ask students why the District Nurse needs a Prescription sheet for her patient.

Answer

She has to give a medication to the patient.

5 a Students answer the questions

Answers

- 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 Students match the terms with their meanings

Answers

2 c 3 a 4 i 5 e 6 f 7 h 8 d 9 g

c Students listen to the conversation and answer the questions

▶ 4.5 page 97

Answers

- 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

You could also ask students the following question.

Why is it important for the District Nurse to keep in contact with Mrs Bartle's GP?

Suggested answer

The District Nurse may notice something about Mrs Bartle when she visits her at home e.g. Mrs Bartle may be having difficulty with her medication, she may not be able to manage at home on her own.

d Students listen again and circle the information they hear.

▶ 4.5 page 97

Answers

vitamin B12; 1000 mcg; every 2 months; IM; for 6 months; GP Dr Fildes; Dr Nuttall

e Students listen again and complete the extracts

▶ 4.5 page 97

Answers

- | | |
|------------|-----------------|
| 1 speaking | 4 intramuscular |
| 2 fax | 5 checkup |
| 3 pass on | 6 keep in touch |

f Students practise the telephone conversation using the prompts.

You may like to place two chairs back to back so students can practise the dialogue without visual cues. Afterwards, students can discuss what they found difficult about the phone conversation.

Extension: conversation strategies

You could ask students to write down strategies they could use if they could not understand the person on line e.g. *I'm sorry, I didn't understand that. Could you please repeat it? Could you please say that again. I didn't understand.* Students can practise the dialogue again but this time include some phrases to indicate they do not understand the information.

g Students practise making a phone call to check the information on the District Nurse Prescription Sheet. As in the exercise above, students can sit back-to-back to ensure no visual cues are received.**Reading medication labels***Before you begin ...*

Ask students to discuss the reasons why medication labels are important.

Suggested answers

Some medications must be taken at a certain time, some medications need to be stored in the fridge, some medications interact with other medications, some medications need to be mixed well e.g. liquids

What information may be put on the medication packet or bottle?

Suggested answers

Name of the patient, GP's name how the medication is to be taken and any precautions

6 a Students match the medication label phrases.**Answers**

- 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 Students listen to the two conversations and identify the labels referred to.

▶ 4.6 page 97–98

Answers

Take on an empty stomach, Rinse mouth with water, Shake well, Discard contents, Refrigerate, do not freeze, Avoid sun exposure

C Before you begin ...

Elicit expressions used to give instructions or orders. Draw the continuum line shown below on the board then ask students the following questions.

What phrases can you use to ...

- 1 make a recommendation for something which is useful to do but not necessary?
- 2 explain that something is important to do?
- 3 explain that something is absolutely necessary to do?

Recommendations/suggestions _____ Orders

Suggested answers

- 1 *it's a good idea to*
- 2 *make sure you, remember to, don't forget to*
- 3 *you must*

d Students work in pairs to give instructions following medication labels.

You could ask students to write their own dialogues and include some expressions which indicate lack of understanding e.g. *Could you please explain that again, I don't understand.* Students may like to role-play to the whole class.

Share Your Knowledge

Students discuss the importance of medication labels. Expected answers include:

- Medication labels must be followed as some medications will not work if taken at the wrong time e.g. after food instead of before food
- Some medications may interact with other medications or food
- Some medications cause sleepiness so patients must be aware not to drive or operate machinery
- The whole antibiotic course must be taken or resistance may occur
- Medication labels warn about side effects or unwanted effects e.g. dry mouth

Students should also discuss the importance of patient education by nurses.

Suggestions answers:

- During patient education nurses may discover patients do not understand their medication
- Patients may feel more comfortable discussing medication with their nurse.
- Nurses should discuss medications with patients during discharge planning. A contact number should be given to patients if they have any enquiries.

Answers

- 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

Background information and useful web links

The District Nurse (▶ page 36)

District nurses visit people in their own homes or in residential care homes (also called Aged Care Facilities). They care for patients and also support family members who may be carers of the patient. They often also provide information on caring for a patient at home and play an important role in keeping hospital admissions or readmissions to a minimum. Many patients prefer to be in their own homes and often progress better in familiar surroundings. Most clients are elderly but some community patients may have a terminal disease or have a physical disability. Because District Nurses visit clients on a regular basis during the week, a strong bond between nurse and patient often results. Many District Nurses like this aspect of the job as they can see how patients fare in their own surroundings, something which is not possible in the hospital setting. District nurses undertake specialist training programmes at degree level. The programme assists in developing clinical practice and leadership skills.



Useful web links

District Nurse

<http://www.nhscareers.nhs.uk/details/Default.aspx?Id=916>

Describing your nursing role (▶ page 36)

There are many different jobs in the healthcare field. Within the hospital, the main practitioners nurses will be in contact with are:

Doctors.

The names of medical roles can vary from hospital to hospital and from country to country. The following is a guide only:

In the UK : after completing a degree in medicine, a two year foundation course is completed. Doctors may be called RMO (Resident Medical Officer) or SHO (Senior House Doctor). After the foundation period, doctors either work as Registrars in a specialty area with the aim of becoming a consultant in the specialty area or as GP Registrars with the aim of becoming GPs. Consultants usually have a private practice in the community with visiting rights to hospitals.

In Australia (some variances from state to state) ,medical students commenced a supervised year as an Intern. After completing the year of internship ,doctors apply for registration as a doctor in their state of practice. Doctors usually commence a two year stint as an RMO as they are not eligible for private practice at this stage. In most states, specialisation occurs in the next stage, as a Registrar. After passing an exam in their specialty area, doctors now qualify as a Fellow of their specialty college and can commence work in private practice as a Consultant. Consultants may also be called Visiting Medical Officers (VMO).



Useful web links

Framework for Developing nursing roles

<http://www.scotland.gov.uk/Publications/2005/07/08144857/48584>

NHS Careers

<http://www.nhscareers.nhs.uk/>

Medical focus: wounds (▶ page 37)

District Nurses typically care for patients with chronic wounds as continuing placement in a hospital is neither necessary nor desired. District Nurses may be referred to for removal of sutures or clips between 7 and 10 days after the operation. The home environment is ideal for these procedures as there is less likelihood of contracting a hospital-based infection and also patients are able to get on with usual daily activities whilst waiting for the District Nurse. Many chronic wounds are redressed every 3 to 5 days as new wound dressing technology has improved healing times. It is preferable to have a patient returned to his/her own environment rather than remain in hospital waiting for twice weekly dressing changes. District Nurses monitor the progress of the wound and liaise with the hospital and GP if concerned about the healing of the wound.



Useful web links

Caring for surgical woundshttp://hcd2.bupa.co.uk/fact_sheets/html/surgical_wounds.html*Wound dressings*<http://www.nurse-prescriber.co.uk/education/modules/woundDress/woundress3.htm>**Helping patients with Activities of Daily Living (ADLs) (▶ page 39)**

Activities of Daily Living, or ADLs, are the activities which are needed for performing daily tasks independently. There are a number of ADLs including so-called IADLs or 'instrumental activities of daily living' which include the ability to work and use transport. In the healthcare setting, the focus is on any daily activities which are performed for self-care such as feeding, bathing, dressing, grooming, toileting and mobilising.

Nurses and other healthcare workers e.g. Occupational Therapists assess patients for the ability or inability to perform ADLs. This gives a guide to how well a patient is functioning. This measurement is useful for assessing the elderly, the mentally ill and those with chronic diseases in order to evaluate what type of health care services an individual may need. The goal of performing ADL evaluations is to help patients become as independent as possible. The assessment highlights the need for mobility aids to be used in the hospital and also to be used at home. In some cases, home modifications are also necessary e.g. ramps in place of stairs, shower adaptations and chair modifications.



Useful web links

Using Activities of Daily Living To Obtain Information About The Patient<http://www.angelfire.com/ns2/nsuk/adls.html>*Activities of Daily Living Evaluation*<http://www.enotes.com/nursing-encyclopedia/activities-daily-living-evaluation>**Share Your Knowledge (▶ page 39)**

The discussion in this SYK focuses on the use of assessing ADLs in the area of rehabilitation. Rehabilitation supports patients after stroke or injury to return to or approach their former physical and mental capacity. Generally speaking, this requires a team approach between the patient and their family and the healthcare team (Doctors, Nurses, Physiotherapists, Occupational Therapists, Speech and Language Therapists, Psychologists and Social Workers).

Some of the problems which are common in rehabilitation medicine are paralysis or weakness of the limbs, communication problems, swallowing difficulties, urinary and/or faecal incontinence, fatigue and cognitive function decline.

Students should discuss the need for careful assessment and monitoring of the following ADLs:

Nutrition: (swallowing difficulty)

Mobility (weakness of limbs or paralysis) need for use of walking frame

Toileting: (incontinence) – walking frame/ commode chair to assist to toilet

Showering (weakness of limbs or paralysis) –shower or commode chair, grab rail

Grooming : (weakness of limbs or paralysis)

Cerebrovascular Accident Rehabilitation<http://www.patient.co.uk/showdoc/40000149/>**Communication Focus: managing embarrassing moments (▶ page 40)**

Nurses are often called upon to help patients with intimate bodily functions such as toileting, showering and dressing. This can be very embarrassing for elderly patients and for nurses as well. Patients who are recovering from surgery or from an injury may be normally independent and may feel uncomfortable asking for assistance. In some cultures, it is not acceptable for a female nurse to help a male patient and so the patient's relatives may help instead. Nurses must be mindful of the patient's feelings and try to maintain a professional attitude at all times. Patients should always feel that the assistance is part of their recovery and viewed as such by the nurse.

Discussion should include the place of phrases such as 'That's OK. I'm used to it', 'That's what I'm paid for' and 'Don't worry. I'm not doing anything at the moment anyway.'

Charting and documentation: District Nurse Prescription Chart (▶ page 42)

Patients who are discharged home with on-going care such as a wound dressing or medication administration are put in contact with the District Nursing Service in their area. A referral is made to the District Nurse which outlines the care received as an inpatient. The hospital doctor will write a District Nurse Prescription for any medication which needs to be administered in the community.



Useful web links

District Nurse Liaison

<http://www.knowsley.nhs.uk/pages/YourServices.aspx?iPageId=3237>

Reading medication labels (▶ page 44)

It is essential that patients understand instructions for taking medications at home. Medication labels have been simplified so that important instructions like 'avoid alcohol whilst taking this medication' are clearly stated on the pack. Despite this, nurses play an important role in educating patients about their discharge medications (sometimes called TTAs or 'to take away'). Nurses must ensure that the dosage is understood and the safe maximum daily dose is understood. Patients should be provided with a phone number (of the ward or pharmacy) so that any medication inquiries can be made as soon as possible. Warnings about possible side effects (unwanted effects of the medication) and possible interactions with other medications and/or food must be given as well. Patients must be advised to take caution with over-the-counter medications including vitamins as these medications may not be safe to take at the same time as the medication provided by the hospital.



Useful web links

Use of pictorial aids in medication instructions: A review of the literature

http://healthliteracy.worlded.org/pictorial_med_instructions.pdf

Effect of Content and Format of Prescription Drug Labels on Readability, Understanding, and Medication Use: A Systematic Review

<http://www.theannals.com/cgi/content/abstract/41/5/783>

Share your knowledge (▶ page 45)

This section looks at the effect of patient education on medication compliance. Students discuss the place of patient education particularly in the area of Aged Care where elderly patients typically have many tablets to take each day (called *polypharmacy*). The treatment of one complaint may necessitate the taking of two or three medications, twice a day if necessary. The timing of medications can also be quite important, not only because of the absorption rate of the medication but also because of secondary issues. For instance, a diuretic (increases urine output) which is taken at night may cause an elderly person to fall when trying to get out of bed to the toilet at night. Diuretics are best taken before midday to avoid the risk of falls.



Useful web links

Study: Education, Convenience Increase Patient Drug Compliance

http://www.wral.com/lifestyles/healthteam/story/1082609/?print_friendly=1

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

➔ Go to page 62 for essential background information on the topic and useful web links

➔ Don't forget to explore the [Extra activities](#) for this unit

📖 Medical terms can be found in the [Glossary](#)

▶ Refers to Student's Book pages

Discussing a patient's progress

Before you begin ...

The following questions can be used to generate a warm-up discussion before starting Unit 5. You could also ask the students to look at the outline of Unit 5 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the questions in pairs and then feed back to the class as a whole with their ideas.

- 1 What is a stroke?
- 2 Why is it important to start rehabilitation as soon as possible after a stroke or an injury?
- 3 What kind of rehabilitation is available in your country for people who have had a stroke?

Answers

- 1 A sudden change in the blood supply to a part of the brain, which can cause a loss of the ability to move particular parts of the body
- 2 Because patients can relearn activities of daily living and regain independence, so muscles do not atrophy /'ætrəfi/ (be reduced in size and become weaker) and patients do not have contracture /,kən'træktʃə/ (shortening of the muscle tissue).

1 a Students discuss the questions in pairs.

Answers

- 1 Helping a patient feed herself using modified utensils
- 2 Occupational Therapist

b Students match the therapists to the definitions. They can then test each other in pairs, e.g.

A: *What does an Occupational Therapist do?*

B: *She or he works with people who need help with ADLs.*

Answers

1 b 2 c 3 d 4 a

**Extension activity: Multi-Disciplinary Teams**

The therapists in Exercise 1 b form part of the Multidisciplinary Team (MDT). Ask students to discuss the benefits of having a MDT to care for a patient who is having rehabilitation. Write suggestions on the board and then ask students to compare these with their own experience.

Suggested Answers

Rehabilitation is intense and needs specialists in various areas to be successful. Patients often need to attend specialist clinics after discharge to assist with long-term problems, for example a change in diet or speech difficulties.

**Before you begin ...**

You could ask students to discuss the following questions.

- 1 Why are nurses an important source of information about patient progress?
- 2 Why is it important to have good communication between doctors and nurses?

Answers

- 1 Because they are with patients throughout the day and can observe even small changes in patient progress.
- 2 Because it leads to better teamwork and better outcomes for patients; doctors may not be able to get all the information from a patient, for example if the patient is unable to verbalise.

**C Students listen to the conversation and answer the questions.**

► 5.1 page 98

Answers

- 1 Quite well
- 2 No, he needs help with feeding.
- 3 At the end of the week

**d Students listen again and mark the statements True (T) or False (F).**

► 5.1 page 98

Answers

- 1 F – for tongue exercises
- 2 F – he started yesterday
- 3 F – until his swallow reflex is better



e Students listen again and circle the correct answers. You may need to revise the expressions *to manage something well* and *to cope well*. Point out that both versions are good answers, and could be used in similar conversations, but only one is correct for this particular scenario.

► 5.1 page 98

Answers

- 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



- f** In pairs, students practise asking and answering the questions.
- g** Students practise discussing a patient's progress using the questions in Exercise 1e and the patient information on page 90.

Helping a patient with meals

Before you begin ...

You could ask students to discuss the following questions.

- 1 How do you think patients feel if they need help to eat and drink?
- 2 What can nurses do to make patients feel more comfortable about getting help with feeding?

Suggested Answers

- 1 They can feel humiliated or ashamed that they are no longer independent and frustrated that they have to relearn basic skills.
- 2 They can encourage patients and remind them that they are improving all the time; they should not belittle patients; they should be culturally sensitive; they should not rush or make patients feel they are a nuisance.

- 2 a** Students discuss the questions in pairs.

Answers

- 1 He may have had a stroke and have problems holding the spoon.
- 2 Provide modified feeding utensils

You could ask students the following question.

How do modified utensils and non-slip bowls help with feeding?

Suggested Answer

The patient can become more independent and there is less risk of hot food spilling on the patient.

- b** Students label the pictures.

Answers

- | | |
|-------------------|--------------------|
| a non-tip cup | d utensil handclip |
| b non-slip bowl | e modified utensil |
| c spill-proof lid | |

- c** Students match the beginnings and endings.

Answers

1 b 2 d 3 e 4 c 5 a

- d** Students take turns to test each other on the vocabulary in Exercise 2b.

You could ask students the following question.

Have you ever used the utensils in Exercise 2b to help feed a patient? If so, how did they help the patient?

e Students listen to the conversation answer the questions.

▶ 52 page 98

Answers



- 1 Sit up in the chair
- 2 The Occupational Therapist (OT)
- 3 Spoons

You could ask students the following questions.

- 1 Why does Debbie check to see that Mr Gimlet is sitting up before he starts to eat?
- 2 What does Debbie say to Mr Gimlet to make sure that he doesn't rush his meal?
- 3 Does Mr Gimlet seem willing to try the new utensils?
- 4 Does he seem to be positive about their use?
- 5 Would Debbie, the nurse, make a note of this in handover and the patient record? Why/Why not?

Answers



- 1 Because she wants to make sure that he doesn't choke as his swallow reflex is still weak.
- 2 *There's plenty of time.*
- 3 Yes, he says he'll try them out.
- 4 Yes, he says it's a good idea and it's useful.
- 5 Yes, she would because it shows that Mr Gimlet is trying to help recover his independence and that he is optimistic about progress and not depressed.

f Students listen again and complete the extracts using the phrases in the box.

▶ 52 page 98

Answers



- | | |
|----------------------|-----------------------|
| 2 Are you sitting up | 6 She's also sent you |
| 3 Now, don't rush | 7 for you to use |
| 4 The OT's sent | 8 for you to hold |
| 5 for you to try | |

g In pairs, students practise the conversation using the prompts.

Medical focus: safe swallowing

Before you begin ...

You could ask students the following questions.

- 1 What sort of health leaflets are you familiar with?
- 2 Why are health leaflets useful?
- 3 Where can you find health leaflets?

Suggested Answers



- 2 Because they give information which many people often ask about and can be re-read at leisure.
- 3 In hospital waiting rooms or clinics, on the ward for nurses to hand out to patients and their relatives, in GP surgeries, and online.

3 a Students read the leaflet and answer the questions.

Answers




- 1 It's a patient information leaflet.
- 2 Reasons why a person may have swallowing difficulties, tips for safe swallowing

You could ask students the following question.

Do you think the leaflet is an informative and useful for a person who has had a stroke? Is there anything you might add to the leaflet?


b Students listen to the conversation and answer the questions.

▶ 5.3 page 98

Answers 

- 1 How we swallow food
- 2 Chewing and swallowing food
- 3 Two separate tubes


c Students label the diagram of the mouth and throat in Exercise 3a.

Answers 

1 nasal cavity	4 trachea
2 tongue	5 oesophagus
3 larynx	

Extension activity: listening

Students listen to audioscript 5.3 again to follow the description on the diagram. Afterwards, they discuss in pairs what was said about each part of the mouth and throat.

Answers 

mouth: the food enters here
 teeth: help with chewing the food
 tongue: also helps with chewing and swallowing the food
 throat: soft food goes here; at the back of the mouth; joins up with two tubes
 trachea: also called windpipe
 oesophagus: important (nurse will explain later)


Extension activity: medical terminology

You could give some background information to some of the terms in Exercise 3c:

- Everyday equivalents: *trachea* = windpipe; *larynx* = voice box
- The adjective forms *nasal* (noun *nose*) and *oral* (noun *mouth*) are used in compound nouns such as *oral intake* (food and fluids a person takes into the body) and *oral cavity* (the area of the mouth inside the body)
- The alternative spellings of *oesophagus* (UK) / *esophagus* (US)

d Students match the parts of the words in bold to the sounds in the table. They then practise their pronunciation.

▶ 5.4 page 98

Answers 

z	k	ʌ	ə	ɪŋ
nasal cavity	trachea	tongue	oesophagus	larynx

Before you begin ...

You could ask students what they know about the imperative and write suggestions on the board. Leave space underneath to add more examples after Exercise 3e.

Giving advice	
Positive	Negative
eat ...	don't eat ...
drink ...	don't drink ...

- e** Check students understand what is meant by *Dos* (= *things you should do*) and *Don'ts* (= *things you shouldn't do*) before they match the *Dos* and *Don'ts*.

Answers

1 b 2 d 3 e 4 f 5 a 6 c



Before you begin ...

Ask students to close their books and think of other ways to give advice to patients. Write their suggestions in the table you started in Exercise 3d.

Giving advice	
Positive	Negative
eat ...	don't eat ...
drink ...	don't drink ...
It's a good idea to ...	
It's important to ...	
It's better to ...	
You should ...	

- f** Students listen to the conversation and answer the questions.

▶ 55 page 98

Answers

- 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** Students complete the extracts using the phrases in the box. They then listen again to check.

▶ 55 page 98

Answers

- | | | |
|------------------|-----------------------|--------------------|
| 2 Take your time | 5 It's also important | 7 Try not to |
| 3 It's better | 6 Don't | 8 it's a good idea |
| 4 you should | | |



- h** In pairs, students practise the conversation using the prompts. Remind them to cover the text in Exercise 3g.

- i** Students practise explaining a procedure to a patient using the patient information leaflet. Remind them to swap roles.

Communication focus: reassuring a patient before an unpleasant procedure

- 4 a Students discuss the questions in pairs. You could write on the board adjectives which describe patient feelings about an unpleasant procedure, e.g. *frightened, afraid, scared, anxious, worried, nervous* and *apprehensive*.

Answers

- 1 Insertion of a naso-gastric tube
- 2 Anxious, felt like being sick
- 3 Speak calmly, explain what is happening



You could ask students the following question.

Why it is important to reassure patients before an unpleasant procedure?

Suggested Answer

The patient needs to have trust in the nurse; the nurse cannot proceed if the patient is too anxious or the patient may be harmed; the patient must be part of the procedure (Nursing Ethics).



- b Students listen to the conversation and answer the questions.

▶ 5.6 pages 98–99

Answers

- 1 Put a tube through Mrs Noonan's nose into her stomach
- 2 Shows her everything she is going to use
- 3 Swallow as the tube goes down
- 4 Stop straight away



- c Students listen again and circle the correct answers.

▶ 5.6 pages 98–99

Answers

- | | | |
|-------------|--------------|---------|
| 2 try | 5 into | 7 break |
| 3 show; use | 6 get you to | 8 up |
| 4 I'll just | | |



- d Students match the strategies to the phrases.

Answers

1 c 2 a 3 b 4 d



Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

The discussion should include the following items:

- Take a lot of time to explain the procedure
- Speak very calmly
- Acknowledge that you understand why the patient is feeling nervous
- Allow a relative to stay with the patient but only if you feel the relative can be helpful
- With children, use distractors such as a favourite toy
- Don't become impatient with the child

Answers

- 2 Have another nurse present so the patient can squeeze his/her hand
- 3 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)

Charting and documentation: Food Chart

Before you begin ...

Ask students the following questions.

- 1 What are the main differences between the Food Chart on page 53 and the Fluid Balance Chart on page 23?
- 2 What do you think a *nutritional supplement* is? Have you used them before?

Answers

- 1 A Food Chart records the amount of food and fluid a patient eats/drinks per day. Fluid Balance Chart records all fluids (not food) which are taken in each day and all fluid which is expelled each day. The Food Chart is mainly used to assess nutritional status, i.e. if a patient is under- or overweight. The Fluid Balance Chart is mainly used to assess fluid status, i.e. overloaded with fluid or dehydrated.
- 2 Nutritional supplements are special drinks which contain vitamins, minerals, protein and carbohydrate to add to a patient's diet. They are used if the patient cannot take in enough food and/or fluids by mouth or if the patient is under-nourished.

5 a Students look at the chart and answer the questions.**Answers**

- 1 Assessing nutritional status
- 2 All food and fluid intake for the day

b Students listen to the conversation and complete the questions.

▶ 5.7 page 99

Answers

- | | |
|--------------|---------|
| 2 casserole | 5 tub |
| 3 vegetables | 6 drink |
| 4 dessert | 7 juice |

c Students listen again and complete the Food Chart in Exercise 5a.

▶ 5.7 page 99

Answers

- 2 150 3 ½ 4 ½ 5 0 6 1 7 80 8 ½ 9 55

d Students practise asking a patient about their food and fluid intake using the Food Charts on pages 53 and 90 and the patient information on pages 54 and 87.

Telephone skills: making a referral

Before you begin ...

You could ask students to discuss the following questions in pairs.

- 1 Which healthcare professionals can a nurse make a referral to?
- 2 Why is it more difficult to speak on the phone than face-to-face?
- 3 Do you feel confident speaking on the phone?

Suggested Answers

- 1 Occupational Therapist (OT); Physiotherapist (Physio); Dietician; Social Worker; Clinical Nurse Specialist.
- 2 There are no visual cues; it's more difficult to understand different accents; the caller may not realise you do not understand and keep speaking; the caller may speak very fast.

6 a Students complete the information leaflet using the phrases in the box.**Answers**

- 2 Extension 494
- 3 Vivien speaking
- 4 It's Vivien from M Ward
- 5 I'm calling to make an appointment with the podiatrist
- 6 Could you hold, please?
- 7 Thank you for holding

b Students listen to the conversation and answer the questions.

▶ 5.8 page 99

Answers

- 1 She's a Dietician
- 2 To make a referral for the Dietician to see a patient
- 3 He's losing weight
- 4 Mr Vermont is having an X-ray

c Students complete the extracts and then listen and check.

▶ 5.8 page 99

Answers

- | | |
|--------------------------------|------------------------|
| 2 It's Hannah calling | 6 Could you hold |
| 3 I'd like to make a referral | 7 Thanks for holding |
| 4 I'm calling about Mr Vermont | 8 that would be better |
| 5 Could you review | |

d Students complete the table using the phrases in the box.**Answers**

Saying who you are	Saying why you're calling	Asking someone to do something
It's Hannah calling. Rhonda speaking.	I'd like to make a referral ... I'm calling about Mr Vermont.	Could you hold ... Could you review ...

e Students practise making a patient referral over the phone using the therapist information on pages 91 and 87 and the patient information on pages 55 and 91.

Background information and useful web links



Useful web links

Nurses' role in helping to rehabilitate patients to return to health after critical illness
<http://www.nursingtimes.net/nursing-practice-clinical-research/acute-care/nurses-role-in-helping-to-rehabilitate-patients-to-return-to-health-after-critical-illness/5001555.article>

Scheme empowers stroke survivors to take rehabilitation in their stride
<http://www.kingston.ac.uk/pressoffice/latestnews/2008/july/Scheme-empowers-stroke-survivors-to-take-rehabilitation-in-their-stride/>

Discussing a patient's progress (▶ page 46)

Co-operation between all members of the Multi-Disciplinary Team is essential for monitoring patients' progress. The rehabilitation area relies on liaison between Health Care Workers as patients may remain in the unit for long periods in order to relearn skills. Each member of the team has an important part to play in the rehabilitation of patients after a stroke or injury.



Useful web links

Doctor and nurse perception of inter-professional co-operation in hospitals
<http://intqhc.oxfordjournals.org/cgi/content/full/16/6/491>

The MDT working together to provide better care for the elderly
<http://www.caipe.org.uk/silo/files/the-mdt-working-together-to-provide-better-care-for-the-elderly.pdf>

Helping a patient with meals (▶ page 48)

After a stroke or other injury, patients may not be able to feed themselves for a few weeks. Sometimes this is because of a change in the swallowing reflex, e.g. during a stroke there is weakness on one side of the body or because of injury. It is very important to ensure that patients receive enough nutrients, especially in the early days after a stroke. Initially, patients may have a naso-gastric tube (a tube from the nose into the stomach). After the patient's swallow reflex is assessed as being adequate to start soft, puréed food, the naso-gastric tube is removed. Thickened fluids are given rather than normal strength fluids to reduce the risk of choking. There are several modified utensils which can be used by the patient to reduce the risk of spilling food or tipping over drinks. These utensils allow patients to become independent with their meals.



Useful web links

Early tube feeding reduces deaths in stroke patients with swallowing difficulties FOOD Trial concluded

http://www.stroke.org.uk/media_centre/press_releases/early_tube.html

Management of patients with stroke

<http://www.sign.ac.uk/pdf/qrg78.pdf>

Medical focus: safe swallowing (▶ page 50)

Dysphagia or *difficulty swallowing* is a common problem for patients who have had a stroke or brain injury. It is important to follow guidelines for safe swallowing each time food or drink is taken. Patient leaflets are a useful way of spreading information about safe swallowing to patients and their carers. Patient leaflets are written in easy-to-understand language and often translated into common community languages to reach a wider audience.



Useful web links

Swallowing problems after stroke

www.stroke.org.uk/document.rm?id=827

Communication focus: reassuring a patient before an unpleasant procedure (▶ page 52)

Reassuring a patient before an unpleasant procedure is essential for the procedure to go ahead safely. A non-judgemental approach is necessary especially in cases where the nurse may feel the patient should not be concerned. It must always be remembered that each patient will have a different experience of hospital procedures and may have had a negative experience in the past. Patients must feel that they can trust the nurse to respect their wishes, e.g. to stop for a break. Nurses have an ethical responsibility to foster this trust.



Useful web links

Clinical Development: A framework for effective communication skills

<http://www.nursingtimes.net/nursing-practice-clinical-research/clinical-development-a-framework-for-effective-communication-skills/296359.article>

Charting and documentation: Food Chart (▶ page 53)

Some patients have added nutritional needs and may require nutritional supplements. Food and fluid intake is monitored using a Food Chart which records the amount of food and fluid eaten and drunk by the patient each day. The chart is reviewed by the dietician, who adds supplements to the patient's diet as needed.



Useful web links

Nutrition and hydration tips for stroke patients with dysphagia

<http://www.nursingtimes.net/nursing-practice-clinical-research/nutrition-and-hydration-tips-for-stroke-patients-with-dysphagia/203500.article>

Telephone skills: making a referral (▶ page 54)

Referrals are made within the hospital to members of the Multi-Disciplinary Team who review the patient's progress and advise on equipment which may help the patient regain independence. Telephone skills are more difficult for students to master as they do not have visual cues to help them understand the caller. Students should be encouraged to become confident users of stock phrases used to make a call and answer a call so that they can concentrate on understanding the message of the phone call. In some hospitals, nurses may also have to complete a referral form so that follow-ups can be recorded.



Useful web links

Telephoning in English – 3rd edition

http://www.cambridge.org/elt/elt_projectpage.asp?id=2500192

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

➔ Go to page 75 for essential background information on the topic and useful web links

➔ Don't forget to explore the [Extra activities](#) for this unit

ABC Medical terms can be found in the [Glossary](#)

▶ Refers to Student's Book pages

Mobility aids

Before you begin ...

The following question can be used to generate a warm-up discussion before starting Unit 6. You could also ask the students to look at the outline of Unit 6 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the question in pairs and then feed back to the class as a whole with their ideas.

What mobility aids are you familiar with?

Draw two columns on the whiteboard and elicit answers from the class.

manual	automated
crutches walking stick walking frame monkey pole rope ladder walking frame with wheels (UK), wheelie walkers (Aus)	electronic hoist electric wheelchair power scooter


1 a Students label the pictures.

Answers

- | | |
|-----------------|-----------------------------|
| 1 crutches | 4 walking frame with wheels |
| 2 walking stick | 5 wheelchair |
| 3 walking frame | 6 commode chair |

b Students listen to the conversation and complete the table.


▶ 6.1 page 99

Answers 

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 Students match the extracts to the conversations.

▶ 6.1 page 99

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.			✓	

Extension activity: offering help and making requests
 Students identify the extracts where the nurse offers help (i.e. the ones beginning with *I'll ...*). Students change the offers into a request from the patient to get their mobility aids. In pairs, students practise asking for the mobility aids.

Answers 

Can you get my walking stick for me, please?
 Can you help me into the wheelchair, please?
 Can you get my crutches, please?


d Students complete the strategies in pairs.

Answers 

2 now	5 I'll	8 for you
3 just	6 Make sure	9 firmly
4 imperative	7 for me	10 slowly

Extension activity: giving instructions
 In pairs, students give their partners instructions from Exercise 1c. The student playing the role of the patient should follow the instructions, either miming or using classroom equipment, e.g. a chair. This can be extended for a range of other movements, e.g. *Stand up slowly.*; *Turn around.*; *Lift your left knee.* etc.

- e Students underline the phrases in Exercise 1c that the nurses use to help the patients mobilise. Play audioscript 6.1 again to check answers if necessary.

Answers 	
Conversation extracts from audioscript 6.1	Strategies (<i>numbers refer to strategies given in Ex 1d page 57 of the Student's Book</i>)
Hold <i>the handles</i> for me.	Uses imperative (4) and <i>for me</i> (7/8)
I'll <i>get you the crutches</i> , Mark.	Uses <i>I'll</i> (5), (<i>for</i>) <i>you</i> (7/8) and patient's name (1)
I'll <i>get your walking stick</i> for you.	Uses <i>I'll</i> (5) and <i>for you</i> (7/8)
I'll <i>help you into the wheelchair</i> , Gina.	Uses <i>I'll</i> (5), (<i>for</i>) <i>you</i> (7/8) and patient's name (1)
I'll <i>help you up now</i> .	Uses <i>I'll</i> (5), (<i>for</i>) <i>you</i> (7/8) and filler (2/3)
Just make sure <i>the top of your crutches are a few centimetres below your armpits</i> .	Uses filler (2/3) and <i>make sure</i> (6)
Make sure <i>the stick is firmly on the ground</i> .	Uses <i>make sure</i> (6) and adverb for advice (9/10)
Now put <i>your feet on the floor</i> .	Uses filler (2/3) and imperative (4)
Now, sit down slowly <i>on the wheelchair</i> .	Uses filler (2/3), imperative (4) and adverb for advice (9/10)
Now, stand up <i>and turn around to face me</i> .	Uses filler (2/3) and imperatives (4)
Sit up <i>and swing your legs over the side of the bed</i> .	Uses imperatives (4)

You could ask students the following question.

How might your instructions differ for the elderly, for hearing impaired patients, or for those with limited English language skills?

Answer

Visuals could be used to explain a step-by-step procedure.

- f Students practise helping a patient to mobilise, using the information on page 57.

Getting a patient out of bed

Before you begin ...

You could ask students the following questions.

- 1 What is happening in the pictures?
- 2 How might a patient feel the first time they get out of bed after an operation?

Answers

- 1 Mobility aids are being used to get a patient out of bed.
- 2 Unbalanced, in pain, embarrassed as they require assistance, grateful that they are getting assistance to mobilise.

- 2 a Students label the pictures.

Answers

- | | |
|---------------|---------------|
| 1 hoist | 3 slide sheet |
| 2 monkey pole | 4 rope ladder |

You could ask students the following question.

What factors might influence how many people mobilise the patient?

Answers

- The patient's age: very old patients may need extra care
- The patient's weight: special equipment available for bariatric (obese) patients
- The patient's conscious/unconscious level: this affects how much a patient can help
- Whether the patient is cooperative/violent/irrational, never try to touch or mobilise a violent or irrational patient
- The patient's mental disposition: this affects how much a patient can help
- Whether the patient is under the influence of drink/drugs, do not try to touch or mobilise

b Students complete the table.

Answers

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

You could ask students the following question.

What health and safety issues are there with mobilising patients?

Answers

Nurses need to be aware of correct lifting techniques to protect against nurse and patient injuries during the mobilisation process. There are also legal issues. If nurses do not follow procedure and equipment provided and then injure themselves, they are on their own, i.e. they will receive no compensation and there is a possibility of losing their nursing licence (negligence).

c Students listen to the conversation and complete the table.

▶ 6.2 page 99

Answers

Mrs Kovacs – rope ladder Ms Sayed – monkey pole
Mrs Hartley – slide sheet Mrs Phillips – hoist i.e. = hoist

d Students listen again and complete the extracts.

▶ 6.2 page 99

Answers

- | | | |
|----------|-----------|--------|
| 1 sit up | 3 lift up | 5 use |
| 2 turn | 4 put | 6 move |

Extension activity: role-play

Students work in pairs to in pairs practise the conversation between Sally and Lenka, using audioscript 6.2. They then swap roles.

You could ask students the following questions.

- 1 What is your experience of nursing patients after a hip operation?
- 2 Why is early mobilisation important?
- 3 What mobility aids might be used to get the patient out of bed?

Answers



- 2 To exercise the joint and encourage a return to normal movement.
- 3 monkey bar, rope ladder, hoist

3 a Students listen to the conversation and answer the questions.

▶ 6.3 page 99

Answers



- 1 To have a shower
- 2 Walking frame
- 3 Handles

b You could ask students to try to put the steps in the correct order before they listen. They then listen again to check their answers.

▶ 6.3 page 99

Answers



- 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 Students complete the extracts using the correct words and phrases in the box.

▶ 6.3 page 99

Answers



- | | | |
|---------------|-------------------|------------------|
| 2 shower | 8 legs | 14 handles |
| 3 hold | 9 side of the bed | 15 walking frame |
| 4 rope ladder | 10 put | 16 both hands |
| 5 pull up | 11 feet | 17 walk |
| 6 sitting | 12 floor | 18 shower |
| 7 swing | 13 hold | |

d In pairs, students practise the conversation between Caroline and Mrs Kennedy.

e In pairs, students practise helping a patient out of bed, using the information on page 59.

You could ask students to discuss the following question.

What do you do if a patient you are helping to mobilise loses their balance?

Develop the discussion by asking simple questions based on the answer below, e.g. *Is it a good idea to use the bed to help the patient to regain balance? Should you try to catch a falling patient? What should you check? How can you lift a fallen patient off the floor?*

Answers



Try to help them regain their balance. Only use the mobility aid to regain balance or support of the bed or furniture in an emergency and if you are sure bed brake is on. Bedside trolleys on a polished floor can be extremely dangerous. If a patient is falling, never try to 'catch' them. Allow them to fall whilst trying to remove dangerous objects e.g. tables with sharp edges. If you can, ease them slowly to the floor and leave them there until they can be assessed by the RN. Check for loss of consciousness. Encourage them to remain on the floor with a pillow under their head and a blanket over them if necessary. If no injury has been sustained, remobilise using a hoist. Call the RMO if necessary. Complete an incident report as soon as possible. Under no circumstances should the nurse try to bend over and lift up patient on his/her own.

Using a slide sheet

Before you begin ...

Ask students to brainstorm the steps in using a slide sheet and write the steps on the whiteboard. Elicit discourse markers for the process, e.g. *now, next, first, after that*, etc.

- 4 a Students label the pictures. Check students' answers with the steps on the whiteboard.

Answers



- | | |
|--------|------------|
| 1 roll | 4 pull |
| 2 tuck | 5 lift |
| 3 roll | 6 take out |

- b Students listen to the conversation and put the extracts in the correct order.

▶ 6.4 page 100

Answers



- 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 Students complete the beginnings of the sentences in the table.

Answers



We use <i>going to</i> for explaining a procedure before we do it	We use <i>will</i> for introducing the next step in a procedure while we're doing it
---	--

d Students add more examples to the table, using audioscripts 6.1, 6.3 and 6.4.

Answers 	
I'm going to take you to the shower.	I'll help you up now.
The Physio's going to take you for a walk ...	I'll get your walking stick for you.
I'm going to help you get up...	I'll help you into the wheelchair ...
We're just going to tuck the slide sheet ...	I'll get you the crutches ...
...	I'll just pull the slide sheet through ...
Su's going to tuck in the slide sheet.	I'll take out the slide sheet ...
Julia and I are going to lift you ...	I'll lift up the head of the bed ...

Extension activity: listening and predicting

Students look at the pictures on page 60 and cover Exercise 4b. Play audioscript 6.4 again, but pause it every time the patient speaks. Elicit from the class what the nurses say next. Then play the recording to compare it with students' answers.

e In pairs, students role-play moving a patient with a slide sheet.

You could ask the students the following question.

How did the nurses make Mrs McKenzie feel?

Answer

They reassured her by explaining each of the steps.

Medical focus: using a hoist

Before you begin ...

You could ask students the following questions.

- 1 What is your experience of using a hoist?
- 2 What are the advantages and disadvantages of using this type of mobility equipment?

Answers

Advantages

- Can be used to mobilise a patient from various different positions, e.g. lying to sitting, lying on floor to lying on bed
- Minimises back strain when used with overweight or obese patients
- Hoist sling can be adjusted so allow for lying or sitting position

Disadvantages

- Cumbersome to use
- Takes up a lot of storage space
- Difficult to use in small rooms
- Battery must be kept charged
- Expensive to buy
- Can be frightening for patients to use especially dementia patients who may not understand what is happening
- Can cause serious injury if brakes are not applied or slings fitted incorrectly

5 a Students discuss the picture and answer the questions.

Answers

1 c 2 a 3 b 4 c 5 c

Extension activity: discourse markers

Elicit the steps in using a hoist and write them on the whiteboard. Elicit discourse markers for the process, e.g. *now, next, first, after that, etc.*

b Students listen to the conversation and answer the questions.

▶ 6.5 page 100

Answers

- 1 A hoist
- 2 To mobilise quickly
- 3 No



You could ask the students the following question

How does Bob reassure Walter about getting out of bed?

Answers

He explains the reason for early mobilisation and provides encouragement and confidence by saying *You'll be fine.*



c Students put the steps in the correct order then listen to the conversation to check their answers.

▶ 6.5 page 100

Answers

- 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 Students complete the extracts and then listen to the conversation again to check their answers.

▶ 6.5 page 100

Answers

- | | |
|----------|-------------|
| 2 attach | 5 hold onto |
| 3 put | 6 take |
| 4 hoist | 7 go |



Extension activity: confirming and encouraging

Students underline the phrase in the audioscript where Bob confirms that Walter is following the instructions and provides encouragement.

Answers

Yes that's good.
You're doing very well.



e In pairs, students practise taking a patient for a walk after an operation. Remind them to look at the topics in Exercise 5c if necessary.

Charting and documentation: Moving and Handling Assessment

Before you begin ...

You could ask the students to discuss the following questions in groups and then feed back to the rest of the class.

- 1 What is your experience of moving and handling assessment?
- 2 Have you experienced patient handling without the help of mobility aids?
- 3 What sort of Patient Handling regulations do you know about?
- 4 Why are Moving and Handling Regulations important?

Suggested Answer



- 4 To minimise injuries to nurses (major sector in health industry who suffer manual handling injuries); to save money as nurses are not off work because of injury; to minimise or eliminate compensation claims for workplace injury; to improve the workplace environment

- 6 a Ask students to work in pairs to describe the equipment in the pictures on page 63. They then match the equipment to the definition.

Answers



- 1 b 2 c 3 a

- b Students now match the pictures to the definitions.

Answers



- 1 handling sling
- 2 hand block
- 3 patslide

- c Students match the mobility aids and equipment with the abbreviations.

Answers



- | | | |
|------------------|-----------------------------|------------------|
| 2 slide sheet | 6 monkey pole | 9 wheelchair |
| 3 crutches | 7 walking frame with wheels | 10 hoist |
| 4 handling sling | 8 hand block | 11 commode chair |
| 5 walking frame | | 12 patslide |

Extension activity: vocabulary

Students test their partners by reading an abbreviation to elicit the mobility aids and equipment.

Before you begin ...

You could ask students the following question.

What information does a Moving and Handling Assessment form contain?

Answers



- patient information, e.g diagnosis
- ability to perform ADLs independently or under supervision
- mobility aid needs
- the date the initial assessment was made and the date of reassessments (to show nurses whether the information is current)
- any additional information, e.g. *patient prefers to sit in upright position on hoist sling, becomes agitated if lying down.*

d Students complete the table.

Answers	
Mobility aids	Equipment
walking frame	slide sheet
crutches	monkey pole
walking frame with wheels	hand block
wheelchair	hoist
	commode chair
	patslide

e Students match the abbreviations to the words.

Answers	
2 g	3 a
4 c	5 b
6 e	7 d

f Student match the patient classifications and mobility terms to the definitions.

Before you begin ...

You could ask the students the following question.

Are you familiar with this type of chart?

g Students look at the Moving and Handling Assessment and answer the questions.

Answers	
1 Yes	5 Handling sling
2 No, she has to mobilise	6 No
3 Wheelchair	7 Patslide
4 Slide sheet	

h Students listen to the conversation and complete the handover. They then listen again and check their answers.

▶ 6.6. page 100

Answers	
2 assistance of two nurses	5 slide sheet
3 hoist	6 commode chair
4 handling sling	7 patslide

Extension activity: listening and understanding abbreviations

You could play the recording again for students to circle the sections on the Moving and Handling Assessment that are mentioned.

Answers (in order mentioned)

Patient information: Slessor; H Wing

Mobility: Mob; Wh/C; A x 2; H

Sit → stand: H/S

Lie → sit over edge of bed: H/S

Turn in bed: S/S

Move up bed: S/S

Toileting: C

Showering: C

Transfer bed → trolley: P/S

- i** Students work in pairs to practise handing over Mrs Slessor using the prompts on page 65. Remind them to swap roles.
- j** Students work in pairs to practise handing over a patient using the Moving and Handling Assessments on pages 65 and 91. Remind them to swap roles.

Extension activity: failure to follow procedures

You could ask students the following questions.

- 1 Why might some nurses not follow correct patient handling techniques?
- 2 How could you encourage a fellow nurse to use correct procedures?

Answers



- 1 Feeling that it is quicker to just lift the patient; feeling that *I've always done it this way.*; not enough staff to allow for two person lift; equipment not available
- 2 Offer to get the equipment so it is at hand; say *I'd feel more comfortable if we use the correct equipment.*; mention the legal responsibility to use correct procedures

Background information and useful web links

Manual Handling is an important part of Workplace Health and Safety, which is regulated by law in most countries. Employers have a responsibility to provide regular training sessions to staff members to ensure each staff member understands the principles of safe patient handling and safe handling of stock, e.g. boxes of IV fluids. Employers must also provide a safe working environment, including safe equipment for patient handling. Employees must ensure that they always follow Workplace Health and Safety regulations when moving and handling patients and/or equipment. Patients are assessed for their manual handling needs on admission and as circumstances change. The level of assistance required, e.g. Assistance of two nurses to mobilise and the equipment needed to mobilise a patient, e.g. transfer using a hoist is documented on the patient's care pathway and/or patient record. Nurses must always follow the guidelines to ensure personal safety and to ensure insurance coverage if an injury occurs.



Useful web links

Examples of Health and Safety at Work websites: UK, Australia and New Zealand

<http://www.hse.gov.uk/healthservices/index.htm>

<http://www.deir.qld.gov.au/workplace/subjects/manualhandling/people/index.htm>

<http://www.safetyworks.co.nz/>

Mobility aids (▶ page 56)

The use of mobility aids has significantly reduced the number of injuries to nurses, which were caused by poor lifting techniques and lack of equipment in the past. Nurses must understand the correct manner of using the equipment, e.g. safe use of the harness in a hoist and the use of brakes. Equipment must be safe to use and in good repair. Patients need to be reassured of their safety during the use of some of the equipment, e.g. hoists as they may become anxious that they might fall or hurt themselves whilst using the equipment.



Useful web links

Manual handling Part 2 – Repositioning a supine patient using a slide sheet

<http://www.nursingtimes.net/manual-handling-part-2-repositioning-a-supine-patient-using-a-slide-sheet/1963080.article>

7 Types: Patient mobility aids

<http://www.mdorthopedics.com/Patient-mobility-aids2.htm>

This last link provides simple descriptions of patient handling aids which could easily be used as a student activity, e.g. make cards of the seven types of aids. Photocopy the descriptions of the aids and paste them onto seven cards. Students say the description and point to the picture. Be aware that *rollator* is a term common in the USA, in the UK, *walking frame with wheels* is used and in Australia *wheelie walker* is used.

Getting a patient out of bed (▶ page 58)

As mentioned above, before attempting to get a patient out of bed, it is important to assess the patient's ability to assist and/or the need for patient handling equipment. Any co-operation possible by the patient should be encouraged as it lessens embarrassment and the feeling of dependence. Patients should not be rushed when moving from a lying to sitting position and should attempt the move in several stages. Students should be encouraged to remember communication strategies such as:

- Offering encouragement
- Giving instructions
- Empathetic listening
- Managing an anxious patient

N.B. The term *ambulation* is common in US texts while *mobilisation* is more common in UK and Australian texts.



Useful web links

Patient Transfer Equipment

http://www.ptproductsonline.com/issues/articles/2007-03_01.asp

Charting and documentation: Moving and Handling Assessment

(▶ page 62)

To comply with stringent Workplace Health and Safety regulations and to ensure patient safety, all patient assessments for *Moving and Handling* (also called *Manual Handling*) must be documented. The advantage of having a *Moving and Handling Assessment* included in the patient record is that safety is ensured each shift. Nurses check the level of assistance required at each shift and document any changes to the level of assistance or equipment required, e.g. a patient who had a hip replacement three days ago will need far less assistance than a patient who is immediately postoperative. Charts are completed either by ticking relevant boxes or by using abbreviations, e.g. WF = walking frame



Useful web links

Evidence-Based Practices for Safe Patient Handling and Movement

<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No3Sept04/EvidenceBasedPractices.aspx>

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

➔ Go to page 85 for essential background information on the topic and useful web links

➔ Don't forget to explore the [Extra activities](#) for this unit

ABC Medical terms can be found in the [Glossary](#)

▶ Refers to Student's Book pages

Medical focus: medical imaging equipment

Before you begin ...

The following questions can be used to generate a warm-up discussion before starting Unit 7. You could also ask the students to look at the outline of Unit 7 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the questions in pairs then feed back to the class with their ideas.

- 1 Do you know the names of any medical machines which are used in the Radiology Department?
- 2 What is the difference between the Radiology and Radiotherapy departments?
- 3 Have you ever taken patients to any of these medical machines?

Answer

- 2 *Radiology* is the area where X-rays and other medical images are taken, whereas *Radiotherapy* is the area where patients who have cancer tumours go for treatment (see Unit 3).

- 1 a Students look at the pictures and discuss the questions in pairs.

Answers

- 1 To look inside the body
- 2 Because you can see inside without operating
- 3 Because some of the machines use radiation

You could ask students the following questions.

- 1 Do you think any of the procedures look painful/uncomfortable/frightening?
- 2 Which machine do patients sometimes have difficulties with?

Suggested Answer

- 2 MRI, because some patients feel claustrophobic.

- b Students match the medical imaging tests to the uses.

Answers

1 e 2 f 3 a 4 d 5 b 6 c

You could ask students the following question.

- 1 What is a common use for ultrasound?
- 2 Why do women usually have a mammogram?

Answers

- 1 For scanning the foetus and unborn baby.
- 2 To check for breast cancer.

C Students match the pictures to the medical imaging tests in Exercise 1b. They write their answers in the boxes in Exercise 1b.

Answers

- | | |
|--------------|-------------|
| 1 CT scan | 4 X-ray |
| 2 ultrasound | 5 angiogram |
| 3 MRI | 6 mammogram |

d Students take turns to test each other using the pictures in Exercise 1a.

Language note

A CT scan may also be called a CAT scan.

Extension activity: MRI v CT

Give students a copy of the following worksheet. Ask students to check their understanding of the vocabulary in the first column (this is a good opportunity to revise *Describing parts of the body* in Unit 1 pages 9–10). Ask students to tell you (or to guess) which medical imaging equipment, MRI or CT, is best for visualising the items in the first column of the table. Then ask students to read the text (lightly adapted from <http://www.ct-scan-info.com/mrivalsctscan.html>) to check their answers. Alternatively, you could ask students to go directly to the original article. However, please note the text below is a simplified version of the original.

NB: The actions, conditions, injuries and parts of body are given in a different order in the table to how they appear in the text (to encourage reading for specific information). You may wish to tell students this before they begin the task.

MRI v CT**1 In pairs, complete the table below to answer the following question.**

Which medical imaging equipment do you think is best for visualising the following conditions, injuries or parts of the body?

Place a tick (✓) in the box under 'CT' or 'MRI'.

action, condition, injury or part of body	better to use CT	better to use MRI
brain injuries		
brain tumours		
broken bones		
certain diseases such as cancer and pneumonia		
checking of abnormal chest X-rays		
damaged body organs after an accident		
looking at the lungs and chest cavity		
spinal cord		
tendons and ligaments around the shoulder and knee		
vertebrae after an injury		

2 Read the text to check your answers to Exercise 1. Correct any wrong answers in the table.**MRI v CT**

CT Scans do not show tendons and ligaments very well at all. MRI is the best choice for that. Tendons and ligaments around the shoulder and knee are best seen using an MRI scan. This is because the tissues that make up tendons and ligaments are quite dense.

The spinal cord is best seen by MRI for the same reason. The density of the spinal cord is the reason why MRI scans are much better than CT scans.

There are also other reasons why CT scans may be preferred over MRI. It is a better choice for cancer, pneumonia, and abnormal chest X-rays. Bleeding in the brain, especially from an injury, is better seen on CT than MRI. But a tumour in the brain is better seen on MRI.

If you've been in an accident, organs can get torn or damaged. CT scans show organ tears and organ injury quickly and efficiently. Broken bones and the vertebrae of the spine are better seen on CT but injury to the spinal cord itself is displayed on MRI far better than CT.

CT scans are better for visualising the lungs and organs in the chest cavity between the lungs. MRI is not a good tool for visualising the chest or lungs at all.

Answers

action, condition, injury or part of body	better to use CT	better to use MRI
brain injuries	✓	
brain tumours		✓
broken bones	✓	
certain diseases such as cancer and pneumonia	✓	
checking of abnormal chest X-rays	✓	
damaged body organs after an accident	✓	
looking at the lungs and chest cavity	✓	
spinal cord		✓
tendons and ligaments around the shoulder and knee		✓
vertebrae after an injury	✓	

Charting and Documentation: X-ray Contrast Consent Form

Before you begin ...

Students discuss the following questions in pairs.

- 1 What is X-ray contrast?
- 2 Why do patients have to sign a written consent form before they have X-ray contrast?
- 3 Before patients sign a consent form for a procedure, what does the doctor have to do?
- 4 Is it a nursing job to get the patient to sign a consent form?

Answers



- 1 A substance which is injected into the body to illuminate certain structures that would otherwise be difficult to see on the X-ray film.
- 2 Because it is an invasive procedure, i.e. the procedure involves entering the body and because there is a small risk of an allergic reaction by some people.
- 3 Explain the procedure thoroughly including advising patients about any possible side effects.
- 4 No. It is the nurse's job to check that the patient has signed the consent form.

- 2 a Students match the terms to their meanings. Check students' understanding of N/A and point out the frequency of this term in forms (Yes / No / N/A).

Answers



2 h 3 f 4 a 5 b 6 e 7 c 8 d

- b Students listen to the conversation and circle the correct words.

▶ 7.1 page 100

Answers



- | | |
|-------------|--------------|
| 1 angiogram | 3 penicillin |
| 2 asthma | 4 tablets |

You could ask students the following questions.

- 1 What type of illness is angina?
- 2 What is a plaster?

Answers



- 1 Chest pain
- 2 A small, non-stick wound dressing strip with adhesive edges which stick to the skin, this is also called a band-aid in Australia or America.

Language note



In many languages, the word **angina** refers to a sore throat or tonsillitis. In English, it is much more serious.

Before you begin ...

Ask students to list ways to ask questions in English and write them up on the board. Ask students to identify the tense of the verb used in the questions. Revise any question forms students are unfamiliar with.

Question form	Tense
<i>Have you ever ...?</i>	Present perfect
<i>Are you + adjective</i>	Present simple
<i>Do you + verb</i>	Present simple
<i>Are you + -ing verb</i>	Present continuous

C Students listen and complete the questions on the X-ray Contrast Consent Form in Exercise 2c.

▶ 7.1 page 100

Answers

- | | | |
|-----------------|------------|------------------|
| 2 allergic to | 5 kidney | 7 Are you taking |
| 3 Have you; had | 6 diabetic | 8 pregnant |
| 4 heart | | |

d Students listen again and correct the incorrect information on the X-ray Contrast Consent Form.

▶ 7.1 page 100

Answers

Incorrect answers to questions 1, 3, 5, 7, 8

e Students listen to question 1 from the X-ray Contrast Consent Form and practise the pronunciation. Students then mark the stressed syllables on questions 2–8 and listen to check their answers.

▶ 7.2 page 100

Answers

- 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?

f Students practise completing an X-ray Contrast Consent Form using the form and information on pages 88 and 92.

Preparing a patient for Radiology

Before you begin ...

Ask students to discuss the following questions.

- 1 What preparations do patients need to have for Radiology?
- 2 Why do patients have to take off their clothes and change into a hospital gown?
- 3 Why do patients have to remove their jewellery and/or piercings?

Answers

- 1 Metal objects must be removed; patients must change into a hospital gown so that the radiologist can position them on the table easily.
- 2 Because it is a sterile procedure like an operation.
- 3 Because MRIs use magnetic fields and these can be affected by metal jewellery.

3 a Students look at the pictures and discuss what is happening in each one.

Answers

- 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 Students listen to a conversation and answer to the questions.

▶ 7.3 page 100

Answers

- 1 CT scan
- 2 Radiology
- 3 About an hour

**c** Students listen again and tick the things that Laila helps with.

▶ 7.3 page 100

Answers

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** Students put the sentences in the correct order and then listen again to check their answers.

▶ 7.3 page 100

Answers

- 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.

**e** Students practise offering help to a patient using *I'll ...* and *I'll just ...*. Remind them to look at the pictures in Exercise 3a again if necessary.**f** Students practise the conversation between Laila and Mrs Jessop using the pictures in Exercise 3a.**g** Students practise taking a patient to Radiology for an MRI using the prompts.**h** Students use the table on page 71 to practise preparing patients for different procedures.**Telephone skills: making an appointment***Before you begin ...*

Ask students to discuss the following questions.

- 1 What advice would you give to a colleague to manage phone calls?
- 2 How do you introduce yourself on the phone when you make a phone call?
- 3 How do you answer a phone call?

Suggested Answers

- 1 Prepare information beforehand; have information written in front of you before you call; rehearse mock phone calls at home so you can feel more confident.
- 2 Hello, it's X here. or It's X here.
- 3 X speaking. or X Ward, X speaking.



4 a Students look at the Radiology appointment book and answer the questions.

Answers



- 1 X-ray, MRI, CT scan, angiogram, ultrasound, mammogram
- 2 Emergency patients

b Students listen to the conversations and answer the questions.

▶ 7.4 page 101

Answers



- 1 16.00 tomorrow
- 2 14.15 today
- 3 She is seeing the doctor at that time.
- 4 15.00 tomorrow

c Students listen again and make the changes in the appointment book.

▶ 7.4 page 101

Answers



Mr Dunston: 16.00 on 9 December.
Elizabeth Knight: 15.00 on 9 December

d Students complete the conversations by crossing out the incorrect words. They then listen again to check their answers.

▶ 7.4 page 101

Answers



The correct answers are:

- | | | |
|----------------------|-------------|---------------|
| 2 what about | 6 check | 10 have |
| 3 has an appointment | 7 thought | 11 make it |
| 4 is fine | 8 I'll make | 12 reschedule |
| 5 this is | 9 it's | |

You could ask students to identify why the other options are incorrect.

Suggested Answers



- | | |
|------------------------------|--|
| 1 Can I reserve ...? | e.g. a table, a ticket, in order that someone else can't take it |
| 2 when about ... | wrong preposition. What about = What do you think about ...? |
| 3 He is appointed | to be appointed is used for a job, e.g. appointed as CEO |
| 4 4 pm suits | you could say would suit Mr X |
| 5 here is Sheila | wrong expression. You could say Sheila here. |
| 6 Can I check | can + infinitive without to |
| 7 I think | past simple as it is followed by it was |
| 8 I'll make sure | I make sure doesn't express an intention to do something |
| 9 Here is Veronika | wrong expression |
| 10 Does Elizabeth Knight had | present simple for appointments |
| 11 won't be able to go there | make an appointment = attend an appointment |
| 12 Can I redo | redo means do something again, e.g. a job that was done badly the first time |

- e Students complete the table of functions.

Answers	
Function	Question
Make an appointment	Can I book an appointment ...?
Check an appointment	Can I check ...? Does ... have ...?
Change an appointment	Can I reschedule ...?

- f Students practise the conversations in Exercise 4d.
- g Students practise making, checking and changing appointments using the appointment book in Exercise 4a and the instructions on page 92.

Communication focus: giving directions in a hospital

Before you begin ...

Elicit areas in a hospital and write these on the board. If students do not know the name of the area but can explain what happens there, note this down on the board and fill in the name of the department either after Exercise 5a or at the end of the session. Elicit expressions for giving directions and write a list on the board. Make sure that these expressions are included: *near, next to, beside, opposite, straight ahead, past, in front of, to the left, to the right, at the end of.*

- 5 a Students match the beginnings and endings.

Answers	
2 i	3 a
4 d	5 g
6 c	7 b
8 e	9 f
10 h	

- b Students listen to the pronunciation of the departments in Exercise 5a and underline the stressed syllables.

▶ 7.5 page 101

Answers	
2 <u>I</u> ntensive <u>C</u> are	7 <u>O</u> utpatients
3 <u>M</u> at <u>e</u> r <u>n</u> ity	8 <u>P</u> hle <u>b</u> o <u>t</u> omy
4 <u>O</u> ccup <u>a</u> t <u>i</u> o <u>n</u> al <u>T</u> her <u>a</u> py	9 <u>P</u> hysio <u>t</u> her <u>a</u> py
5 <u>O</u> nc <u>o</u> logy	10 <u>T</u> he <u>P</u> sy <u>c</u> hi <u>a</u> tr <u>i</u> c <u>U</u> n <u>i</u> t
6 <u>T</u> he <u>O</u> rt <u>h</u> o <u>p</u> ae <u>d</u> ic <u>C</u> lin <u>i</u> c	

- c Students take turns to test each other using the hospital departments in Exercise 5a.

- d Start by eliciting the six places in the highlighted box. You could ask questions like 'Where do patients go to have blood tests?' 'Where might you go to buy a card?' etc. Each of the six places corresponds to the places lettered (a)–(f) on the hospital floor plan. Students listen to the conversations and match the letters to the places in the box.

▶ 7.6 page 101

Answers			
Café	(a)	Outpatients	(f)
Gift Shop	(c)	Phlebotomy	(d)
Maternity	(e)	Security	(b)

e Students listen again and complete the extracts using the words in the box.

▶ 7.6 page 101

Answers



- | | |
|-------------------|--------------|
| 2 next to | 6 go down to |
| 3 go up to | 7 turn right |
| 4 in front of you | 8 next to |
| 5 at the end of | 9 opposite |

f Students write down directions and then practise asking for and giving the directions in pairs.

g Students practise giving directions in the hospital in Exercise 5d. If possible, students should try to do so without writing down the directions first.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Background information and useful web links

Medical focus: medical imaging equipment (► page 66)

Medical imaging in various forms is commonly used to assist in diagnosis. Many hospitals have a CT scanner in-house and access to an MRI scanner. Ultrasound has been used for many years to monitor the development of a baby in utero but is also used for other applications. For example, soft tissue imaging; musculo-skeletal imaging of muscles, ligaments and tendons; ophthalmic ultrasound (eye) scans, etc. Mammograms are in common use to screen women for breast cancer. Angiograms have also been used for several years in cardiology to assess the health of blood vessels.



Useful web links

Barts and the London

<http://www.bartsandthelondon.nhs.uk/imaging/>

Types of medical imaging

http://generalmedicine.suite101.com/article.cfm/types_of_medical_imaging

Charting and documentation: X-ray Contrast Consent Form (► page 67)

The X-ray Contrast Consent Form is an example of a consent form which must be used in hospitals. CT with contrast is an invasive procedure meaning that the radiologist injects a substance into the patient's body (in this case, X-ray contrast). For this reason and also because there is a possibility of allergic reaction, consent after receiving careful explanation is needed.



Useful web links

Department of Health Government of Western Australia: consent form for X-ray contrast

<http://www.safetyandquality.health.wa.gov.au/docs/consent/paediatric/PMH%20radiology/consent%20-%20X%20ray%20contrast.pdf>

CT Scan

<http://www.radiology.ucsf.edu/imagingcenter/ct>

Preparing a patient for Radiology (► page 69)

Before having a radiological procedure, patients are prepared so that they can undergo the procedure safely. Any metal objects must be removed so that there is no interference. Patients are asked to change into a hospital gown so that the radiologist can position them on the radiology table easily. Vocabulary in this section includes mobility vocabulary, e.g. *transfer from bed to a wheelchair, lift feet onto the footplate*.



Useful web links

How to prepare

<http://www.advancedmedicalimaging.com/index.php?c=3>

Safety: Magnetic Resonance Imaging

http://www.radiologyinfo.org/en/safety/index.cfm?pg=sfty_mr

Telephone skills: making an appointment (► page 71)

This section practises another aspect of telephone language. There are certain phrases which students need to be able to use in order to make an appointment, e.g. *Can I book an angiogram? Can I reschedule an appointment? Can I check an appointment?* Students need to practise communication which does allow for visual cues. Revision of Unit 5 may be helpful at this time.



Useful web links

Telephoning in English – 3rd edition

http://www.cambridge.org/elt/elt_projectpage.asp?id=2500192

Communication focus: giving directions in a hospital (▶ page 73)

Nurses are often called on to give directions to patients and visitors. Patients may need to be directed to a test within the hospital. Visitors may also need directions to areas of the hospital. Students practise direction words and phrases. This section includes a floor plan of a hospital so students can practise giving directions from one department to another.

Share your knowledge (▶ page 75)


Students share tips on how to remember how to give directions.


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

 Go to page 95 for essential background information on the topic and useful web links

 Don't forget to explore the [Extra activities](#) for this unit

 Medical terms can be found in the [Glossary](#)

 Refers to Student's Book pages

Before you begin ...

The following question can be used to generate a warm-up discussion before starting Unit 8. You could also ask the students to look at the outline of Unit 8 on the Contents Page and ask them to think about what areas they would most like to improve and practise.

You could ask students the following questions.

- 1 What causes diabetes?
- 2 What do people with diabetes have to do?
- 3 What equipment is used in a blood sugar test?

Answers

- 1 type 2 diabetes is partly related to a person's genes; obese people; people who don't take a lot of physical exercise; people over 40 can also be at risk of diabetes.
- 2 They must check their blood glucose levels daily and inject themselves with insulin if their blood count is too low. They have to have a blood test once or twice a year.
- 3 blood testing strips cotton swab glucometer urinalysis sticks

Doing a blood sugar test

- 1 a Students label the pictures. They then identify the piece of equipment not used in a blood sugar test.

Answers

- 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** Students match the types of diabetes to the definitions. Afterwards, students test each other by reading a definition to elicit the type of diabetes.

Answers

1 b 2 c 3 a



- c** Students discuss the questions and feedback answers to the whiteboard.

Answers

2 Treatments include insulin injection, tablets and special diets.



- d** Students listen to answer the questions.

▶ 8.1 page 101

Answers

- 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** Ask students to look at the pictures and explain what is happening in each picture. Then students complete the sentences using the phrases in the box. They then listen to check their answers.

▶ 8.1 page 101

Answers

- 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.



- f** Students practise taking a blood glucose reading using the prompts.

Communication focus: asking a patient for consent*Before you begin ...*

You could ask students the following question.

- 1 Why is it important to ask a patient for consent before a procedure?
- 2 How would you ask a patient for consent?

Answers

- 1 It is necessary to ask a patient for consent as it is required by law in most countries and is included in the nursing law and ethics of many professional nursing bodies such as the NMC (the Nursing and Midwifery Council). However, nurses assume consent for certain regular activities such as taking a blood pressure reading if the patient appears to consent by their actions (e.g. rolling up their sleeve and putting their arm out).
- 2 You can ask *Do you consent to having (a CT scan)?* or *You have a (CT scan) booked tomorrow. Is that OK with you?*



2 a Students listen to the extracts and complete the conversations.

▶ 82 page 101

Answers

- | | |
|------------------|----------------------|
| 1 Do you mind if | 4 Is that all right |
| 2 Is it OK if | 5 Is it all right if |
| 3 Can | 6 Is that OK |

b Students answer the questions.

Answers

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?

c Students practise asking for consent using the situations on page 78. Remind them to swap roles.

Extension activity: discussing consent

Students talk about their experiences of asking for consent.

Is it the same in different countries?

What happens if consent is not given?

What about in different cultures?

Is the patient always the person that gives consent?

Medical focus: blood glucose levels*Before you begin ...*

Ask students to brainstorm medical terms associated with blood glucose levels and write them on the board. Avoid explaining too many terms at this stage, as these will be taught during the following exercises.

Suggested Answers

bgl, cholesterol, hyperglycaemia, hypoglycaemia, mmols

3 a Students match the medical terms to their meanings. Students then test each other by reading one of the meanings to elicit the correct term.

Answers

2 i 3 c 4 a 5 b 6 d 7 g 8 f 9 h

b Students complete the pronunciation table and then listen to check their answers. Afterwards, students practise saying the words.

▶ 83 page 101

Answers

k	i:
cholesterol	haemoglobin
glucose	hyperglycaemia
glycated	hypoglycaemia
	litre

Before you begin ...

Ask students to look at the chart and answer the following questions.

- 1 What is the chart used for?
- 2 Are you familiar with this type of chart?

Answers



- 1 It's a blood glucose chart. It tells nurses and patients about safe and dangerous blood glucose levels.

C Students complete the information about blood glucose levels.

Answers



- | | |
|----------------|--------------|
| 2 7 | 6 Low |
| 3 Before meals | 7 high |
| 4 10 mmols/L | 8 14 mmols/L |
| 5 8 mmols/L | |

Extension activity: describing results

Write the following words and phrases on slips of paper. Students work in pairs to sort the slips in order from highest to lowest. Elicit from the class which phrases describe a problem.

way too high / a bit on the high side / rather low / about right / quite high / very low / extremely high / too low / lowish / really high / dangerously low

Suggested Answers



- | | | |
|------------------|--------------------------|--------------------|
| 1 way too high | 5 a bit on the high side | 9 very low |
| 2 extremely high | 6 about right | 10 too low |
| 3 really high | 7 lowish | 11 dangerously low |
| 4 quite high | 8 rather low | |

d Students take turns to describe Mr Kingston-Smith's blood sugar levels at different times of the day.

e Students chart Mr Kingston-Smith's results on the Diabetic Chart. Discuss his diabetes with the class.

Answers



Mr Kingston-Smith's diabetes is poorly managed.

Extension activity: diabetic chart

Students use their imaginations to chart another patient's results on the Diabetic Chart. They should use a different colour to avoid confusion. They then take turns to describe their partner's charts, as in Exercise 3d.

Charting and documentation: Personal Diabetes Care Plan

Before you begin ...

You could ask students the following question.

Why is it important for diabetics to have a Personal Diabetes Care Plan?

Answers



It helps patients keep track of diabetes tests; it helps them assess their diabetes plan e.g. the need to review their current medication; it gives patients control over decisions relating to their health

4 a Students look at the Personal Diabetes Care Plan and answer the questions.

Answers



- 1 Yes
- 2 Twice a day
- 3 Every three months

You could ask students the following questions.

- 1 Is the Personal Diabetes Care Plan similar to documents you use in your country?
- 2 What are the similarities or differences?

b Students listen and complete Ms Bhaskhar's results in her personal Diabetes Care Plan.

▶ 84 page 102

Answers



glycated haemoglobin 7%; cholesterol 5.0; blood pressure 130/70; weight 85 kg

c Students complete the extracts from the conversation. They then listen again to check their answers.

▶ 84 page 102

Answers



The correct answers are:

- | | |
|-------------------|---------------|
| 2 less than | 6 great; lost |
| 3 less than | 7 more |
| 4 less than | 8 less |
| 5 stayed the same | |


d In pairs, students practise asking and answering questions. Remind them to use the questions in Exercise 4c.

Extension activity: idiomatic language

Mrs Bhaskhar uses the expression *time flies* when Joan tells her it has been three months since her last visit. Joan asks Mrs Bhaskhar *How do you find the new diet?*

You could ask students the following questions.

- 1 What other expressions have you heard that talk about time?
- 2 What other ways could Joan ask about the new diet?

Suggested Answers 

- 1 *Doesn't time go quickly!; Time just slips away, doesn't it?; It feels like only yesterday.*
- 2 *What do you think of the new diet?; Do you like the new diet?; How's the new diet?*

- e** Students match the abbreviations and symbols with their meaning. Afterwards, they test each other in pairs by reading a meaning to elicit the correct abbreviation or symbol.

Answers 

2 h 3 a 4 f 5 i 6 e 7 g 8 c 9 b

- f** Students complete the Clinic Notes for Mrs Bhaskhar.

Answers 

2 Pt.	5 3 x	7 Appt.
3 bgls	6 wk	8 RN
4 ↑		

- g** In pairs students practise discussing results at the Diabetic Clinic, using the Care Plan on page 82. Remind them to swap roles.

Talking about lifestyle and diabetes

Before you begin ...

You could ask students the following question.

What are the links between lifestyle and diabetes?

Answers 

A healthy diet reduces the risk of overconsumption of sugar and carbohydrates; smoking increases the risk of diabetes-related illnesses, e.g. diabetic ulcers; overconsumption of alcohol can lead to increased incidence of hypoglycaemia (which causes the patient to shake, sweat, feel dizzy and confused etc.)

- 5 a** In pairs, students answer the quiz questions. Discuss the answers with the whole class.

Answers 

- 1 171 million
- 2 7 million
- 3 80%

- b** Students listen to the conversation and answer the questions.
▶ 8.5 page 102

Answers 

1 b and e 2 c 3 c 4 b 5 b and c

- c** Students match the beginnings and endings to complete Rosie's explanations and then listen to check. Afterwards, students test each other by reading one of the beginnings to elicit the correct ending.
▶ 8.5 page 102

Answers 

1 d 2 b 3 f 4 a 5 c 6 e

You could ask the following question.

Rosie asks Jess if she's been partying a lot lately. What other ways could Rosie ask this question?

Answers

Having you been drinking a lot lately?; Have you been socialising?



- d** In pairs, students practise giving advice to a diabetic on alcohol and drug use. Remind them to use the words and phrases from this section and to swap roles.

Share your knowledge

Students discuss the questions in small groups and feed back their answers to the class.

The discussion should include the following:

- circulatory problems
- healing capacity
- wound management
- lifestyle
- diet, including processed foods

Answers

- 1 Kidney disease, eye diseases, heart disease, wounds which don't heal easily, nerve damage in their feet
- 2 They aren't active enough, they don't eat healthy food, they eat irregular meals or too much junk food.



Explaining how to use an insulin pen

Before you begin ...

Ask students to try to explain to their partner how to use an insulin pen.

- 6 a** Students label the insulin equipment.

Answers

- 1 insulin pen
- 2 alcohol wipe
- 3 cool pouch
- 4 insulin pen needle



- b** Students listen to the conversation and number the topics in the order they hear them.

▶ 8.6 page 102

Answers

- 1 wash hands
- 2 needle on pen
- 3 prime pen
- 4 inject insulin
- 5 store pen
- 6 cool pouch when travelling



- C** Ask students to try to match the beginnings to the endings to complete the instructions. Students then listen again and check their answers. Afterwards, students test each other by reading one of the beginnings to elicit the correct ending.

▶ 8.6 page 102

Answers

2 f 3 e 4 k 5 h 6 a 7 i 8 j 9 b 10 g 11 c



- d** Students label the pictures with the instructions in the box.

Answers

- 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



- e** In pairs, students practise explaining how to use an insulin pen. They can use the pictures in Exercise 6d or they can use a normal pen. Remind them to swap roles.

Background information and useful web links

Helping patients with diabetes management (▶ page 76)

The management of diabetes encompasses many important health areas. Diabetes management occurs as a day-by-day function and can be challenging when dealing with certain patient groups, e.g. adolescents and older patients. Diabetes education is a key part of successful management of the disorder and aims to minimise side effects which may occur if diabetes is not controlled adequately. Current research is focusing on the effects of pre-pregnancy education and structured education for adolescents. In addition, there is research underway into the further development of an artificial pancreas and clinical trials to test the potential benefits of pumps over multiple daily injections. Patient involvement in diabetes management is essential and therefore good communication is needed between the patient, the Diabetes Clinic Nurse and the GP.



Useful web links

Research To Improve Diabetes Management, UK

<http://www.medicalnewstoday.com/articles/94014.php>

Diabetes UK

<http://www.diabetes.org.uk/>

Doing a blood sugar test (▶ page 76)

A blood glucose test measures the amount of sugar or glucose in the blood. The test most often uses capillary blood from the fingertips. Glucose comes from the breakdown of carbohydrates in the body. Glucose is the main source of energy for the body and requires insulin to allow the body to use the energy source. Insulin is produced in specialised cells in the pancreas. The hormone is released into the bloodstream to adjust high levels of glucose.

After a meal, blood glucose levels rise a little. This triggers the pancreatic cells to release insulin so that high glucose levels are not sustained. If glucose levels remain excessively high for a long period of time, other health complications may arise. These include damage to the retina in the eye, kidney, nerve and blood vessel damage.

Blood glucose monitoring, using a simple device called a glucometer, is an easy way for diabetics to check their blood glucose levels. The test is easy to perform and does not usually require the assistance of another person.



Useful web link

Blood Glucose

<http://diabetes.webmd.com/blood-glucose>

Communication focus: asking a patient for consent (▶ page 78)

Healthcare is viewed as a partnership between healthcare workers and the patient. As such, patients have certain rights and responsibilities when receiving healthcare. Most hospitals make a brochure available to patients and their relatives outlining the sorts of rights they can expect when receiving healthcare. In the UK, these rights include the right to hospital treatment, consent, the right to refuse treatment. In the USA, they include the right to make a treatment choice, the right to obtain your medical records, the right to privacy of your medical records.

Nurses and other healthcare workers are obliged by law always to ask for consent from patients before commencing any procedure. There are two forms of consent: explicit or implied. Explicit consent is the consent to carry out a specific action, e.g. a procedure such as inserting a cannula or having an operation. Implied consent may not always be expressed verbally but may be inferred from a patient's actions, e.g. a patient who puts out his/her arm ready to have a blood pressure cuff applied is implying that s/he consents to having a blood pressure reading done. Although there is generally no legal requirement to obtain written consent, it is usually obtained in circumstances where there may be risks involved, e.g. an operation or other invasive procedure.



Useful web links

Patients' rightshttp://www.adviceguide.org.uk/index/family_parent/health/nhs_patients_rights.htm<http://patients.about.com/od/patientempowermentissues/a/patientsrights.htm>

Aside from a legal obligation, there is also an ethical obligation for nurses to ensure that consent is gained from a patient before any procedure. Many nursing councils have a Code of Ethics, which nurses are expected to follow during their practice.



Useful web links

What is meant by 'Informed Consent'?<http://www.aboutoperations.co.uk/informed-consent.html>*Patient Rights and Responsibilities*http://www.rcseng.ac.uk/rcseng/content/publications/docs/patient_rights.html**Medical focus: blood glucose levels (▶ page 79)**

Blood glucose results may be expressed in two main ways. In the United Kingdom, Australia, New Zealand and certain other countries, it is expressed as *mmols/L* (millimols per litre). In the USA, glucose readings are expressed as *mg/DL* (milligrams per decaliter).

Blood glucose testing is used to determine whether a person has diabetes or not. Initially, a urine specimen may have been tested for the presence of glucose. Assessed in conjunction with a patient questionnaire, this test alerts the patient to the possibility of having diabetes. A blood glucose level of 11.1 mmols/L or more may indicate that the patient has diabetes.

Diabetics monitor their own blood glucose levels at home on a daily basis and also have a blood test taken at their local GP Clinic or hospital Diabetes Centre once or twice a year during a regular check-up. Daily monitoring allows for adjustments to insulin doses if necessary.



Useful web links

Glucose tests<http://www.labtestsonline.org.uk/understanding/analytes/glucose/test.html>**Charting and documentation: Personal Diabetes Care Plan (▶ page 81)**

Personal Diabetes Care Plans reflect the current attempt at making an individual plan for diabetic patients which they will be more likely to follow than a general plan. Diabetic patients are partners in developing the plan. All patients have a right to a say in their own healthcare and are more therefore more likely to be compliant with treatment.



Useful web links

Personal care plan pilots up and running<http://www.nursingtimes.net/whats-new-in-nursing/primary-care/personal-care-plan-pilots-up-and-running/5000423.article>*Tests for Glucose (Sugar) and HBA1c*<http://www.patient.co.uk/health/Blood-Test-Glucose.htm>**Talking about lifestyle and diabetes (▶ page 83)**

Diabetes management in teenage populations poses several difficult issues, not least because young people tend to have Type 1 Diabetes, which is controlled with insulin. It is important that young people with diabetes are able to maintain a similar lifestyle to their non-diabetic peers. They should be able to take part in all normal sporting and social activities whilst managing their diabetes.

There are certain issues which Paediatric Diabetes Educators need to raise with younger diabetic patients. Firstly, participation in sport at elite or highly competitive levels puts a lot of strain on diabetic sportspeople. Insulin doses and food intake, particularly carbohydrate intake may have to be adjusted before a game or practice run.

A more difficult topic to raise with diabetic teenagers is alcohol and recreational drug use. Many young people use alcohol socially but alcohol use in diabetics may have serious consequences. Alcohol excess is one of the common causes of diabetic ketoacidosis in this age group and can lead to diabetic teenagers passing out and possibly lapsing into a coma. It is wise to educate about safe alcohol limits and to encourage diabetic teenagers to drink alcohol in the company of others who can monitor adverse reactions.

Whilst the use of recreational drugs is illegal, it is wise to educate diabetics about the consequences of using certain recreational drugs, e.g. ecstasy, which can cause severe dehydration and consequent rapid drops in blood sugar leading to hypoglycaemic attacks.

Finally, contraception and pregnancy should be discussed because of the effect of poor diabetic management on foetal development.



Useful web links

Tayside Diabetes MCN Handbook - Diabetes and Adolescence

<http://www.diabetes-healthnet.ac.uk/HandBook/DiabetesAndTeenagers.aspx>

Share your knowledge (▶ page 84)

This section gives students the opportunity to discuss their own nursing experience with other students. Students practise giving opinions and sharing information with colleagues. Health problems associated with diabetes as well as the issue of the rising number of younger diabetics is discussed.

Diabetes has been recognised as a global problem and one which may cause significant healthcare difficulties. Currently, around 200 million people have diabetes worldwide. According to estimates by the International Diabetes Federation, this figure is set to increase to 333 million by the year 2025. The WHO in 1997 underestimated the numbers of diabetics in 2000. Unfortunately, diabetes is more of a problem than previously expected.



Useful web links

Global Diabetes: scale of the problem

<http://www.diabetes.co.uk/global-diabetes/index.html>

Explaining how to use an insulin pen (▶ page 84)

Insulin pens are a common way to deliver insulin as they have several advantages over using a syringe and insulin vial. They are very easy to use and are less painful than conventional syringes. Many diabetics favour their use as they can be 'disguised' as a regular pen placed in a jacket pocket. Accurate doses can be pre-set on the dosage dial, which is useful for those diabetics with additional problems such as vision impairment. Whilst insulin pens are easier to use than insulin syringes and vials, there are certain important steps which must be followed. The insulin needle must be screwed onto the pen before use and disposed of after injection. Air must be dispelled from the insulin pen by dialling a dose of two units and priming the line before dialling the dose of insulin which is to be injected. Once they have been opened and inserted into the insulin pen, cartridges are not returned to the fridge but kept at room temperature.



Useful web links

Diabetes and insulin pens

<http://www.diabetes.co.uk/insulin/diabetes-and-insulin-pens.html>

How to use an insulin pen

<http://www.diabeticlivingonline.com/medication/insulin/how-to-use-insulin-pens/>