

Flash on English for NURSING

Answer Key and Transcripts

Unit 1 – pp. 4-7

1

a hair b ear c nose d chest e arm f hand g foot h eye I neck l abdomen k knee l toes m head
n shoulders o elbow p hip q buttock r leg s ankle

2

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

3

NERVOUS SYSTEM	SKELETAL SYSTEM	MUSCULAR SYSTEM	CARDIOVASCULAR SYSTEM	DIGESTIVE SYSTEM	RESPIRATORY SYSTEM
spinal cord	femur	abdominal muscles	arteries	stomach	lungs
brain	ribs	pectoral	veins	gall bladder	bronchi
nerves	skull	calf	blood	liver	nose
nerve endings	pelvic bones	biceps	heart	intestine	trachea

4

Personal answers

5 - Listening Track 1

The excretory system **removes** waste and **toxins** from the body. The main **organs** are the **kidneys**, the ureter, the bladder and the urethra. We have two kidneys which are located above the urinary **bladder**. The ureter is a tube which connects the kidneys to the bladder. The urethra is the tube from the bladder to the outside. Waste fluid and toxins are **expelled** through the urethra when we **urinate**.

6

a kidney b ureter c bladder d urethra

7

1 F 2 F 3 T 4 F

8

andro - man, hepato - liver, nephro - kidney, derma - skin, pneumo - lung, gastro - stomach, entero - intestine, ocul/opthal - eye, ot - ear, rhino - nose, osteo - bone, paedia - child, neuro - nerve/brain, arth - joints, cardio - heart, sclera - hard/rigid, haemo - blood, myo - muscle, gynaeco - woman

9

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

10

1 c 2 e 3 a 4 d 5 b

11

1 gynaecologist 2 geriatric 3 gastroenteritis 4 hepatitis 5 myoma 6 arteriosclerosis 7 neuropathy 8 pneumology 9 arthralgia 10 neurologist

Unit 2 – pp. 8-10

1

a, b hospital c in the community d residential care home

2

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

3

1 neonatal nurses
2 learning disabilities nurses
3 mental health nurses
4 paediatric nurses
5 adult nurses
6 midwives nurses
7 school nurses
8 theatre nurses

4

1 shift 2 immunisation 3 stages 4 breathing 5 infant 6 illness / condition / disorder 7 promptly 8 assist 9 ward

5

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

6

a ear syringing b taking a swab c applying a dressing

7 - Listening Track 2

Practice nurses work with G.P.s (General Practitioners) in their surgery as part of a team. Their duties include running clinics for conditions such as asthma, diabetes, heart problems and skin disorders, offering advice on family planning and contraception, taking blood and urine samples and other specimens and swabs, routine procedures such as ear syringing, applying and removing dressings and treating wounds, offering specialist information and advice on blood pressure, weight control and stopping smoking, carrying out infant injections, vaccinations and travel immunisations, and giving advice to patients with long-term medical needs.

8

1 Running - clinics for conditions such as asthma, diabetes, heart problems and skin disorders.
2 Offering - advice on family planning and contraception
3 Taking - blood and urine samples and other specimens; taking swabs, ear syringing
4 Applying - and removing dressings and treating wounds
5 Giving infant injections, vaccinations and travel immunisations; giving advice to patients with long-term medical needs

9

1 work 2 is /has 3 have 4 eats /risks 5 continue 6 affect

10 - Listening Track 3

My name is Fiona Henry. I am a nurse in a large hospital in central London. I have a lot of different duties on the ward. I disinfect patient's wounds and change their dressings, I measure blood pressure, take temperatures and give medicines. I also have to take urine specimens and swabs from wounds or infected throats or mucosa. I often have to give injections and have to check that the patient records are updated. I am always busy but I enjoy my work. It gives me a sense of satisfaction.

1 wounds 2 dressings 3 blood pressure 4 medicines, injections 5 specimens and swabs, temperature 6 blood pressure and patient records

11

Across:

1 wound, disorder 2 remove 3 neonatal 4 shift 5 disability 6 disinfect 7 elderly 8 stages, sample 9 clinic, duties 10 mental health 11 check, measure

Down:

1 advice 2 assist 3 ward 5 dressing 13 illness

Unit 3 – pp. 11-14

1

a 3 b 1 c 4 d 2

2 - Listening Track 4

Hospitals are divided into departments and / or units. Each department or unit has wards where the patient beds are located. The nurse who is responsible for a ward is called the ward sister. Auxiliary or ancillary nurses help the patients to wash, eat, go to the bathroom or use a bed pan. The head doctor of each department or unit is known as the chief consultant. Surgeons, the doctors who carry out operations, may work in general surgery or may be specialists in a specific area such as cardiac surgery or neurosurgery.

POSITION	DUTIES
surgeon	this person operates on patients
auxiliary	this person supports nurses and patients
chief consultant	this person is responsible for a department or unit
ward sister	this person is responsible for the ward

3 - Listening Track 5

Receptionist: Good morning, how can I help?
Visitor: I'm looking for the **radiology** department.
Receptionist: Ah, see the corridor **on the left**?
Visitor: Yes, **behind** the vending machine?

Receptionist: Okay, go **down** the corridor to the end and **turn right** into a hall. Cross the hall. On the **opposite** side is a door. Go **through** the door and you will find the radiology department. It's **on the right** of the orthopaedics department.

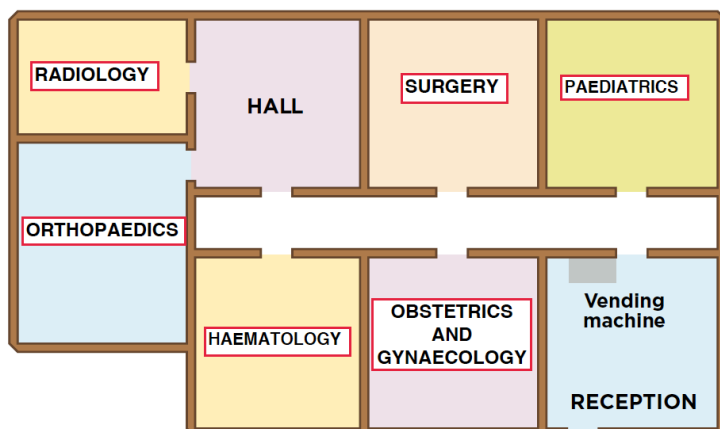
Visitor: Is there anywhere I can buy something to eat?

Receptionist: We only have the vending machine **inside** the hospital but if you go and turn **right** there is a café that sells take-away sandwiches. It's on the corner, **opposite** the bank.

Visitor: Thank you.

Receptionist: You're welcome.

4-5



6

1 between 2 the right 3 the end, your left 4 behind 5 down, right

7

1 obstetrics and gynaecology 2 geriatrics 3 operating theatre 4 maternity unit 5 intensive care / high dependency 6 pharmacy 7 radiology 8 neonatal 9 orthopaedics 10 general surgery ward 11 neurology 12 paediatrics 13 haematology 14 accident and emergency (A&E) 15 outpatient

8 - Listening Track 6

1 gynaecology 2 dependency 3 neurology 4 emergency 5 accident 6 haematology

9

a drip stand b medicine trolley c locker d gloves e sharps bin f call bell g bed pan h pillows i thermometer j needle k stethoscope l patient chart

10

1 medicine trolley 2 pillow 3 locker 4 call bell 5 thermometer 6 bed pan 7 patient chart 8 gloves 9 drip stand 10 bin

11 - Listening Track 7

On the **left** of the bed there is a monitor and some equipment. **Between** the monitor table and the bed there is a **drip stand**. On the right of the **bed** there is a locker. There are **two** glasses **on** the locker. There are two **pillows** on the bed. On the **foot** of the bed there is a cover.

Unit 4 – pp. 15-17

1

Possible answers:

Copyright © ELI Publishing

In the photos there are people at the hospital reception. They are waiting to be visited. The first situation is the most serious.

2

a P.A. b P.A. c P.A. d P.A. e P.A. f E.M. g E.M. h E.M.

3

1 emergency 2 elective 3 treatment in A&E or emergency depending on severity 4 treatment in A&E 5 elective 6 emergency 7 treatment in A&E or emergency depending on severity 8 emergency

4 - Listening Track 8

Nurse Good morning Mrs Mir. We have to **check** some details and fill in the **consent** forms before you can be admitted.

Mrs Mir Certainly Nurse, go ahead.

Nurse **What's** your full name?

Mrs Mir Uzma Aysha Mir.

Nurse Could you spell Uzma for me please?

Mrs Mir U-Z-M-A

Nurse And what's your **date of birth**?

Mrs Mir 15th October 1975

Nurse What's the name of your **G.P.**?

Mrs Mir Dr. Allison De Sousa.

Nurse Now I know you came in **last** week for some tests. And we asked you about any allergies and your medical **history**.

Mrs Mir Yes that's right. Blood tests, **urine** tests and an ECG.

Nurse Yes, we have the **results** here. Everything seems fine.

Mrs Mir Now, we need the name of your **next of kin** and a contact number just for the books. It's a **routine** operation but we will need you to sign this consent form. Could you read it please?

Mrs Mir Of course.

Nurse Is there anything you'd like to ask me?

Mrs Mir Yes. I was wondering how long I'll be in hospital after the **operation**?

Nurse **Discharge** depends on how you react to the anaesthetic and how you feel, but it shouldn't be more than a **couple of days**. That's all the paperwork finished.

Mrs Mir Where do I go now?

Nurse Take a seat in the **waiting room** and one of the nurses will call you.

Mrs Mir Thank you very much.

Nurse: You're **welcome**, Mrs. Mir. If you need anything, just ask.

6

1 What / g 2 What / c 3 When / d 4 Who / a 5 Why / b 6 When / f 7 Where / e 8 When / I
9 What / h 10 What / j

7-8

Personal answers

9 - Listening Track 9

1 The **auxiliary nurse** will help you to wash, Mrs Evridou.
2 Please read the **form** carefully and sign it.
3 Don't worry Mr Renzetti. It's a **routine** operation.
4 The **paramedic** gave the patient oxygen in the ambulance.
5 I have an **allergy** to penicillin. Please note that down, Nurse.

- 6 At the ONSET of the chest pain, what was the patient doing? (see admissions record above)
- 7 If you need more information about the ward, ask the **ward sister**.
- 8 I see from your **medical history** that you've suffered from high blood pressure for many years, Mr Friedrich.
- 9 Your medical treatment is recorded on the **patient chart** at the foot of the bed.
- 10 Hello Mr Jones. I am Dr Bashin, the **surgeon** who is going to operate on you.

Unit 5 – pp. 18-21

1

a 2 b 3 c 4 d 1 e 5

2

1 F 2 T 3 F 4 T 5 F

3 - Listening Track 10

The triage system involves a colour-coding system using red, yellow, green, and black tags: **red** tags -patients who require **immediate** treatment for a **life-threatening** condition.

yellow tags- the condition is **stable** for the moment, the patient not in immediate danger of **death** but requires treatment.

green tags - medical care is needed at some point after more **critical cases** have been treated.

black tags- used for those who need **pain** medication only before **death**.

4 - Listening Track 11

Nurse: Good evening, Sir. Can I have your name please?

Patient: Hardy. **Stephen** Hardy.

Nurse: Could you spell your first name please?

Patient: **S-T-E-P-H-E-N**

Nurse: And your date of birth?

Patient: 24th **March 1976**.

Nurse: And what seems to be the **problem** Mr. Hardy?

Patient: I have a pain. A terrible pain.

Nurse: Can you tell me where the pain is?

Patient: All over. It's awful. And I've been waiting here for 20 minutes already. I've already had two **cups of coffee**.

Nurse: Can you be **more specific** about the pain?

Patient: It's in my **stomach** and chest. The coffee here is terrible by the way.

Nurse: Now, how bad is the pain on a scale of 0 to 10, zero is no pain and 10 is the worst pain you can imagine?

Patient: 10 of course. I've come to hospital.

Nurse: And when did the pain start?

Patient: Well about **six months** ago. Every time I go out for **dinner** I have the same problem.

Nurse: Have you been to your G.P. about the problem?

Patient: No. Not yet. It always happens at the **weekend**.

Nurse: Did you go out for dinner **this evening**?

Patient: Yes. Great meal. All you can eat for £10.00.

Nurse: It's probably some form of **indigestion**. Can you please take a seat. A nurse will **examine** you as soon as possible but as you can see we are very busy tonight so you will probably have to wait.

Patient: But I've already waited 20 minutes! I can't stay here all night. I want to see a doctor **now!**

Nurse: I'm afraid that isn't possible Mr. Hardy. There are patients who need to be seen **urgently**. Could you please take a seat.

Patient: I'm going **home**! Shocking service in here. I'll go to my doctor on Monday!

- 1 He has eaten too much.
- 2 It is the weekend.
- 3 He has drunk coffee and says it happens every weekend.
- 4 Because there are lots of cases which have priority.
- 5 Because she cannot be sure it is only indigestion.
- 6 Because he is too impatient to wait.

Adjectives to describe the nurse: polite, collaborative, calm, patient

Adjectives to describe the patient: rude, non-collaborative, angry, impatient

5

Personal answers

6 - Listening Track 12

Heartburn, or **gastric** reflux, is a condition in which a person experiences a burning sensation or pain **in the chest area** but it is not related to the **heart**. This burning sensation is caused by acid reflux (when the stomach's **acidic content** flows up and comes into **contact** with the walls of the esophagus). Angina pectoris is a **condition** that is also characterised by pain in the chest. Angina happens when the **blood** flow to a certain part of the heart is decreased due to a build up of plaque. Heartburn and angina are completely **different** conditions. However, many people confuse angina and heartburn because the **symptoms** seem **similar**. It is very important to see a **doctor** who can distinguish between the two conditions.

7

1 b 2 a 3 a 4 b

8

1 epidermis 2 second 3 burns 4 dermis 5 degree 6 burns 7 dermis 8 hypodermis

9

Across:

2 triage colour coding 5 angina 7 priority 10 heartburn

Down:

1 cling film 3 examine 4 cool 6 hypodermis 8 death 9 worst

Unit 6 – pp. 22-25

1

a measuring blood pressure b assessing pupil reflex c taking pulse d taking temperature

2

1 Body temperature 2 Age 3 Metabolic rate 4 Time of day 5 Drugs 6 Infection

3

a 2 b 3 c 4 d 1

4

TYPE OF THERMOMETER	PLACE FOR USE	ADVANTAGES	DISADVANTAGES
mercury	axilla or rectum	inexpensive and easily found	longer time for accurate measurement and not hygienic
disposable	mouth or axilla	cheap and no risk of cross infection	none
electronic	mouth axilla or rectum	accurate	expensive
infrared	ear	fast and low risk of cross infection	expensive

5 – Listening Track 13

The pulse represents each **ventricular** contraction of the **heart** in a healthy person. It is the number of beats in a **60**-second period. A person’s pulse rate varies depending on **age**, disease, **medication** and trauma. A pulse can be measured when an **artery** near the surface of the body is pressed against a solid surface such as bone. The pressure applied to the **skin** when feeling for a pulse is called ‘**palpation**’. There are three factors to be considered: the **frequency** (how many beats per minute?), the **volume** (is the beat strong or weak?) and the rhythm (is it regular or irregular?). It is important that the patient is **relaxed** because stress will **increase** the pulse rate, giving a false measurement. The pulse can be measured in different places in the body depending on the patient’s condition.

6 - Answers from top to bottom

a temporal d facial g carotid b brachial e radial c femoral f popliteal h posterior tibial i dorsalis pedis

7

- 1 Abnormally low blood pressure.
- 2 An instrument for measuring blood pressure manually.
- 3 An instrument for measuring blood pressure electronically.
- 4 The blood pressure when the heart contracts.
- 5 A systolic value of 140 and a diastolic value of 90.
- 6 Abnormally high blood pressure.

8

- 1 evaluation – assessment
- 2 black central part of the eye – pupil
- 3 movement – motor
- 4 signal – sign
- 5 physical damage – injury

9 – Listening Track 14

Scores are allocated to three types of response, eye opening response, best verbal response and best motor response. A total score is then calculated. 15 is the best possible response, with a score of less than 8 the patient is classified as comatose and less than 3, totally unresponsive. Eye opening scores

are as follows: spontaneous eye opening scores 4, the patient opening his eyes to speech scores 3 and eye opening on pain stimulus 2. No response is awarded 1 point. It is important to differentiate between a person sleeping and being unresponsive. This can be done by asking a question like “Can you open your eyes?” and touching the patient. Remember also that some people with a head injury may have difficulty opening their eyes.

The scores allocated to the best verbal response are as follows: relevant to time, place and person 5 points, a confused response is awarded 4, inappropriate words 3 points, incomprehensible sounds 2, and no response 1. It is important to know how the person would normally communicate, so friends or relatives can be helpful in giving this type of information.

The best motor response scores are as follows: 6 points if the patient obeys commands, 5 points if the patient localises pain and withdraws or pulls away from the pain, 4 points for withdrawal from pain, 3 if the patient has an abnormal flexion or reaction to pain and 2 if the patient’s reaction is involuntary, abnormal extension. No response is awarded 1 point.

BEHAVIOUR: a opening c verbal g motor

RESPONSE: b pain d time e person f unsuitable h commands i pain g abnormal j 8

10

1 T 2 F – touching the artery 3 F – usually but not always 4 T 5 F - after the valve opens 6 T
7 F It is low blood pressure 8 T 9 T 10 T

Unit 7 – pp. 26-29

1

Bacteria

2

1 d 2 e 3 c 4 a 5 b

3 – Listening Track 15

Many microorganisms exist but not all cause infection in individuals. Those that cause disease are called pathogens. When microorganisms, colonising one site on the patient, enter another site on the same person and cause more infection, this is called self-infection or endogenous infection, for example an infection on the hand that is passed to the eye. When pathogens are acquired from another person, or from outside, they are called exogenous. The transmission of pathogens, between people and across environments, is termed cross-infection. To prevent cross-infection we must break the chain of infection. The chain consists of the source of infection, the route of transmission, the portal of entry and the incubation period before infection. There is an ethical and legal duty to protect patients against infection. Universal precautions are recommended for all patients because it is impossible to know if a patient is a hepatitis B carrier or is HIV seropositive, so every patient is considered a potential hazard and appropriate methods should be used to prevent contamination by blood or body fluids. This protects the nurse from infection with body fluid borne viruses but also protects the patients from cross infection. In hospital situations, the risk of cross-infection is high. Hospital acquired infection, sometimes referred to as nosocomial infection, is a big problem and, without the adequate precautions, nursing staff may transmit microorganisms from one patient to another.

Exogenous infection.

4

1 F 2 T 3 F 4 T 5 T 6 T 7 F 8 T

5 – Listening Track 16

Semmelweis was a Hungarian **obstetrician** born in **1815**. He succeeded in reducing the **death** rate of his patients from around **1 in 8** to **1 in 80**. He simply convinced his colleagues and the medical **students** he worked with to wash their hands in a solution of **chlorinated** lime. It is now widely recognised that the **hands** of people who work in health care are an important **route** for the transmission of **infection**. Consequently, hand washing is considered the most important basic technique for **preventing** the transmission of **pathogens**.

6

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

7

ring finger, thumb, finger tips and nails, skin between the fingers

8 – Listening Track 17

Use an adequate amount of hand washing solution.

- 1 Put your **palms** together. Rub **palm** against **palm**.
- 2 Put your **right** palm over your left **dorsum** and rub.
- 3 Put your **left** palm over your right dorsum and rub.
- 4 Put your palms together with **fingers** interlaced and rub.
- 5 Rub the fingers of your **right** hand across your left palm.
- 6 Rub the fingers of your left hand across your right hand.
- 7 Rotationally rub the **right thumb** clasped over the **left** palm and vice versa.
- 8 Rotationally rub the **fingers** of your left hand in your **right** palm and vice versa.
- 9 Rub the fingertips of your right hand in your left palm and vice versa.

9

Personal answers.

10

a apron b mask c goggles/protective glasses d gloves e sharps bin f bleach g paper towels i waste sack

11 - Listening Track 18

Hand washing is essential before and after all **patient contact** and after skin contamination with body fluid.

Gloves and aprons must be used when **direct** contact with **blood** or body fluid is anticipated. Eye protection **must** be used if there is a danger of flying contaminated debris or blood splashes. Irrigate with **saline** solution if conjunctiva or mucous membranes are splashed with body fluid or blood.

Cuts and **abrasions** should be covered with waterproof dressings.

Be extremely careful when using and disposing of **sharps** and do not overfill sharps boxes.

Action in the event of blood spillage:

- ◆ Put on **gloves** and apron.
- ◆ Cover the blood spillage with **paper** towels.
- ◆ Treat with 10,000 ppm sodium hydrochloride or bleach 1 to 10 dilution.
- ◆ Leave for a few **minutes**.
- ◆ Clean up and dispose of as **clinical** waste.
- ◆ Contaminated waste is disposed of in **yellow** clinical waste sacks.

12 – Listening Track 19

Copyright © ELI Publishing

Now, let's check your scores. Question 1 is false. Some bacteria are present in our bodies but do not cause us any harm. Question 2 the answer is cross infection. Question 3 is true, endogenous infection comes from yourself. Moving on to questions 4 and 5, Dr Semmelweis was Hungarian and he was an obstetrician. Question 6 now – there are many areas of the hand that are difficult to clean – ring finger, thumb, finger tips and nails and the skin between the fingers. Question 7 – it is important to remember – clinical waste must be disposed of in yellow sacks.

- 1 False
- 2 cross-infection
- 3 True
- 4 Hungarian
- 5 obstetrician
- 6 ring finger, thumb, finger tips and nails, skin between the fingers
- 7 False, yellow sacks
- 8 wrist
- 9 infection acquired in hospital
- 10 False, all patients are potential carriers of HIV, hepatitis and other infections

Unit 8 – pp. 30-32

1

a 2 b 3 c 4 d 5 e 1

1 bladder, urethra, process, voluntary, elderly, neurological, prostate, seven, neurologically

2 – Listening Track 20

Urination is the release of urine from the **bladder** through the **urethra** to the urinary meatus outside the body. It is also known medically as micturition, voiding or uresis, and known colloquially by various names including passing water, weeing or peeing (childish) and pissing (vulgar). In healthy humans the **process** of urination is under **voluntary** control. In infants, some **elderly** individuals, and those with **neurological** injury or enlarged prostate, urination may be involuntary (incontinence). It is normal for adult humans to urinate up to **seven** times during the day. Physiologically, urination is a **neurologically** controlled function.

3

Medical terms: urination, micturition, voiding, uresis

Informal terms: passing water, weeing, peeing, pissing

Organs / body system: urinary meatus, bladder, urethra, neurological system

Patients with higher risk of incontinence: infants, elderly people, neurologically damaged, enlarged prostate

4 – Listening Track 21

1 When the **detrusor** muscle relaxes, the **bladder** fills.

2 The pelvic floor muscles and the urethral sphincter **contract** to hold the urine.

3 When the detrusor muscle **contracts** and the **pelvic floor** muscles relax, urine is released from the **bladder**.

5 - Listening Track 22

Urinary incontinence aids should be hygienic, **comfortable** and preserve the patient's dignity.

Super-absorbent pads/pants can be used but must be changed **frequently** to avoid **skin** irritation. If

the skin is very sensitive, a barrier **cream** may be necessary. It is also important to observe correct **hygiene** practices when changing pads or cleaning the area to prevent **cross infection**. Because it often causes urinary tract infections (UTI), catheterisation should be used only when necessary and for as **short** a period as possible. In patients with degenerative **neurological** disease or chronic incontinence, permanent catheterisation will become necessary. In catheterisation, the catheter tube is passed through the **urethra** into the bladder. The tube is attached to a urinary collection **bag** which has a small tap to **empty** the bag. The bag may be attached to the incontinent patient's leg, or attached to the hospital bed. Hygiene is extremely important as the catheter bag and tube can harbour bacteria and infection. **Gloves** must always be worn when changing or emptying.

6

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

7

- 1 It is simple, non-invasive and provides important information.
- 2 People who have been admitted to hospital, people with a kidney condition, people with a condition that requires monitoring, pregnant women.
- 3 It will not be contaminated by bacteria.
- 4 The risk of infected urine is greater.

8

1 reagent strip 2 urine specimen container 3 chart / reader

9 – Listening Track 23

- 1 Put on sterile gloves.
- 2 Open the urine container carefully.
- 3 Observe urine for colour, consistency and smell.
- 4 Immerse all regions in fresh urine and remove any excess urine on the edge of the container.
- 5 Hold the strip horizontally to prevent mixing of the wet chemicals on the strip.
- 6 Compare the coloured areas of the strip with the corresponding chart on the bottle.

10

NAME	SITUATION	FACTORS TO CONSIDER	APPROPRIATE METHOD
Mrs Mattias	hospital / attached to ventilator	not conscious, cannot move	catheterisation
James	in plaster	cannot walk	bed pan
Mr Shepherd	at home	elderly and arthritic	toilet with supports
Mrs Papalaou	bed bound in care home	weak and tired	commode or bed pan
Mr Harris	at home and mobile	partial incontinence due to M.S.	incontinence pants

Unit 9 – pp. 33-35

1

1 f 2 l 3 d 4 a 5 g 6 m 7 b 8 i 9 h 10 k 11 c 12 e 13 j

2

1 brush / comb 2 deodorant 3 soap / sponge 4 shampoo 5 toothbrush and toothpaste 6 razor
7 tampons / sanitary pads 8 nail clippers / cutters 9 make-up 10 hairdryer 11 mirror 12 basin

3 - Listening Track 24

A comb or a brush is used to brush or comb your hair. Deodorant is used to avoid body odour. A sponge and soap are used to wash your body. Shampoo is used to wash your hair. Toothpaste and a toothbrush are used to clean your teeth and mouth. A razor is used to shave. Tampons or sanitary pads are used during your menstrual cycle. Nail clippers are used to cut your nails. Make-up is used to look good and feel better. A hairdryer is used to dry your hair. A mirror is used to look at your face. A basin is used to put water in.

4

1 fundamental 2 assisting 3 temporary 4 permanent 5 self-esteem 6 well-being

5 – Listening Track 25

Fill the bath with warm water using your elbow or a thermometer to **check** the temperature. Assist the patient to the bathroom. Ask if the patient needs to use the **toilet**. Warm water can stimulate the need to **urinate** or relax bowel muscles. Help the patient to undress but keep the patient **warm** and maintain dignity by using towels to cover **exposed** areas. If the patient has a urinary **catheter** a shower is preferable. If a shower is not possible, the catheter must be clamped when moving the patient **in** and **out of** the bath. This stops urine re-entering the **bladder** when the catheter is raised above bladder level. Let the patient test the temperature. Remember, patients with reduced peripheral **sensory** function, such as **diabetic** patients, may not feel heat and there is a **risk** of burning. Always pay particular attention to folds of skin, such as under the **breasts**, axilla, between the buttocks, around the **groin** and **between** the toes. These areas must be washed and **dried** carefully. Dry the upper body and empty the bath **before** helping the patient out. The patient may need an emollient cream to protect the skin and prevent **sores**. Remember, the patient must **never** be left **alone** in the bathroom during bathing.

6

exposed	<i>covered</i>
upper	<i>lower</i>
to wet	<i>to dry</i>
to apply	<i>to remove</i>
to empty	<i>to fill</i>
to cover	<i>to uncover</i>
wet	<i>dry</i>
different	<i>same</i>

7 - Listening Track 26

1 Wash your hands and put on a plastic apron and gloves if necessary.

2 **Fill a basin with warm water.**

3 Remove the top covers and pyjama jacket or nightdress leaving the body covered by a towel.

4 **Can the patient wash his or her face alone?**

5 If it is not possible, wash the patient's face. Take care to wash from the inside to outside corners of the eye thus reducing the risk of contamination. Dry the face carefully. People who are

unconscious are at risk of corneal damage and eye infections so they require particular eye care to prevent problems.

6 Place a towel under the patient's arm and wash from the hand up to the axilla with soap and water. Rinse off the soap and dry thoroughly.

7 **Uncover the chest and abdomen and wash and dry in the same way. Once you have completed this apply deodorant or body spray if desired.**

8 Empty the basin and change the water at this point.

9 **Remove any lower body clothing.**

10 Cover the leg nearest to you and place a towel under the opposite leg. Wash the leg from the toes up to the groin, rinse and dry. Repeat with the other leg.

11 **Apply moisturising cream if the skin of the legs appears dry.**

12 Ask the patient to lean forward.

13 Wash, rinse and dry the patient's back using a clean washcloth.

14 Change the patient's pyjamas or nightdress.

15 **You may need to change the bed linen if it has become wet.**

8

Decreased ability to chew, weight loss, malnutrition and related consequences.

9

a Disability b Medication c Dentures d Treatments

10

1 dry 2 razor 3 nail clippers 4 sanitary pads 5 toothbrush 6 towel 7 brush 8 mirror

11

1 b 2 d 3 a 4 d

Unit 10 – pp. 38-41

1

a carbohydrates and fibre b water, vitamins and minerals c proteins d fats e sugars

2

carbohydrates: rice, pasta, bread, potatoes, barley, corn, rye...

fibre: lentils, beans, chickpeas, nuts, all vegetables, whole grains...

vitamins and minerals: bananas and all types of fruits, vegetables such as peppers, courgettes, broccoli, celery...

proteins: meat, fish, dairy, pulses...

fats: all dairy, olive oil, animal fats...

water: peppers, broccoli, celery, lettuce, tomatoes, watermelon, strawberries...

3 – Listening Track 27

A Limit your fat intake.

Fats should supply less than 30% of your total daily calories. Choose lean meats, such as chicken, fish and low-fat dairy products. Avoid fatty foods. Remember excessive fat intake, particularly saturated fats found in animal products, is related to obesity and heart disease.

B Keep your cholesterol under 300mg. per day.

Cholesterol is found in animal products such as meats, dairy products like milk and cheese and yoghurt.

C Eat foods rich in complex carbohydrates.

This should be around 55% of your daily calories. Eat legumes, such as lentils and peas, greens fruits and vegetables This will also help you obtain the 20 or 30g. of fibre you need each day as well as provide important vitamins and minerals.

D Make sure to include green, orange and yellow fruits and vegetables (broccoli, carrots, peppers and citrus fruits)

These foods contain antioxidants which help protect against certain types of cancer and other diseases. Vitamin C which is found in oranges lemons and mandarins prevents scurvy. Folic acid which is found in green leaf vegetables such as spinach can prevent anemia. Vitamin K is a clotting agent and the lack of vitamin K can lead to spontaneous haemorrhaging.

Maintain a moderate protein intake. Protein should make up around 12% of your calories.

E Limit your sodium intake.

Too much salt in your diet causes high blood pressure. Sodium is found in many processed foods.

F Maintain an adequate calcium intake.

This is essential for strong bones and teeth. Low levels of calcium and vitamin D deficiency may result in rickets in children, premature tooth loss and osteoporosis.

G Avoid too much sugar.

This contributes to tooth decay and many foods that are high in sugar are also high in fat. Excessive sugar intake may contribute to the onset of diabetes.

H If you drink alcohol do so in moderation.

Excessive consumption leads to a variety of health problems such as cirrhosis of the liver and cardiovascular disease. Alcoholic drinks are also very high in calories and can contribute to obesity.

4

1 rickets, pneumonia, tooth loss...

2 animal products

3 They protect against certain types of cancer.

4 Lemons, oranges, mandarins, grapefruit...

5 clotting agent

6 tooth decay, obesity

7 salty foods, alcohol

8 carbs and vegetables

9 milk, cheese, yoghurt

5

a A diet rich in carbohydrates, proteins and vitamins.

b Reduce fats and sugars.

c Proteins and vitamins.

d Minerals, vitamins and proteins.

6

1 d 2 c 3 a 4 b

7

1 Reduction in senses of smell and taste

2 Reduction in sense of sight

3 Medications

4 Constipation

5 Problems with chewing

6 Loneliness

7 Lack of knowledge and motivation

8 Unwillingness to cook

8 – Listening Track 28

Childhood obesity is associated with a **greater** chance of premature death and disability in adulthood. **Overweight** and obese children are more likely to stay obese into adulthood and to develop non-communicable diseases (NCDs) like **diabetes** and **cardiovascular** diseases at a younger age. For most NCDs resulting from obesity, the risks depend partly on the **age** of onset and on the **level** of obesity. Obese children and adolescents suffer from both **short** and long-term health consequences.

The most significant health consequences of childhood overweight and obesity, that often do not become apparent until adulthood, include:

- ♦ cardiovascular diseases (mainly heart disease and **stroke**);
- ♦ **diabetes**;
- ♦ musculoskeletal disorders, especially **osteoarthritis**;
- ♦ and certain types of **cancer** (endometrial, breast and colon).

9

1 associated 2 premature 3 stay 4 develop 5 apparent

10

immobilised: may need help

neonatal: by bottle or through a nasogastric tube

high dependency: through a nasogastric tube or gastrostomy

gastrointestinal tract surgery: parenteral nutrition or IV catheter

Unit 11 – pp. 42-46

1

a asthma inhaler b nasal oxygen tube c oxygen mask d nebuliser

2

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

3

1 b 2 g 3 c 4 e 5 h 6 j 7 a 8 f 9 i 10 d 11 k

4 – Listening Track 29

The lungs are part of the **respiratory** system which is adapted for two functions:

a ventilation – the movement of air **into** and **out** of the lungs;

b gas exchange – the 'swapping' of **gases** between the alveolar air and the blood.

The **lungs** are located within the upper part of your body called the thorax. They are surrounded by the ribcage and between the ribs are intercostal **muscles** which play a role in ventilation.

When you inhale:

The intercostal muscles **contract**, expanding the ribcage outwards and upwards.

The diaphragm **contracts**, pulling downwards to **increase** the volume of the chest.

Pressure inside the chest is **lowered** and air is **pulled** into the lungs.

When you exhale:

The intercostal muscles **relax**, the ribcage drops inwards and downwards.

The diaphragm **relaxes**, decreasing the volume of the chest.

Pressure inside the chest increases and air is **pushed** out.

The gas that is exhaled contains **100** times more carbon dioxide (CO₂) than inhaled gas.

5

Personal answers.

6

- 1 Tightening of the muscles lining the airways
- 2 Mucus production
- 3 Inflammation

7

- 1 b 2 a d 3 4 c

8

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

9

Personal answers.

10 - Listening Track 30

Nurses work in many contexts where it is necessary to **monitor** patients' respiration. There are considerable **differences** in respiratory rates. This varies according to age, size, **sex** and **health** condition. A normal rate for healthy adults is **10-15** breaths per minute. Difficulty in breathing is known as dyspnoea. **Symptoms** of dyspnoea in adults include the use of abdominal muscles during breathing and **mouth** breathing, as well as an increased respiratory rate. Young children breathe more **rapidly** and also use their diaphragm muscle resulting in more abdominal movement than is normal in adults. A child of under 1 year typically takes 25–35 breaths per minute, children under 5 take 20-30 breaths per minute, children of 5 to 12 take **20–25** and children over 12 take 15 – 25. An increased respiratory rate is termed tachypnoea and a **decreased** respiratory rate is termed bradypnoea. Not breathing is termed apnoea. In healthy people, the pulse respiration ratio is **constant** – 1 breath for every 4/5 **heart** beats. Respiratory rates of over 40 per minute in an adult should be reported immediately. The nurse should observe and count the rise and fall of the chest after taking the pulse rate. With young children the nurse must place his/her hand on the **lower** part of the chest to feel the movements while taking the pulse. The sounds of respiration can also be monitored with a **stethoscope** placed on the chest. The respiration rate must be recorded on the patient chart.

11

Breathing problems	Factors in measuring respiratory rates	Methods of measuring respiratory rate
dyspnoea	age	count rise and fall of chest
apnoea	size	place hand on lower chest area of child
bradypnoea	sex	measure pulse rate too.
tachypnoea	health condition	use a stethoscope to listen to respiratory sounds

12

- 1 c 2 a 3 b

Unit 12 – pp. 47-50

1

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

1 d 2 e 3 f 4 b 5 c

2 – Listening Track 31

A What is a wound?

A wound is defined as a defect or a break in the skin that results from physical, mechanical or thermal damage or as a result of the presence of a physiological disorder.

B Wound healing

This is a very complex phenomena. Different wounds do not necessarily follow the same pattern in the healing process. When wounds are confined to the epidermis and dermis they will heal by regeneration. Wounds extending through the dermis heal by scar formation, composed of connective tissue, because deeper tissues such as hair follicles and subcutaneous tissue are not able to regenerate. Connective tissue is developed from cells called fibroblasts. The healing process is usually described in four phases:

C The inflammatory phase

This prepares tissue for repair. This protective mechanism aims to minimise injury and initiate the healing response. The wound appears swollen, red and warm.

D The destructive phase

This breaks down damaged tissue and the wound is cleaned of devitalised/dead tissue by white blood cells. There may be liquid and a scab.

E The proliferative phase

This rebuilds the tissue. Collagen and an elastic mesh is formed. New blood cells grow to form granulation tissue. The wound is smaller and red dots show that the granulation tissue is forming.

F The maturation phase

This phase involves remodelling of the tissue and can take up to 2 years. The scar is often white and hard.

3

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

4

1 to regenerate 2 to rebuild 3 remodelling 4 phase 5 subcutaneous 6 confined 7 to break down

5

It means 'again'.

6 – Listening Track 32

A formal assessment is not necessary for minor wounds. Wounds which do not **heal** normally or are the result of an **attack** must be assessed and **recorded**.

Different colours are associated with different types of wounds.

Black is typical of necrotic or **dead** tissue, yellow shows the presence of dead cells and is typical of the **inflammatory** stage, granulation **tissue** is red, and the new **skin cells** in epithilization are bright pink.

7

1 sinus / fistula 2 size 3 exudate 4 attack 5 assessment

8

Acute wounds	Chronic wounds
knife wound	pressure sore
appendectomy wound	diabetic ulcer
burn	cancer ulcer
animal bite	venous leg ulcer

9

Picture a: disinfectant, bandage

Picture b: micropore tape

Picture c: scissors, tweezers, forceps, dressing / gauze, sterile dish gloves, irrigation bulb

Unit 13 – pp. 51-55

1

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

2

Oral medications: 4, 6, 7, 3

Topical: 2, 8, 9

Parenteral: 1, 5

3

1 prescription only 2 general sale list 3 pharmacy only

4

No, they are not.

5

1 drugs 2 in charge 3 addictive 4 toxic 5 counter-checked 6 signed

6 – Listening track 33

The **oral** route is probably the simplest and most frequently used for drug administration. Tablets are very convenient. They often contain **additives** to prevent **damage** to the gastrointestinal tract. **Capsules** are oval shaped and coated in gelatine. They are used for bitter drugs. Remember never to open capsules. **Syrups** are flavoured, sweet liquids and are particularly useful for **children**. Sugar free syrups are best. **Suppositories** are useful particularly when the oral route is impossible, for example, if the patient is vomiting, has a gastric condition or has convulsions. Absorption through the rectum is extremely rapid.

Sublingual medications are absorbed through the mucosa under the tongue. The sublingual area is very vascular so absorption and effect of the drug is very **rapid**.

Buccal medications are usually produced as tablets and are put between the gum and the lip. Again, the effect is rapid. It is important to inform the patient that this type of medication is not to be swallowed.

Topical medication consists of drug administration via the epidermis (the outer layer of skin) and external mucous membranes, such as the **eyes** and **ears**. Creams and ointments these may be water or oil based. Eye ointment should always be applied to be inside of the lower eyelid.

Patches are sealed with a peel-off sheet which exposes the part to be placed on the skin. Most are attached to the **abdomen** or chest in a hairless area if possible.

Drops are presented in solution in a **bottle** with a pipet or dropper at the end. Put the eyedrops inside the lower eyelid. **Sprays** are produced under pressure and can be directed on to the area required.

7

1 k 2 b 3 h 4 i 5 f 6 e 7 j 8 c 9 d 10 g 11 l 12 a

8

1 tablet 2 cream 3 drops 4 patch 5 spray 6 syrup 7 suppository 8 inhaler

9

1 d 2 e 3 b 4 c 5 a

10

1 For intramuscular injections there are various sites which are suitable.

2 Method.

3 It is important to use appropriate equipment.

4 When administering injections care must be taken to avoid cross infection.

5 If a needle-stick injury occurs.

11

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

12 – Listening Track 34

Perhaps the most common set of side effects for drugs taken **internally** involves the gastrointestinal system. Nearly any drug can cause nausea, **vomiting** and intestinal upset. For drugs used externally, **skin** irritation is a common problem.

Allergic reactions can happen with any drug and can range from **itching** and a rash to a life-threatening anaphylactic shock reaction.

Some drugs trigger side effects because of their **chemical** structure. One example is the common **allergy** drug diphenhydramine. This drug helps allergy **symptoms** but it also suppresses the activity of the body chemical acetylcholine. Low levels of acetylcholine cause drowsiness and other side effects, including dry mouth. Warfarin (an anticoagulant) is used to prevent blood clots but serious internal **bleeding** can occur.

Side effects, known as interactions, may only occur when certain drugs are mixed with other things. For example, drinking **alcohol** with **narcotic** painkillers has caused an increase in accidental overdose deaths. Drinking grapefruit juice can affect the blood levels of several drugs, including some blood **pressure** and cholesterol medicines.

Information about side effects is found on over-the-counter drug products and on **prescription** drugs. It is also helpful to talk to your pharmacist or doctor if you have any questions regarding a drug's side effects.

Unit 14 – pp. 56-60

1

a depressed / confused old person with medicine

b old person walking with walking frame

c rheumatic hands trying to open a can

d obese old person

2

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

3 - Listening Track 35

1 **Who** are you? My **son** David? No, my son David isn't old. He's **young**. I don't know you. But you seem very nice. Thank you for coming to **visit**.

2 I can't keep warm. My **feet** are **cold** all the time.

3 I find it difficult to get out of bed. I have pains in my hips and my **back** especially and if I sit down for a while my **knees** hurt.

4 I can't **drink** a glass of water. My hands shake too much.

5 I can't hold a **pen** because my **fingers** are stiff and my joints are swollen.

6 Speak louder. I can't **hear** you. What did you say?

7 I go to the **toilet** frequently but it is becoming a big **problem**. I often wet myself.

8 I don't **remember** if I took my medicine this **morning**.

4

a 3 - Alzheimer's

b 5 - Impaired circulation

c 8 - Arthritis

d 7 - Parkinson's disease

e 4 - Rheumatism

f 1 - Deafness

g 2 - Incontinence

h 6 - Short-term memory problem

5

Because of advances in medical science and better living conditions.

6

1 mobility 2 hypertension 3 fractures 4 bed-sores 5 independent 6 osteoporosis 7 deteriorate

7

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

8

1 The number of elderly people has increased dramatically.

2 Good quality of life depends on maintaining good health.

3 Many elderly people live alone but are not independent.

4 Elderly people often need help with washing, dressing, cooking, shopping and medication.

5 Elderly people tend to fall more frequently than other people.

6 After an operation patients should become mobile to avoid developing bed-sores, muscle deterioration or depression.

7 Obesity, diabetes and hypertension can lead to more serious conditions.

9

1 b 2 a 3 d 4 c

10 – Listening Track 36

Assisting with mobility is an important role of the nurse in collaboration with **physiotherapists**.

There are many reasons why elderly people have mobility problems. Some are related to physical problems such as **muscle** weakness after hospitalisation for example, or stiffness of the joints and pain from conditions such as **arthritis** or rheumatism. Psychological factors are also involved. Fear

of falling after an accident or **fracture**, pain or fear of pain, foot problems that make walking **uncomfortable**, unsuitable shoes and lack of motivation in people suffering from **depression** are all motives for not moving around. There are practical solutions to many of these problems. The home should be reorganised so that the elderly person has solid objects to help them **stand up** and move around. **Hand-rails** in the bedroom, bathroom and corridors will help both physically and psychologically. A tripod stick or **walking** frame may also be helpful. It is important to have regular pedicures to cut long painful **toenails** and remove hard skin. Good shoes are fundamental. They must have rubber soles and be wide enough for comfort. If the elderly person has **arthritic** feet with bunions, specialist shoes must be worn. Mobility is important for many reasons including healthy **circulation**, muscle tone, respiratory **health** to encourage socialising and avoid isolation and **depression**.

11

- 1 A lack of calcium and vitamin D can cause tooth loss, osteoporosis and crumbling vertebrae.
- 2 A lack of iron makes us tired and lifeless/ causes anaemia.
- 3 A diet that is poor in fibre can cause constipation and intestinal distress.
- 4 Diabetes type 2 is related to diet.
- 5 High cholesterol levels are related to cardiovascular disease, heart attack and stroke
- 6 Cirrhosis of the liver is caused by excessive alcohol consumption.
- 7 Poor fitting dentures are painful and can reduce appetite.
- 8 Cooking is complicated and tiring for people who have restricted hand movement.
- 9 Medications for depression often reduce appetite.
- 10 A patient who is in pain may not want to eat.

12

1 shake 2 hand-rail 3 feet 4 osteoporosis 5 hear 6 walking-stick 7 remember 8 depressed 9 dentures 10 dementia / Alzheimer's

13

Across: 1 depression 2 hurt 3 incontinence 4 obesity 5 denture 6 hold 8 stiff 9 joint 10 memory loss 11 shake

Down: 1 autonomy 2 bed sores 4 vision 5 mobility 13 rheumatisms

Unit 15 – pp. 61-63

1

Personal answers.

2

(2) destroys, production, injections, levels, obesity, reducing, increasing, progressive, complications, 140/80, heart attacks.

2 – Listening Track 37

Type 1 diabetes is a result of an auto-immune process that **destroys** the beta cells of the pancreas. This results in limited insulin **production**. The only treatment is daily **injections** of insulin. In Type 2 diabetes insulin resistance increases blood glucose **levels**. This is usually in conjunction with **obesity**, hypertension and hyperlipidaemia. Type 2 diabetes is primarily treated by **reducing** calorie

intake and **increasing** physical activity, with the addition of oral hypoglycaemic medication and insulin, if necessary, to achieve good control. Type 2 diabetes is a **progressive** disease but good control of hyperglycaemia prevents or delays the progression of the long-term **complications** of diabetic retinopathy, nephropathy and neuropathy. In Type 2 diabetes, maintenance of blood pressure at **140/80** or below significantly reduces the risk of **heart attacks** and strokes.

3

1 obesity 2 hypertension 3 hypoglycaemia 4 hyperlipidaemia 5 retinopathy 6 nephropathy 7 neuropathy

4 – Listening Track 38

There are many long-term complications of diabetes. These affect many parts of the body and body systems. Retinopathy affects the eyes causing vision impairment, cataracts, glaucoma and eventually blindness. The nephropathy associated with diabetes causes gradual damage to the vessels in the kidney leading to kidney failure and in the end the need for dialysis. Peripheral neuropathy causes a loss of sensation in the hands and feet, proximal neuropathy affects the nerves in the hips and buttocks and autonomic neuropathy results in a loss of control over body functions such as urination, gastrointestinal function and vascular function.

RETINOPATHY	NEPHROPATHY	NEUROPATHY
vision impairment blindness cataracts glaucoma	gradual kidney damage kidney failure need for dialysis	Peripheral neuropathy which leads to loss of function in the nerves, commonly of the feet and hands. Proximal neuropathy affects the nerves in the hips and buttocks. Autonomic neuropathy affects the control of body functions such as urination, gastrointestinal function and vascular function.

5

- A Diabetes in hospital
- B Difficulties of diabetes control in hospital
- C Monitoring diabetes
- D Medication
- E Food management for diabetic patients

6

1 hyperglycemia 2 recover 3 thirst 4 polyuria 5 amount

7

- 1 illness, stress, changes in diet and activity levels
- 2 healing is compromised and the risk of infection increases
- 3 thirst, polyuria and blurred vision
- 4 CBGM meter
- 5 risk of hypoglycaemia if diabetic patients do not eat regularly

8 – Listening Track 39

Nurse Now Mr. Harris. You said have been diagnosed with diabetes?
 Mr. Harris Yes nurse.
 Nurse How old are you Mr. Harris?
 Mr. Harris I'm 67
 Nurse What do you do?

Mr. Harris	I'm retired. I used to work in a bank.
Nurse	Do you live alone?
Mr. Harris	No, I live with my wife and our dog, Spot. She has rheumatoid arthritis and isn't mobile. She depends on me.
Nurse	I am sorry to hear that. Now, we need to think about the life changes you have to make to keep your diabetes under control. Have you noticed that you pass water more frequently?
Mr. Harris	Yes.
Nurse	You must tell me when this happens. It is important. And are you frequently thirsty?
Mr. Harris	Often, yes.
Nurse	Take a look at this diagram. Being overweight causes stress to your circulatory system, high blood pressure and stress to your feet in particular. If you get lesions on your feet these will not heal if your diabetes is out of control. This can even lead to amputation. You should check your feet every day. High blood pressure also damages the vessels in your eyes and kidneys. Weight and diet are very important. Diabetes can be controlled but you have to make some changes.
Mr. Harris	Yes, I understand. What sort of changes nurse?
Nurse	I have had a look at your notes. You are overweight. Do you do any physical activity?
Mr. Harris	Well I sometimes take the dog out for a walk. I used to go swimming but not now.
Nurse	Good. You need to take your dog for a long walk every day. At least 40 min. Apart from helping you to lose weight, movement is also very important for your circulation. You should start swimming again. What about your diet? What sort of foods do you eat?
Mr. Harris	Well, mostly pre-cooked food, frozen food. I don't cook much and my wife is too ill to cook.
Nurse	That's not so good. These foods are usually high in salt and that is linked to hypertension, you know, high blood pressure and high in calories. You will have to buy fresh meat and fish and vegetables. And lots of fruit. Do you eat sugary foods?
Mr. Harris	Well, I like biscuits and I love chocolate.
Nurse	You should reduce your sugar intake. Try to eat fruit instead of biscuits. Do you drink?
Mr. Harris	Yes. I have a beer most evenings and at the weekend I go to the pub.
Nurse	How many beers do you have each week?
Mr. Harris	About eight at the weekend and five during the week, so that's 13.
Nurse	Hmm it's too much. Beer is full of calories you know. Do you smoke?
Mr. Harris	Only a couple of cigarettes a day.
Nurse	It's not much, but it isn't good for your condition, Mr. Harris.
Mr. Harris	Yes nurse. I am going to make an effort. For me and for my wife.

The nurse mentions points 2, 6, 7, 8.

9

1 Being overweight causes stress to the circulatory system, high blood pressure and stress to a patient's feet.

2 Pre-cooked or frozen foods are usually high in salt and that is linked to hypertension, high blood pressure and high in calories. The patient will have to buy fresh meat and fish and vegetables. And lots of fruit.

3 The patient needs to take his dog for a long walk every day. At least 40 min. Apart from helping him to lose weight, movement is also very important for circulation. The patient should start swimming again.

4 If a diabetic patient gets lesions on his feet, these will not heal if diabetes is out of control. This can even lead to amputation.