

**BUKU AJAR**

**ENGLISH IN NURSING – MIDWIFERY  
SCIENCES AND TECHNOLOGY**

**For Indonesian's Nurse – Midwife Students**



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**PUBLISHED BY:**  
**SCHOOL OF NURSING, FACULTY OF NURSING**  
**AIRLANGGA UNIVERSITY**  
**SAMBUTAN DEKAN**  
**FAKULTAS KEPERAWATAN UNAIR**

Assalamu'alaikum Wr. Wb.

Puji syukur kehadiran Allah SWT atas rahmat dan perkenanNya, sehingga Buku Ajar *English in Nursing-Midwifery Sciences and Technology for Indonesia Nurses & Midwife Students* dapat tersusun.

Tersusunnya buku ini sesuai dengan visi PSIK FKp Unair yaitu peningkatan kualitas tenaga keperawatan yang profesional, berorientasi pada perkembangan IPTEK dan kebutuhan masyarakat regional dan internasional dalam menghadapi era kesejagatan dengan berlandaskan pada dasar negara dan etika keperawatan. Untuk mempersiapkan lulusan Ners yang berkualitas di era global, maka diperlukan penguasaan berbahasa Inggris secara lisan maupun tulis, khususnya dalam menerapkan istilah ilmu keperawatan dalam praktik keperawatan profesional.

Semoga buku ini dapat bermanfaat bagi mahasiswa PSIK Fakultas Keperawatan Unair khususnya dan umumnya mahasiswa keperawatan dan kebidanan di Indonesia umumnya.

Wassalamu'alaikum Wr. Wb.

Surabaya, Juli 2009

Dekan

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## **PREFACE**

English in nursing Science and Midwifery for nurses and mid wife consists of 4 chapters that introduce the student to the basic foundation in nursing and midwife English. Chapter One is a brief review introduction of language function, grammar and tenses as the basic to learn English in nursing science and midwifery. Chapter Two presents the initial steps in building and learning terminology, which consist of prefixes, suffixes, root and combines form that relate the structure and function of the body. Chapter Three presents the application of nursing care by approaching the step of nursing process; assessment, diagnosing, planning, implementation, and evaluation.

Our appreciation and very special thanks to: Nuzul Quraniati and Risky Fitriyasari, my colleagues those who have contributed a lot of thing to finish this book and many continuous help. My love family who have looked after and their understanding and supported me. Last, but by no means least, we would like to express our gratitude to all my colleagues, nurses and students who generously provided us with constructive criticism and suggestions.

**Surabaya, July 2009**

**Dr. Nursalam, M. Nurs (Hons)**

Motto:

You don't have to be great to get started, but you have to get started to be great (Less Brown, 2005).

## SYNOPSIS

English for Nurses – Midwifery students is collected and touch for you, nurse – midwife students and others with a professional interest in nursing – midwifery who need to improve their English. The book consists of review grammar and tenses; building medical terminology; nursing care sciences and terminology and adding other sources which are related to the course, including practice of listening, speaking, and dialogue between nurse – midwife and patient. It is assumed that you studied English at secondary school and now you need to revise the language for a variety reasons. You may need to read nursing books, or write to an English-speaking-listening in nursing.

The aim of this book is to teach English especially the terminology in nursing, medical, and midwifery sciences.

The book is flexible and can be used in class, on your own, or both. So, if your immediate need is to practice written or speaking English, you can do all the writing and speaking first. Or you may prefer to start with a unit which is of particular interest because of its general medical – nursing term. Indeed, your own knowledge of nursing care will help you at many points.

It is advisable that this book is understood well during the course is running and it will meet your interest and it can help you to achieve a good career opportunities in the present and future. People said “It is better a little than nothing” and “It is better late than nothing” We realize that this book is not great book. Therefore, I expect your comments and critics in order to be perfect.

**Surabaya, Juli 2009**

**Dr. Nursalam, M.Nurs (Hons)**

# CHAPTER 1

## INTRODUCTION REVIEW

### ASKING QUESTIONS, LANGUAGE FUNCTION, GRAMMAR AND TENSES

**Objectives:**

After completion of this course, the student will be able to:

1. Understand how to ask question
2. Understand the use of language function
3. Understand Grammar and Tenses

#### 1.1 ASKING QUESTION

Asking question for nurses and midwife is an important part to identify patient's problem.

In English, we have basically 4 types of question which are commonly used in speaking (1) Yes/No question, (2) Information question, (3) Choice question, and (4) Attached/negative question/Tag question. The following explanation below will address the four question;

Yes/no questions	Short answer (+Long answer)	
Do you know Yusuf?	Yes, I do (I know Yusuf) No, I don't (I don't know Yusuf)	Yes or No question is question that can be answered yes or no
Are you ready to go an operation?	Yes I am	

##### (1) Yes/no question and short answer

##### (2) Information question

A question that asks for information by using a question word: 5W & 1H

##### **How**

How have many uses.

- (1) One use of how is to ask about means (ways)
  - How pain is your chest?
  - How to measure Blood Pressure?

- (2) *How often*: asks about frequency
  - How often do you wake during your sleep?
  - How many times a week does your family visit you?
- (3) *How far*: The most common way of expressing distance
  - How far is your house to Dr. Soetomo Hospital?
- (4) *How long/ how many (time)*: asks for information about length of time
  - How long will an operation are run?

### **Who, Whom, and What**

- (1) *Who*: is used as the subject(s) or question
  - Who come? Someone come
- (2) *Who (m)*: is used as the object (O) in a question
  - Whom did you see? I saw someone
- (3) *What*: can be used as either: S and O
  - What happened with your stomach?
  - What do you think about nursing profession?
- (4) *What kind of*: asks for information about specific type
  - What kind of medicine did you receive?
- (5) *Which*: is used when the speaker wants some to make a choice, when the speaker is offering alternatives
  - Which one of leg is fracture?
- (6) *Where*: asks for place
  - Where are you going to see a doctor?
- (7) *When*: asks for time
  - When should Mrs. Ani get a laboratory test?
- (8) *Whose*: asks about possession
  - Whose book is this?]

### **(3) Choice question**

A question that can be used first by using to be (is, are, am, were, was) and do, does, did, has, have, etc

- Is your pain in the left or right of your chest?
- Are you hungry or suffering?

### **(4) Attached/negative questions/tag questions**

The statement sentences which a speaker supposed to be or already known the answer.

- You look very pale, don't you?
- You are felling well after taking medicine, aren't you?

### Example of asking question

Asking question purpose to gather information needed in order to explore and identify the relevance data.

For example:

1. Excuse me, can I ask you something?
2. What symptoms do you have?
3. Do you have pains here?
4. Are you covered by any health insurance?
5. Are you allergic to any antibiotics?

Practice the dialogue:

(1) Preparing patient's equipment

N: Good morning, Mr. Joni. How are you today?

P: Fine thanks

N: Have you been fasting since last night?

P: Yes I have

N: Good. Are you ready for the urine and blood test now?

P: Of course,

N: Do you want anything for your breakfast afterwards?

P: Yes please. Something light.

N: You mean fruit...cereal...or...

P: Just one apple and banana, thanks.

N: Not a problem.

## 1.2 LANGUAGE FUNCTION

### 1. Functional expressions

#### 1.1 Introducing yourself

Skills for introduction yourself is the first step of starting communication between nurse and patient. The most important things of introducing yourself are by saying greeting, contrax time, and mention your name.

For example:

1. Hello, my name is Joni
2. How do you do?
3. Nice to meet you
4. I am in charge today
5. How do you spell your name?

Practice the dialogue

(1) Visit the patient

N: Hello, Mr. Joni, I'm Ani. I'm on duty tonight

P: I see...  
 N: How are you?  
 P: I'm better thanks  
 N: Alright Mr. Joni, see you later.

### 1.2 Offering services

In some activities, one of the nurse's role is encouraging patient to offer nursing care to the patient.

For example:

1. What can I do for you?
2. Do you need any help?
3. Do you want me to help you?
4. If you need anything, let me know.
5. Is there anything I can do?

Practice the dialogue

(1) In the patient room

N: Did you press the buzzer Joni?  
 P: Yes I did  
 N: What is it?  
 P: Can I have rice for my lunch today?  
 N: I'll ask the doctor. Anything else?  
 P: I miss ice cream  
 N: Wow... let me ask the doctor, OK?  
 P: Thanks.  
 N: Welcome

### 1.3

#### 1.4 Giving direction

Giving direction is one of competence that nurse and midwife must possess. Nursing intervention needs the direction, clearly, accurately, and relevance.

For example:

1. You'd better sit down, madam
2. After that, you need to do the pre admission test.
3. Before the test you must be fasting
4. When you get the results, please come back here.
5. The laboratory is down the hallway

Practice the dialogue

(1) In the laboratory

P: Good morning, I'm Rini. This is the note from the registration office



N: Thank you Mister...  
 P: Rini... Rini Dahlan  
 N: Mr Dahlan... Right. Now, Mr. Dahlan... you take this (note) to the gentleman in that room  
 P: I see  
 N: You will have a urine test. When it's done, you'll go to the lady in the opposite room.  
 P: Alright. What did I do there?  
 N: She will do the blood test  
 P: Thank you  
 N: Welcome

### 1.5 Explaining

*Explaining is used to explain something about information questions.*

You need to use some conjunction words such as: *and, but, or, then, after that, because, for example etc.*

For example:

1. Let me tell you this...
2. Generally speaking, smoking is harmful
3. However, they should maintain balanced diet.
4. This will give you a lot of energy
5. Because milk contains a lot of energy.

Practice the dialogue:

- (1) A patient afraid will be examined by doctor  
 P: Nurse, what's going to happen there?  
 N: First, the doctor will ask you detailed questions.  
 P: About what?  
 N: About your health... and any illness you may have had.  
 P: Then?  
 N: The doctor will physically examine you.  
 P: With my cloths on?  
 N: Well you may need to take off most of your clothing.  
 P: But...?  
 N: You can ask to be examined by a doctor of the same sex as yourself.  
 P: Oh Okay.

### 1.6 Describing

The Function of describing is focused on describing something, such as instruments, part of the body, diseases, and procedures of intervention.

For example:

1. How is she?
2. She doesn't look very good (seriously ill)
3. How was it? (How was the operation?)
4. It went very well
5. The theatre was very cold though.

Practice the dialogue:

(1) The condition of patient

S: How is you little patient?

N: His throat is swollen and he's got temperature.

S: Do you think it's just infection?

N: I guess so...the secondary viral infection after the flu

S: I see... So, nothing serious.

N: Well looks better than yesterday, but I'd better watch out

S: He's a happy kid.

N: You're right. He's a lovely boy

### 1.7 Convincing

The function of convincing is to make sure about our intervention that it will help patient of recovery.

For example:

1. Don't worry, it has no side effects.
2. I'm sure you'll get well soon
3. I think surgery is the only solution
4. You'll be home in a couple of days
5. You should really consider it

Practice the dialogue:

(1) Convincing the patient in order to reduce the weight

P: What do you think?

N: It looks like you've been putting on weight, madam

P: Really? Wow

N: You're supposed to loose some/ it's extremely important

P: Is it?

N: Sure it is

P: But I've tried to eat less and sometimes I skip dinner

N: well, you need to consider both quantity and quality. You consider the carbohydrate and fat content

P: That is not easy, isn't it?

### 1.8 Persuading

*Persuading* purposes to persuade patient to obey all regulations. The words that commonly used in persuading are *probably, would be, likely* etc.

For example:

1. I would say that you need a doctor
2. It is a likely that you need medication
3. We really need your supports
4. Could you consider the proposals?
5. Staying in the hospital is not bad idea

Practice the dialogue:

(1) Persuading to see the operate

N: Doctor Joni, can I ask you something?

D: Sure, what is it?

N: May I watch you perform the operation today?

D: But you're a ward nurse.

N: I know, but I want to be in the theatre once a while. O doesn't dare ask the other doctors.

D: Wouldn't you be on duty this afternoon?

N: No, I'll be free after lunch. Is okay doctor?

D: Not a problem. I'll let the theatre people know.

N: Thank you very much, doctor. I really appreciate that.

D: Don't mention it. See you there.

N: see you, doctor.

### 1.9 Consoling/soothing

Consoling purposes to consul patient to be calm down or relax

For example:

1. Take it easy...
2. Calm down...
3. Don't worry...
4. Take a deep breath ...
5. You're in pain. Aren't you?

Practice the dialogue:

(1) Patient need comfortable and relaxing

N: Good morning... How are you?

P: Well... not very good, I'm afraid

N: I can see that..., but we'll help you out. Now... shall we try to something to make you relaxed?

P: Do you think it will work?

N: It usually does. Just relax... Take this seat and put your head down here...Dr, Joni is a real expert here.

P: Is she?

N: Yes... she knows what to do. You will like her

P: I hope so.

### **1.10 Encouraging/motivating**

Encouraging is used by nurse to encourage patient to have a positive thinking about her/his disease

For example:

1. I'm sure you will make it.
2. Have faith and everything will work out well
3. Be brave and you'll be okay
4. You need to see the bright side of it.
5. Just does it, you've got nothing to loose.

Practice the dialogue:

(1) A patient gets loss of her leg and doubt to go home.

P: I don't know what to do...

N: You may not know what to do now, Sir. But once you're out there...There's so much to do.

P: I feel so useless

N: I understand the feelings. Some people think this is the end of the world. But many handicapped people do useful things, Things they never thought of before.

P: Like what?

N: One of our patients last year... You know, he writes now. He says he can't be happier.

P: Really? I should think of hobby now.

N: Why not. Everyone has potentials.

P: That's true. Thanks.

N: Welcome.

### **1.11 Reprimanding**

Reprimanding purposes to reprimand patient politely

For example:

1. That's not right thing to do.
2. This is not good for your digestion
3. As far as I know, you're not supposed to smoke
4. STOP it, will you?
5. I'm sorry, but you have deliberately broken the rule.

Practice the dialogue:

(1) Reprimanding the visitors at the hospital

N: Excuse me, ladies. I'm sorry to tell you that no more than 4 persons are allowed

V: But nurse... we came all the way from central java

N: I see. But... that's the rule here

V: Are you saying that we came here in vain?

N: Alright. Let me tell you what I'll do. I'll take four people at time.

So, you'll take turns. The rest please stay here

V: (*visitors mengambil oleh-oleh makanan untuk diberikan ke pasien*)

N: One more thing ladies... Food from outside is not allowed

V: What do you mean?

N: I'm sorry... you have to leave the food here

V: Oh...no

N: I'm so sorry

### 1.12 Complaining

Complaining is used to express the complain of patient

For example:

1. Is this what you call 'first class hospital'?
2. How come he did that to us?
3. Oh.....not again.....
4. How could you do this to me?
5. What kind of service is this?

Practice the dialogue:

(1) Condition at the hospital

N: Look at this mess...

Is this what you call 'first class hospital'?

S: Well. That's what it is

N: Why on earth don't they hire more cleaners around here?

S: Efficiency, I guess.

N: That doesn't make sense

S: It does to them

N: It's always about money, right?

S: What can I say?

N: Right... who cares...

### 1.13 Praising

Praising is used to praise patient.

For example:

1. Aren't you looking great this morning?
2. You've made a lot of progress
3. You look stunning!
4. That's excellent!
5. You've been very helpful

Practice the dialogue

(1) Praising the doctor after operating

D: Well Ira, it's over

N: Doctor, I can't help saying that you just did miracle

D: Thanks Ira, but I think it was just my lucky day

N: Lucky day?

That's not good enough to describe the situation. You're genius. I can't imagine what they do without you

D: Thanks. I'm flattered

N: You need a break, I'm afraid

D: I think so. I'll out to lunch

Are you coming with me?

N: Well...why not

D: Let's go

N: Let's

### 1.14 Entertaining

*Entertaining purposes to help patient to be happy.*

For example:

1. Look what I've got here...
2. I've got surprise for you...
3. You deserve a reward...
4. Everyone...let's have fun!!!
5. Party time

### 1.15 Apologizing

Apologizing is used to ask apologizing caused you may make mistakes

For example:

1. Excuse me... May I get through?
2. Sorry, I was on your way
3. I'm sorry for being so late

4. Please forgive me. I didn't mean to hurt you
5. I owe you an apology.
6. Sorry about that
7. I would like to apologize
8. I feel really bad about it
9. I am so sorry
10. Do forgive me please

Practice the dialogue:

(1) Feeling guilty

N: Doctor Aji, I have to apologize

I failed to keep the record. I'm sorry

D: Your apology is accepted

Please don't forget again next time

N: It won't, doctor

I promise

D: Very good. Do your best.

### 1.16 Disclaiming

*Disclaiming is used to express that you have no idea about the topic*

For example:

1. I have no idea
2. Sorry, I really don't know
3. I suggest that you ask the doctor
4. I'm not in the position of answering that question
5. I'll see if I can ask the doctor for you.
6. Sorry, we don't do that here
7. You can't expect me to answer that
8. Sorry, I can't answer that question.
9. Why don't you ask somebody else?
10. I'm not telling...

Practice the dialogue:

(1) Keluarga pasien ingin tahu keadaan pasien

F: Nurse, how long do you think she's going to stay here?

N: I'm sorry ...It depends...

F: You mean, depends on what?

N: Depends on what the doctor thinks

F: Do you think it is serious?

N: Sorry, madam I have no idea.

F: You're the one checking her, right?

N: That's true. But I'm not in the position of telling you that.

F: But...can't you say anything?  
 N: I'm very sorry, madam  
 I'm afraid I can't

### 1.17 Requesting/ordering

The function this word is to request someone to do something

For example:

1. Open your mouth.
2. Somebody help!
3. Can you take a deep breath for me?
4. Could you please help me
5. Give me a hand, will you?
6. You are staying tonight
7. I look forward to hearing from you very soon

Practice the dialogue:

(1) Need a help  
 N: Somebody...HELP!!!  
 S: What is it?  
 N: Help me please...  
 S: Oh you poor thing...  
 You slipped, did you?  
 N: Yes... Could you help me?  
 S: Sure... Take it easy.  
 Now slowly...  
 Sit down here, I will see  
 N: Oh . . . knee  
 S: Now, try to bend your knee  
 N: I can't. It's hurting  
 S: Then I'll go get some help.  
 Stay right here  
 I'll be back in a flash  
 N: Thanks.

### 1.18 Answering telephone

For example:

1. Dr. Soetomo Hospital, Ira speaking.
2. Nurse Ira's surgery, may I help you?
3. Could you hold on second



4. May I ask who is calling, please?
5. Could you call again later?
6. Thank you for calling.
7. Sorry, Doctor Joni is not in at the moment.
8. Can I take a message?
9. Yes, ma'am, what can I do to help
10. Maternity ward, may I help you?

Practice the dialogue

- (1) To help patient who needs information

N: Good morning

Dr Soetomo Hospital, Can I help you?

P: Good morning

I have an enquiry about the bill, please

N: I see

I think you need to refer you to somebody else

P: Thank you

N: And... May I know your name, Sir?

P: Joni... Joni Wijaya

N: And your phone number please, Sir?

P: 383976

N: Very well, Sir

Somebody will give you a call very soon.

P: Thank you. Bye

N: Bye, Sir

### 1.19 Making a telephone call

For example:

1. I'm calling to find out...
2. I'm calling to enquire about the problems you have
3. The reason I'm calling is...
4. I'm calling about...
5. I'd like to ask if...
6. I was wondering if you could tell me
7. I'd like to talk to somebody from the Finance Department, please

Practice the dialogue:

- (1) Asking information

N: Hello...It's Ira from Ward C

S: What can I do for you, Ira?

N: I need details about diet recommendation for Mrs. Supiyah, please.

Do you think you can help me?

S: Sure...I'll go and check for you.  
 N: Thanks.....(wait)  
 S : Are you there, Ira ?  
 N: I'm listening.  
 S : I'm afraid it is Nil by Mouth this morning  
       Then she can start the regular diet at lunch time  
 N: Thank you very much  
 S : Welcome

### 1.20 Advising

For example:

1. Consider this...
2. Listen to me...
3. You can take this advice...
4. Make up your mind !
5. Let me give you some fatherly advice...
6. You should see the two sides of the coin
7. You should learn from the lesson

Practice the dialogue:

(1) Advice to children

N: Now..You need to listen to you mother  
       I'm sure you'll be alright  
 P: I want to see my friends  
 N: You should be patient  
       You will see them sooner if you listen to your mum  
 P: I miss them  
 N: I know...I guess they miss you too  
       But you need to stay..  
       You can't rush...  
       Or.. you break your leg again  
 P: How long will I use these crutches?  
 N: It wouldn't be long if you listen to my advice  
 P: Can I play with ma ball again?  
 N: Sure. So...promise me?  
 P: (non verbal)  
 N: Good bye

### 1.21 Rejecting

*Rejecting is used to reject that you do not agree.*

For example:

1. No way

2. Not a chance!
3. Forget it
4. Thanks, but no thanks
5. I'd really rather not do it
6. We would like to inform you with regret that the position has been filled.
7. I don't particularly like seafood

Practice the dialogue:

(1) Reject the helps

N: Good morning Mrs. Anita

You're going home today, aren't you?

P: You're right. I can't wait

N: I can imagine

P: Yuli... I want you to have this (to show something that is very expensive)

N: Oh..thanks Mrs. Anita, but no thanks

P: Why not ?

You've been taking good care of me

I think you deserve it

N: I don't think I can accept that

I'm very sorry

P: I see...well...

N: Thanks anyway...

P: Can you keep my flowers?

N: Sure I can

### 1.22 giving opinion

Giving opinion purposes to give opinion in order to solve a problem .

For example:

1. In my opinion, it's worth considering
2. Not everyone will agree with me, but
3. I do believe he's the person in command
4. I personally, believe we ought to discipline the children
5. I think we should go
6. I feel that you should be present
7. I personally think so

### 1.23 Consulting

Consulting is used to consult something that is unclear or need more explanation

For example:

1. What do you think ?
2. Do you think it is a good idea ?
3. Do you have any doubts ?
4. Are you convinced?
5. What do you mean by that?
6. Any suggestions?
7. I need to clarify this matter
8. I'd like to crosscheck with you...
9. Let's get this straight...
10. Why do you think so?

Practice the dialogue:

(1) Consult with the doctor

N: Doctor I've been having this problem

It worries me

D: What is it ? Tell me

N: Yesterday when I went shopping...

I felt dizzy... things were moving.

I thought I was fainting.

D: Then what did you do ?

N: I sat down somewhere...

I had some fruit juice...

Then I felt better

D: Then what did you do ?

N: I went home and took an Aspirin

It bothers me..

D: Well...I'd better take a look

Let me check

N: Thanks doctor

### 1.24 Reporting

Reporting purposes to report about activities that had been occurred

For example:

1. To begin with, he offered me a cigarette
2. The next thing I knew, I was in The ER
3. I did not recognize him.
4. So then he was put in the detention
5. So, I fell over

Practice the dialogue

(1) Routine report

S : Ready for the reports?

N : Yes, Mrs. Ira  
Ward B...all done  
All patients seem to be alright  
No emergency cases.

S : What about Mrs. Alit?

N1 : She's been in the ICU

S : Good

N2 : Children Ward's rather crowded today  
New patients with hay fever...

S : Typical Spring epidemic?

N2 : Yes, but all under control

S : Very well

N3 : Day Patient Ward, all clear.  
One patient went home rather late  
She seemed to be in pain  
But she was better when she left.

S : Minor surgery?

N3 : Yes, but with general anesthetic.

S : Whose patients?

N3 : Doctor Joni

S : You'd better put in the record

N3 : I will

S : Alright...Done for today  
Thank you. Bye.

## 2. Telling the time

### 2.1 Timing (hours, month, date)

What time is it?

It's one o'clock.

It's five past one. (It's one five)

It's ten past one. (It's one ten)

It's quarter past one. (It's one fifteen)

It's twenty past one. (It's one twenty)

It's twenty-five past one. (It's one twenty-five)

It's half past one. (It's one thirty)

It's twenty-five to two (It's one thirty five)

It's twenty to two (It's one forty)

It's quarter to two. (It's one forty-five)

It's ten to two (It's one fifty)

It's five to two. (It's on fifty-five)

It's two o'clock

It's two o'clock sharp

It's exactly two o'clock

It's one o'clock in the morning

It's nine o'clock in the morning

It's twelve noon/midday

It's three o'clock in the afternoon

It's six o'clock in the evening

It's eleven o'clock at night

It's twelve o'clock midnight

It's one a.m.

It's nine a.m.

It's three p.m.

It's six p.m.

It's eleven p.m.

*Pukul berapa?*

*Pukul satu*

*Pukul satu lewat lima*

*Pukul satu lewat sepuluh*

*Pukul satu seperempat*

*Pukul satu lewat dua puluh*

*Pukul lewat dua puluh lima*

*Pukul setengah dua*

*Pukul dua kurang dua puluh lima*

*Pukul dua kurang dua puluh*

*Pukul dua kurang seperempat*

*Pukul dua kurang sepuluh*

*Pukul dua kurang lima*

*Pukul dua*

*Pukul dua tepat*

*Pukul satu pagi*

*Pukul sembilan pagi*

*Pukul duabelas siang (tengah hari)*

*Pukul tiga siang*

*Pukul enam petang*

*Pukul sebelas malam*

*Pukul duabelas malam (tengah malam)*

\*a.m. = ante meridiem (Latin), before noon - *sebelum jam 12 siang*

p.m. = ante meridiem (Latin), after noon - *sesudah jam 12 siang*

When ?	<i>Kapan ?</i>
Yesterday	<i>Kemarin</i>
Today	<i>Hari ini</i>
Tomorrow	<i>besok</i>
The day before yesterday	<i>Kemarin dulu</i>
The day after tomorrow	<i>Besok lusa</i>
A moment ago	<i>Baru saja</i>
In a moment	<i>Sebentar lagi</i>
In a little while	<i>Sebentar lagi</i>
A long time ago	<i>Sudah lama yang lalu</i>
Not a long ago	<i>Belum lama yang lalu</i>
Recently, lately	<i>Baru-baru ini</i>
A little while ago, a moment ago	<i>Tadi, bar u saja</i>
This morning	<i>Pagi ini</i>
Yesterday morning	<i>Kemarin pagi</i>
Tomorrow morning	<i>Besok pagi</i>
This afternoon	<i>Siang ini</i>
Yesterday afternoon	<i>Kemarin siang</i>
Tomorrow afternoon	<i>Besok siang</i>
This evening	<i>Sore ini</i>
Yesterday evening	<i>Kemarin sore</i>
Tomorrow evening	<i>Besok sore</i>
Tonight	<i>Malam ini</i>
Last night	<i>Kemarin malam</i>
Tomorrow night	<i>Besok malam</i>

This week, this month, this year	<i>Minggu ini, bulan ini, tahun ini</i>
A week ago last Friday	<i>Satu minggu yang lalu pada hari jum'at</i>
A week from Friday	<i>Seminggu dari hari Jum'at yang akan datang</i>
At the end of the month	<i>Pada akhir bulan</i>
Every day	<i>Setiap hari</i>
All day	<i>Sepanjang hari</i>
All night	<i>Sepanjang malam</i>
Overnight (to stay overnight)	<i>Waktu satu malam (bermalam)</i>
During the day, during the night	<i>Selama siang hari, selama malam hari</i>
Usually	<i>Biasanya</i>
Generally	<i>Umumnya</i>
Seldom, rarely	<i>Jarang, jarang sekali</i>
Often, frequently	<i>Sering</i>
Always	<i>Senantiasa, selalu</i>
Never	<i>Tidak pernah</i>
Sometimes, once in a while, now and then, occasionally	<i>Kadang-kadang, sewaktu-waktu</i>
The days of the week	<i>Hari-hari</i>
Sunday	<i>Minggu</i>
Monday	<i>Senin</i>
Tuesday	<i>Selasa</i>
Wednesday	<i>Rabu</i>
Thursday	<i>Kamis</i>
Friday	<i>Jum'at</i>
Saturday	<i>Sabtu</i>
<b>The months of the year</b>	<b><i>Bulan-bulan</i></b>
January	<i>Januari</i>



February	<i>Pebruari</i>
March	<i>Maret</i>
April	<i>April</i>
May	<i>Mei</i>
June	<i>Juni</i>
July	<i>Juli</i>
August	<i>Agustus</i>
September	<i>September</i>
October	<i>Oktober</i>
November	<i>Nopember</i>
December	<i>Desember</i>

**Dates**

When were you born?

I was born on May the second\*, nineteen  
fifty eight

My birthday is May the second

**Tanggal**

*Kapan anda dilahirkan?*

*Saya dilahirkan tanggal 2 Mei 1958*

*Ulang tahun saya tanggal 2 Mei*

*\*Tanggal May 2, 1958 dapat dibaca:*

May the second atau the second of May. Juli 27:

July the twenty-seventh atau the twenty-seventh of July

He was born on Friday, July the twenty-  
seventh, nineteen fifty six

Indonesia's Independence Day is August  
the seventeenth

Indonesia declared its independence on

*Dia dilahirkan pada hari Jum'at, 27  
Juli 1956*

*Hari kemerdekaan Indonesia jatuh pada  
tanggal 17 Agustus*

*Indonesia mengumumkan*



No, he is still a bachelor  
He was married, but now he is divorced

*Belum, dia masih bujangan  
Dia sudah pernah menikah, tetapi  
sekarang sudah bercerai  
Dia menikah tahun 1950*

He was married in 1950                      He  
got married in 1950

*Mereka bertunangan dua tahun  
sebelum menikah  
Mereka akan menikah*

They were engaged two years before they  
were married/ got married

They are going to be married.              They  
are getting married. They are going to get  
married.

*Dia baru menikah pada umur empat  
puluh tahun  
Dia menikah dengan seorang Perancis  
Kami mau ke perkawinan mereka  
Mereka sedang merayakan hari ulang  
tahun pernikahan mereka yang  
kelima*

He didn't marry until he was forty

She married a Frenchman  
We are going to their wedding.  
They are celebrating their fifth wedding  
anniversary

### **2.3 Age**

How old are you?  
I'm twenty-seven  
I'm twenty-seven years old

*Berapa umur anda?  
Umur saya duapuluh tujuh  
Umur saya duapuluh tujuh tahun*

He is twenty-seven years of age  
They are the same age

*Umurnya duapuluh tujuh tahun.  
Umurnya sama*

a bachelor – *bujangan*

finance – *tunangan pria*

finance – *tunangan wanita*

a widow – *janda*

a widower – *duda*

a divorce, a divorce man – *pria yang bercerai, duda*

a divorcee, divorced women – *wanita yang bercerai, janda*

To die, to be dead

My father is dead but my mother is still alive/  
still living

My grandfather is dead. He dies in 1920

To die

To be dead

*Ayah say sudah meninggal, tetapi  
ibu saya masih hidup*

*Kakek saya sudah meninggal. Dia  
meninggal tahun 1920*

*Meninggal*

*Mati (keadan)*

*Attention:*

- 1) *Jangan mengatakan* he was dead.  
*Seharusnya:* He is dead atau He died.  
 (mati, telah meninggal)  
 atau *lebih halus:* He passed away
- 2) He was buried yesterday. (*dikubur*)  
 We went to the funeral. (*pemakaman*)

*Sekarang cobalah jawab pertanyaan-pertanyaan di bawah ini:*

1. When is your birthday?
2. When is the date of your birthday?
3. When is your mother' birthday?
4. What's today's date?
5. What's tomorrow's date?
6. What day was it yesterday?
7. What date was it yesterday? / What was yesterday's date?
8. This year is Jakarta's \_\_\_\_\_ anniversary.

*Dan terjemahkanlah kalimat-kalimat ini:*

1. Mereka akan menikah tahun depan.
2. Tuan A meninggal dunia kemarin.
3. Saudara saya belum menikah. Masih bujangan.
4. Mereka bertunangan dan akan menikah bulan Juni yang akan datang.
5. Besok adalah hari ulang tahun pernikahan kami yang keduapuluh lima

### 3. Contextual exchanges

#### a. A visit to the Hospital

Visitor: Hello, Joni, How are you? You look fine?

#### *Kunjungan ke Rumah Sakit*

*Pengunjung: Halo, Joni, Apa kabar? Kamu kelihatan sehat.*

Patient: Hello, Hadi! I'm much better, thanks. I'm allowed to sit up now.

*Orang yang sakit: Halo, Hadi! Saya telah mulai baik, terima kasih. Saya telah diperbolehkan duduk*

Hadi: I'm glad to hear that! What was it? Pneumonia?

*Hadi: Bagus! (Saya senang mendengar itu). Apakah penyakitnya? Radang paru-paru*

Joni: Yes, I had a bad cold and cough, but I was so busy, I just kept on working. Then the cough got worse, and my temperature went up, and I nearly collapsed.

*Joni: Ya, saya mendapat pilek yang hebat, dan batuk, tetapi saya begitu sibuk, saya terus saja bekerja. Batuknya bertambah, dan panasnya naik. Dan hampir habis kekuatan saya.*

Hadi: How long do you have to stay in the hospital?

*Hadi: Berapa lama kamu harus tinggal di rumah sakit?*

Joni: Two more weeks, I think. The last X-ray was better, but I'm not well enough to go home yet. I still feel weak.

*Joni: Dua minggu lagi, saya rasa Ronsen yang terakhir baik, tetapi saya belum sembuh benar untuk pulang. Saya masih merasa lemas.*

Hadi: I think you're in good hands here

*Hadi: Saya rasa kamu dalam perawatan baik di sini*

Joni: Yes, indeed. The doctors and nurses are wonderful

*Joni: Memang, Dokter dan jururawatnya baik sekali*

Bill: There's the bell. I have to leave now

*Bill: Itu bel sudah berbunyi. Saya harus pergi sekarang*

John: Thanks so much for your visit

*John: Terima kasih kembali. Saya harap kamu lekas sembuh*

b. What's the matter?  
wrong  
with you is?

What's  
What the matter  
What's wrong with you?

*Ada apa? Mengapa anda?*

I have a headache  
a stomach-ache  
a toothache  
an earache

*Saya sakit kepala  
Perut  
Gigi  
Telinga*

I have a cold  
I've caught a cold

*Selesma (masuk angin)*

I've been sneezing and sniffing and blowing my nose  
all morning

*Dari pagi saya bersin-bersin dan mendengus, dan membersihkan hidung*

I have a sore throat.  
cough  
Cold

*Saya sakit tenggorokan  
Saya sakit batuk  
Saya sakit influenza*

I have a fever

*Saya sakit demam*

*(Kadang-kadang “temperatur”/suhu badan dipakai untuk “fever”)*

He has a high fever

He has a high temperature

He has temperature of 38,9

*Suhu badannya tinggi*

His temperature has gone down

His temperature is normal

Take his temperature

*Suhu badannya turun*

*Suhu badannya normal*

*Ukurlah suhu badannya*

How do you feel?

I don't feel very well

I feel sick

*Bagaimana rasanya?*

*Saya merasa tidak begitu enak badan*

*Saya merasa sakit*

*Sick: arti umumnya: sakit, sama dengan ill; sick juga dapat berarti mual*

I feel sick = I feel like vomiting/ I feel like

throwing up – muntah

Juga: I have an upset stomach

*Airsick* - mabuk waktu terbang

*Seasick* - mabuk waktu berlayar

*Car* - mabuk waktu naik mobil

*Homesick* - rindu kampung halaman; ingin pulang

To ache juga berarti merasa sakit.

My whole body aches

*Seluruh badan saya merasa sakit*

Children's diseases

*Penyakit anak-anak*



Smallpox  
Measles  
Mumps  
Whooping-cough

*Cacar*  
*Campak*  
*Gondongan/ gondok*  
*Batuk kodok (kinkhus)*

Chicken-pox	<i>Cacar air</i>
Polio (infantile paralysis)	<i>Sakit lumpuh (polio)</i>
Diphtheria	<i>Difteral</i>
These diseases are all contagious	<i>Penyakit-penyakit ini semuanya menular</i>
Some of them can be prevented by vaccination	<i>Ada diantaranya yang dapat dicegah dengan vaksinasi</i>
Have the children been vaccinated yet?	<i>Apakah anak-anak sudah dicacar (disuntik)?</i>
Yes, they have just had their smallpox vaccination	<i>Ya, mereka baru dicacar</i>
They have been vaccinated against smallpox	<i>(Melawan sakit cacar)</i>
Other illness	<i>Penyakit-penyakit lain</i>
Dysentery	<i>Mejan, disentri</i>
Tonsillitis	<i>Sakit amandel</i>
Appendicitis	<i>Sakit usus buntu</i>
Pneumonia	<i>Radang paru-paru</i>
Indigestion	<i>Pencernaan makanan kurang baik</i>
Rheumatism	<i>Encok, rematik</i>
Heart trouble	<i>Sakit jantung</i>
High blood pressure	<i>Darah tinggi</i>
Diabetes	<i>Kencing manis, penyakit gula</i>
Hepatitis, jaundice	<i>Sakit kuning</i>
Tuberculosis	<i>TBC</i>
Malaria	<i>Malaria</i>
Cancer	<i>Kanker</i>

Dengue

*Demam berdarah*

**c. At the Hospital**

***Di Rumah Sakit***

He's in (the) hospital

*Ia di rumah sakit*

He has to go to (the) hospital

*Ia harus pergi ke rumah sakit*

He was taken to (the) hospital

*Ia dibawa ke rumah sakit*

He went by ambulance

*Ia dibawa ke rumah sakit pakai ambulans*

Please phone Emergency and call for an ambulance

*Toonglah, telpon nomor Darurat, dan minta dikirim ambulans*

He has to be operated on

*Ia harus dioperasi*

He has to have an operation

He has been operated on

*Ia telah dioperasi*

He has had an operation

The operation was successful

*Operasinya berhasil*

Was he under anesthesia

*Apakah ia dibius?*

What are the visiting hours?

*Jam berapa terima tamu (waktu kunjungan)?*

The visiting hours is from eleven to twelve

*Waktu kunjungan dari jam 11 sampai 12*

<b>d. Getting Well</b>	<b><i>Menjadi sembuh</i></b>
How are you today?	<i>Bagaimana keadaan anda hari ini?</i>
I'm much better, thank you	<i>Baik, terima kasih</i>
Is he well now?	<i>Sudah sembuh dia?</i>
Yes, he's well now	<i>Ya, sudah sembuh</i>

He has recovered from his illness he's worse today	<i>Hari ini keadaannya kurang baik</i>
He's had a relapse	<i>Penyakitnya kambuh</i>
I hope you will get well soon I wish you a speedy recovery Best wishes for a speedy recovery	<i>Mudah-mudahan cepat sembuh</i>
To heal – menyembuhkan, menjadi sembuh	
A healer – penyembuh, juga dukun	
The cut is healing – luka berangsur sembuh	
His hand is healing very well – tangannya menjadi sembuh	
<b>e. Hurt, Pain, Sore</b>	<b><i>Merasa sakit</i></b>
Ouch! I cut myself	<i>Aduh! Terpotong! Terluka!</i>
Does it hurt?	<i>Sakitkah</i>
Yes, it hurts a lot	<i>Ya, sakit sekali</i>
No, it doesn't hurt	<i>Tidak, tidak sakit</i>
- What's the matter? Did you hurt yourself?	<i>(Mengapa?) Ada apa? Ada sakit? Cedera, luka?</i>
- Yes I think I broke my arm atau my arm's broken	<i>Ya, saya kira tangan saya patah</i>
Don't hurt me	<i>Jangan menyakiti saya</i>

You hurt me	<i>Anda saya menyakiti saya</i>
You hurt his feelings	<i>Anda menyakiti hatinya</i>
He feels hurt	<i>Dia merasa sakit hati</i>
Does it hurt? = Is it painful?	<i>Sakitkah?</i>
Yes, it hurts = Yes, it's very painful	<i>Ya, terasa sakit sekali</i>
He is seriously ill, but he doesn't feel any pain	<i>Ia sakit keras, tetapi tidak merasa sakit</i>
My arm hurts = I have pain in my arm	<i>Lengan saya sakit</i>
<i>Sore – sakit, terutama kalau dipegang</i>	
<i>A sore – luka terbuka yang terasa sakit</i>	

**f. Bagaimana Bahasa Inggrisnya:**

1. - *Sudah dengar khabar tentang John?*  
 - *Tidak. Ada apa?*  
 - *Dia dibawa ke rumah sakit semalam*  
 - *Ada apa dengan dia?*  
 - *Ia harus dioperasi. Sakit usus buntu*  
 - *Mudah-mudahan operasinya berhasil*  
 - *Jam berapa terima tamu?*  
 - *Dari jam 11 sampai 12*
  
2. - *Dokter mengatakan apa? / Apa kata dokter?*  
 - *Katanya saya harus menambah berat badan dan saya harus beristirahat*  
 - *Dia memberikan saya suntikan dan memberi resep untuk pil. Te tapi tidak ada yagn berat*  
 - *Mudah-mudahan cepat sembuh*

**g. Jawablah pertanyaan-pertanyaan ini:**

1. What's the matter? Did you hurt yourself?
2. How are you today?
3. When you went to the dentist, what did he do?
4. When you went to the doctor, what did he say?
5. What did he do?
6. Is it anything serious?  
No, it's only.....
7. Have you taken the patient's temperature?  
Yes, he/ she.....

### 1.3 GRAMMAR & TENSES

#### 1. TENSES

##### 1.1 simple present tense

*Bentuk kata kerja yang menyatakan bahwa pekerjaannya dilakukan pada waktu sekarang sebagai suatu kebiasaan.*

Pola Kalimat :

(+) S+V1(es / s→orang ketiga tunggal (she, he, it)+O...

She goes to hospital everyday

(-) S+does/do not V1+O...

She does not go to hospital everyday; They do not go to hospital everyday

(?) Does/do+S+V1+O...

Do you smoke ?

*Waktu sekarang sebagai kebiasaan, dinyatakan dengan keterangan waktu seperti :*

Every day : *setiap hari*  
 Every week : *setiap minggu*  
 Every month : *setiap bulan*  
 Every year : *setiap tahun*  
 Every Friday : *setiap hari Jum'at*  
 On Friday : *setiap hari Jum'at*  
 Twice a week : *dua kali seminggu*  
 Once a week : *sekali seminggu*  
 In the morning : *di pagi hari*

Adverb of Frequency

Always : *selalu*  
 Sometimes : *kadangkala*  
 Usually : *biasanya*  
 Seldom : *jarang-jarang*  
 Often : *seringkali*  
 Never : *tidak pernah*  
 Hardly ever : *hampir tidak pernah*

### **1.2 present continuous tense**

*Digunakan untuk menyatakan peristiwa atau kegiatan yang sedang berlangsung saat sekarang.*

Pola Kalimat :

(+) S+to be (is, are, am)+ V1-ing+O...

I am studying English now

(-) S+to be +not+V1+O...

She is not leaving now

(?) To be+ S+V1-ing+O

Is she coming this morning ?

### **1.3 present perfect tense**

*Bentuk kata kerja yang menyatakan bahwa pekerjaannya dimulai pada waktu lalu (indefinite time) dan pada saat diucapkan "sudah selesai dan ada hasilnya"*

Pola Kalimat :

(+) S+has/have+V3/been+O...

I have taken a medicine

(-) S+has/have-not + V3/been + O...

I haven't seen you for may age  
 (?) Has/have + S + V3/been + O...  
 Have you taken a medicine ?

#### 1.4 present perfect continuous tense

*Bentuk kata kerja yang menyatakan bahwa pekerjaannya telah dimulai pada waktu yang lalu, entah kapan dan masih berlangsung terus pada saat diucapkan entah sampai kapan.*

*Bila diikuti keterangan "for...." atau "since...." Bisa juga mengandung pengertian bahwa pekerjaannya masih berlangsung terus pada saat kalimatnya diucapkan*

*Pola Kalimat :*

- (+) S+has/have+been+V1-ing+O...  
I have been studying English for two months.
- (-) S+has/have+not+been+V1-ing  
Joni has not been out for about one month.
- (+) Has/have +S+been+V1-ing  
Have they been walking for an hour.

#### 1.5 simple past tense

*Bentuk kata kerja yang menyatakan "pekerjanya" dilakukan pada waktu lampau.*

*Pola Kalimat :*

- (+) S+V2/to be (was/were)+O...
- (-) S+did not /was-were not + V1/Adjective
- (?) Did/was-were + S+V1-ing

*Pada waktu lampau itu dinyatakan dengan kata keterangan waktu seperti :*

- yesterday : *kemarin*
- the day before yesterday : *kemarin dulu*
- two days ago : *dua hari yang lalu*
- three months ago : *tiga bulan yang lalu*
- many years ago : *bertahun-tahun yang lalu*
- last night : *tadi malam*
- last month : *bulan yang lalu*
- last week : *minggu yang lalu*
- last year : *tahun yang lalu*
- Last Friday : *hari Jum'at yang lalu*
- this morning : *tadi pagi*
- formerly : *dahulu*



**1.6 past continuous tense**

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang sedang terjadi di masa lampau.*

*Pola Kalimat :*

- (+) S+was/were+ V1-ing  
I was working hard all day yesterday
- (-) S+ was/were not +V1-ing  
She was not walking last night
- (?) Was/were + S+V1-ing  
Was she walking ?

**1.7 past perfect tense**

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang telah selesai dilakukan di waktu lampau sebelum peristiwa lain terjadi.*

*Pola Kalimat :*

- (+) S+had+ been +adj/adv/N  
She had been ill
- (-) S+Had not +been +Adj/Adv/N  
She had not been ill
- (?) Had+S+been +Adj/Adv/N  
Had she been ill?

**1.8 Past perfect continuous tense**

*Untuk menyatakan peristiwa, kegiatan at au tindakan yang sedang berlangsung terus di masa lampau, biasanya dalam jangka waktu tertentu.*

*Pola Kalimat :*

- (+) S + had + been + V1-ing  
I had been sleeping
- (-) S + had not + been + V1-ing  
She had not been sleeping
- (?) Had + S + been + V1-ing  
Had you been sleeping ?

**1.9 present future tense**

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang akan terjadi di masa depan.*

*Pola Kalimat :*

- (+) S+ shall/will + be + V1-ing  
I will be hungry, I am going to go home tomorrow

(-) S + shall/will + not + have + been + adj/adv/N

I will not be hungry; I am going to go home.

(?) Shall/will + S|+be+Adj/Adv/N

Will she be hungry ? ; Won't you be hungry ? ; Are you going to go home ?

### 1.10 Present future continuous tense

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang akan sedang berlangsung di masa datang.*

*Pola Kalimat :*

(+) S+Shall/Will+Be+V1 -ing

I will be going home

(-) S+Shall/Will not +Be+V1 -ing

I will not be going home

(?) Will/Shall +S+Be+V1 -ing

Will you be going home

### 1.11 present future perfect tense

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang telah dimulai di waktu lampau dan akan telah selesai di waktu tertentu di masa yang akan datang*

*Pola Kalimat :*

(+) S+Shall/Will+Have+Been+Adj/Adv/N

I will have been there

(-) S+Shall/Will+Not+Have+Been+Adj/Adv/N

You will not have been there

(?) Shall/Will+S+Have+Been+Adj/Adv/N

Will you have been there ?

### 1.12 past future tense

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang akan terjadi di waktu lampau.*

*Pola Kalimat :*

(+) S+Should/Would+Be+Adj/Adv/N

I should be hungry

(-) S+Should/Would Not + Be+Adj/Adv/N

I should not be hungry

(?) Should/Would +S+Adj/Adv/N

Would you be hungry ?

**1.13 Past future continuous tense**

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang akan sedang dilakukan di waktu lampau.*

*Pola Kalimat :*

- (+) S+Should/Would+Be+v1 -ing  
You should be running
- (-) S+Should/Would not + Be+V1 -ing  
You should not be running
- (?) Should/Would +S+Be+V1 -ing  
Would she be running?

**1.14 past future perfect tense**

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang akan telah dilakukan di waktu lampau.*

*Pola Kalimat :*

- (+) S+Should/Would+Have+Been+Adj/Adv/N  
I should have been late
- (-) S+Should/Would not +Have+Been+Adj/Adv?  
I should not have been late
- (?) Should/Would+S+Have+Been+Adj/Adv?N  
Should I have been late?

**1.15 past future perfect continuous tense**

*Untuk menyatakan peristiwa, kegiatan atau tindakan yang akan telah sedang terjadi di waktu lampau.*

*Pola Kalimat :*

- (+) S+Should/Would+Have/Been+V1 -ing  
I should have been sleeping
- (-) S+Should/Would not+Have+Been+V1 -ing  
I should not have been sleeping
- (?) Should/Would+S+Have+Been+V1 -ing  
Would I have been sleeping?

**2. COMMANDS - REQUESTS****2.1. COMMANDS (*Kalimat perintah*)**

Pola : Open + Your book

Contoh: 1. Sweep the floor.

2. Polish your hair.

3. Comb your hair.

## 2.2. NEGATIVE COMMANDS (*Kalimat larangan*)

Pola : Do not + smoke atau Don't + smoke

Contoh: 1. Don't talk

2. Don't make noise

3. Don't write on the wall

## 2.3. REQUEST (*Kalimat permintaan*)

Open the door,	please	<b>ATAU</b>	Please	open the door.
Do not talk,	please		Please do not	talk.
Will you come here,	please		Will you please	come here?
Would you write your name,	please		Would you please,	write your name?
Would you like	to smoke?			
Would you mind	helping me			
Won't	join us?			
Let us	study here		Let's	study here

Ada juga pola kalimat yang tidak menggunakan Verb (kata kerja), sehingga pola yang digunakan sebagai berikut:

Pola	Contoh
Be + Adjective	Be diligent !
Be + Adverb	Be here !
Be + Nouns	Be a teacher!

## 3. ELLIPTIC STRUCTURES

### *Pola 1*

I learn English and you learn English

*Kalimat ini dapat disederhanakan menjadi:*

1. I learn English and you do too.
  2. I learn English and so do you.
- Artinya: Saya belajar Inggris dan begitu juga kamu.

**Pola 2**

He doesn't come. I don't come.

Dua kalimat *NEGATIVE* itu dapat disederhanakan menjadi:

1. He doesn't come and I don't either.
2. He doesn't come and neither do I.
3. He doesn't com and nor do I.

Artinya: Dia tidak datang dan saya juga tidak.

**Pola 3**

He is not fat. You are fat

Dua kalimat *POSITIVE* dan *NEGATIVE* di atas dapat disederhanakan menjadi:

He is not fat but you are

“But” adalah *Conjunction* artinya tetapi.

#### 4. ADJECTIVES ADVERBS

*Adjective* atau kata sifat : adalah kata yang menerangkan keadaan atau sifat benda

Contoh: That boy is diligent.  
That girl is beautiful.

*Adverb* atau kata keterangan: adalah kata yang menerangkan kata kerja, yaitu bagaimana cara bekerjanya. Kata keterangan ini namanya *ADVERB OF MANNER*.

Contoh: That boy works diligently  
That bird sings beautifully

#### 5. ADJECTIVE CLAUSES

##### A. RELATIVE PRONOUN - SUBJECT

I have a brother . He lives in Surabaya  
Antecedent

I have a brother who lives in Surabaya.  
Adjective clause (relative clause)

Or

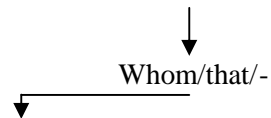
I have a brother that lives in Surabaya.  
Relative pronoun

Catatan:

Antecedent	Relative pronoun
Person	Who/that
Non-person	That/which

### B. RELATIVE PRONOUN - OBJECT

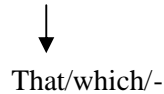
He is a painter. I admire this painter



He is a painter whom I admire  
He is a painter that I admire  
He is painter I admire.

Object:

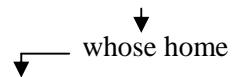
This is the bag. I bought it yesterday.



This is the bag that I bought yesterday.  
This is the bag which I bought yesterday.  
This is the bag I bought yesterday.

### C. RELATIVE PRONOUN - POSSESSIVE

This is the man. We visited his home.



This is the man whose home we visited.

Bila “antecedent” adalah non-person ada beberapa kemungkinan.

Contoh: This is the cupboard. Its door is broken.

- i. This is the cup board whose door is broken
- ii. This is the cupboard the door of which is broken
- iii. Cara yang paling baik adalah mengubah susunan kalimatnya  
This is the cupboard with the broken door  
atau  
This is the cupboard that has the broken door.

#### **D. PREPOSITIONAL CLAUSES**

The gentleman is my uncle. You were speaking with him yesterday.

The gentleman whom You were speaking with yesterday is my uncle.

The gentleman that You were speaking with yesterday is my uncle.

The gentleman you were speaking with yesterday is my uncle.

The gentleman wit whom you were speaking with yesterday is uncle.

#### **6. NOUN CLAUSES**

*Perhatikan kalimat berikut:*

What did he tell you?

- a. He told me the news. (Noun)
- b. He told me about his success. (Noun phrase)
- c. He told me that he was ill. (Noun clause)

What did she ask?

- a. She asked if I would help her. (Noun clause).
- b. She asked why I would not help her. (Noun clause).
- c. She asked where I lived. (Noun clause).

Noun clause merupakan jawaban dari pertanyaan dengan kata Tanya WHAT.

Noun clause dari kalimat di atas merupakan anak kalimat pengganti noun/noun phrase.

**A. Noun clause setelah kata kerja**

Contoh:

Main Clause : He says

Noun Clause : (that) he is ill.

(+ ) He says (that) he is ill.

(- ) He doesn't say (that) he is ill.

( ? ) Does he say (that) he is ill?

*\Kata that dapat dihilangkan tanpa merubah arti menjadi: He says he is ill.***B. Noun clause setelah adjective**

Contoh:

Main Clause : He is sure

Noun Clause : (that) they can come.

(+ ) He is sure (that) they can come.

(- ) He isn't sure (that) they can come.

( ? ) Is he sure (that) they can come?.

Kata that dapat dihilang kan tanpa merubah arti menjadi: He is sure they can come.

**C. Noun clause yang dimulai dengan kata tanya**

Contoh:

Main Clause	Noun Clause
I don't know	Why he can't come
Please tell her	Which book she wants
I know	Where she lives
Can you tell me	Who that girl is ?
We don't know	Why that baby cries.

**Catatan:**

*Bila main clause dalam bentuk present tense, anak kalimat bisa dalam bentuk "tense" yang lain lain.*

*Bila main clause dalam bentuk "past tense mak a noun clause (anak kalimat) harus dalam bentuk "past tense" tidak boleh dalam bentuk "present tense"*



## 7. PASSIVE VOICE

### 1. Simple Present : N + (is, are, am) + V3 + by.....

- Active : Tony' job looks after patient with Diabetic every day  
 Passive : Patient with diabetic is looked after (by him) every day

### 2. Simple Past : N + (was, were) + V3 + by.....

- Active : Tony dressed patient's wound yesterday  
 Passive : Patient's wound was dressed ( by him) yesterday

### 3. Present Perfect : N + has/have + been + V3 + by ...

- Active : Patient has taken a medicine  
 Passive : A medicine has been taken by patient\_( by him)

### 4. Past Perfect : N + had + been+ V.III + by.....

- Active : He had written the letter  
 Passive : The letter had been written ( by him)

### 5. Future : N + Will + be + V.III + by .....

- Active : Nurse will take blood test tomorrow.  
 Passive : Blood test will be taken by nurse ( by him)

### 6. Future Perfect : N + Will + have + have + been + V.III + by....

- Active : He will have written the letter  
 Passive : The letter will have been written ( by him)

### 7. Present Progressive / Continuous : N + (is, am, are) + being + V.III + by...

- Active : He is dressing patient's wound  
 Passive : Patient's wound is being dressed ( by him)

### 8. Past Continuous : N + (was, were) + being + V.III + by....

- Active : He was dressing patient's wound  
 Passive : Patient's wound was being dressed ( by him)

## 8. CONDITIONAL SENTENCES

ADA 3 MACAM CONDITIONAL SENTENCES (KALIMAT PENGANDAIAAN), YAITU:

1. FUTURE POSSIBLE/ KEMUNGKINAN
2. PRESENT UNREAL/ SEKARANG KHAYAL
3. PAST UNREAL/ WAKTU LAMPAU KHAYAL

### 8.1 FUTURE POSSIBLE CONDITION

*Condition future sentences ini adalah kalimat majemuk yang terdiri dari satu anak kalimat yang diawali dengan If dan satu induk kalimat/ jawaban pada anak kalimat yang dimulai dengan If tersebut.*

*Examples :* If John studies hard, he will pass.

If she comes on time, I'll see her.

*Pada dua kalimat tersebut diatas kata kerja pada anak kalimat yang dimulai dengan If dipakai bentuk "Present tense" bukan bentuk future tense, sedang pada induk kalimatnya atau pada jawabannya dipakai bentuk "Future Tense."*

*Bentuk kalimat ini dinamai bentuk "Future possible condition," karena kalimat ini melukiskan situasi mungkin terjadi pada waktu akan datang atau mungkin tidak terjadi.*

*Note:*

*Anak kalimat yang didahului oleh kata-kata penghubung anak kalimat seperti : when, as soon as, until, before, after, dan unless, juga dipakai dengan cara yang sama dengan anak kalimat yang didahului If tersebut diatas.*

*Examples :*

I'll see him if he comes.

I'll see him when he comes.

I'll see him as soon as he comes.

I'll see him until he comes.

### 8.2 PRESENT UNREAL (SEKARANG KHAYAL)

*Dipergunakan bila kita ingin mengkhayalkan atau membayangkan suatu yang bertentangan/ berbeda dengan kenyataan yang ad sekarang, diben tuk dengan cara:*

*Anak kalimat yang memakai "If berbentuk Past Tense waktu lampau dan Would/ Should/ Could dipakai pada induk kalimat."*

Examples :

1. If you studied hard, you would pass your examination.
2. If I got a lottery, I could give you a new car right now.

*Perhatikan Present –Unreal condition melukiskan sesuatu situasi pada waktu sekarang yang khayal atau tidak riil.*

Examples :

1. You didn't study hard but.  
If you studied hard. You would pass your examination.
2. I do not get a lottery but  
If I got a lottery, I would give a new car right now.

### **8.3 PAST UNREAL CONDITION/ (WAKTU LAMPAU KHAYAL)**

*Pada "past-unreal condition," bentuk Past perfect tense dipakai pada anak kalimat yang memakai If dan would have, should have, atau could have dipakai pada induk kalimat atau jawabannya.*

Examples :

- If John had studied, he would have passed the examination.  
If I had known her number, I would have called her.  
If he had had more time, he would have gone with us.

Note:

*Ingat bahwa Past-unreal condition ini menunjukkan waktu yang lampau. Juga perhatian bahwa sebagaimana present unreal condition, Past unreal menunjukkan suatu angan-angan atau situasi yang berlawanan dengan kenyataan.*

Examples :

- John did not study  
If he had studied, he would past it.  
I did not know her telephone number but  
If I had known it, I would have cold her.  
He did not have time but  
If he had had time, he would have gone with us.
-

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## 9. DIRECT AND INDIRECT SPEECH

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*Kalau ucapan sipembicara dilaporkan/ diceritakan persis sebagaimana diucapkan, maka kalimat itu disebut kalimat langsung/ direct speech .*

Examples : John says, "I am busy."

Mary says, "I go to school."

*Kalimat langsung/ direct speech diatas dapat dirubah menjadi kalimat tidak langsung/ indirect speech.*

Examples : John says (that) he is busy

Mary says (that) she goes to school.

*Ingat bahwa pada Indirect Speech kalau kerja utama Past Tense, maka kata kerja anak kalimat juga Past Tense.*

Examples : John said," I saw the movie." (Direct)

John said that he had seen the movie. (Indirect)

*Juga perhatikan kata says pada direct speech dirubah menjadi tell pada indirect speech apabila orang pada siapa kalimat itu dikatakan/ disinggung.*

Examples : John said to me," I like my lesson." (direct)

Jon told me that he liked his lesson. (indirect)

### INDIRECT SEECH – COMMANDS/ PERINTAH :

*Bentuk suruhan atau perintah dalam bentuk indirect speech adalah sebagai berikut:*

(direct) - Mr. Black said to me "come back later."

(indirect) - Mr. Black told me to come back to me.

(direct) - Mrs. Green said to me," don't wait for me."

(indirect) - Mrs. Green told me not to wait for her.

### INDIRECT SPEECH – QUESTIONS :

*(kalimat tidak langsung pertanyaan).*

*Kalau "direct question" diganti menjadi "indirect questions," maka bentuknya dirubah menjadi "statement"/ kalimat pernyataan.*

Examples: (direct) - John asked," Where does Mary live?"

(indirect) - John asked where Mary lives.

## 10. GERUNDS

Gerund: *Kata benda yang berasal dari kata kerja dengan tambahan -ing. Gerund dipakai sebagai kata benda, berfungsi sebagai pokok kalimat atau penderita.*

Example: Nurse enjoy discussing patient's condition

*Beberapa kata kata dalam bahasa Inggris selalu diikuti Gerund, tidak pernah diikuti oleh infinitive seperti pada table.*

<p> <b>enjoy</b>  <b>mind</b>  <b>stop</b>  <b>avoid</b>  <b>consider</b>  <b>appreciate</b>  <b>finish</b>  <b>deny</b>  <b>admit</b>  <b>risk</b>  <b>dislike</b> </p>	<p> <b>+ V1-ing</b> </p>
--	--------------------------

Exercises:

1. Would you mind \_\_\_\_\_ (wait) a few minutes?
2. Have you finish \_\_\_\_\_ (dressing patient's wound)?
2. She stopped \_\_\_\_\_ (take) medicine yesterday.
3. I appreciate \_\_\_\_\_ (try) to walk.
4. She consider \_\_\_\_\_ (discharge) from hospital

## **EXERCISES: WRITING & READING**

### **WRITING**

**CHOOSE THE CORRECT ANSWER**

1. After her husband death, the patient continued \_\_\_\_\_ for peace.
  - A. working
  - B. work
  - C. the working
  - D. to work
  
2. The great apes, a generally peaceful species, \_\_\_\_\_ in groups
  - A. Would rather living
  - B. would rather live
  - C. would rather they live
  - D. would rather lived
  
3. A normal body temperature is from 36.7 C \_\_\_\_\_ 37.5 C
  - A. with
  - B. to
  - C. and
  - D. from
  
4. There is a relationship between knowledge ..... attitude
  - A. to
  - B. with
  - C. and
  - D. as
  
5. I live \_\_\_\_\_ East Surabaya
  - A. on
  - B. in
  - C. at
  - D. over
  
6. I don't know .....?
  - A. what do you mean
  - B. what you mean
  - C. what did you mean
  - D. what is the meaning
  
7. I was born ..... December 25th, 1966
  - A. on
  - B. in
  - C. at
  - D. over
  
8. The greater the demand for nurses, salary
  - A. higher
  - B. high
  - C. the higher
  - D. the highest
  
9. When I ..... Out, my patient was crying
  - A. go
  - B. went
  - C. gone
  - D. have gone
  
10. Do you know the patient ..... Heart is sick?
  - A. that
  - B. whom
  - C. of which
  - D. whose
  
11. A Medicine ..... by Ana to her (Passive)

- A. will be given  
B. will have been give
- C. will had been given  
D. will be gave
12. Tuti is ..... dressing care of patient's wound.  
A. been dressing  
B. being dressed
- C. be dressing  
D. been dressed
13. If I ..... You, I ..... leave Pajjem soon  
A. was, will  
B. were, would
- C. were, will  
D. was, would

**CHOOSE THE INCORRECT WORD OR PHRASE**

14 Many people with spinal cord injuries can, with the help of computer implants,

- (A) (B)  
Recovering some of their mobility  
(c) (D)

15 The nurse finishes working everyday at 2:00 pm

- A B C D

16 Children were playing last night outdoors when it began to rain very hard

- A B C D

17 The students were interested in take field trip to BONBIN

- A B C D

18 The Rural Free Delivery Act was passed so that people on farms could have

- (A) (B)

there mail delivers cheaper and faster

- (C) (D)

19 He wasn't arriving to the PPNI meeting on January, neither they are

- A B C D

20 The money needed to start and continue operating a business know as capital

- (A) (B) (C) (D)

21 The purpose of hibernation is maintain animal in winter climates where food

supplies are reduced (A) (B) (C)  
(D)

22 Nurses attends an university for Nursing English in the Department of  
A B  
Nursing, UNAIR which specialized in nursing care  
C D

23 If drivers obeyed the speed limits, fewer accidents occur  
(A) (B) (C) (D)

24 The work performed by nurses are not worth our paying any longer  
A B C D

25 The were a time that I used to teach you five times every day, but I don't  
have

A B C  
D

time

## READING

### Reading Passage 1

#### Filling in the Gap

#### **Choose the following options:**

A: divided into                      D: consists of  
B: connected to                    E: supported by  
C: attached to                      F: covered b

The body is ...(1).... skeleton, which ...(2)..... about two hund red and six  
bones. All the bones are ...(3)... a membrane. The skeleton is (4).... Two parts,  
the axial skeleton and appendicular skeleton. At joints the bones are (5).....  
ligaments. Some muscles are (6)..... skeleton

26 ...                                      29.....  
27.....                                    30 .....  
28.....                                    31.....



**Reading Passage 2**

Take two tablets with water, followed by one tablet every eight hours, as required. For maximum nighttime and early morning relief, take two tablets in twenty-four hours.

For children six to twelve years old give half the adult dosage. For children under six years old, consult your physician. Reduce dosage if nervousness, restlessness, or sleeplessness occurs.

32 The label on this medicine bottle clearly warns not to take more than

- (A) twenty-four tablets a day
- (B) eight tablets a day
- (C) six tablets a day
- (D) three tablets a day

33 We can infer by this label that

- (A) the medicine tablets before going to bed
- (B) children may take the same dosage that adults take
- (C) one may not take this medicine before going to bed
- (D) the medication is a liquid

34 If one cannot sleep, it is suggested that he

- (A) take two tablets before going to bed
- (B) take less than two tablets before going to bed
- (C) stop taking the medicine
- (D) consult a doctor

35 Evidently the medicine

- (A) may be dangerous for small children
- (B) cannot be taken by children under twelve years old
- (C) may be taken by children but not by adults
- (D) may be taken by adults but not by children

**Reading 3**

**DOSAGE** : Adults twelve years old over take two teaspoonfuls as needed, not to exceed fifteen teaspoonfuls per day. Children six years old to twelve years old take half of the adult dosage, not to exceed seven teaspoonfuls per day.

**WARNING** : Do not exceed the recommended dosage unless directed by

physician. Do not administer to children under six years old or to individuals with high blood pressure, heart disease, or diabetes. This preparation may cause drowsiness. Do not drive or operate machinery while taking this medication. Chronic cough is dangerous. If relief does not occur with three days, discontinue use and consult your physician.

Question :

36 Synonym of drowsiness in these directions is :

- |                   |                   |
|-------------------|-------------------|
| A. Falling        | C. sneeze         |
| B. felling sleepy | D. feeling sleepy |

37 Physician is the same as :

- A. nurse
- B. midwifery
- C. doctor
- D. physiotherapist

38 Do not administer to children under six :

- A. register
- B. treat
- C. ask
- D. take

39 According to the directions, which of the following should take the medication?

describe ?

- A. someone with high blood pressure and heart diseases
- B. someone with diabetes
- C. someone under six years old
- D. someone who has a cough

40 One of the side effects of taking this medicine is that of :

- A. coughing
- B. feeling sleepy
- C. high blood pressure
- D. addiction

41 According to the instruction on the label of this medicine, for purpose of dosage,

an adult is a person

- A. six years old
- B. seven years old
- C. twelve years old
- D. none of the above

**KEY**

1. A	26. E
2. D	27. D
3. B	28. F
4. C	29. A
5. B	30. B
6. B	31. C
7. A	32. C
8. C	33. A
9. B	34. B
10. D	35. A
11. A	36. B
12. B	37. C
13. B	38. B
14. C	39. D
15. B	40. B
16. C	41. C
17. C	
18. D	
19. D	
20. B	
21. B	
22. B	
23. D	
24. D	
25. A	

**References**

1. Sharpe PJ. 1992. TOEFL. 6<sup>th</sup> ed. Jakarta: Binarupa Aksara

## **CHAPTER 2**

# **CLINICAL SETTING AND BREAKING DOWN NURSING - MIDWIFERY TERMINOLOGY**

**Objectives:**

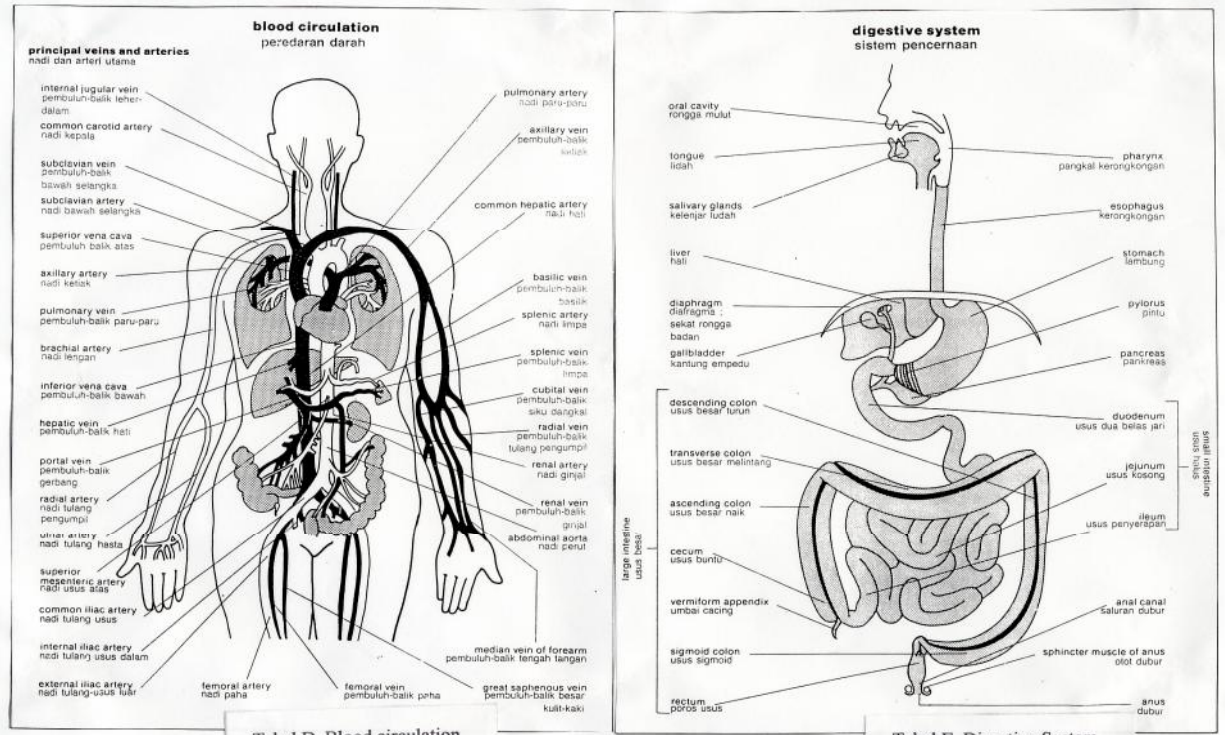
After completion of this course, the student will be able to:

1. Understand the terminology in clinical setting
2. Understanding how to break the medical – nursing - midwifery terminology
  - Prefixes, suffixes, root and combining vowel

## **2.1 TERMINOLOGY IN CLINICAL SETTING**

### **1. BODY PART SYSTEM**

In this chapter we describe the basic structures of human body in every system about their characteristics and composition and descriptive anatomic terms are introduced in chart form. The system that we will talk about are human body in commonly, respiratory, blood circulation, nervous, urinary, digestive and skeleton – integument.



**principal veins and arteries**  
nadi dan arteri utama

**blood circulation**  
peredaran darah

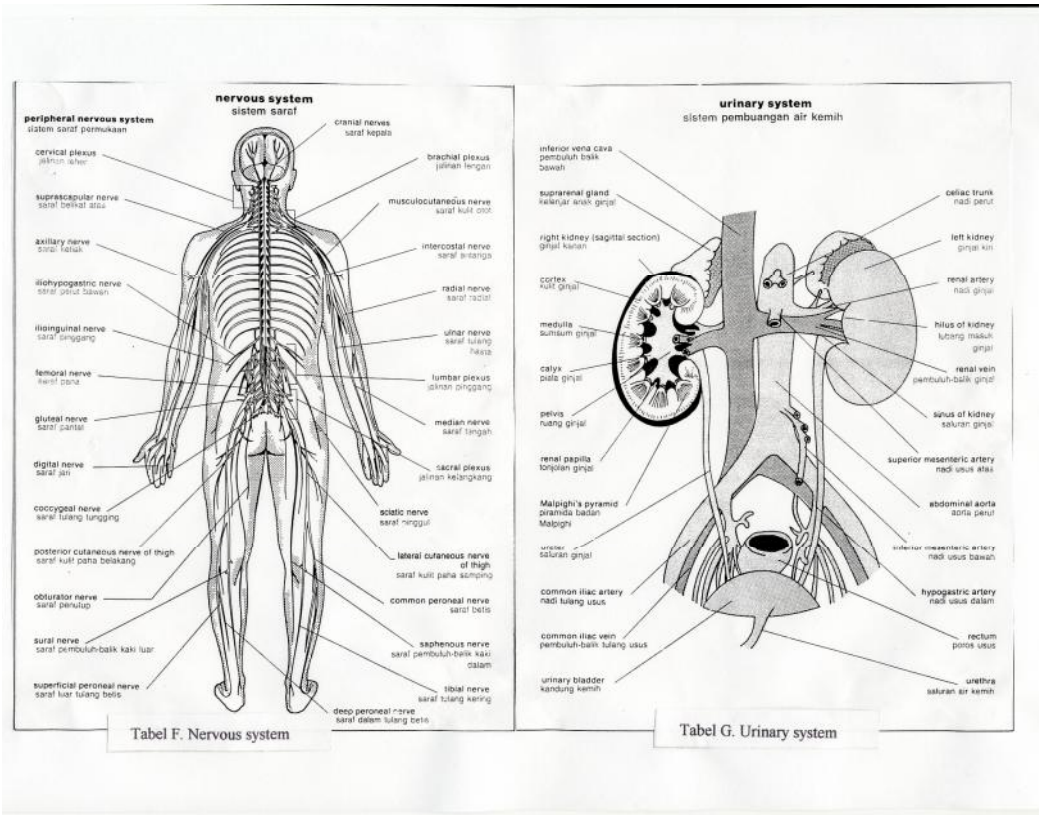
- internal jugular vein pembuluh-balik leher-dalam
- common carotid artery nadi kepala
- subclavian vein pembuluh-balik bawah selangka
- subclavian artery nadi bawah selangka
- superior vena cava pembuluh balik atas
- axillary artery nadi ketiak
- pulmonary vein pembuluh-balik paru-paru
- brachial artery nadi lengan
- inferior vena cava pembuluh-balik bawah
- hepatic vein pembuluh-balik hati
- portal vein pembuluh-balik gerbang
- radial artery nadi tulang pengumpil
- ulnar artery nadi tulang hasta
- superior mesenteric artery nadi usus atas
- common iliac artery nadi tulang usus
- internal iliac artery nadi tulang usus dalam
- external iliac artery nadi tulang-usus luar
- femoral artery nadi paha
- femoral vein pembuluh-balik paha
- great saphenous vein pembuluh-balik besar kuli-kaki
- pulmonary artery nadi paru-paru
- axillary vein pembuluh-balik ketiak
- common hepatic artery nadi hati
- basilic vein pembuluh-balik bawak
- splenic artery nadi limpa
- splenic vein pembuluh-balik limpa
- cubital vein pembuluh-balik siku dan gajel
- radial vein pembuluh-balik tulang pengumpil
- renal artery nadi ginjal
- renal vein pembuluh-balik ginjal
- abdominal aorta nadi perut
- median vein of forearm pembuluh-balik tengah lengan

Tabel D. Blood circulation

**digestive system**  
sistem pencernaan

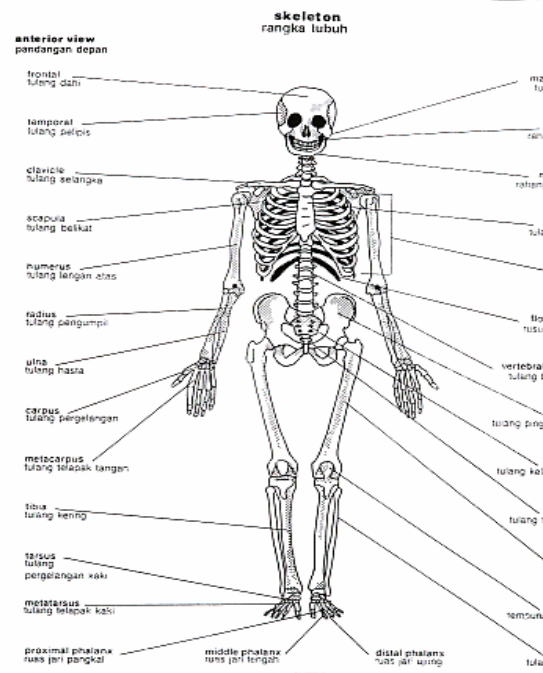
- oral cavity rongga mulut
- longue lidah
- salivary glands kelenjar ludah
- liver hati
- diaphragm diafragma : sekat rongga badan
- gallbladder kantung empedu
- descending colon usus besar turun
- transverse colon usus besar melintang
- ascending colon usus besar naik
- cecum usus buntu
- vermiform appendix umbai cacing
- sigmoid colon usus sigmoid
- rectum poros usus
- pharynx pangkal kerongkongan
- esophagus kerongkongan
- stomach lambung
- pylorus pintu
- pancreas pankreas
- duodenum usus dua belas jari
- jejunum usus kosong
- ileum usus penyerapan
- anal canal saluran dubur
- sphincter muscle of anus otot dubur
- anus dubur

Tabel E. Digestive System

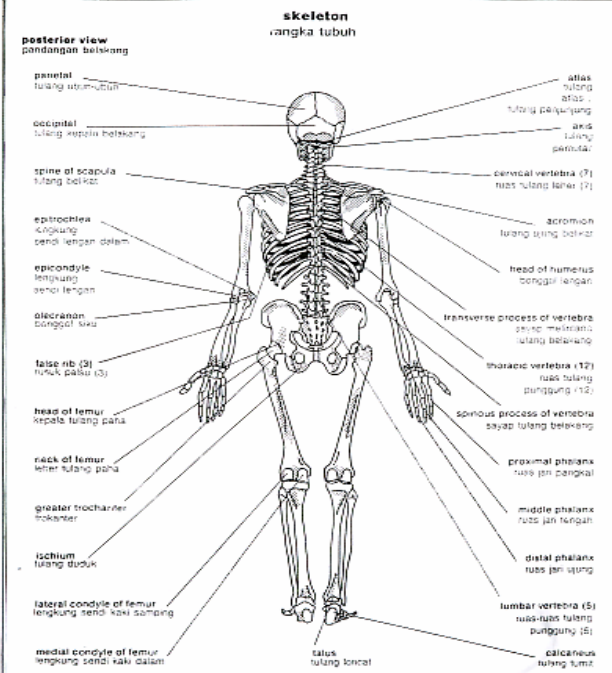


2. MIDWIFERY TERMINOLOGY

Terminology used in maternity

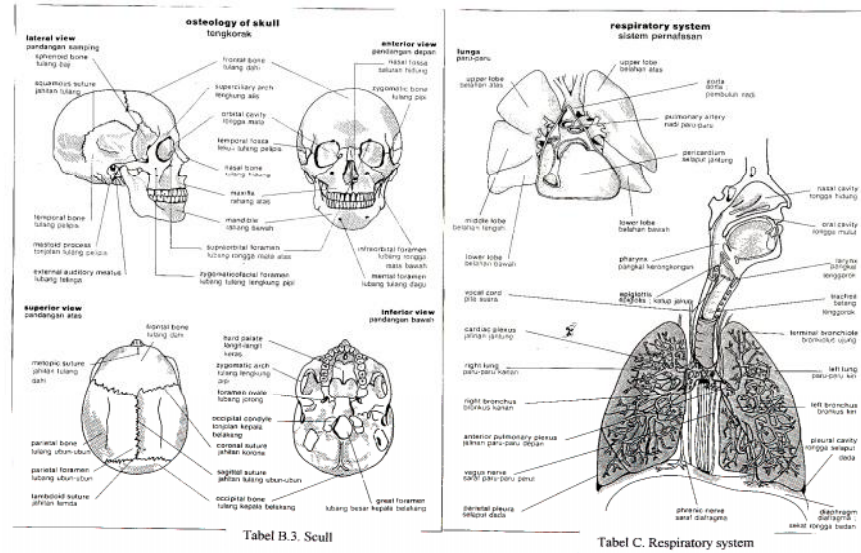


Tabel B.1. Skeleton



Tabel B.2. Skeleton

**Terminology**



**Meaning**

Cessation	Pregnancy or maternal condition of having a developing fetus in the body
Embryo	Developing organism during first 8 weeks
Fetus	Human concepts from 8 weeks until delivery
Viability	Capability of living



Gravid	A woman who is or has been pregnant, regardless of pregnancy outcome
Nulligravida	A woman who is not now and never has been pregnant
Primigravida	A woman pregnant for the first semester
Multigravida	A woman who has been pregnant more than once
Para	Refers to past pregnancies that have reached viability
Nullipara	A woman who has never completed a pregnancy to the period of viability
Primipara	Refers to woman who had completed one pregnancy to the period of viability
Multipara	Refers to a woman who has completed two or more pregnancies to the stage of viability

### **Obstetric History**

In some obstetric service, a woman's obstetric history is summarized by a series of four digits, such as 5-0-2-5. These digits correspondents with the abbreviations F/TPL

- F/T : represents preterm deliveries, 20 to 37 weeks  
 A : represents abortions, elective or spontaneous loss of pregnancy before the period of viability  
 L : represents the number of children living.

Example: a particular woman's history is summarized as Gravida7, Para 5, 5 -0-2-5, and then she has been pregnant seven times, delivered five times past the age of viability. Had five term deliveries, zero preterm deliveries. Two abortions and five living children.

### Signs & Symptoms of Pregnancy

Terminology	Meaning
Striae gravidarum	Appear to the breast, abdomen and thighs caused by stretching rupture
Morning sickness	Nausea or vomiting occurs usually in the morning
Quickening	Sensations of fetal
Hagar's sign	Lower uterine segment softens 6 to 8 weeks after the onset of LMP
Chadwick's sign	Bluish or purplish discoloration of cervix and vaginal wall
Goodell's sign	Softening of the cervix, may occur as early as 4 weeks
Braxton Hicks	Intermittent contraction of the uterus (painless)
Ballotement	A sinking and rebounding of the fetus in its surrounding amniotic fluid
Leucorrhea	Increase in vaginal discharge
LMP	Last Menstrual Period
Menarche	First of menses

### 3. WARD AND DEPARTEMENT

#### a. Department

- Cardiology                              Problems of heart
- Chemical Pathology                    Analysis of substances found in samples of blood
- Dermatology                             Problems of skin
- Ear, Nose and Throat                 Problems of ear, nose, throat and sinuses

▪ Endocrinology	Problems of endocrine glands and hormones
▪ Gastroenterology	Problems of stomachs and intestine
▪ Hematology	Disease of the blood
▪ Microbiology	Identification of organisms that cause disease
▪ Nephrology	Problems of the kidneys
▪ Neurology	Problems of brain and nerves
▪ Neurosurgery	Brain and spinal cord surgery
▪ Obstetrics	Care of woman and babies during pregnancy, birth and post natal period
▪ Oncology	Treatment of the cancers
▪ Ophthalmology	Problems of the eye
▪ Orthopedics	Surgical treatment of bone and joint disorder
▪ Pediatrics	All the health problems affecting children
▪ Psychiatry	Mental illness and emotional disturbance
▪ Radiology	X-rays and their interpretation
▪ Rheumatology	Problems of the joints and surrounding tissues
▪ Thoracic Surgery	Chest and lung surgery
▪ Urology	Problem of the kidneys and urinary tract
▪ Venereology	Venereal disease

b. Ward

- Nurse station
- Procedure room
- Utilities room
- A medicine chest
- A trolley
- A hydraulic bed
- Wheel chair

#### 4. INSTRUMENTS

- A syringe

A syringe consists of a plunger, a barrel and a needle. These are the parts of a syringe. It contains a drug solution. This is what is inside the syringe. The needle is fitted into the barrel. A syringe is used for giving injections. Insert the needle to the vein.

- A stethoscope
- Rectal thermometer
- Oral thermometer
- Catheters
- Scissors : Suture scissors  
Lister's bandage scissors
  
- Forceps : Cheatle's forceps
- Dressing trolley
- Gallipots
- Tray
- Bowl
- Kidney dish (receiver)

#### Exercises: Reading and understanding

Last week, Joan looked at instruments. They had a pile of pictures in front of them. Sometime Joan held up the picture and asked Jane to name it. Sometimes Joan said the name of an instrument and Jane had to find the correct picture. This was the first picture

And Jane said, "Easy, they're scissors".

"But what shape are they?" asked Joan.

"Well, they're straight."

"Now look at the blades."

"They're sharp-ended." Answered Jane.

"Good," said Joan, "they're straight, sharp-ended scissors. What about these, then?"

And Joan held up this picture:

Jane . "Those, my dear Joan, are a pair of straight, sharp -and blunt-ended scissors."

## 2.2 BREAKING TERMINOLOGY

### 1. PREFIXES

Prefixes consist of one or more syllables placed at the beginning of a word. A prefix placed in front of a verb, adjective or noun for modifying its meaning. Many prefixes do occur frequently in medical language and studying them is very important first step in learning medical terminology. The principal of prefixes in medical terminology are given next Table (Table 1.1)

<b>Prefix</b>	<b>Meaning</b>	<b>Examples</b>
a-, an-	not, without, lack of	Anemia (lack off blood)
ab-	away from	Abductor (leading away from)
ad-	to, near, toward	Adductor (leading toward)
ana-	up, apart, toward	Anatomy (to cut apart)
ante-	before	Antecubital (before elbow)
ap-, apo-	separation from, derived from	Apobiosis (death of a part)
aut-, auto-	self	Auto analysis (self analysis)
bi-	double, two	Biarticulate (double joint)
cata-	down, under, against	Catabolism (breaking down)
contra-	opposed	Contra lateral (opposite side)
de-	from, down	Dehydrate (remove water from)
di-	two, twice	Dicephalous (two headed)
dys-	difficult, bad, painful	Dyspneu (difficult breathing)
endo-,	within	Endocranial ( within cranium)
im-, in	not	Implant (insert into)
inter-	between	Intercostals (between ribs)
micro-	small	Microbe (small organism)
peri-	around	Periosteum (around bone)
poly-	excessive	Polydipsia (excessive thirst)
post-	after	Postnatal (after birth)
pre-	before	Preoperative (before surgery)
re-	backward	Regurgitation (vomiting)
sub-	under	Sublingual (under the tongue)

**EXERCISE I**

Matching:

- |                  |                          |
|------------------|--------------------------|
| 1. a-, an-       | A. self                  |
| 2. ambi-, amphi- | B. difficult, bad        |
| 3. contra-       | C. apart, free from      |
| 4. dys-          | D. without, lack of, not |
| 5. ep-, epi-     | E. below, beneath        |
| 6. aut-, auto-   | F. upon, on, over        |
| 7. multi-        | G. oppose, against       |
| 8. dis-          | H. both                  |
| 9. infra-        | I. normal                |
| 10. eu-          | J. many                  |

**EXERCISE II**

Define the following prefixes:

1. post- \_\_\_\_\_
2. dys- \_\_\_\_\_
3. a- \_\_\_\_\_
4. infra- \_\_\_\_\_
5. retro- \_\_\_\_\_
6. endo- \_\_\_\_\_
7. inter- \_\_\_\_\_
8. para- \_\_\_\_\_
9. ambi- \_\_\_\_\_
10. cata- \_\_\_\_\_

**2. SUFFIXES**

Suffixes consist of one or more syllables placed at the end of a word and never stand alone. Suffixes are added to the roots of the words to modify the meanings.

There are two general rules that may be followed:

- a. The last vowel of the root may be changed to another vowel and another vowel may be inserted between the root and a suffix that begins with a consonant that called *combining vowel*.

For example:

Cardiology → study of the heart

comes from: the root → cardi- → heart

the suffix → -logy → study of

- b. When the suffix begins with a vowel, the last vowel of the root may be dropped before adding the suffix.

c.

For example:

carditis → inflammation of the heart

comes from: the root → cardi- → heart

the suffix → -itis → inflammation

The principal of suffixes in medical terminology are given next Table (Table 2.1)

Suffix	Meaning	Examples
-al, -ic, -ous, -tic	pertaining to, relating to	Cardiac (pertaining to the heart) Neural (pertaining to nerve) Delirious (relating to mental disturbance)
-algia	pain	Neuralgia (pain in nerves)
-ate, -ize	use, subject to	Impregnate (to make pregnant) Visualize (use imagination)
-cele	protrusion (hernia)	Cystocele (bladder hernia)
-centesis	surgical puncture to remove fluid	Thoracentesis (from a chest cavity)
-cyte	cell	Leukocyte (white blood cell)
-ectomy	cutting out	Lobectomy (of a lobe)
-emesis	vomit	Hyper emesis (excessive vomiting)
-form, -oid	resembling, shaped like	Fusiform (spindle shape) Ovoid (egg shaped)
-genesis	beginning process, origin	Pathogenesis (origin of disease)
-ites, -itis	inflammation	Tympanitis (drum like swelling of abdomen)
-logy	science, study of	Biology (science of life)

-oma	tumor	Carcinoma (malignant growth)
-penia	deficiency of, lack of	Leucopenia (white blood cell)
-phobia	abnormal fear of	Photophobia(of light)
-pnea	breathing	Apnea (absence of breathing) Dyspnea (difficult breathing)
-ptosis	prolapse, displacement	Nephroptosis (prolaps of kidney)
-rrhage, -rrhagia	excessive flow	Hemorrhage (excessive blood flow)
-rrhea	flow or discharge	Rhinorrhea (nasal discharge)
-stomy	surgical opening	Colostomy (cutting into bladder)
-tome	instrument for	Neurotome (dissecting nerves)
-tomy	cutting or incision	Cystotomy (of urinary bladder)

### EXERCISE III

Matching:

- |                      |                            |
|----------------------|----------------------------|
| 1. -al, -ic          | A. surgical puncture       |
| 2. -ectomy           | B. vomit                   |
| 3. -penia            | C. resembling, shaped like |
| 4. -scopy            | D. excessive flow          |
| 5. -emesis           | E. act of examining        |
| 6. -centesis         | F. deficiency              |
| 7. -stomy            | G. pertaining to           |
| 8. -logy             | H. surgical opening        |
| 9. -rrhage, -rrhagia | I. Science of, study of    |
| 10. - form, -oid     | J. cutting out             |



**EXERCISE IV**

Define the following suffixes:

1. -ate \_\_\_\_\_
2. -genesis \_\_\_\_\_
3. -itis \_\_\_\_\_
4. -oma \_\_\_\_\_
5. -phobia \_\_\_\_\_
6. -cele \_\_\_\_\_
7. -logy \_\_\_\_\_
8. -tome \_\_\_\_\_
9. -rrhea \_\_\_\_\_
10. -phagia \_\_\_\_\_

**EXERCISE V**

Match the following prefixes and suffixes with their meanings:

- |              |                            |
|--------------|----------------------------|
| 1. -cyte     | A. blood condition         |
| 2. -ic       | B. away from               |
| 3. hemi-     | C. instrument              |
| 4. -ptosis   | D. rupture                 |
| 5. con-      | E. between, through        |
| 6. -emia     | F. breathing               |
| 7. ab-       | G. upon, on, over          |
| 8. -emesis   | H. resembling, shaped like |
| 9. auto-     | I. prolapse                |
| 10. -rrhexis | J. with, together          |
| 11. -dia     | K. cell                    |
| 12. -scope   | L. pertaining to           |
| 13. -oid     | M. half                    |
| 14. epi-     | N. self                    |
| 15. -pnea    | O. vomit                   |

**3. ROOTS AND COMBINING FORMS**

Root is the foundation or basic meaning of a word. And the combining forms is the root with a combining vowel added, attaching the root to a suffix or another root.

Table 3.1 relates to external anatomy (Examples)

Root/ Combining Form	Body Part
Blephar/o-	Eyelid or eyelash

Bucc/o-	Cheek
Capit/o-	Head
Cervic/o-	neck
Derm/a-	Skin
Dent/i-	Tooth or teeth
Faci/o-	face
Lingu/o-	Tongue
Rhin/o-	nose

Table 3.2 relates to internal anatomy (Examples)

Root/ Combining Form	Body Part
Aden/o-	Gland
Arteri/o-	Artery
Cardi/o-	Heart
Cerebr/i-	Cerebrum of the brain
Duoden/o-	Duodenum
Gastr/o-	Stomach
Hepat/o-	Liver
Neur/o-	Nerve
Pharyng/o-	pharynx
Pneum/a-	Lung
Thym/o-	Thymus gland
Stern/o-	Sternum
Urethra/o-	Urethra (kidney to bladder tube)
Vesic/o-	Bladder

### EXERCISE VI

Fill the blanks:

1. Blepharo and cilio means \_\_\_\_\_
2. The combining forms for head are \_\_\_\_\_ and \_\_\_\_\_
3. Give a combining forms for hair \_\_\_\_\_
4. A combining forms for lip is \_\_\_\_\_
5. Rhino and naso both refer to \_\_\_\_\_
6. Two combining forms for breast are \_\_\_\_\_ and \_\_\_\_\_
7. Cervico and trachelo mean \_\_\_\_\_
8. A combining form for mouth is \_\_\_\_\_
9. Ophtalmo and \_\_\_\_\_ are combining forms for eye
10. Stetho and \_\_\_\_\_ are combining forms for chest

**EXERCISE VII**

Matching:

- |                             |                         |
|-----------------------------|-------------------------|
| 1. carpo-                   | A. tongue               |
| 2. derma-, dermo-, dermato- | B. pupil of eye         |
| 3. brachio-                 | C. ear                  |
| 4. glosso-                  | D. back of head         |
| 5. ventri-, ventro-         | E. foot                 |
| 6. oto-                     | F. cheek                |
| 7. core-, coro-             | G. wrist                |
| 8. occipito-                | H. arm                  |
| 9. podo-                    | I. Skin                 |
| 10. bucco-                  | J. front of body, belly |

**EXERCISE VIII**

Fill the blanks:

1. The combining form for gland is \_\_\_\_\_
2. A combining form for uterus is \_\_\_\_\_
3. Ileo- is the combining form meaning \_\_\_\_\_
4. Gastro- is the combining form meaning \_\_\_\_\_
5. The combining form for common bile duct is \_\_\_\_\_
6. Pneuma- or pulmo- refers to \_\_\_\_\_
7. The combining form for spleen is \_\_\_\_\_
8. Osteo refers to \_\_\_\_\_
9. A combining form for vein is \_\_\_\_\_
10. Cleido- is a combining form meaning \_\_\_\_\_

**EXERCISE IX**

Matching:

- |               |                             |
|---------------|-----------------------------|
| 1. urethro-   | A. viscera                  |
| 2. procto-    | B. spine                    |
| 3. tracheo-   | C. kidney                   |
| 4. splanchni- | D. bone marrow, spinal cord |
| 5. sarco-     | E. muscle                   |

6. myelo-	F. urethra
7. rachi-	G. trachea
8. kerato-	H. flesh
9. myo-	I. Rectum, anus
10. reni-	J. horny tissue

#### 4. ADDITIONAL ROOTS AND COMBINING FORMS

The following lists of roots and combining forms relate to action or description.

Table 4.1 list verbal roots and combining form that show an activity, a condition and an action.

Root/Combining form	Meaning	Examples
-esthes-	sensation	Anesthesia (without sensation)
Fiss-	split	Fissile (capable of being split)
Flex-	bend	Flexion (bending)
Gen/o-	producing	Genesis (origin or beginning)
-iatr/o-	treatment	Geriatric (treatment of aging); pediatric (treatment of children)
-op/ia	vision	Myopia (nearsightedness)
Phag/o-	eating	Polyphagia (excess for eating)
-phas-	speech	Aphasia (loss of speech function)
-plegia	paralysis	Hemiplegia (one-sided paralysis)
Schiz/o-	Split/distortion	Schizophrenia (distortion of phren)
-stasis	standing	Epitasis (stoppage of a flow)

		Homeostasis (stoppage of blood flow)
Troph/o-	nourishment	Dystrophy (defective nutrition)

Table 4.2 1 Adjectival roots and combining form that describe a quality or characteristic.

<b>Root/Combining form</b>	<b>Meaning</b>	<b>Examples</b>
Ankyl/o-	bent	Alkalosis (stiff of fixed joint)
Brachy-	short	Brachydactylia (short of finger)
Brady-	slow	Bradycardia (slow heartbeat)
Brev/i-	short	Brevicollis (short neck)
Cry/o-	cold	Cryotherapy (treatment using cold)
Dextr/o-	right	Dextromanual (right handed)
Eso-	within	Esophoria (crossed eye)
Glyc/o-	sugar	Glycemia (glucose in the blood)
Heter/o-	different	Heterocellular (of different cell)
Is/o-	Equal, alike	Isocellular (having similar cells)
Lei/o-	smooth	Leiodermia (smooth, glossy skin)
Macro/o-	large	Macrobiosis (long life)
Mal-	ill	Malaise (general discomfort)
Necr/o-	death	Necropsy (autopsy); necrosis
Oxy-	Sharp, quick	Axyesthesia (overly acute senses)
Poikil/o-	Irregular, varied	Poikiloderma (mottled skin)
Sten/o-	narrow	Stenosed (narrow, contracted)
Tachy-	rapid	Tachycardia (rapid pulse)
Xer/o-	dry	Xerostomia (dry mouth)

**EXERCISE X**

Fill in the blanks:

1. Verb-based roots show an activity, an action or a \_\_\_\_\_
2. The combining form audi- means \_\_\_\_\_
3. The combining form \_\_\_\_\_ means dilate.
4. The combining form caus- means \_\_\_\_\_
5. The combining form for speech is \_\_\_\_\_
6. The combining form \_\_\_\_\_ means eating
7. \_\_\_\_\_ means affinity or love for.
8. The combining form for standing still is \_\_\_\_\_
9. \_\_\_\_\_ means place or location
10. The combining form treatment is \_\_\_\_\_

**EXERCISE XI**

Matching:

- |             |                 |
|-------------|-----------------|
| 1. duct-    | A. break        |
| 2. phanero- | B. sensation    |
| 3. optico-  | C. movement     |
| 4. edem-    | D. lead         |
| 5. fiss-    | E. dissolve     |
| 6. esthes-  | F. formation    |
| 7. lyso-    | G. visible      |
| 8. clas-    | H. swelling     |
| 9. -poiesis | I. split, cleft |
| 10. kine-   | J. seeing       |

**EXERCISES XII****NURSING AND MIDWIFERY TERMINOLOGY****NURSING**

1. The epigastrium is located ..... the costal margin
 

A. above	C. in front of
B. below	D. in the bottom of
2. You must order medicine 20 ml b.d (2x) x 3 days. How many ml of medicine will you need for three days?
 

A. 60 ml	C. 180 ml
B. 120 ml	D. 320 ml
3. You must give 25-mg amoxicillin t.d.s (3x). It is available in 5-mg tabs. How many tabs. Must you give in two days?

- A. 20 tabs  
B. 30 tabs
- C. 15 tabs  
D. 10 tabs
4. You must give 1 gm of penicillin. The tablets are labeled 200 mg. How many tablets must you give?  
A. 4 tabs.  
B. 5 tabs.  
C. 6 tabs.  
D. 7 tabs.
5. The lungs are ..... sections called lobes  
A. consists of  
B. contained  
C. colored  
D. divided into
6. The body is ..... the skeleton which ..... about two hundred and six bones  
A. contain; consists  
B. supported by, consists of  
C. attached, contain  
D. connected by : supported by
7. The ribs are situated ..... the thorax  
A. above  
B. at the side of  
C. below  
D. in front of
8. The vertebral column ..... a number of vertebrae, the sacrum and the coccyx  
A. contain  
B. consists of  
C. lead to  
D. divided into
9. The lungs are ..... a double membrane  
A. contain  
B. consists of  
C. lead to  
D. divided into
10. The meaning of prefix “abductor” is ...  
A. toward  
B. away from  
C. lack of  
D. close
11. The meaning of suffix leucopenia is .....  
A. lack of  
B. few  
C. decrease  
D. down
12. What is the suffix for “hematemesis” ...?  
A. hema  
B. hemato  
C. esis  
D. emesis

13. The patient instructed with nothing by mouth, you can make abbreviation ...
- |        |        |
|--------|--------|
| A. ROM | C. NS  |
| B. NPO | D. DNR |
14. Please observe vital sign o.k.
- |                |                |
|----------------|----------------|
| A. after meal  | C. during meal |
| B. before meal | D. every time  |
15. The abbreviations ..... can be used to write patient present illness
- |        |         |
|--------|---------|
| A. PMH | C. Imp. |
| B. HPI | D. AMB  |
16. In the assessment phase in carrying out nursing care to the patient in order to gather subjective data, the nurse should
- |               |                         |
|---------------|-------------------------|
| A. Inspection | D. physical examination |
| B. Interview  | E. IPPA                 |
17. How can infective hepatitis can NOT be cured
- |                  |                                  |
|------------------|----------------------------------|
| a. bed rest      | c. gives medication (antibiotic) |
| b. suitable diet | d. relax                         |
18. Skin reaction, which is usually caused by allergic:
- |            |              |
|------------|--------------|
| a. redness | c. urticaria |
| b. anemia  | d. bruising  |
19. Which of the communicable diseases does a virus NOT cause:
- |                  |            |
|------------------|------------|
| a. pertusis      | c. mumps   |
| b. poliomyelitis | d. measles |
20. An obstruction of alimentary tract can cause loss of weight. What does alimentary mean
- |                |                   |
|----------------|-------------------|
| a. digestive   | c. circulation    |
| b. respiratory | d. nervous system |
21. In thoracentesis fluid is removed from the:
- |                    |                      |
|--------------------|----------------------|
| a. alveolar space  | c. pleural cavity    |
| b. thoracic cavity | d. respiratory tract |
22. The skin and eyes of a patient look yellow which is called
- |             |             |
|-------------|-------------|
| a. cyanosis | c. edema    |
| b. rash     | d. jaundice |



23. The spread of infection from one person to another is called  
a. transfer                      c. contamination  
b. cross                          d. enter on
24. If patient vomit contains blood is called  
a. bleeding                      c. hematemesis  
b. vomiting                      d. melena
25. The feeling that everything is turning around you, and lose balance:  
a. fainting                      b. dizziness                      c. fatigue  
d. shock
26. Blue lips or nails are signs of:  
a. anemia                      c. fatigue  
b. cyanosis                      d. fainting
27. The following is the sign of inflammation, except:  
A. Bruising                      C. swollen  
B. Redness                      D. hot
28. The other name of abdominal thrust is  
A. Heimlich maneuver                      C. chest thrust  
B. back blow                      D. jaw thrust
29. The best way to open the airway of a victim with a suspected neck fracture, is...  
A. jaw thrust                      C. tongue-jaw lift  
B. head-tilt, chin lift                      D. Hyperextension
30. If there is a pulse, no breathing. The rescuer should give ....  
A. Compression only                      C. Modified compression & breathing  
B. initial breathing only                      D. chest thrust only
31. If an infant has complete airway obstruction, the rescuer should:  
A. Adm. 6 – 10 abdominal thrusts                      C. Adm. sweeping  
B. Adm. 4 back blow & chest thrusts                      D. turn the child upside-down and shake
32. The most serious complication of heart attack is:  
A. one sided body weakness                      C. severe chest pain  
B. severe anxiety                      D. cardiac arrest

33. First action in CPR in order to determine breathlessness is, EXCEPT
- |          |           |
|----------|-----------|
| A. smell | C. listen |
| B. look  | D. feel   |
34. Termination of CPR are the following, Except:
- |                          |                                      |
|--------------------------|--------------------------------------|
| A. rescuer exhausted     | C. Respiratory & Circulation present |
| B. competent person come | D. Patient declared alive by doctor  |
35. A patient has a beating pain just below the ribs. The underscore word has the same meaning with .....
- |                 |              |
|-----------------|--------------|
| A. intermittent | C. slight    |
| B. severe       | D. throbbing |
36. An appendectomy is a usual operation in..... system.
- |                |                    |
|----------------|--------------------|
| A. respiratory | C. urinary         |
| B. digestive   | D. musculoskeletal |
- Mrs. Jenny, 26 years old go to the antepartal clinic after she misses two menstrual period. Now she had no child and she got abortion for the first pregnancy at January 2003. Ns. W. determine s that Mrs. Jenny will have delivery at August 20<sup>th</sup>, 2004 by added 7 days to the date of the 1<sup>st</sup> day of the last menstrual period and counting down back 3 months.
37. Base on that case, the obstetric history of Mrs. Jenny is .....
- |                 |              |
|-----------------|--------------|
| A. primigravida | C. multipara |
| B. nulligravida | D. nullipara |
- 38 Ns. W use ..... rule's to estimate date of Mrs. Jenny confinement.
- |               |            |
|---------------|------------|
| A. Mc. Donald | C. Nagele  |
| B. Nigras     | D. Nemones |
39. The probable signs and symptoms of pregnancy, except :
- |                 |                              |
|-----------------|------------------------------|
| A. quickening   | C. leucorrhea                |
| B. ballottement | D. Braxton hicks contraction |
40. The positive signs and symptoms of pregnancy, except :
- |                                   |                              |
|-----------------------------------|------------------------------|
| A. fetal Heart Sound              | C. ultrasonographic evidence |
| B. fetal movement by the examiner | D. enlargement of abdomen    |

41. A Bluish or purplish discoloration of cervix and vaginal wall during pregnant is called:
- |                    |                 |
|--------------------|-----------------|
| A. goodell's sign  | C. hegar's sign |
| B. chadwick's sign | D. linea nigra  |
42. A pregnant woman will get changes in PH of vaginal secretion. The PH is ....
- |            |              |
|------------|--------------|
| A. 3 – 6,5 | C. 3,5 - 6   |
| B. 3 – 6   | D. 3,5 – 6,5 |
43. The normal weight gain average that happen to the pregnant woman is 11,5 to 16 kg, because increasing of ....., except:
- |            |                   |
|------------|-------------------|
| A. fetus   | C. placenta       |
| B. ovarium | D. amniotic fluid |

### **MIDWIFERY**

44. The patient must be given insulin injection *p.r.n.* What does *p.r.n.* mean ?
- |                     |                     |
|---------------------|---------------------|
| A. twice a day      | C. four times a day |
| B. three time a day | D. when necessary   |
45. The old woman who often help delivering a baby in Indonesia :
- |        |            |           |          |
|--------|------------|-----------|----------|
| A. TBA | B. midwife | C. nurses | D. cader |
|--------|------------|-----------|----------|
46. Changes in Reproductive Tract for uterus can be asse ssed, **EXCEPT** :
- |                         |                                  |
|-------------------------|----------------------------------|
| A. enlargement          | C. last 3 week descends lighting |
| B. rises out the pelvis | D. softening                     |
47. The commonest problems for pregnant women in the first trimester, **EXCEPT**:
- |                            |                      |
|----------------------------|----------------------|
| A. activity intolerance    | C. altered though    |
| B. altered elimination Uri | D. altered nutrition |
48. The commonest problems for pregnant women in the second trimester, **EXCEPT**:
- |                            |                             |
|----------------------------|-----------------------------|
| A. constipation            | C. pain                     |
| B. altered elimination Uri | D. altered family processes |

49. The commonest problems for pregnant women in the third trimester, **EXCEPT:**

- A. altered nutrition
- B. pain
- C. sleep pattern disturbance
- D. knowledge deficit of preterm labor

Case: Mrs. W 29 years old go to an antepartal clinic after she misses two menstrual period. She said to Ns. Diana that get last mens trual on May 13, 2002. Mrs. W has one child and six month ago she got abortion.

50. The obstetric history of Mrs. W is:

- A.G2P1A1
- B.G2P0A1
- C.G1P1A1
- D.G2P2A

51. According to Naegele's rule, Mrs. W estimate to get delivery on .....

- A. January, 20
- B. February, 20
- C. February, 6
- D. August, 20

52. Based on obstetric history, she called:

- A. Nulli gravida
- B. Primi gravida
- C. Nulli para
- D. Primi para

53. The positive sign and symptom that will be found in Mrs.W is .....

- A. Fetal movement felt by the examiner
- B. Enlargement of abdomen. Nausea and vomiting
- D. Changes in levels of HCG

54. The probable sign and symptom for pregnant women is ....

- A. Striae gravidarum
- B. Quickening
- C. Ballotement
- D. Fetal heart tones

55. The bluish or purplish discoloration of cervixes and vaginal wall is called .....

- A. Goodell's sign
- B. Ballotement
- C. Chadwick's sign

D. Hegar sign

56. Changes in abdominal wall like reddish, slightly depressed streaks in the skin of abdomen, breast, thighs and become glistening silvery lines after pregnancy, called .....
- Linea nigra
  - Diastasis recti
  - Quickening
  - Striae gravidarum
57. During pregnancy the PH of vaginal secretion will increase .....
- 3,0 – 6,5
  - 3,5 – 6,0
  - 5,0 – 6,3
  - 5,3 – 6,0

### KEY - ANSWER

#### Key Exercises I

1D; 2H; 3G; 4B; 5F; 6A; 7J; 8C; 9.E, 10I

#### Key Exercises II

- |                          |                        |
|--------------------------|------------------------|
| 1. <i>Behind, after</i>  | 6. <i>within</i>       |
| 2. <i>Bad, difficult</i> | 7. <i>between</i>      |
| 3. <i>Without</i>        | 8. <i>around</i>       |
| 4. <i>Below</i>          | 9. <i>both</i>         |
| 5. <i>Behind</i>         | 10. <i>down, under</i> |

#### Key Exercises III

1G; 2J; 3F; 4E; 5B; 6A; 7H; 8I; 9.D, 10.C

#### Key Exercises IV:

- |   |                              |
|---|------------------------------|
| 1. <i>Use, subject to</i>                   | 6. <i>protrusion</i>         |
| 2. <i>Beginning process</i>                 | 7. <i>science, study of</i>  |
| 3. <i>Inflammation</i>                      | 8. <i>instrument</i>         |
| 4. <i>Tumour</i>                            | 9. <i>flow or discharge</i>  |
| 5. <i>Behind abnormal fear, Intolerance</i> | 10. <i>eating, devouring</i> |

#### Key Exercises V

1K; 2L; 3M; 4I; 5J; 6A; 7B; 8O; 9N, 10.D; 11.E; 12.C; 13.H; 14.G; 15. F

**Key Exercises VI**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| 1. <i>eyelid, eyelash</i>         | 6. <i>mammae-; mammo-; masto-</i> |
| 2. <i>capito-; cephalo-</i>       | 7. <i>neck</i>                    |
| 3. <i>trichio-; pilo-</i>         | 8. <i>oro-; stomato-</i>          |
| 4. <i>cheilo-; chilo-; labio-</i> | 9. <i>oculo-</i>                  |
| 5. <i>nose</i>                    | 10. <i>thoraco-</i>               |

**Key Exercises VII**

1G; 2I; 3H; 4A; 5J; 6C; 7B; 8D; 9E, 10.F

**Key Exercises VIII**

- |                                 |  |
|---------------------------------|--|
| 1. <i>adeno-</i>                | 6. <i>lungs</i>                            |
| 2. <i>hystero, metra, metro</i> | 7. <i>lieno, spleno-</i>                   |
| 3. <i>ileum</i>                 | 8. <i>bone</i>                             |
| 4. <i>stomach</i>               | 9. <i>phlebo-, veine-, veni-; or veno-</i> |
| 5. <i>choleodocho-</i>          | 10. <i>clavicle</i>                        |

**Key Exercises IX**

1F; 2I; 3G; 4A; 5H; 6D; 7B; 8J; 9E, 10.C

**Key Exercises X**

- |                     |                   |
|---------------------|-------------------|
| 1. <i>Condition</i> | 6. <i>phago-</i>  |
| 2. <i>hearing</i>   | 7. <i>phil--</i>  |
| 3. <i>ectas-</i>    | 8. <i>-stasis</i> |
| 4. <i>burn</i>      | 9. <i>topo-</i>   |
| 5. <i>phas-</i>     | 10. <i>iatro-</i> |

**Key Exercise XI**

1D; 2G; 3J; 4H; 5I; 6B; 7E; 8A; 9F; 10C

**KEY EXERCISES XII**

42. B	67. B	92. B
43. B	68. A	93. D
44. 3B	69. A	94. A
45. B	70. C	95. C
46. D	71. B	96. C
47. B	72. B	97. D
48. D	73. D	98. B
49. B	74. B	
50. D	75. A	
51. B	76. D	

52. A	77. B	
53. D	78. D	
54. B	79. C	
55. A	80. A	
56. B	81. D	
57. B	82. B	
58. C	83. C	
59. C	84. B	
60. A	85. D	
61. A	86. A	
62. C	87. D	
63. D	88. C	
64. B	89. B	
65. C	90. A	
66. B	91. A	

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## CHAPTER 3

### NURSING CARE – NURSING PROCESS APPROACHES

**Objectives:**

After completion of this course, the student will be able to:

1. Understand the commonest abbreviations in Nursing – Midwife
2. Understanding the terminology and science Nursing Process steps:  
Assessment, Diagnosing, Intervention, Implementation, Evaluation

## ABBREVIATIONS

### Abbreviations and Symbols Commonly Used by Health Practitioners

---

**Activities**

AMB	Ambulatory
BRP	Bathroom privileges
CBR	Complete bed rest
OOB	Out of bed
Up ad lib	Up as desired

**Assessment Data**

Abd	Abdomen
BP	Blood pressure
bx	biopsy
C	Celsius (centigrade)
Cc	chief complaint
c/o	complains of
do	diagnosis
F	Fahrenheit
GI	gastrointestinal
GU	genitourinary
h/o	history of
HPI	history of present illness
Imp	Impressions



It or	left
NAD	no apparent distress
neg	negative
P	pulse
PE	physical examination
PMH	past medical history
R	respirations
R/O	rule out
ROS	review of system
rt or ®	right
RX	treatment
Sx	symptoms
T	temperature
WNL	within normal limits
(+)	positive
(-)	negative
<b>Disease</b>	
ASHD	arteriosclerotic heart disease
ASCVD	arteriosclerotic cardiovascular disease
BPH	benign prostatic hypertrophy
CA	cancer
CAD	coronary artery disease
C	congestive heart failure
HF	chronic obstructive pulmonary disease
COPD	cerebrovascular accident
CVA	diabetes mellitus
HTN( BP)	hypertension
MI	myocardial infarction
PVD	peripheral vascular disease
STD	sexually transmitted disease
<b>Diagnostic Studies</b>	
ABG	arterial blood gases
BE	barium enema
CBC	complete blood count
CO <sub>2</sub>	carbon dioxide
C&S	culture and sensitivity
CXR	chest x-ray
ECG (EKG)	cardiogram
Lytes	electrolytes
RBC	red blood cells
UA	urinalysis

UGI	upper GI
WBC	white blood cells
<b>Symbols</b>	
>	greater than
<	less than
↑	increase
↗	increasing
↓	decrease
↘	decreasing
2 <sup>0</sup>	secondary to
=	equal to
≠	unequal
	female
	male
°	degree
<b>Orders</b>	
ad lib	before
AMA	as desired
BM	against medical orders
BP	bowel movement
(C)	blood pressure
CPR	with
dc (disc)	cardiopulmonary resuscitation
do	discontinue
DNR (no code)	diagnosis
hs	do not resuscitate
I&O	hour of sleep
IV	intake and output
noc	intravenous
NPO	night
NS (NIS)	nothing by mouth
O <sub>2</sub>	normal saline
od	oxygen
p	daily
O.T.	after
post op	occupational therapy
pre op	postoperative
Prep	preoperative
PRN	preparation
P.T.	as needed
pt	physical therapy
	patient

q	every
qs	quantity sufficient
ROM	range of motion
(S)	without
STAT	immediately
T,P,R,BP	temperature, pulse, respirations, Blood Pressure
VS	vital signs
x	times

## Appendix Abbreviations

### Abbreviations

The following abbreviations are commonly used by doctors when they prescribe drugs:

b.d.	Twice a day
t.d.s.	Three times a day
q.d.s	Four times a day
p.r.n.	When necessary
2 hrly	Once every two hours
a.c.	Before meals
p.c.	After meals
p.o.	Orally (through the mouth)
tab.	Tablets
Caps.	capsules

There are many other abbreviations which are commonly used by medical staff. The following list gives you some examples:

T.P.R.	Temperature, pulse and respiration
B.P.	Blood pressure
C.N.S	Central nervous system
C.V.S.	Central venous system
B.I.D.	Brought in dead
R.T.A.	Road traffic accident
H.I.	Head injury
O.D.	Overdose
Pt.	Patient
Ep.	Epileptic
Ch.B.	Chronic bronchitis
D.V.T.	Deep vein thrombosis

M.I.	Myocardial infraction
B.O.	Bowels open
H.P.U.	Has passed urine
S.W.O.	Stomach washout
T.O.P.	Termination of pregnancy
P.V.	Through the vagina
P.R.	Through the rectum
Bl.B.	Blanket bath
N.A.D.	Nothing abnormal detected
E.C.G.	Electrocardiogram
E.E.G.	Electroencephalogram
F.B.C.	Full blood count

### 3.1 ASSESSMENT

#### Checklist for Evaluating Your Use of the Nursing Process

##### Assessing

- The initial database is obtained by means of a nursing history and nursing examination.
- Assessment data are documented:
  - Accurately – Questionable data are validated.
  - Completely – Use of a systematic guide ensures that recorded data describe (1) the client’s functional ability to meet each basic human need and (2) responses to health and illness.
  - Concisely – Irrelevant data and meaningless generalizations are avoided.
  - Factually – Client behaviors are recorded rather than the nurse’s interpretation of these behaviors.
- The initial database communicates a “real sense” of the client which makes possible individualized care.
- Focused assessment data are recorded for each client problem.
- Data collection and documentation are ongoing and responsive to changes in the client’s condition.

##### Assessment consists of:

1. Assessing Nursing / Illness History: Patients’ Identity; Chief Complaint; HPI: History of Present Illness; PNH (past Nursing History); Family History
2. Observation Vital Signs: T-P-R-BP (temperature – Pulse – Respirations – Blood Pressure) and General Appearance

3. PE (Physical Examination): B1 – B 6 through Approach of IPPA (Inspection; Percussion; Palpation; Auscultation)
4. Result of Diagnostic Test: Blood; Urine; Stool; X-ray; CTSCAN; etc

### 3.1.1 UNDERSTANDING SIGNS AND SYMPTOMS (Adapted from Kerr & Smith, 1982)

A sign of disease is something that a nurse can see or feel for herself. She can observe it.

A symptom of disease is something that only the patient knows about. The patient tells the nurses about it.

Here are some common signs:

Bruising; rash; swelling; weight loss

Some common symptoms are:

Nausea, insomnia, all kinds of pain

Now look at these common complaints: some are signs and some are symptoms. Make two lists like the examples below. You can refer to the appendix at the end of the unit.

Irregular pulse, dull pain, stomachache, dizziness, haematemesis, hunger, pallor, diarrhea, jaundice, thirst, dyspnea, constipation, headache, cyanosis, anorexia, laceration, abrasion, inflammation, shallow pulse, weight gain, shallow respiration, backache

<b>Signs</b>	<b>symptoms</b>
Rapid pulse	sharp pain

#### Exercise

- a) The technical term for difficulty in breathing is.....
- b) The technical term for fluid in the tissues is.....
- c) Blue lips or nails are a sign of.....
- d) A patient whose face looks yellow has.....
- e) The technical term for a cut is a.....
- f) A pulse which is not regular is.....
- g) The technical term for blood in the vomit is.....
- h) A pulse which is difficult to feel is.....

- i) A patient who does not want to eat anything has.....
- j) If a patient has an injury which leaves a mark on the skin, but the skin is not broken, he has.....

Key:

- a) *dyspnoea*
- b) *oedema*
- c) *cyanosis*
- d) *jaundice*
- e) *laceration*
- f) *irregular*
- g) *haematemesis*
- h) *shallow pulse*
- i) *anorexia*
- j) *bruising*

### Writing notes

A nurse observes her patient carefully. She observes what happens to him, and what treatment the doctors give him. She gives information about the patient's health to other members of the medical staff.

Sometimes she must write down information about the patient. When she does this, it must be easy for other nurses and doctors to read it quickly. For this reason she must use clear handwriting and write brief notes.

Some words can be shortened. She can write 'pt.' Instead of patient and 'c/o' instead of 'complains of.'

Here are some examples of how to write information down briefly: Instead of 'The patient was sitting in a chair.'

If she gives a patient some water to drink, but he says 'I don't want it,' she writes 'Pt. refused water.'

If a patient has been vomiting a lot, but then he drinks some water and does not vomit, she writes 'Pt. tolerated water.'

### Now answer these questions:

- a) Who does a nurse write down information about a patient for?
- b) Why must the notes she writes be clear and brief?

### Now write a brief note on each of the following situations:

- c) The patient says he has a headache.
- d) I held an ice-bag to his swollen elbow.
- e) He said 'Nurse, I'm not going to eat this food,' when I gave him his lunch.
- f) His pulse is strong and regular.
- g) He drank some water and he didn't vomit.

- h) He says his bowels haven't opened for two days.
- i) His lips and fingernails look blue.
- j) He was walking about this morning, but at three o'clock this afternoon he went to bed.

## Appendix

**Bruising (bruise)** an injury which makes a mark on the skin (blue or black) but does not break the skin.

**Rash** red spots on the skin. A sign of certain illness such as measles.

**Swelling** a part of the body which has become enlarged by disease or injury e.g. a sprained ankle. The adjective is swollen. Swollen glands are a sign of mumps.

**Nausea** feeling sick or wanting to vomit. The adjective is nauseated.

**Insomnia** inability to sleep

**Ache** an ache is a kind of pain. The term ache cannot be used for a pain in every part of the body, but only some, e.g. *backache, earache, stomachache, toothache, headache.*

**Irregular pulse or respiration** the pulse or respiration rate varies from fast to slow.

**Dizziness** vertigo; the feeling that everything is turning around you, and that you will lose your balance.

**Haematemesis** blood in the vomit

**Pallor** lack of color in the skin. The adjective is pale or pallid

**Diarrhea** frequent loose stools, passed through the bowels

**Jaundice** the skin and eyes of a patient with jaundice look yellow

**Dyspnoea** difficulty in breathing

**Constipation (constipated)** when a patient cannot open his bowels, or only with difficulty, he has constipation or he is constipated

**Cyanosis** blue skin caused by insufficient oxygen in the blood. The adjective is cyanosed

**Anorexia** lack of appetite

**Laceration** a cut with broken edges. The adjective is lacerated

**Abrasion** rubbed or torn skin

**Inflammation** a red, hot, swollen, painful place on the skin. The adjective is inflamed

**Shallow pulse or respiration** a light, faint pulse

**Respiration** breathing

**Rapid** quick

**Oedema** swelling caused by excessive fluid in the tissues

### 3.1.2 UNDERSTANDING STRUCTURE

Understanding structure can be learned from verb that commonly used in describing something (equipment, place, etc).

The words in explaining structure consists of the following:

Consists of: terdiri dari  
 Contains: mengandung  
 is fitted into: dipasang  
 is used for: digunakan untuk  
 is divided into; dibagi menjadi beberapa  
 is attached: di tempelkan  
 is supported: disangga  
 is covered: ditutup  
 is composed of: komposisi  
 are connected: dihubungkan  
 leads from: sambungan

#### Complete these sentences:

The body is ..... The skeleton, which ..... about two hundred and six bones. All the bones are ..... A membrane. The skeleton is ..... two parts, the axial skeleton (Skull, vertebral column, ribs and sternum) and the appendicular skeleton (Shoulder griddle, pelvic girdle and limbs). At joints the bones are ..... ligaments. Some muscle are ..... The skeleton.

### 3.1.3 UNDERSTANDING LOCATION

to be located / situated: terletak di  
 at the top of: dibagian paling atas  
 at the bottom: di bagian paling bawah  
 at the sides of: disamping  
 between: antara  
 above: diatas  
 below: dibawah

#### Read this passage:

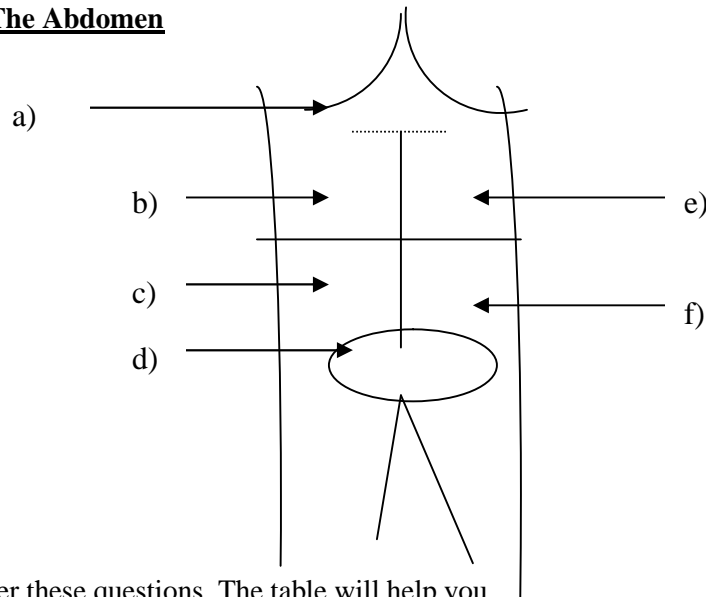
When a nurse describes to a doctor the pain a patient is suffering from, she can describe what kind of pain it is and exactly where it is.



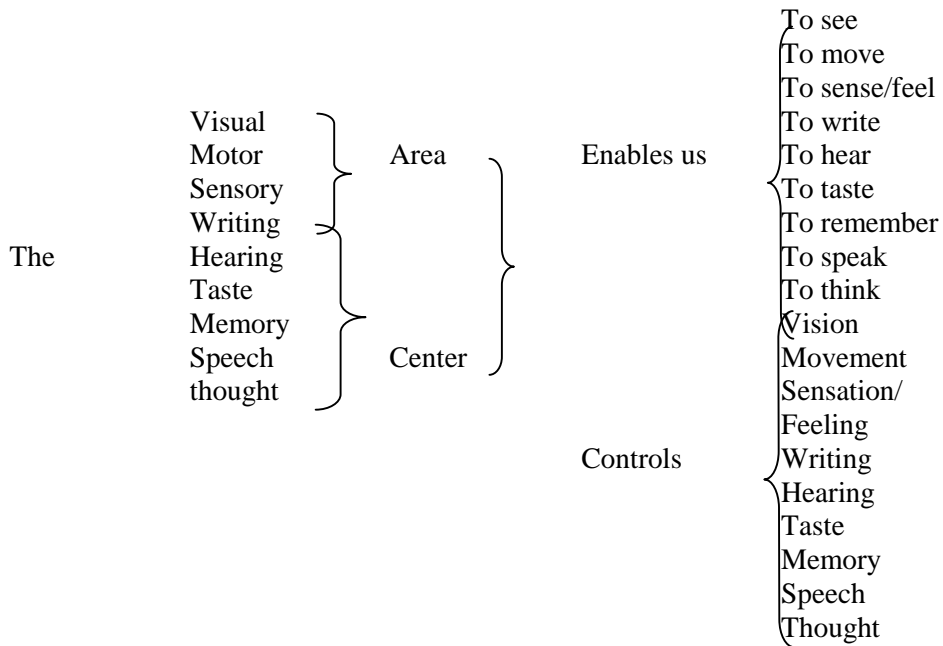
Pains are described as severe if they are bad, and slight if they are not very bad. A throbbing pain beats like a pulse, a constant pain is always present, while an intermittent pain comes and goes.

The exact location of the pain must be described. The diagram shows the different areas of the abdomen. The epigastrium is the area at the top of the diagram, just below the costal margin. At the bottom of the diagram is the supra-pubic area. Above this are the left lower quadrant and right lower quadrant. The right upper quadrant and left upper quadrant are between the lower quadrants and the epigastrium.

**Answer: The Abdomen**



Now answer these questions. The table will help you.



**Complete these sentences:**

- a) The thorax is situated ..... the neck and the abdomen
- b) The sternum is located ..... the heart
- c) The ribs are situated ..... the thorax
- d) The clavicles are ..... the sternum
- e) The diaphragm is located ..... the ribs and sternum

**3.1.4 UNDERSTANDING MEASUREMENTS IN NURSING**  
**(Adapted from Kerr & Smith, 1982)**

**1. Look at these signs:**

- + plus
- = equals
- x times
- 0.506 naught point five oh six
- °C degrees Centigrade

B.P.            blood pressure  
1/12            one over twelve or one twelfth

**2. Look and read:**

Here is the description of a male patient:

Height	1m 68 cm
Weight	75 kg
Age	30
Temperature	37 <sup>0</sup> C
Pulse rate	75 beats per minute
Blood pressure	120/ 80 mm/Hg

He is 1m 68 cm tall. He weighs 75 kg. He is 30 years old. His temperature is 37<sup>0</sup>. His pulse rate is 75 beats per minute. His blood pressure is 120/180 mm/Hg.

**3. Read this:**

The normal temperature of a healthy adult ranges from 37<sup>0</sup>C to 37.2<sup>0</sup>C.

A temperature of 36<sup>0</sup>C is below normal.

A temperature of 38<sup>0</sup>C is above normal.

The normal pulse rate of an adult at rest ranges from 72 to 80 beats per minute.

72 beats per minute is the minimum normal pulse rate.

80 beats per minute is the maximum normal pulse rate.

Now complete these sentences:

- The most suitable temperature for a patient's room.....20<sup>0</sup>C to 23.3<sup>0</sup>C.
- A ..... of 37<sup>0</sup>C is normal.
- A pulse rate of 100 beats per minute for an adult at rest is .....
- ..... blood pressure in a young adult is about 120/80 mm/Hg.
- The diameter size of a hypodermic needle ..... 13 to 27.
- A pulse rate of 65 beats per minute is .....

**4. Read this:**

Now read this:

When you give a dose in tablet form, you must make up the weight on the prescription form the smallest number of tablets possible.

Example: You must give 1gm of Sulfasuxidine. The tablets are labeled 250gm. How many tablets must you give?

4 tablets.

**Exercise:**

- a) You must give 0.5 gm of aspirin. You have 2 x 250 mg tablets and 10 x 50 mg tablets. Which do you give?
- b) You must order medicine for the prescription penicillin 20 ml b.d. x 3 days. How many ml of penicillin will you need for the three days?
- c) You must give 20 mg of prednisolone t.d.s It is available in 10 mg or 5mg tablets. How many tablets must you give to the patient in one day?
- d) You must give 5 mg of a drug for every 1 kg of a patient's body weight. He weighs 65 kg. How many mg do you give?
- e) A capsule contains 200 mg of a drug. How many gm of the drug are there in 10 capsules?
- f) You must give one tablet q.d.s. How many do you give in three days?

**EXAMPLE FORMED FOR ASSESSMENT (see Appendix)**

**3.2 DIAGNOSING**

**3.2.1 UNDERSTANDING OF CAUSE AND EFFECT**

- 1. Look at this table. It shows what happens when a splinter gets into your finger and causes local inflammation:**

<b>Cause</b>	<b>Sign or symptom</b>
A lack of fluid in the body →	Dry mucus membrane
The pressure of fluid on nerve endings →	pain
The body's attempt to keep the finger still →	Loss of function

Look at this example:

Why do you notice redness when a splinter gets into your finger?

Because redness is caused by an increase in circulation.

or

because an increase in circulation } result in } redness.  
 causes }  
 leads to }

- 2. Write six sentences from this table describing the causes of the symptoms and signs:**

Anxiety			
A lack of oxygen in the blood			
Loss of appetite			
An eye disturbance			
Insufficient food			
Irritation of the respiratory		result in	coughing. weakness. vomiting. anemia.

tract An obstruction of the alimentary tract	may can	cause lead to	cyanosis loss of appetite. fatigue. headache loss of weight.
--	---------	------------------	--

### 3. Read this:

There are many different reasons why people become ill. Some diseases are hereditary, some exist from birth, and others develop later for a number of reasons. Infectious diseases, such as influenza, tuberculosis and typhoid fever are caused by minute organisms called bacteria and viruses. Some other diseases, such as goiter, diabetes mellitus and kwashiorkor, are caused by deficiencies in the body.

Exercise:

Say which of these diseases is described in each of the following sentences:

*Infective hepatitis, goiter, tuberculosis, hemophilia, scabies, measles*

- a) Damage to the lungs results from this disease which is caused by a bacillus.
- b) This is a contagious skin disease caused by tiny parasites. The patient develops a rash which itches intensely.
- c) This disease is caused by an iodine deficiency. The most obvious sign is a swelling in the neck
- d) Inflammation of the liver and jaundice result from this virus infection.
- e) This is a hereditary disease caused by a lack of anti-hemophilic globulin in the blood. It is characterized by the inability of the blood to clot.
- f) This is a virus infection which causes a red rash and a high temperature.

### 3.2.2 KEY POINTS IN NURSING DIAGNOSIS

- A Prioritized list of nursing diagnosis is on the plan of care.
- Each nursing diagnosis describes an actual or risk client health problem that independent nursing intervention can prevent or resolve. Each nursing diagnosis:
  - Is derived from an accurate and validated interpretation of a cluster of significant client data or “cues”
  - Contains a precise problem statement describing what is unhealthy about the client and what needs to change – suggests client goals
  - Identifies factors contributing to the problem (etiology) – these suggest nursing interventions
  - Uses nonjudgmental language and is written using legally advisable terms
  - Old nursing diagnoses are deleted from the plan of care once resolved, and new diagnosis are added as soon identified.

### 3.2.3 IDENTIFYING THE COMMONEST NURSING PROBLEMS (BODY SYSTEMS APPROACHED)

<p>1. <b><u>RESPIRATORY SYSTEMS (B1)</u></b></p> <ul style="list-style-type: none"> <li>• Ineffective Airway Clearance (IAC)</li> <li>• Ineffective Breathing Patterns (IBP)</li> <li>• Impaired Gas Exchanged (IGE)</li> <li>• Risk for Aspiration</li> <li>• Risk for Suffocation (chocking)</li> </ul>	<p>5. <b><u>GASTRO INTESTINAL SYSTEMS/ GI TRACT (B5)</u></b></p> <ul style="list-style-type: none"> <li>• Diarrhea – FVD</li> <li>• Altered nutrition (less/ more than body requirements)</li> <li>• Impaired Swallowing</li> <li>• Altered bowel elimination</li> </ul>
<p>2. <b><u>CARDIOVASCULAR SYS. (B2)</u></b></p> <ul style="list-style-type: none"> <li>• Altered comfort (acute/ chronic pain)</li> <li>• Decreased cardiac output</li> <li>• Fluid Volume Deficit – Excess (FVD – FVE)</li> <li>• Anxiety – fear</li> <li>• Altered peripheral tissue perfusion</li> <li>• Hyperthermia</li> </ul>	<p>6. <b><u>BONE – INTEGUMEN – MUSCULOSCELETAL SYS. (B6)</u></b></p> <ul style="list-style-type: none"> <li>• Risk for contracture</li> <li>• Activity intolerance</li> <li>• Impaired skin integrity</li> <li>• Pruritis</li> </ul> <p>SELF CARE DIFICIT</p> <ul style="list-style-type: none"> <li>• Bathing – toileting – feeding – dressing/ grooming</li> </ul>
<p>3. <b><u>NERVOUS SYSTEM (B3)</u></b></p> <ul style="list-style-type: none"> <li>• Risk Increased Intracranial Pressure (IIP)</li> <li>• Activity Intolerance</li> <li>• Risk for Injury</li> <li>• Thought process disturbance</li> <li>• Sleep Pattern Disturbance (SLP)</li> </ul>	<p>7. <b><u>REPRODUCTIVE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>• Ineffective Breast Feeding (IBF)</li> <li>• Anxiety</li> <li>• Risk Infection Transmission (STD)</li> <li>• Altered sexual pattern – sexual dysfunction</li> </ul>
<p>4. <b><u>GENITO URINARY SYSTEM</u></b></p>	<p>8. <b><u>PSYCHOSOCIAL</u></b></p>



<ul style="list-style-type: none"> <li>• Altered pattern of urinary elimination</li> <li>• Urinary incontinence – retention</li> <li>• Risk for infection</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety (Phy – Emo – Cogn.)</li> <li>• Ineffective – coping, denial</li> <li>• Grieving</li> <li>• Hopelessness</li> <li>• Noncompliance</li> <li>• Spiritual Distress</li> <li>• Parental Role conflict</li> <li>• Rape trauma syndrome</li> <li>• Self concept deficit</li> <li>• Low self esteem</li> <li>• Social isolation</li> <li>• Impaired communication</li> </ul>
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**Taxonomy I: NANDA-Approved Nursing Diagnostic Categories (as published in the Summer 1998 NANDA Nursing Diagnosis Newsletter)**

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**Pattern 1: Exchanging**

1.1.2.1	Altered Nutrition: More Than Body Requirements	1.6.1	Risk for Injury
1.1.2.2	Altered Nutrition: Less Than Body Requirements	1.6.1.1	Risk for Suffocation
1.1.2.3	Altered Nutrition: Risk for More Than Body Requirements	1.6.1.2	Risk for Poisoning
1.2.1.1	Risk for Infection	1.6.1.3	Risk for Trauma

- 1.2.2.1 Risk Altered Body Temperature
- 1.2.2.2 Hypothermia
- 1.2.2.3 Hyperthermia
- 1.6.2.2 Ineffective Thermoregulation
- 1.2.3.1 Dysreflexia
- 1.3.1.1 Constipation
  - 1.3.1.1.1 Perceived Constipation
  - 1.3.1.1.2 Colonic Constipation
- 1.3.1.2 Diarrhea
- 1.3.1.3 Bowel Incontinence
- 2.1.2 Altered Urinary Elimination
  - 2.1.2.1.1 Stress Incontinence
    - 2.1.2.1.2 Reflex Incontinence
      - 2.1.2.1.3 Urge Incontinence
  - 3.1.1.1.1 Functional Incontinence
  - 3.1.2.1.1 Total Incontinence
- 3.2.1.1 Urinary Retention
- 1.4.1.1 Altered (Specify Type) Tissue Perfusion (renal, cerebral, cardiopulmonary, gastrointestinal, peripheral)
  - 1.4.1.2.1 Fluid Volume Excess
    - 1.4.1.2.2.1 Fluid Volume Deficit
    - 1.4.1.2.2.2 Risk Fluid Volume Deficit
- 1.4.2.1 Decreased Cardiac Output
- 1.5.1.1 Impaired Gas Exchange

- 1.6.1.4 Risk for Aspiration
- 1.6.1.5 Risk for Disuse Syndrome
- 1.6.2.1 Impaired Tissue Integrity
  - 1.6.2.1.1 Altered Oral Mucous Membrane
    - 1.6.2.1.2.1 Impaired Skin Integrity
      - 1.6.2.1.2.2 Risk Impaired Skin Integrity

### **Pattern 2: Communicating**

- 2.1.1.1 Impaired Verbal Communication

### **Pattern 3: Relating**

- 3.1.1 Impaired Social Interaction
- 3.1.2 Social Isolation
- 3.2.1 Altered Role Performance
  - 3.2.1.1.1 Altered Parenting
    - 3.2.1.1.2 Risk Altered Parenting
      - 3.2.1.2.1 Sexual Dysfunction
  - 3.2.2 Altered Family Processes
    - 3.2.3.1 Parental Role Conflict
- 3.3 Altered Sexuality Patterns

### **Pattern 4: Valuing**

- 4.1.1 Spiritual Distress (Distress of the human spirit)

- 4.1.1.1 Ineffective Airway Clearance
- 5.1.1.2 Ineffective Breathing Pattern
- 5.1.1.1.2 Defensive Coping
- 5.1.1.1.3 Ineffective Denial
- 5.1.2.1.1 Ineffective Family Coping: Disabling
- 5.1.2.1.2 Ineffective Family Coping:  
Compromised
- 7.2.2.1 Family Coping: Risk for Growth
- 5.2.1.1 Noncompliance (Specify)
- 5.3.1.1 Decisional Conflict (Specify)
- 7.4 Health-Seeking Behaviors (Specify)

#### **Pattern 6: Moving**

- 6.1.1.1 Impaired Physical Mobility
- 8.1.1.1 Activity Intolerance
- 6.1.1.2.1 Fatigue
- 6.1.1.3 Risk Activity Intolerance
- 6.2.1 Sleep Pattern Disturbance
- 6.3.1.1 Diversional Activity Deficit
- 6.4.1.1 Impaired Home Maintenance  
Management
- 9.2.2 Altered Health Maintenance
- 6.5.1 Feeding Self-Care Deficit

#### **Pattern 5: Chousing**

- 5.1.1.1 Ineffective Individual Coping
- 5.1.1.1.1 Impaired Adjustment
- 7.1.2.1 Chronic Low Self-Esteem
- 7.1.2.2 Situational Low Self-Esteem
- 7.1.3 Personal Identity Disturbance
- 7.2 Sensory/ Perceptual Alterations  
(Specify) (visual, auditory,  
kinesthetic, gustatory, tactile,  
olfactory)
- 7.2.1.1 Unilateral Neglect
- 7.3.1 Hopelessness
- 7.3.2 Powerlessness

#### **Pattern 8: Knowing**

- 8.1.1 Knowledge Deficit (Specify)
- 8.3 Altered Thought Processes

#### **Pattern 9: Feeling**

- 9.1.1 Pain
- 9.1.1.1 Chronic Pain
- 9.2.1.1 Dysfunctional Grieving
- 9.2.1.2 Anticipatory Grieving
- 9.2.2 Risk for Violence; Self-

6.5.1.1	Impaired Swallowing	9.2.3	Post-Trauma Response	directed or Directed at Others
9.2.3.2	Ineffective Breast feeding	9.2.3.1	Rape-Trauma Syndrome	
9.2.4	Bathing/ Hygiene Self-Care Deficit	9.2.3.1.1	Rape-Trauma Syndrome: Compound Reaction	
9.2.4	Dressing/ Grooming Self-Care Deficit	9.2.3.1.2	Rape- Trauma Syndrome; Silent Reaction	
9.2.4	Toileting Self-Care Deficit	9.3.1	Anxiety	
9.4	Altered Growth and Development	9.3.2	Fear	

Pattern 7: Perceiving

- 7.1.1 Body Image Disturbance
  - 7.1.2 Self-Esteem Disturbance
-

### 3.3 PLANNING

- A comprehensive, individualized, and up to-date plan of care, which specifies client goals and nursing orders for each nursing diagnoses, is developed with the assistance of the client/ family.
- Planning is comprehensive:
  - Initial
  - Ongoing
  - Discharge
  - Long-term goals alert the entire nursing team to realistic client expectations following discharge.
- Short-term goals:
  - When achieved, demonstrate a resolution of the problem specified in the nursing diagnosis
  - Describe a single, observable, and measurable client behavior
  - Are valued by the client and family
  - Are realistic in terms of the resources of the client and the nurse
- Nursing orders:
  - Clearly and concisely describe the nursing action to be performed (ongoing assessment; nursing treatments and procedures; teaching, counseling, advocacy)
  - Are tailored to the client
  - Are consistent with standards of care and supportive of other therapies
  - Are effective in accomplishing the desired client goals
- The plan of care encourages client/ family participation.

**EXAMPLES OF APPLICATION NURSING DIAGNOSIS & NURSING ORDERS – EXPECTED OUTCOMES**

**Nursing Diagnosis\***

Ineffective airway clearance related to viscous secretions and shallow chest expansion secondary to fluid volume deficit, pain, and fatigue

Fluid volume deficit: intake insufficient to replace fluid loss related to vomiting, fever, and diaphoresis

**Goal Statements and Expected Outcomes - NOC**

Demonstrates adequate air exchange, as evidenced by

- Absence of pallor and cyanosis (skin and mucous membranes)
- Use of correct breathing/ coughing technique after instruction
- Productive cough
- Demonstrating symmetric chest excursion of at least 4 cm
- Verbalizing chest pain of < 4 on a 1 – 10 scale within 30 min after receiving p.o analgesics

Within 48 – 72 hours:

- Lungs clear to auscultation
- Respirations 12 – 22/ min. pulse < 100 beats/ min
- Inhales normal volume of air on incentive Spiro meter

Demonstrates fluid balance, as evidenced by

- Urine output greater than 30 mL/h
- Urine specific gravity 1.005 – 1.025
- Good skin turgor
- Moist mucous membranes
- Relating the need for oral fluid intake
- Total fluid intake > output

Anxiety related to difficulty breathing and concern about work and parenting roles	<p>Demonstrates decreased anxiety, as evidenced by</p> <ul style="list-style-type: none"> <li>• Listening to and following instruction for correct breathing and coughing technique, even during periods of dyspnea</li> <li>• Verbalizing understanding of condition, diagnostic tests, and treatments</li> <li>• Decrease in reports of fear and anxiety; none within 12 h</li> <li>• Voice steady, not shaky</li> <li>• Respiratory rate of 12 – 22/min</li> <li>• Freely expressing concern about work and parenting roles, but placing them in perspective in view of her illness</li> </ul>
Altered nutrition: Less than body requirements related to decreased appetite, nausea, and increased metabolism secondary to disease process	<p>Demonstrates adequate nutritional intake to meet body needs, as evidenced by</p> <ul style="list-style-type: none"> <li>• Eating at least 85% of each meal</li> <li>• Maintaining present weight</li> <li>• Verbalizing importance of adequate nutrition</li> <li>• Verbalizing improved appetite</li> <li>• Feeds self unassisted</li> <li>• Ambulates to bathroom without dyspnea,</li> </ul>
Self-care deficit (level 2) related to activity intolerance secondary to	

ineffective airway clearance and sleep  
pattern disturbance

fatigue, or shortness of breath

- Within 24 hours, bathes in shower without  
dyspnea

Reports satisfaction and comfort with hygiene  
needs

### 3.4 IMPLEMENTING

- The client record contains daily documentation of the nursing measures used to (1) assist the client to meet basic human needs, (2) resolve health problems, and (3) implement select aspects of the medical plan of care.
- The plan of care is implemented:
  - Competently
  - Caringly
  - Creatively

### 3.5 EVALUATING

- Evaluative statements are recorded on the plan of care to document the client's level of goal achievement at targeted times.
- Ongoing evaluation of the client's responses to the plan of care are used to make decisions about terminating, continuing, or modifying nursing care
- Evaluating parameters consists of: cognitive, affective, psychomotor, and change of signs (vital signs, etc)  
The commonest written in evaluation uses SOAP form.



## EXERCISES of APPLYING NURSING PROCESS

### EXAMPLE OF IDENTIFYING THE NURSING PROBLEM AND NURSING INTERVENTION (POSTOPERATIVE COMPLICATIONS)

CONDITIONAL & AETIOLOGY	ASSESSMENT: SIGNS & SYMPTOMS	NURSING INTERVENTION ( PLAN & IMPLEMENTATION)
<b>B1 (BREATHING) . Respiratory Complications: Atelectasis; Pneumonia; Pleuritis; Hemothorax and Pneumothorax</b>		
<p>- <b>Atelectasis:</b> undetected preoperative upper respiratory infections, aspiration of vomitus, irritation of the tracheobronchial tree with increased mucus secretions due to intubations and inhalation anesthesia, a history of heavy smoking or chronic obstructive pulmonary disease; severe post operative pain or high abdominal of thoracic surgery, which inhibits deep breathing; and debilitation or old age, which lowers the client's resistance.</p>	<p>Dyspnea,↑ temperature; absent or diminished breath sounds over affected area, asymmetrical chest expansion, respirations and pulse rate, anxiety, and restlessness.</p>	<ol style="list-style-type: none"> <li>1. Position: unaffected side.</li> <li>2. Turn, cough, and deep breathe.</li> <li>3. Postural drainage.</li> <li>4. Nebulization.</li> <li>5. Force fluids if not contraindicated.</li> </ol>
<p>- <b>Pneumonia:</b> see Atelectasis for etiology.</p>		
<p>- <b>Pleuritis:</b> see Atelectasis for etiology</p>		
<p>- <b>Hemothorax:</b> chest surgery, gunshot or knife wounds, and</p>		

multiple fractures of chest wall		
<b>B2 (BLEEDING / BLOOD). Circulatory Complications: Shock; Thrombophlebitis; Pulmonary Embolism; etc</b>		
- <b>Shock hypovolemic:</b> hemorrhage, sepsis, decreased cardiac contractility (myocardial infraction, cardiac failure, tamponade), drug sensitivities, transfusion reactions, pulmonary embolism, and emotional reaction to pain or deep fear.	Dizziness: fainting; restlessness; anxiety. Bp:▼ or falling Pulse: weak, thread Respirations:▲ shallow Skin: pale, cool, clammy, cyanotic. ▼ Temperature; oliguria; and CVP below 5 cm; thirst.	<ol style="list-style-type: none"> <li>1. Position: foot of bed raised 20°, knees straight, trunk horizontal, head slightly elevated; avoid Trendelenburg's position.</li> <li>2. Administer blood transfusion, plasma expanders, and intravenous infusions, as order</li> <li>3. Check: vital signs, CVP, temperature</li> <li>4. Insert urinary catheter to monitor hourly urine output</li> <li>5. Administer oxygen, as ordered</li> </ol>
<b>B3 (BRAIN) Emotional Complication</b>		
<b>Emotional disturbances:</b> grief associated with loss of body part or loss of body image; previous emotional problems; decreased sensory and perceptual input; sensory overload; fear and pain; decreased resistance to stress as a result of age, exhaustion, or debilitation.	Restlessness, insomnia, depression, hallucinations, delusions, agitation, and suicidal thoughts.	<ol style="list-style-type: none"> <li>1. Report symptoms to physician.</li> <li>2. Encourage verbalization of feelings: give realistic assurance.</li> <li>3. Orient to time and place as necessary.</li> <li>4. Provide safety measures, such as side rails.</li> <li>5. Keep room lit, to reduce incidence of visual hallucinations.</li> <li>6. Administer</li> </ol>

		tranquilizers. As ordered. 7. Use restraints as a last resort.
<b>B4 (BLADDER). Urinary Complications</b>		
<b>Urinary retention:</b> obstruction in bladder or urethra; neurologic disease; mechanical trauma as in childbirth or gynecologic surgery; psychology conditioning that inhibits voiding in bed; and prolonged bed rest; pain with lower abdominal surgery.	Inability to void 10-18 hours post surgery, despite adequate fluid replacement, palpable bladder, frequent voiding of small amounts of urine or dribbling, and suprapubic pain.	<ol style="list-style-type: none"> <li>1. Assist client to stand, or use bedside commode if not contraindicated.</li> <li>2. Provide privacy.</li> <li>3. Reduce tension, provide support.</li> <li>4. Use warm bedpan.</li> <li>5. Run tap water.</li> <li>6. Place client's feet in warm water.</li> <li>7. Pour warm water over vulva.</li> <li>8. Catheterize if conservative measures fail.</li> </ol>
<b>B5 (BOWEL). Gastrointestinal Complications</b>		
<b>Gastric dilatation:</b> depressed gastric motility due to sympathoadrenal stress. Response; idiosyncrasy to drugs; emotions, pain, shock; fluid and electrolyte imbalances.	Feeling of fullness, hiccups, overflow vomiting of dark, foul-smelling liquid; severe retention leads to decreased blood pressure (due to pressure on vagus nerve) and other symptoms of shock syndrome.	<ol style="list-style-type: none"> <li>1. Report signs to physician immediately.</li> <li>2. Insert or assist in insertion of NG tube, attach to intermittent suction.</li> <li>3. Irrigate nasogastric tube with saline (water will deplete electrolytes and result in metabolic alkalosis).</li> <li>4. Administer IV infusions with electrolytes, as ordered.</li> </ol>

<b>Wound Complications</b>		
<p><b>Wound infection:</b> obesity or under nutrition, particularly protein and vitamin deficiencies; decreased antibody production in aged; decreased phagocytes in newborn; metabolic disorder, such as diabetes mellitus, chancing's syndrome, malignancies, and shock; breakdown in aseptic technique.</p>	<p>Redness, tenderness, and heat in area of incision; wound drainage; ↑ temperature; and pulse rate</p>	<ol style="list-style-type: none"> <li>1. Assist in cleansing and irrigation and irrigation of wound and insertion of a drain.</li> <li>2. Apply hot, wet dressings, as ordered</li> <li>3. Give antibiotics, as ordered, observe responses.</li> </ol>
<b>Transfusion Reaction</b>		
<p><b>Allergic and febrile reactions:</b> unidentified antigen or antigens in donor blood or transfusion equipment; previous reaction to transfusions; small thrombi; bacteria; and lyses red cells.</p>	<p>Fever to 40°C, may have sudden onset; chills; itching; erythema; urticaria; nausea; vomiting; and dyspnea and wheezing, occasionally.</p>	<ol style="list-style-type: none"> <li>1. Stop transfusion and notify physician</li> <li>2. Administer antihistamines, as ordered</li> <li>3. Send STAT urine to lab for analysis</li> <li>4. Institute cooling measures if indicated</li> <li>5. Maintain strict input and output records.</li> <li>6. Send remaining blood to lab for analysis, and order recipient blood sample for analysis.</li> </ol>

**EXAMPLE OF NURSING ORDERS AND RATIONALE**

<b>Expected Outcomes</b>	<b>Evaluation Statements</b>	<b>Nursing Orders</b>	<b>Rationale</b>
Demonstrates adequate air exchange, as evidenced by			
1. Absence of pallor and cyanosis (skin and mucous membranes)	1. Goal partially met. Skin and mucous membranes not cyanotic, but still pale.	a. Monitor respiratory status q4h: rate, depth, effort, skin color, mucous membranes, amount and color of sputum.	a.b.c.d. To identify progress to ward or deviations from goal. Ineffective airway clearance leads to poor oxygenation, evidenced by pallor, cyanosis, lethargy, drowsiness. Shallow breathing further compromises oxygenation
2. Using correct breathing/coughing technique after instruction.	2. Goal partially met. Uses correct technique when pain well controlled by narcotic analgesic.	b. Monitor results of blood gases, chest x-ray studies, and incentive Spirometry volume as available. c. Monitor level of consciousness d. Auscultate lungs q4h. e. Vital signs q4h (TPR,B/P)	e. Inadequate oxygenation cause increased pulse rate. Respiratory rate may be decreased by narcotic analgesics or increased by dyspnea and anxiety.
3. Productive cough	3. Goal partially met. Uses correct technique when pain well controlled by narcotic analgesic.	f. <i>Remind to perform and assist q3h. Support, and encourage.</i> (4117/95 JW)	f. <i>Does not need to be re-instructed as client demonstrates</i>
4. Demonstrating symmetric chest excursion of at least 4 cm.	3. Goal partially met.	g. Administer prescribed expectorant;	

5. Verbalizing chest pain of < 4 on a 1 – 10 scale within 30 min after receiving p.o analgesics.	met. Cough productive of moderate amounts of thick, yellow, pink-tinged sputum	<p>schedule for maximum effectiveness.</p> <p>h. Maintain Fowler's or semi Fowler's position.</p> <p>i. Administer prescribed analgesics. Notify physician if pain not relieved.</p>	<p><i>correct techniques. May still need support and encouragement because of fatigue and pain.</i></p> <p>g. Helps loosen secretions so they can be coughed up and expelled.</p>
6. Lungs clear to auscultation within 48 – 72 h.	4. Goal not met. Chest excursion = 3 cm.	j. Administer oxygen if client goes off unit (e.g., for X-ray examinations).	h. Gravity allows for fuller lung expansion by decreasing pressure of abdomen on diaphragm.
7. Respirations 12 – 22/ min, pulse < 100 beats/ min.	5. Goal met. Tylenol #3 given at 03.00.	k. Assist with postural drainage daily at 09.30. On 4/17 <i>teach to continue prn at home. (4117/95JW)</i>	i. Controls pleuritic pain by blocking pain pathways and altering perception of pain, enabling client to increase thoracic expansion. Unrelieved pain may signal impending complication.
8. Inhaling normal volume of air on incentive Spiro meter.	At 03.30 stated. "Easier to breathe, : rated pain at 3, and coughed effectively.		j. Supplemental oxygen makes more oxygen available to

		the cells, even though less air is being moved by the client, thereby reducing the work of breathing.
6. Goal not met. Scattered inspiratory crackles auscultated through out right anterior and posterior chest.		k. Gravity facilitates movement of secretions upward through the respiratory passage. <i>As soon as client is hydrated and fever is controlled, she will probably be discharged to self-care at home.</i>
7. Goal partially met. Respirations 26/min. pulse 96.		
8. Goal not met. Tidal volume only 350 mL.		

## CASES STUDY

## 1. PAEDIATRIC

Mrs. King brings 2,5 years-old Billy to the pediatrician's office because he has "been irritable and feverish since last night". Further history reveals that Billy also had a runny nose and cough for two days, and that his appetite and fluid intake have decreased since the fever started. Billy is otherwise healthy, this is the first episodic illness. His physical examination reveals slight, irritable, 2,5 years-old girl, pulling at ears, temperature of 102 F, nasal congestion with clear discharge, tympanic membranes red and bulging bilaterally, pharynx slightly red without exudates. Chest clear, abdomen soft without hepatosplenomegaly (HSM) and no meningeal signs.

The Pediatrician diagnoses an upper respiratory infection (URI) and bilateral otitis media (BOM) and order amoxicillin 250 mg t.d.s for 10 days. You the office nurse, are to perform the parent teaching for Billy's home care. During your discussion with Mrs. King she tells you that she is concerned that Billy is jealous of his new baby sister because he has occasional tantrums when she holds the baby. She is concerned about Billy's development because he recently started to refuse using the potty, a skill that is newly acquired. Mrs. King is very attentive to both new baby and Billy throughout the interview, and she asks you for suggestions in how to help Billy cope to the new arrival. While doing so, she points out that her husband has been extra attentive to Billy since his sister was born.



## **2. MEDICAL SURGICAL**

Mrs. Jody 78 years old, has history of insulin-dependent diabetes (IDDM). When you weigh her during your weekly home visit, you note that she weighs 98 pounds. Which is 12 pounds less than she weighed at your last visit. You try to weigh her at the same time of day each week-0930. She usually has breakfast at 0630 and takes her morning NPH insulin, 40 units at 0730. Today she tells you that she has been urinating “a lot” and that she feels like she has had the flu for about three days, with nausea and “just a little vomiting”. She says she has not been eating well but adds, “I’m keeping my blood sugar up by drinking orange juice.”

On assessment, you note that she has soft, sunken eyeball and her tongue is dry and furrowed. Her blood pressure is 104/86 (usual is 150/88), her pulse is 92 and respiration are 22. The temperature is 99.4 F. Her finger stick blood glucose (FSBG) is 468 mg/dl (usual is 250 – 300). Mrs. Jody refuses to check her finger stick blood glucose herself. When asked what she did not call the nurse or the doctor when she became ill, she stated, “I didn’t think it was that serious- “I didn’t have a high temperature”

## **3. MATERNITY**

Mrs. Erny is a 28-year-old woman, gravid 3, para 2, who presents to the clinic today for her initial prenatal examination. She states that her last menstrual period (LMP) is 9/15/98. She has not received prenatal care before today because of lack of transportation. However, she does verbalize the importance of early prenatal care to ensure the well-being of her newborn. She states that things have gone well so far. She eats fast food and drinks soda frequently. She lives with her husband and two sons in a two-bedroom trailer on land owned by her in-law, who are very supportive. Her husband works full time at a fast-food chain store. He is looking for another job that pays more money. She states that it is hard to make financial ends meet at times. She stays home with the children.

The past medical history is unremarkable except for the two pregnancies, which were both term gestation, delivered vaginally. During the last pregnancy, she was diagnosed with pregnancy-induced hypertension and gestational diabetes and was induced at 38 weeks’ gestation. She states that she gained 60 pounds and that her son weighed 9 pounds 2 ounces.

## **4. FAMILY**

The Corn family has returned to the clinic for help with dealing with Dan’s recent diagnosis and treatment for type I diabetes mellitus. Dan is a 17-year-old senior high school who is not following the diet-exercise-insulin protocol prescribed for the diabetes diagnosis 4 months ago. The physician refers

the Corn family to the nurse to help the family discuss how to address the identified problem of Dan's refusal to follow the protocol. Because the diet and foot preparation affect the whole family, Sister Jenny attends the family session as well.

## **5. ELDERLY**

Joshepin Carmino is a 66-year-old woman who lives alone in a small urban apartment. She lives on a fixed income from her deceased husband's Social Security. She has come to the clinic for her routine check up. During the initial interview, you notice that she does not always answer your question appropriately and she talks very softly when she offers information spontaneously. When you check her hearing with the whisper test, she asks you to repeat several times, and finally tells you, with annoyance in her voice, that "you just have to speak up if you expect people to hear you!" When you do the Rinne test, the result show BC>AC. When questioning her about problems, she denies having any hearing loss. She says she has never had audiometry and she can't afford it now. She also tells you that she doesn't talk to friends on the telephone anymore, because they don't talk loud enough.

## **6. COMMUNITY**

### **• History**

The area known as Evansboro was first settled by French explorers and established as a military outpost. Soon afterward the area was settled by other French immigrants because of its rich farmland. It was a busy trading post in the 1800's because of its location on the St. Croix River.

### **• Demographics**

The total population of Evansboro, as of the 1990 census, is 9,156. Of the total residents, the female/male ratio is 1,1:1. There are 1,767 persons who are 65 years of age or older, and 2,287 are 18 years or younger. Racial distribution data reveal that 64,2% of the residents are African American, 34,5% are white, 0,8% are Native American, and 0,5 % belong to other racial groups. The majority of Evansboro's residents are married (71,6%), 23,1% are single, and the remainder are either separated, divorced, or widowed. The leading causes of death are cardiovascular disease and lung cancer. A number of religious denominations are represented in Evansboro, those with the greatest percentage of members include Southern Baptist, African Methodist Episcopal, and United Methodist.

### **• Physical**

Evansboro is bordered on the west by the St. Croix River and is otherwise surrounded by farmland. It lies within the flood plain of the river and as a result is threatened by flooding periodically. The last time that homes were affected by flood water was 3 years ago. Evansboro is located in Washington

Country, State Highway 25 borders the eastern limit of the town and intersects with U.S. Highway 62 along the northern border of Evansboro. The average temperature during the month of January is 60.3 F and during the month of July, 95.1 F

- Health and Social Services
- Economics
- Safety and Transportation
- Education
- Recreation
- Politics and Government
- Communication

### **CASE STUDY**

*Mrs. J, 45 years old has nutritional problem and Ms. Diana has formulated nursing diagnosis Altered nutrition: less than body requirement related to impairment of digestion*

### **QUESTION**

1. What are the critical assessments that can support the nursing problem to Case C (altered nutrition)?
2. Formulate nursing problems ( min 3 and give supporting data (subjective & objectives) for each problem and etiology! (You are suggested to add the significance data to support nursing problem).
3. Make list of one nursing problem to case C (min. 5)?
4. Give nursing intervention for one problem only as the first priority!

### **References**

1. Kerr R. & Smith, J 1982. Nucleus. English for Science and Technology Nursing Science. Harlow, Essex: Longman Group Limited.
2. Carpenito LJ. 2000. Nursing Diagnosing. Application to clinical practice. 8<sup>th</sup> Ed. Philadelphia: JB Lippincott
3. Taylor, C., Lillis C. & LeMone P. 1998. Fundamental of Nursing: the arts and Science of nursing. Philadelphia: JB Lippincott.

## CHAPTER 4

# INTRODUCTION TO ENGLISH TEST

**Objectives:**

After completion of this course, the student will be able to:

1. Understand the strategy to take TOFL test
2. Understand the strategy to take IELTS

## 4.1 TOEFL: TEST OF ENGLISH AS FOREIGN LANGUAGE

### What is TOEFL?

According to Sharpe (1992) in Barron's How to Prepare for the TOEFL that TOEFL is kind of International test which consist of listening, reading, and writing comprehension test.

### What is the Purpose of the TOEFL

To measure of the English proficiency of the candidates. The majority of admission colleges and university as well as working requirements in the world require foreign applicants to submit TOEFL scores along with transcripts and recommendation in order to be considered for admission (Sharpe, 1992: 5).

### Which Language skills are Tested on the TOEFL?

Five skills are tested on the TOEFL. They are tested in three separate sections:

### SECTION I : LISTENING COMPREHENSIONS (50 QUESTIONS; 40 MINUTES) CONSIST OF THREE PARTS OF TEST

#### Part A : Restatements (20 questions)

You must choose from 4 possible answers in your test book the answer that is closest in meaning to the statement you have heard.

Example:

Listening:

"Mrs. Black bought a twenty-dollar dress for sixteen dollars" (*Note: There should be a 10-second pause after each test question in this section*)

- (A) Mrs. Black spent \$20  
 (B) Mrs. Black saved \$16  
 Key: D
- (C) Mrs. Black paid too much  
 (D) Mrs. Black saved \$4

**Part B : Conversations (2 speaker): 15 questions**

You must choose from 4 possible answers in your test book the answer that would be the best response to the question you heard.

**Example – Listening:**

Woman: I need some aspirin, please, and I'd also like to get this prescription filled.

Man : Fine. Here's your aspirin. I can have the prescription for you in about ten minutes if you want to wait

Third Voice: Where did this conversation most probably take place?

Question:

- (A) at a drugstore  
 (B) at a doctor's office  
 Key: A
- (C) at a hospital  
 (D) at a dentist's office

**Part C : Mini - Talks**

Three to five short talks and conversations with several questions spoken on tape after each talk or conversation

You must choose from 4 possible answer for each question the answer that would be the best response to each question you have heard.

Example questions:

What time does the last show start?

1. (A) five o'clock  
 (B) seven-thirty
- (C) Ten o'clock  
 (D) Eleven o'clock

How much does a ticket for child under sixteen cost?

2. (A) \$1.25  
 (B) \$1.50
- (C) \$ 2.00  
 (D) \$ 2.50

**Section II : STRUCTURE AND WRITTEN EXPRESSION: 40 questions; 25 MINUTES**

**Part A : Incomplete Sentences: 15**

Fifteen incomplete sentences with 4 words or phrases listed beneath each sentence.

You must choose the one word or phrase that best completes the sentence.

**Part B : Incorrect Sentence: 25**

Twenty –five incorrect sentences with 4 underlined words or phrases in each sentences.

You must choose the one word or phrase that is not correct in the sentence.

**SECTION 3 : READING COMPREHENSION AND VOCABULARY  
(60 QUESTIONS: 45 MINUTES)**

**Part A : Synonym**

Thirty sentences with one word or phrase underlined in each sentence and four words or phrases listed beneath each sentence.

You must choose from the four possible answers the word or phrase with the same meaning as the underline word or phrase.

**Part B-1 : Reading Passages**

Four-five reading passages with several questions after each passage.

You must choose from 4 possible answers the answer that would be the best response to each question.

**Part B– 2 : Restatements**

One-five short statements with 4 statements listed beneath each

You must choose from the four possible answers the answer closed in meaning to the statement.

**Examples of the Questions for Structure and Reading see on the  
Chapter 1**

**4.2 IELTS: INTERNATIONAL ENGLISH LANGAUGE TEST (Adapted from IELTS Handbook, 1995)**

**Introduction**

IELTS, the International Language Testing System, provides an assessment of whether candidates are ready to study or train in the medium of English. It is recognized widely as a language requirement for entry to all courses in further and higher education. It is readily available at test centers around the world who arrange test administration according to local demand.

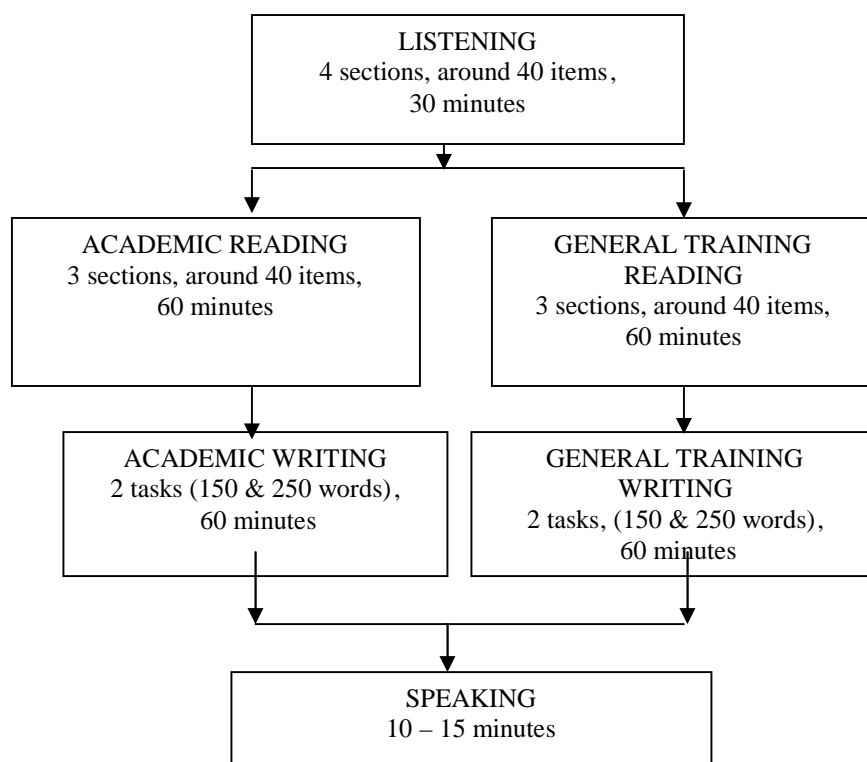
The IELTS is jointly managed by the University of Cambridge Local Examination Syndicate (UCLES), the British Council and IDP Education of Australia.

### Test Format

All candidates are tested in listening, reading, writing, and speaking. All candidates take the same listening and speaking Modules. There is a choice of reading and writing modules.

The first three modules – listening, reading and writing – must be completed in one day. The speaking may be taken, at the discretion of the test centre, on the same day or up to two days later.

The Modules are always taken in the following order:



**TOTAL TEST TIME: 2 hours, 45 minutes**

### 4.2.1 Listening

The Listening Module takes around 30 minutes. There are between 38 and 42 questions. There are four sections.

The first two sections are concerned with social needs. There is a conversation between two speakers and then a monologue. For example – a conversation about travel requirements or facilities in a flat, and a speech about amenities on a University campus or arrangements for meals during a conference.

The final two sections are concerned with situations related more closely to educational or training contexts. There is a conversation between up to four people and then a further monologue. For example – a conversation between a tutor and a student about an assignment or between three students in a command room planning a research project, and a lecture or talk of general academic interest.

All the topics are of general interest and it makes no difference what subject candidates study.

Texts and tasks become more difficult as the sections progress.

A variety of questions are used, chosen from the following types:

- ❑ Multiple choice
- ❑ Short-answer questions
- ❑ Sentence completion
- ❑ Notes/summary/diagram/flow chart/table completion
- ❑ Labeling diagram which has numbered parts
- ❑ Matching



Instruction is clear and easy to follow. The require as little reading time as possible. Examples are given of any unfamiliar question types.

The listening Module is recorded on a tape and is heard ONCE only.

During the test, time is given check their answers. Answers are entered, as candidates to read the question Paper. When the tape ends ten minutes are allowed for candidates to transfer their answers to an Answer Sheet.

Question Papers cannot be taken from the test room.

*Circle the correct answer.*

1. The group chose the KETTLE for their research project because...
  - A users don't think about its design features.
  - B users' suggestions helped the development of its design.
  - C users don't think enough about how the kettle works.
  - D the kettle is a familiar kitchen appliance.

Complete the following form. Write NO MORE THAN THREE WORDS for each answer.

Example	Answer
Subject.....	Electrical Appliance.....
Number in original target group: (4).....	
Age range: (5) ..... to.....	
Disabilities: People with	- muscular problems
	and - wheelchair users
Number in actual trial: (6) .....	

Which TWO features does Sandra mention in her introduction to the trial categories?

Features

- A price
- B weight
- C size
- D external temperature
- E method of filling
- F age of model

Complete the table below

	Best kettle	Reason	Worst kettle	Reason
Example CORD	Answer B	Curly cord	A	Long cord
WEIGHT	C	Easy to handle when full	(9).....	Difficult to lift off base
GAUGING WATER IN KETTLE	(10) .....	2 gauges	C	Have to lift lid
WAYS TO FILL	(11) .....	Fill via lid and spout	A	Spout too small

#### 4.2.2 Academic Reading

The Academic Reading Module takes 60 minutes.

There are between 38 and 42 questions. There are three reading passages with a total of 1,500 to 2,500 words.

Text is taken from magazines, journals, books, and newspapers. Text has been written for a non specialist audience. All the topics are of general interest. They deal with issues which are interesting, recognizably appropriate and accessible to candidates entering postgraduate or undergraduate courses.

At least one text contains detailed logical argument. One text contains detailed logical such as diagrams, graphs or illustrations.

If texts contain technical terms then a simple glossary is provided.

Texts and tasks become increasingly difficult through the paper.

Some of the questions may appear before a passage, some may come after, depending on the nature of the question.

A variety of questions are used, chosen from the following types:

- Multiple choice
- Short-answer questions
- Sentence completion
- Notes/summary/diagram/flow chart/table completion
- Choosing from a “heading bank” for identified paragraphs/sections of the text
- Identification of writer’s views/attitudes/claims -yes, no or not given
- Classification
- Matching list
- Matching phrases

Instructions are clear and easy to follow. Examples are given of any unfamiliar question types.

Texts and questions appear on a Question Paper which candidates can write on but not remove from the test room.

All answers must be entered on an Answer Sheet.

Complete the summary below. Choose your answers A -O from the box below the summary and write them in boxes 1 -5 on your answer sheet.

**NB** There are more words or phrases than you will need to fill the gaps.  
You may use any word or phrase more than once

**Example**

The ...C... during the late 1970s and early 1980s of an attempt to establish a widespread wind power industry in the a United States resulted largely from the ... (1)... in oil prices during this period. The industry is now experiencing a steady ... (2)... due to improvements in technology and an increased awareness of the potential in the power of wind. The wind turbines that are now being made, based in part on the ... (3)... of wide-ranging research in Europe, are easier to manufacture and maintain than their predecessors. This has led wind -turbine makers to be able to standardize and thus minimize ... (4)... . There has been growing ... (5)... of the importance of wind power as an energy source.

A	criticism	H	success
B	design costs	I	production costs
C	failure	J	stability
D	operating costs	K	fall
E	growth	L	recognition
F	skepticism	M	decisions
G	effect	N	decline
		O	results

Look at the following lists of issues (6-10) and implications (A,B and C). match each issue with one implication. Write the appropriate letters A-C in boxes 6-10 on your answer sheet.

Example	Answer
The current price of one wind-generated kilowatt...	...A...

6. The recent installation of systems taking advantage of economies of scale...
7. The potential of meeting one fifth of current U.S. energy requirements by wind power...
8. The level of acceptance of current wind turbine technology...
9. A comparison of costs between conventional and wind power sources...
10. The view of wind power in the European Union

**IMPLICATIONS**

- A Provides evidence against claims that electricity produced from wind power is relatively expensive
- B supports claims that wind power is an important source of energy
- C opposes the view that wind power technology requires further development.

**4.2.3 Academic Writing**

The Academic writing Module takes 60 minutes. There are two tasks to complete.

It is suggested that about 20 minutes is spent on Task 1 which requires at least 250 words and should take about 40 minutes.

**In Task 1 candidates are asked to look at a diagram, table, or perhaps a short piece of text and to present the information in their own words. Depending on the type of input and the task suggested, candidates are assessed on their ability to:**

- Organize, present and possibly compare data
- Describe the stages of a process or procedure
- Describe an object or event or sequence of events
- Explain how something works

**In Task 2 candidates are presented with a point of view or argument or problem.**

Candidates are assessed on their ability to:

- ❑ Present the solution to a problem
- ❑ Present and justify an opinion
- ❑ Compare and contrast evidence, opinions and implications
- ❑ Evaluate and challenge ideas, evidence or an argument

There may be a thematic link between the inputs for the two tasks but topics are of general interest and it makes no difference what subjects candidates study.

The issues raised are interesting, suitable for and easily understood by candidates entering postgraduate or undergraduate studies.

Part of the task realization is to respond appropriately in terms of register, rhetorical organization, style and content.

Appropriate responses are short essays or general reports, addressed to tutor or examiners.

No specialist knowledge is expected. Each task is assessed independently.

Instructions are clear and easy to follow.

Candidates may write on the Question Paper but this cannot be taken from the test room and will not be seen by the examiner.

Answer must be given on the Answer Sheet and must be written in full. Notes are not acceptable as answers.

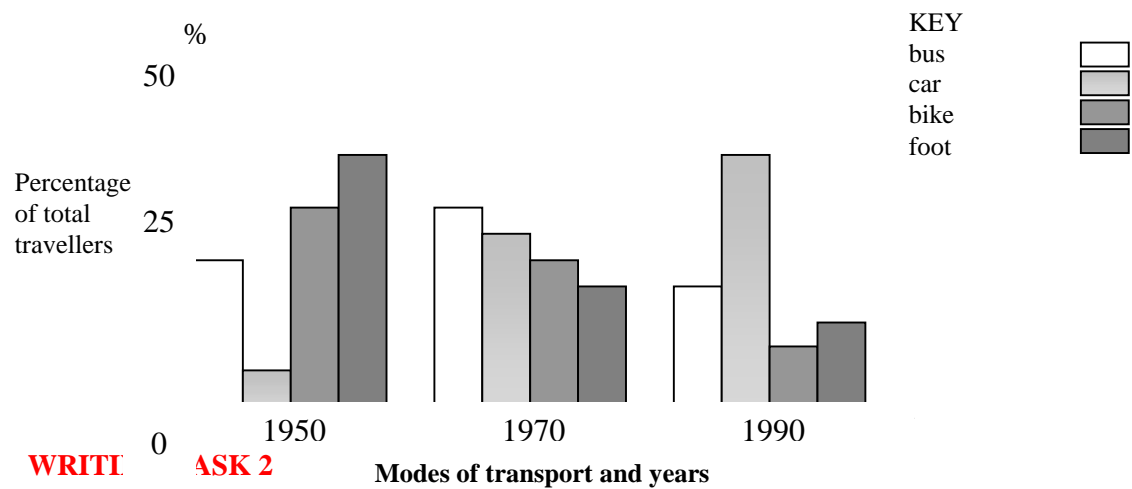
**WRITING TASK 1**

**You should spend about 20 minutes on this task.**

*The graph below shows the different modes of transport used to travel to and from work in one European city, in 1950, 1970 and 1990.*

*Write a report for a University lecturer describing the information shown below.*

*You should write at least 150 words.*



**WRITE TASK 2**  
**You should spend ab**

*Present a written argument or case to an educated non-specialist audience on the following topic.*

*It is inevitable that as technology develops so traditional cultures must be lost. Technology and tradition are incompatible – you cannot have both together.*

*To what extent do you agree or disagree with this statement?*

*Give reasons for your answer.*

You should write at least 250 words.

You should use your own ideas, knowledge and experience and support your arguments with examples and relevant evidence.

#### **4.2.4 Speaking**

The speaking Module takes between 10 and 15 minutes. It consists of an oral interview, a conversation, between the candidate and an examiner.

There are five sections:

##### **Introduction**

The examiner and candidate introduce themselves.

The candidate is made to feel comfortable and encouraged to talk briefly about their life, home, work and interests.

##### **Extended Discourse**

The candidate is encouraged to speak at length about some very familiar topic either of general interest or of relevance to their culture, place of living, or country of origin. This will involve explanation, description or narration.



**Elicitation**

The candidate is encouraged to speak at length about some very familiar topic either of general interest or of relevance to their culture, place of living, or country of origin. This will involve explanation, description or narration.

**Speculation and Attitudes**

The candidate is encouraged to talk about their future plans and proposed course of study. Alternatively the examiner may choose to return to a topic raised earlier.

**Conclusion**

The interview is concluded.

The Speaking Module assesses whether candidates have the necessary knowledge and skills to communicate effectively with native speakers of English.

Examiners work from a set of assessment criteria and guidelines. Assessment takes into account evidence of communicative strategies, and appropriate and flexible use of grammar and vocabulary.

The interviewer is a qualified teacher and certificated examiner appointed by the test centre and approved by UCLES.

All interviews are recorded.

**LANGUAGE CLASSES**

Imagine you are a student at a college. You have been told to take at least 3 hours of English classes at a Language Centre each week. Ask the Interviewer questions to find out about language classes in the Language Centre, and decide which classes will fit in with your college timetable.

(The Interviewer has the Language Centre timetable.)

*SOME THINGS TO FIND OUT:*      *Kinds of classes available*  
*Lengths of courses*  
*Exams/ certificates*  
*Place of classes*  
*Time of classes*

### YOUR COLLEGE TIMETABLE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9.00- 10.00	Lecture			Lecture	
10.00- 11.00		Lecture	Tutorial		Lecture
11.00- 12.00				Lecture	Lecture
12.00- 2.00	<b>L U N C H</b>				
2.00- 3.00			Computer Course		Seminar
3.00- 4.00		Lecture			
4.00- 5.00					

## Test Report Form

### Form of Results

Academic and General Training candidates receive different versions of the Test Report Form. An example of the Academic Test Report Form follows on page 28. Each module is reported separately as a Band Score. These individual module scores are then added together and averaged for an Overall Band Score. Each Band corresponds to a descriptive statement giving a summary of the English of a candidate classified at that level.

The nine Bands and their descriptive statement are as follows:

#### **Expert User**

Has fully operational command of the language: appropriate, accurate and fluent with complete understanding.

#### **8 Very Good User**

Has fully operational command of the language with only occasional unsystematic inaccuracies and inappropriate. Misunderstandings may occur in unfamiliar situations. Handles complex detailed argumentation well.

#### **7 Good User**

Has operational command of the language, though with occasional inaccuracies, inappropriate and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning.

#### **Competent User**

Has generally effective command of the language despite some inaccuracies, inappropriate and misunderstandings. Can use and understand fairly complex language, particularly in familiar situation.

**Modest User**

Has partial command of the language, coping with overall meaning in most situations, though is likely to make many mistakes. Should be able to handle basic communication in own field.

**Limited User**

Basic competence is limited to familiar situations. Have frequent problems in understanding and expression. Is not able to use complex language.

**Extremely Limited User**

Conveys and understands only general meaning in very familiar situations. Frequent breakdowns in communication occur.

**Intermittent User**

No real communication is possible except for the most basic information using isolated words or short formulae in familiar situations and to meet immediate needs. Has great difficulty understanding spoken and written English.

**Non User**

Essentially has no ability to use the language beyond possibly a few isolated words.

Did not attempt the test

No assessable information provided.

**References**

1. British Council. 1995. IELTS Handbook. IDP Education Australia
2. Hopkins, D & Nettle, M. Passport to IELTS. Macmillan Publishers.
3. Sharpe PJ. 1992. TOEFL. 6<sup>th</sup> ed. Jakarta: Binarupa Aksara

**APPENDICES: ASSESSMENT FORM – (pp. 138 – 139)**

<b>ADMISSION DATA</b>	Date _____ Time _____ Primary Language _____ Arrived Via: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Ambulatory From: <input type="checkbox"/> Admitting <input type="checkbox"/> ER <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other Admitting M.D. _____ Time Notified _____ <b>AORIENTATION TO UNIT</b> YES NO YES NO Arm Band Correct <input type="checkbox"/> <input type="checkbox"/> Visiting Hours <input type="checkbox"/> <input type="checkbox"/> Allergy Band <input type="checkbox"/> <input type="checkbox"/> Smoking Policy <input type="checkbox"/> <input type="checkbox"/> Telephone <input type="checkbox"/> <input type="checkbox"/> TV, Lights, Bess Controls, Electrical Policy <input type="checkbox"/> <input type="checkbox"/> call Lights, Side Rails <input type="checkbox"/> <input type="checkbox"/> Educational Mat's <input type="checkbox"/> <input type="checkbox"/> Nurses Station <input type="checkbox"/> <input type="checkbox"/> (TV Brochure) <input type="checkbox"/> <input type="checkbox"/> Family M.D. _____ Weight _____ Height _____ BP:R _____ Temp. _____ Pulse _____ Resp. _____ Source Providing Information <input type="checkbox"/> Patient <input type="checkbox"/> Other _____ Unable to Obtain History <input type="checkbox"/> _____ Reason for Admission (Onset, Duration, Pt.'s Perception) _____ _____ _____			<b>PSYCHOLOGICAL HISTORY</b>	Recent Stress _____ Coping Mechanism _____ Support System _____ Calm: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Anxious: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Religion _____ Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
					<b>NEUROLOGICAL</b>	Oriented: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Confuse <input type="checkbox"/> Sedated Alert <input type="checkbox"/> Restless <input type="checkbox"/> Lethargic <input type="checkbox"/> Comatose Pupils: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive <input type="checkbox"/> Sluggish <input type="checkbox"/> Other _____ Extremity Strength: Equal Unequal Speech: <input type="checkbox"/> Clear <input type="checkbox"/> Slurred <input type="checkbox"/> Other _____
						<b>MUSKULO SKELETAL</b>
					<b>RESPIRATORY</b>	
<b>ALLERGIES &amp; REACTIONS</b>	Drugs _____ Food/ Other _____ Signs & Symptoms _____ Blood Reaction <input type="checkbox"/> Yes <input type="checkbox"/> No Dyes/Swellfis <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>CARDIOVASCULAR</b>		Pulse: Apical Rate _____ <input type="checkbox"/> Reg. <input type="checkbox"/> Irregular <input type="checkbox"/> Pacemaker S=Strong W=Weak A=Absent D=Doppler Radial R _____ L _____ Pedal R _____ L _____ Edema: <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Site _____ Perfusion: <input type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cool
	Current Meds Dose/Freq. Last Dose _____ _____ _____ _____ Disposition of Meds: <input type="checkbox"/> Home <input type="checkbox"/> Pharmacy <input type="checkbox"/> Safe 'At Beside				<b>GASTROINTESTINAL</b>	Oral Mucosa <input type="checkbox"/> Normal <input type="checkbox"/> Other _____ Bowel Sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Other _____ Wt.Change: <input type="checkbox"/> <input type="checkbox"/> N/V Stool Frequency/ Character/ _____ Last B/M _____ <input type="checkbox"/> Ostomy (type) _____ Equip. _____
<b>MEDICAL HISTORY</b>	<input type="checkbox"/> No Major Problems <input type="checkbox"/> Gastro _____ <input type="checkbox"/> Cardiac <input type="checkbox"/> Arthritis _____ <input type="checkbox"/> Hyper/ Hypotension <input type="checkbox"/> Stroke _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures _____ <input type="checkbox"/> Cancer <input type="checkbox"/> Glaucoma _____ <input type="checkbox"/> Respiratory <input type="checkbox"/> Other _____ Surgery/ Procedures _____ Date _____ _____ _____			<b>GENITOURINARY</b>		Urine: Last Voided _____ <input type="checkbox"/> Normal <input type="checkbox"/> Anuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Dysuri <input type="checkbox"/> Incontinent <input type="checkbox"/> Other _____ <input type="checkbox"/> Catheter(type) _____ Other _____ LMP _____ <input type="checkbox"/> Vaginal/Penile Discharge Other _____
	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Contacts <input type="checkbox"/> Venous <input type="checkbox"/> Dentures <input type="checkbox"/> Braces <input type="checkbox"/> Hearing Aid Access <input type="checkbox"/> Partial <input type="checkbox"/> Cane/chrutches <input type="checkbox"/> Prosthesis Device <input type="checkbox"/> Upper <input type="checkbox"/> Walker <input type="checkbox"/> Glasses <input type="checkbox"/> Epidural Catheter <input type="checkbox"/> Lower <input type="checkbox"/> Other _____				<b>SELF CARE</b>	Need Assist with: <input type="checkbox"/> Ambulating <input type="checkbox"/> Elimination <input type="checkbox"/> Meals <input type="checkbox"/> Hygiene <input type="checkbox"/> Dressing
<b>VALUABLES</b>	Patient informed Hospital not responsible for personal belongings. Valuables Disposition: <input type="checkbox"/> Patient <input type="checkbox"/> Safe <input type="checkbox"/> Given to _____ Patient/ SO Signature _____			ADDRESSOGRAPH PLATE		

NUTRITION

General appearance:  Well Nourished  Emaciated  
 Other \_\_\_\_\_  
Appetite:  Good  Fair  Poor  
Diet \_\_\_\_\_ Meal Pattern \_\_\_\_\_  
 Feed Self  Assist  Total Feed

SKIN ASSESSMENT

Color:  Normal  Flushed  Pale  Dusky Cyanotic  
 Joundiced  Other \_\_\_\_\_  
General Sciption \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Note Cultures Obtained \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**EPRESSURE SORE "AT RISK" SCREENING CRITERIA**

OVERALL SKIN CONDITION  
Grade    
**Turgor (elasticity)**  
**0**  
**adequate, skin**  
**warm and moist)**  
1 Poor turgor, skin cold & dry  
  **2 Areas mottled, red**  
**or denuded**  
3 Existing skin ulcer/ lesions

BOWEL AND BLADDER CONTROL  
Grade   **0 Always able to ask for bedpan**  
1 Incontinence of urine  
  **2** Incontinence of feces  
**Totally incontinent**  
  **3** Confined to bed

REHABILITATIVE STATE  
Grade   **0** Fully ambulatory  
**1** Ambulated with assistance  
  **2** Chair to bed ambulation only  
  **3** Confined to bed  
  **4** Immobile in bed

NUTRITIONAL STATE  
Grade   **0 Eats all**  
  **1 Eats very little**  
  **2 Refuses food often**  
  **3** Tube feeding  
  **4** Intravenous feeding

MENTAL STATE  
Grade   **0 Alert and clear**  
  **1 Confused**  
  **2 Disoriented/ senile**  
  **3** Stuporous  
  **4** Unconscious

CHRONIC DISEASE STATUS  
(i.e. COPD,ASCVD, Peripheral Vascular Disease, Diabetes, or Renal Disease, Cancer, odor or Sensory Deficiens, Eiderly, Other)  
Grade   **0 Absent**  
  **1** One Present  
  **2** Two Present  
  **3** Three or more present

Total \_\_\_\_\_ Refer to Skin Care Protocol

FALLS SCREENING

If one or more of the following are checked institute fall precautions/ plan of care  
History of Falls  Unsteady Gait  Confusion/Disorientation   
 Dizziness  
If two or more of the following are checked institute fall precautions/ plan of care  
 Age over 80  Utilizes cone, walker, w/c  Sleeplessness  
 Impaired vision  Multiple Diaenoses  Impaired hearing  Medication/Sedative  
 Urgency/frequency in elimination

EDUCATION/ DISCHARGE PLANNING

1. What do you know about your present illness? \_\_\_\_\_  
2. What information do you want or need about your illness? \_\_\_\_\_ **143**  
3. Would you like family/ SO involved in our care? \_\_\_\_\_  
4. How long do you expect to be in the hospital? \_\_\_\_\_  
5. What concerns do you have about leaving the hospital? \_\_\_\_\_

CHECK APROPRIATE BOX

Will patient need post discharge assistance with ADLs/Physical functioning?  Yes  No  Unknown  
Does patient have family capable of and willing to provide assistance post discharge?  
 Yes  No  Unknown  No family  
Is assistance needed beyond that which family can provide?  
 Yes  No  Unknown  
Previous admission in the last six months?  
 Yes  No  Unknown  
Patient lives with \_\_\_\_\_  
Planned discharge to \_\_\_\_\_  
Comments: \_\_\_\_\_

Social Service Notified  Yes  No

NARRATIVE NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX – NURSING PROCESS FORMED CREATED**  
**By: NURSALAM**  
**NURSING PROCESS FORM: MEDICAL SURGICAL**  
**SCHOOL OF NURSING, FACULTY OF NURSING**  
**AIRLANGGA UNIVERSITY**

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**1. ASSESSMENT**

**NURSING HISTORY**

Admission Date:            Time:  
 No. Reg:                      Medical Dx:

Date of Assessment        :

**I. Patient Identity:**

- 1. Name                        :
- 2. Age                         :
- 3. Race                        :
- 4. Religion                   :
- 5. Education                :
- 6. Occupation              :
- 7. Address                   :

**II. HISTORY OF PRESENT ILLNESS**

- 1. Chief Complain        :  
 .....
- 2. Present illness history        :  
 .....  
 .....  
 .....  
 .....

**III. PAST NURSING HISTORY**

- 1. History of Related Diseases
- 2. History of contagious diseases        :  None  Yes  
 Mentioned:  
 .....
- 3. Hereditary Diseases :         None  Yes  
 Mentioned.....  
 .....
- 4. Allergic history                        :        medicine,  food



Mentioned.....  
 .....

**IV. FAMILY HEALTH HISTORY (Genogram)**

.....  
 .....

**OBSERVATION AND PHYSICAL EXAMINATION**

**VS: T: ..... P: ..... R: ..... BP: .....**

**1. B1 : BREATHING (RESPIRATORY SYSTEM)**

1) complain :  SOB  pain, breathing  
 Cough  others, mentioned :

.....  
 2) RR pattern: ..... Frequency ..... X/mnt  
 Rhythm:  regular  Irregular  
 Breathing :  Vesicular  Bronchovesiculr  
 Sounds  Ronchi  Wheezing  
 O2 adm :  Yes  None

Others, mentioned :

.....  
 .....  
 .....  
 .....

**PROBLEM:**

**2. B2 : BLEEDING (CARDIOVASCULAR SYSTEM)**

1) complain :  chest pain  dizziness  
 headache  palpitation

2) Heart sounds  
 Normal  Abnormal: S3  S4  Murmur

3) Edema  None  Yes

Others :

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**PROBLEM**

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**3. B3: BRAIN (NERVOUS SYSTEM)**

1) Orientation:    Person        Place                    Time

2) Complain:  
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3) Awareness :          Composmentis          Apathies         
                  Somnolent

      Sopor                          Coma

**GCS: E ..... M ..... V ....., Total :**

4) Eye

Pupil:            Isochors        An isochors

Sclera:           Icterik          bleeding                   Others:

.....  
Conjungtiva:  Pale    light red

5) Nerves disturbance :

Trismus:    Yes,    None

Paralyze:    Yes,    None

Sensory Perceptual  Yes,    None

Mentioned:  
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Others:

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PROBLEM
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**4. B4: BLADDER (GENITOURINARY SYSTEM)**

1) Complain:  
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Polyuria    Oliguria        Anuria        Nocturia

2) Urine output:                   ml/day. Color: .....       Smell:  
.....

3) Fluid Intake : Oral ..... cc/day,   Parenteral :                   cc/day

Others :  
.....  
.....  
.....  
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**5. B5: BOWEL (GASTROINTESTINAL SYSTEM – GI TRACT)**

- 1) Mouth:  pain-swallowed  trachea wound
- Others;
- 2) Abdomen:  Press pain  wound operation  
 Colostomy
- 3) Alvi elimination: ..... X/day  Normal   
Abnormal
- Consistency:  hard  soft  fluid  
 blood
- 4) Diet: .....  hard  fluid  soft

Others :

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PROBLEM

**6. B6: BONE (BONE-MUSCLE-INTEGUMENT)**

- 1) Joint Activity :  free  limited,  
Reason;
- 2) Extremities complain:  Yes  None
- 3) Back Injury :  Yes  None
- 4) Integuments:  Icterik  cyanosis  
 Redness  Hyper  
pigmentation
- Acral :  Warm  dry  redness
- Turgor:  Excellent  Good  Poor

Others

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PROBLEM:

**7. ENDOCRINE SYSTEM**

- Complain:  Yes  None  
 Polydepsia  Polyphagia  Polyuria

Others :

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PROBLEM

**IV. PSYCHOOSOCIAL ASSEMENT**

- 1. Client perception about her disease  
 God-struggle     Penalty     Other
- 2. Client expression toward his/her disease  
 Quit     restlessness     Anxiety     Angry / crying
- 3. Year reaction  
 Cooperatif    Not Cooperatif     prejudice
- 4. Self concept disturbane  
 Yes; self ideal, identity, role, self-esteem, and body image  
 Not,  
 Others, Explain,

Others: ... :

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PROBLEM
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**DIAGNOSTIC TEST AND MEDICAL TREATMENT**

1. Laboratory:

2. Radiology: X Ray, STScans

3. ECG

4. USG, etc

5. Therapy:

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6. Others :

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**Additional Data**

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**DATA ANALYSIS**

<b>DATA</b>	<b>ETIOLOGY</b>	<b>PROBLEMS</b>
<p data-bbox="467 365 602 432"><b>Subjective Data:</b></p> <p data-bbox="467 569 602 636"><b>Objective Data:</b></p>	<p data-bbox="824 331 943 363"><b>Diarrhea</b></p> <p data-bbox="797 365 813 443">↓</p> <p data-bbox="805 468 964 535"><b>Loss of fluid</b> &gt;&gt;&gt;</p> <p data-bbox="797 537 813 615">↓</p> <p data-bbox="852 600 919 632"><b>FVD</b></p>	<p data-bbox="1187 365 1247 396"><b>FVD</b></p>
<p data-bbox="467 804 602 871"><b>Subjective Data:</b></p> <p data-bbox="467 974 602 1041"><b>Objective Data:</b></p>		
<p data-bbox="467 1152 602 1220"><b>Subjective Data:</b></p> <p data-bbox="467 1323 602 1390"><b>Objective Data:</b></p>		

**B. Nursing Diagnosis**

- 1.
- 2.

3.

4.

Surabaya,

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Nurses,

**C. INTERVENTION (POR – PROBLEM ORIENTED RECORDS)**

<b>NURSING DIAGNOSIS</b>	<b>NOC (Nursing Outcome Criteria)</b>	<b>NIC (Nursing Intervention Classification)</b>
	<p><b>GOAL</b></p> <p><b>NOC</b> (<b>SMART</b> – Specific, Measurable, Achievable, Rationale, Time)</p>	<p><b>D – Diagnostic type</b> (assess, check, observe, monitor, identify, etc)</p> <p><b>E – Education Type</b> (educate, explain, tell, teach, ask, etc)</p> <p><b>T – Treatment Type</b> (Independent, interdependent, dependency) Position, postural drainage, administer, exercise, feed, etc.</p> <p><b>R – Referral</b></p>

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**B. INTERVENTION (PIE APPROACHES)**

PROBLEM	IMPLEMENTATION (NOC & NIC)	EVALUATION		
		MORNING	NOON	
		S	S	S
		O	O	O
		A	A	A
		P	P	P

**5. EVALUATION**

<b>NURSING DIAGNOSIS</b>	<b>EVALUATION</b>
<b>1.</b>	<b>S</b>
	<b>O</b>
	<b>A</b>
	<b>P</b>
<b>2.</b>	<b>S</b>
	<b>O</b>
	<b>A</b>
	<b>P</b>

## APPENDIX: EXERCISES OF NURSING TEST

### Pediatric

1. An 8 month old baby starts having diarrhea on the last day he is started on “NIDO” milk. His diarrhea is most probably due to:
  - a. Defect in intestinal tract
  - b. Separation from the mother
  - c. Allergy to milk
  - d. Unnecessary administration of laxatives
  
2. Dysentery is manifested by:
  - a. Frequent diarrhea stools
  - b. Abdominal pain
  - c. Stools containing blood and mucus
  - d. All of the above
  
3. Marasmus that occurs during the rapid period of brain growth may result in:
  - a. Severe undernourishment
  - b. Physical and Mental retardation
  - c. Sudden drop in temperature
  - d. Severe emotional deprivation
  
4. Which of the following communicable diseases is NOT caused by a virus:
  - a. Pertussis
  - b. Poliomyelitis
  - c. Mumps
  - d. Measles
  
5. Which of the following statements about chicken pox is not:
  - a. It could be transmitted by droplet infection
  - b. It could be transmitted by direct and indirect contact
  - c. It could lead to encephalitis and nephritis
  - d. All children in a Susceptible community should receive live varicella vaccine by year one
  
6. A year old child with chicken pox comes to you complaining of severe itching. You as a nurse should advise his mother to do all except:
  - a. Cut his finger nails and keep them clean
  - b. Give him sedatives

- c. Use calamine lotion on vesicles frequently
  - d. Expose him daily for 6 hrs to sunlight to dry his vesicles
7. The nurse caring for a child who is receiving treatment for acute streptococcal infection, will have to carry out which of the following measures to confirm eradication of the microorganism:
- a. Urine culture
  - b. Sputum culture
  - c. Throat culture
  - d. CSF culture
8. A cerebral palsy child is apt to have which of the following disabilities:
- a. Physical disabilities
  - b. Mental retardation
  - c. Vision and hearing defects
  - d. All of the above
9. Erythroblastosis fetalis occurs when:
- a. Both parents are Rh positive
  - b. Both parents are Rh negative
  - c. The mother is Rh positive and the father is Rh negative
10. Absence of the surfactant causes:
- a. Pneumonia
  - b. Respiratory distress syndrome
  - c. Patent ducts arteries
  - d. Neonatal jaundice

### **E. Practice Examination Fundamental Nursing**

11. In case of an emergency which of the following pulses is MOST commonly used
- a. Radial
  - b. Apical
  - c. Carotid
  - d. Femoral
12. If the suction tube for tracheostomy or pharyngeal suction has no thumb port:
- a. It Should be thrown
  - b. It should be resterilized
  - c. Y connector can be use to connect it
  - d. Kink it while withdrawing

13. All of the following are principles of restraint except:
  - a. Bony prominences should be padded before applying restraint
  - b. Restraint should be removed from time to time
  - c. Client should be carefully attended when restraints are removed
  - d. Restraints applied to client in bed or stretcher should be attached to be side rails only
  
14. When donning surgical gloves the thumb of the inserted hand should be held against the palm because:
  - a. It makes the maneuver easier
  - b. It is less likely to contaminate the inside of the glove
  - c. It is likely to contaminate the inside of the glove
  - d. None of these
  
15. Nitroglycerine is administered sublingually, This means that the drug is:
  - a. Given whenever needed
  - b. Given when the patient asks for it
  - c. Given by injection at a 45 degree angle to the skin
  - d. Placed under the patient's tongue
  
16. We need extra equipment to the know dressing set when we need to shorten Penrose drain for the first time:
  - a. Sterile safety pin, suture scissors and scissors to cut
  - b. One scissors, extra gauze and cotton sponge
  - c. Syringe, forceps and suture scissors
  - d. Antiseptic solution, towel and scissors to cut
  
17. The most important psychological effect of isolation on patients include all of the following EXCEPT:
  - a. Loneliness
  - b. Relaxation
  - c. Sensory deprivation
  - d. Depression
  
18. A third degree burn patient is admitted to the hospital. What kind of isolation is applied:
  - a. Respiratory isolation
  - b. Enteric precaution
  - c. Would precaution

- d. Reverse isolation
19. When taking temperature all the following are true EXCEPT:
- a. Leave the thermometer in place for a time sufficient for the temperature to register
  - b. Explain the procedure to the patient before taking his temperature
  - c. Ensure level of mercury in the glass thermometer above 35 degrees
  - d. Clean the thermometer with antiseptic solution
20. All the following statements are correct concerning oxygen therapy EXCEPT:
- a. Oxygen is tasteless, odorous
  - b. Moist oxygen irritates mucous membrane
  - c. Oxygen supports combustion and explosion
  - d. Patients, staff and visitors must be warned of risks involved.
21. All the following are necessary while applying nasal oxygen catheter in an adult patient EXCEPT:
- a. Nasal catheter is inserted 2-3 inches
  - b. Catheter should be lubricated before insertion with oil -base lubricant
  - c. Patient with catheter requires careful inspection and checking of the catheter
  - d. Cannot be used with patients who have a bad cold
22. What type of isolation is required for a patient with tuberculosis:
- a. Respiratory: masks for patients and nurses and proper disposal of respiratory secretions
  - b. Protective: masks, gloves and gown
  - c. Contact and skin: masks, gloves and gown only when treating skin lesions
  - d. Strict isolation, private room, masks, gloves and gowns
23. To make sure that a patient takes the medication ordered for him it is best for the nurse to:
- a. Stay with the patient until he swallows the medications
  - b. Remind the patient that he must take the drug, if he goes out of the room
  - c. Ask a member of the patient's family to give the medication
  - d. Asks another patient to observe the patient carefully
24. Which of the following is a sign that the patient is experiencing retention overflow

- a. Frequent voiding of small amounts of urine
  - b. Urgency and burning upon urination
  - c. Painful urination
  - d. Difficulty in starting the urine stream
25. Average daily output of urine for a healthy adult is about:
- a. 500 ml
  - b. 700 ml
  - c. 900 ml
  - d. 1500 ml
26. Knowing that the patient has smoked or taken hot or cold drink the nurse should do the following before assessing oral temperature:
- a. Make him rinse his mouth
  - b. Clean his teeth
  - c. Allow 15 mins to elapse before carrying out the procedure
  - d. Allow 5 mins to to elapse before carrying out the procedure
27. All the following are correct about naso –gastric tube insertion EXCEPT:
- a. It is strictly a sterile procedure
  - b. The nurses must explain the procedure to patients prior to insertion
  - c. Hand washing is essential prior to insertion
  - d. The nurse must check the physician's order prior to insertion
28. Trendelenburg position means:
- a. Patient lies on his abdomen with foot of bed elevated
  - b. Patient lies on his abdomen with foot of bed lowed
  - c. Patient lies on his back with the foot of bed elevated
  - d. Patient lies on his back with the head of bed elevated
29. NG feeding should be given:
- a. Quickly in order not to obstruct the tube
  - b. By applying direct pressure
  - c. Over one hour period
  - d. Slowly by gravity
30. The most important nurse's responsibility in catheterization is to:
- a. Prepare the equipment
  - b. Explain the procedure
  - c. Position the patient

- d. Follow strict aseptic technique
31. to help relaxation of the pediatric sphincter during the administration of the enema you ask the patient to:
- a. Wash the area before starting
  - b. Sleep on left lateral side
  - c. Lubricate the rectal tube
  - d. Take deep breaths during the procedure
32. Which of the following position is used for unconscious patient to prevent aspiration:
- a. Supine position
  - b. Prone position
  - c. Sim's position
  - d. Trendelenburg position
33. An important aspect of care carried out by the nurse includes:
- a. Cleaning to the direction of the least contaminated area
  - b. Using one cotton ball for each cleaning from front to back
  - c. Using one cotton ball for all cleaning strokes
  - d. None of the above
34. The position of the patient when receiving perineal care would be:
- a. Lying on back with knees flexed and draped
  - b. On the right side with knees flexed
  - c. On the left side with knees extended
  - d. Prone with legs extended
35. To assess the placement of nasogastric tube in the correct position the nurse has to:
- a. Attach distal end of tube to syringe and withdraw some gastric content
  - b. On the right side with knees flexed
  - c. On the left side with knees extended
  - d. Prone with legs extended
36. A trochanter roll is used to prevent:
- a. Plantar flexion
  - b. Hyper extension of the knees
  - c. Flexion of the hip
  - d. External rotation of the hip



37. Which of these restraining devices is best to use for confused client who tries to get out her out of her chair
- Ankle restrains
  - Bed sheet
  - Arm restraints
  - Safety jacket
38. The most effective way to prevent the spread of diseases is by:
- Frequent hand washing
  - Using antibiotic drugs
  - Following sterile aseptic technique
  - Using the reverse isolation technique
39. If you are preparing to perform a sterile procedure you should:
- Put on sterile gloves before preparing the trolley
  - Put on sterile gloves before entering the patient's room
  - Use sterile gloves only if the patient has a contagious disease
  - Open the tray firsts and then put on sterile gloves just before doing the procedure
40. Retention of urine means:
- Inability to retain urine
  - Lack of voluntary control over the urethra sphincter
  - Inability to expel urine from the bladder
  - Condition of having to urinate often
41. When catheterizing the patient, the hand that is used to separate the labia and expose urinary meatus is considered:
- Contaminated and has to be kept in place
  - Clean but has to be kept in place
  - Very helpful in introducing catheter
  - Contaminated but could be used to introduce the Foley catheter
42. A mask is considered effective only when it is:
- Kept clean throughout out the procedure
  - Made of nylon or other synthetic fibers
  - Discarded after it becomes moist
  - Worn for no more than two hours
43. All of the following statements are essential in using the isolation gown EXCEPT:
- When in doubt about previous use of a gown, take clean one
  - The neck band is considered clean

- c. The inside of a gown is clean outside
  - d. Gown is worn only once
44. During lumbar puncture, the nurse should stand:
- a. Near physician to help him
  - b. In front of patient to support his neck and knee
  - c. At the back of patient to support his knees
  - d. Where the client wishes her to
45. In thoracentesis fluid is removed from the:
- a. Alveolar space
  - b. Thoracic cavity
  - c. Pleural cavity
  - d. Respiratory tract

#### **D. Practice Examination Maternity Nursing**

46. You understand that a woman is not a good candidate for oral contraceptive use if she has all EXCEPT:
- a. Hypertension
  - b. Epilepsy
  - c. Primipara
  - d. Age over 35 years
47. The pituitary hormone that stimulates the secretion of milk from the mammary gland is:
- a. Prolactin
  - b. Oxytocin
  - c. Progesterone
  - d. Estrogen
48. The mechanisms of labor are effected by:
- a. Pelvic dimensions
  - b. Maternal soft tissues
  - c. Size of the baby and strength and contractions
  - d. All of these
49. One of the most important preventive measures for puerperal infection is:
- a. Strict sterile techniques
  - b. Caregivers should be free from infection
  - c. Frequent and thorough hand washing
  - d. Frequent perineal swabs taken for culture & sensitivity

50. The mother who drinks excessive caffeine should be warned on its adverse effects which are:
- Insomnia and tachycardia
  - Excessive sweating
  - Nightmares
  - Dyspnea and productive cough
51. In post partum women early and frequent ambulation is encouraged to:
- To reduce the risk of uterine infection
  - To prevent puerperal psychosis
  - To reduce the risk of deep vein thrombosis
  - To encourage physical well being
52. Symptoms of pre eclampsia include all of the following EXCEPT:
- Increased blood glucose
  - Increased blood pressure
  - Generalized edema
  - Proteinuria
53. Side effects of oral contraception include all EXCEPT:
- Nausea and vomiting
  - Vaginal bleeding
  - Breast tenderness
  - Pelvic inflammatory diseases
54. The term abortion is best defined as:
- Termination of pregnancy for medical reasons
  - Accidental removal of the products of conception from the uterus
  - Termination of pregnancy before the fetus is viable
  - Termination of pregnancy before the end of the third trimester
55. An ectopic pregnancy is best defined as a pregnancy that occurs:
- After the onset menopause
  - Outside the uterus
  - Before the onset of menstruation
  - In the fallopian tubes only

#### **A.C. Practice Examination Medical Surgical Nursing**

56. Which of the following instructions about collecting clean catch midstream urine is not correct.

- a. Save the first 30 cc of urine
  - b. Discard the first 30 cc of urine
  - c. Cleaning the urethral meatus before obtaining the specimen
  - d. Void directly into the specimen container
57. Which of the following statements characterizes cancer cells:
- a. Are a response to an appropriate stimulus
  - b. They meet the needs of the body
  - c. They continue to grow regardless of the needs of the body
  - d. They stop to grow when the needs
58. The nurse prepares the client for a gastric analysis as part of initial assessment.  
A typical laboratory finding of gastric analysis in client with pernicious anemia is:
- a. High bile concentration
  - b. Absence of hydrochloric acid
  - c. Low bicarbonate concentration
  - d. Immature red blood cells
59. What is the best principles in traction application:
- a. Allow weights to hang freely in place
  - b. Hold weights up if the client is shifting position in bed
  - c. Remove weights up if the client is being moved up in bed
  - d. Lighten weights for short periods if the client complains of pain
60. Factors that affect the composition of urine is:
- a. Nutritional status
  - b. Time of the day
  - c. Status of kidney
  - d. A & C only
61. Pyelonephritis is likely to develop due to:
- a. Low urine acidity
  - b. Stagnation of urine in renal pelvis
  - c. Impaired circulation
  - d. Poor filtration
62. Surgical procedure that involves removal of stones from kidney pelvis is:
- a. Nephrolithotomy
  - b. Cystolithotomy

- c. Urethrolithotomy
  - d. Pyelolithotomy
63. All of the following are typical symptoms of prostatic hypertrophy EXCEPT:
- a. Difficulty in urinating
  - b. Frequency of urination
  - c. Frequent voiding at night (nocturia)
  - d. Increase in the size and force of the urinary stream
64. Which of the following diagnostic tests can detect abnormal breast masses smaller than 1 cm
- a. Ultrasound (sonography)
  - b. Incision biopsy
  - c. Mammography
  - d. None of the above
65. One of the symptoms of diabetes mellitus is:
- a. Polydipsia
  - b. Pale, cool skin
  - c. Anuria
  - d. Anorexia
66. A patient on insulin therapy who has missed a meal might develop:
- a. Hyperglycemic reaction
  - b. Ketoacidosis
  - c. Hypoglycemic reaction
  - d. Lypodystrophy
67. What type of precaution is applied for a patient suspected to have viral hepatitis with type not yet determined:
- a. Enteric, blood and body fluid precautions
  - b. Blood precaution only
  - c. Enteric precaution only
  - d. Respiratory precaution
68. In caring for a patient with Hepatitis A in the acute stage, the nurse must ensure that the patient is:
- a. Having adequate rest
  - b. Eating large meals

- c. Scratching his skin frequently
  - d. Ambulating outside his room
69. Common early manifestations of hepatitis include:
- a. High grade fever
  - b. Mild flu-like symptoms
  - c. Severe skin jaundice
  - d. Enlarged liver and spleen
70. The objective or corrective surgery for removal detachment is to:
- a. Aspirate the vitreous humor
  - b. Create a drainage for aqueous humor
  - c. Create a scar that adheres the retina to choroid
  - d. Enlarged liver and spleen
71. Which of the following actions would the nurse take when she observes that the breakfast served for a patient scheduled for EEG on the same day consists of a soft boiled egg, toast with butter and jam, orange juice and coffee:
- a. Remove all the food
  - b. Remove the coffee
  - c. Remove toast, butter and jam
  - d. Remove the orange juice
72. Which of the following diagnosis test is more specific for a patient admitted with suspected diagnosis of cancer of the colon:
- a. Barium meal
  - b. Gastric analysis
  - c. Barium anemia
  - d. Stools examination
73. Which of the following should the nurse evaluate in addition to vital signs for a patient who underwent an upper GI endoscopy:
- a. The return of gag reflex
  - b. Bowel sounds
  - c. Breath sounds
  - d. Intake and output
74. Which of the following position is considered comfortable for a patient admitted with congestive heart failure complicated by pulmonary edema:
- a. Semi sitting (low fowler's position)
  - b. Lying on left side (Sim's position)

- c. Sitting nearly upright (high Fowler' position)
  - d. Lying on her back with her head lowered (Trendelenburg position)
75. The function of the coronary arteries is for:
- a. Pump blood into the hearth
  - b. Pump blood into the aorta
  - c. Provide potency of heart valves
  - d. Provide blood to the myocardium
76. Emphysema is best defined by
- a. Pus in the pleural cavity
  - b. Fluid in the pleural cavity
  - c. Fluid in the lung
  - d. Enlargement of air space
77. Which one of the following is the most important cause of chronic bronchitis
- a. Continuous exposure to pollutants
  - b. Smoking
  - c. Complicated pneumonia
  - d. Acute bacterial infection of the bronchitis
78. Which of the MOST important principle in the management of underwater seal drainage:
- a. To keep the bottle at a lower level than the patient's chest
  - b. Not to clamp the tube unnecessarily
  - c. To measure the amount of fluid in the bottle
  - d. To sedate the patient every 3 hours
79. Mr. X., a 25 years old student is admitted to your ward with a spontaneous pneumothorax. He is rather breathless and anxious; the doctor arranges to insert an underwater seal drain. The cause for Mr. X breathlessness is that:
- a. There will be pressure on the lung
  - b. Part of the lung has collapsed
  - c. He is in a shock condition
  - d. Fluid will be accumulating in the pleural cavity
80. An immediate post operative goal following modified radical mastectomy is to prevent lymphedema, this can be achieved by:
- a. Restricting fluid intake to 1000 cc
  - b. Elevating the patient's affected arm on a pillow
  - c. Administering diuretics before breakfast

- d. Applying an elastic bandage to the affected arm
81. Incidence of breast carcinoma is highest in women have:
- a. Breast fed their infants
  - b. Multiple pregnancies
  - c. Children before the age of 30
  - d. A family history of breast cancer
82. Instructions for a patient who had cataract surgery upon discharge should include directions to:
- a. Use an eye shield at night
  - b. Not touch the eye dressing
  - c. Avoid use of laxatives
  - d. Resume bending activities
83. The priority of the nursing care for a patient admitted in a semi conscious state after apparently suffering a stroke is:
- a. Maintain respiratory and cardiac function
  - b. Prevent contracture and deformities
  - c. Maintain optimal nutrition
  - d. Provide sensory stimulation
84. Following total hip replacement the hip of the patient should be maintained in a position of:
- a. Adduction
  - b. Abduction
  - c. Internal rotation
  - d. Inversion
85. A Precipitating factor of hypoparathyroidism include:
- a. Surgery of the thyroid gland
  - b. Excessive iodine intake
  - c. Excessive phosphate intake
  - d. Excessive phosphate intake
86. Post cardiac catheterization nursing measures include:
- a. Assessing the peripheral pulses in affected extremity
  - b. Checking the insertion site for hematoma formation
  - c. Evaluation temperature and color in the affected extremity
  - d. Do all of the above
87. Which symptom is not related to low hemoglobin:



- a. Fatigue
  - b. Edema of lower extremities
  - c. Weakness
  - d. Shortness of breath
88. Which of the following is important to do right the nurse is taking care of a patient with chest tube attached to a single bottle under water drainage system
- a. Mark the water level in the bottle
  - b. Notify the physician if the water fluctuates
  - c. Immediately report any air babbles in the water
  - d. Clamp the tubing whenever the client is being moved
89. Obstruction of the airway in the patient with asthma is caused by all of the following EXCEPT:
- a. Thick mucus
  - b. Swelling of bronchial membranes
  - c. Destruction of the alveolar wall contraction
  - d. Contraction of muscles surrounding the bronchi
90. Emphysema is an obstructive pulmonary disease causing the patient to:
- a. Work harder to exhale air than to inhale it
  - b. Work harder to inhale air than to exhale it
  - c. Take deep breath and then exhale two thirds of it
  - d. Inhale slowly and exhale at a faster rate
91. A diagnosis of active tuberculosis is established when:
- a. Skin testing for tuberculosis is positive
  - b. The tubercle bacilli are detected in the sputum
  - c. An X-ray examination of the chest reveals lesions in the lung
  - d. All of the above
92. Which of the following is essential in reducing the chances of contracting tuberculosis by persons living with a newly diagnosed patient:
- a. Respiratory isolation
  - b. INH therapy given prophylactic for nine months
  - c. Instructions on personal hygiene and nutrition
  - d. Reassurance and instructions to prevent transmission
93. The life span of a red blood cell is:
- a. 2 – months
  - b. 10 days

- c. 2 – 3 days
  - d. 1 – 2 months
94. The patient with a loop colostomy will need a collection device that:
- a. Has no opening at the bottom
  - b. Fits over the proximal stoma only
  - c. Is large enough to cover both stomas
  - d. Can fit over the entire loop from which the stoma is formed
95. In chronic occlusive arterial disease the major cause for ulceration and gangrenous lesions is often due to:
- a. Poor Hygiene
  - b. Emotional stress
  - c. Stimulants such as tea or coffee
  - d. Injury from mechanical, chemical or thermal sources
96. In her teaching to hypertensive patient, the nurse should instruct the patient to
- a. Avoid frozen fruit and vegetables
  - b. Restrict the intake of green vegetables
  - c. Season meat with lemon juice or vinegar
  - d. Drink diet soda instead of decaffeinated coffee
97. Angina is often precipitated by all of the following EXCEPT:
- a. Emotional upsets
  - b. Exercise and exertion
  - c. Overeating
  - d. Fluid overload
98. In order to avoid dislocation of the prosthesis after total hip replacement the patient should be given all of these instructions, EXCEPT:
- a. Sit on rocking chairs
  - b. Use raised toilet seat
  - c. Cross your legs while sitting
  - d. Use a fallow between your knees when lying down
99. When the head, part of the neck and shaft of the femur are replaced with synthetic parts, this is called:
- a. Hip pinning
  - b. Hip alignment
  - c. Hip prosthesis
  - d. Fractured hip

100. A fracture in which the bone breaks through the skin is identified as:
- Closed fracture
  - Greenstick fracture
  - Pathological fracture
  - Open fracture

## KEY:

99. C	124. C	149. C	174. D
100.	125. A	150. A	175. D
101.	126. C	151. D	176. A
102.	127. D	152. C	177. B
103.	128. D	153. B	178. B
104.	129. B/	154. A	179. D
105. D		155. C	180. D
106.	130. C	156. C	181. A
107.	131. B	157. A	182. B
108.	132. A	158. D	183. A
109.	133. D	159. B	184. D
110.	134. D	160. A	185. B
111.	135. C	161. D	186. A
112.	136. D	162. C	187. C
113.	137. C	163. A	188. B
114.	138. C	164. C	189. D
115.	139. C	165. A	190. D
116.	140. A	166. A	191. A
117.	141. B	167. B	192. D
118.	142. B	168. C	193. D
119.	143. C	169. B	194. C
120.	144. B	170. A/	195. D
121.	145. A	C	196. B
122.	146. D	171. B/	197. C
123.	147. C	C	198. D
	148. A	172. C	
		173. D	

**PLEASE CORRECT THE WORDS OF PHRASES****By: Nursalam**

1. Located in the cranial cavity in the skull, the brain is the larger mass of nerve tissues in the human body.
2. The next important question we have to decide is when do we have to submit the proposal.
3. George has not completed the assignment yet, and Maria has not neither.
4. The manager has finished working on the report last night, and now she begun to write the proposal.
5. Because Sam dan Michella had done all of the work themselves, they were unwilling to give the results to Joan.

6. After to take the medication, the patient became drowsy and more manageable.
7. Rita enjoyed to be able to meet several members of Congress during her vacation
8. After being indicated for his part in the bank robbery, the reputed mobster decided find another attorney
9. Please give a me a few coffee and some donuts if you have any left.
10. People respect President Soekarno because he was a honest man and he turned to one of our greatest man
11. We had better to review this chapter carefully because we will have some questions on it on our test tomorrow

12. Bess is used to fly after having crossed the continent many times during the past decade
13. The bolder the matador's display in the arena became, louder the audience expressed its approval of his presentation.
14. Whenever students asked for help or guidance, the counselor would advise them or refer them to someone who will.
15. Mary usually arrives at the office at nine o'clock, but because the storm, she was two hours late
16. The salad tasted so well that my bother returned to the salad bar fo another helping.
17. Despite of the Taft-Hartely Act which forbids unfair union practices, some unions such as the air traffic controllers

18. My book is different than yours because mine has a vocabulary section at the bottom of each page, and yours has one in the back

19. Vitamins are not only able to treat inflammation, but they can be used to increase immune body.

20. Not one in one hundred children exposed to the diseases are likely to develop symptoms of it.