

専門日本語入門

# 場面から学ぶ 看護の日本語

【翻訳ノート 英語版】



一般財団法人 海外産業人材育成協会



にほんごの  
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※「カタボン Low」は興和創薬株式会社の登録商標です。  
「ラシックス」はサノフィーアベンティス・ドイチュラ  
ント・ゲゼルシャフト・ミット・ベシユレンクテル・  
ハフツングの登録商標です。  
「レニベース」はメルク、シャープ、アンド、ドーム、コー  
ポレーションの登録商標です。  
「ニフレック」は味の素株式会社の登録商標です。

イラストレーション

田 添 公 基

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2011 年 7 月 30 日 初版第 1 刷発行

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発 行 株式会社 凡人社  
〒102-0093 東京都千代田区平河町1-3-13  
電話 03-3263-3959  
<http://www.bonjinsha.com/>

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本書の一部あるいは全部について、著作者から文書による承諾を得ずに、いかなる方法においても、無断で転載・複写・複製  
することは法律で固く禁じられています。

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## **PART I**

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### **Translation : Essential vocabulary**

# 第1課

## 学習の前に

急病	きゅうびょう	sudden illness
看護師	かんごし	nurse
食中毒	しょくちゅうどく	food poisoning
～に関する	～にかんする	regarding …
腹痛	ふくつう	abdominal pain
下痢	げり	diarrhea
救急車	きゅうきゅうしゃ	ambulance
救急外来	きゅうきゅうがいらい	emergency outpatient department
補液	ほえき	fluid replacement
突然 (の)	とつぜん (の)	sudden
自覚症状	じかくしょうじょう	subjective symptom
リスト		list

## 読む練習

事例	じれい	case
(4) 人家族	(4) にんかぞく	(four-person) family
疑い	うたがい	suspicion
落ち着く	おちつく	become stable
そのまま		without returning home, directly, without change
～おき		every …
状態	じょうたい	condition
個室	こしつ	private room
夜勤	やきん	night shift
日勤	にっきん	day shift
交替する	こうたいする	handover takes place
～にあたって		for …, on the occasion of …
基礎情報	きそじょうほう	basic information
収集する	しゅうしゅうする	collect
担当看護師	たんとうかんごし	nurse in charge
面接 [する]	めんせつ [する]	interview
病室	びょうしつ	patient's room
経緯	けいい	process
文章	ぶんしょう	passage
主訴	しゅそ	chief complaint
来院 [する]	らいいん [する]	hospital visiting
(来院) 方法	(らいいん) ほうほう	means (to visit hospital)
(来院) 後	(らいいん) ご	after (arrival at the hospital)
口頭	こうとう	oral
苦しい	くるしい	sick

体温  
インフルエンザ  
胃癌  
骨折 [する]

たいおん  
いがん  
こっせつ [する]

body temperature  
influenza  
stomach cancer  
bone fracture

### 話す練習

治まる  
夜中  
生 (の)  
カキ (牡蠣)  
自宅

おさまる  
よなか  
なま (の)  
じたく

improve  
at night  
raw  
oyster  
home

### 看護記録

看護記録  
入院時情報用紙  
分類する  
健康保険証  
I D  
現住所  
職業  
主治医  
既往症  
(ご) 関係  
S  
続柄  
H  
診断 [する]  
(入院) 時  
目的  
経過観察  
(37.2) °C  
血圧  
mmHg  
脈拍  
呼吸 [する]  
身長  
cm  
体重  
kg  
他 (の)  
(異常) なし  
水様便

かんごきろく  
にゅういんじょうほうようし  
ぶんるいする  
けんこうほけんしょう  
アイディー  
げんじゅうしょ  
しょくぎょう  
しゅじい  
きおうしょう  
(ご) かんけい  
しょうわ  
つづきがら  
へいせい  
しんだん [する]  
(にゅういん) じ  
もくてき  
けいかかんさつ  
(37.2) ど  
けつあつ  
ミリメートルエイチジー  
みゃくはく  
こきゅう [する]  
しんちょう  
センチメートル  
たいじゅう  
キログラム  
た (の)  
(いじょう) なし  
すいようべん

nursing record  
inpatient information form  
classify  
health insurance card  
ID  
present address  
occupation  
physician in charge  
previous illness  
relationship  
Showa (era name)  
family relationship  
Heisei (era name)  
diagnosis  
on (admission)  
purpose  
observation of the course of events  
(37.2) degrees Celsius  
blood pressure  
mmHg  
pulse rate  
respiration  
height  
cm  
weight  
kg  
other  
no (abnormality)  
watery diarrhea

外来処置室	がいらいしょちしつ	outpatient treatment room
～にて		at …
(症状が落ち着か)ず	(しょうじょうがおちつか)ず	(condition) does not (stabilize)
ペア		pair
なし		non

## 第2課

清拭 [する]

せいしき [する]

bed bath

### 学習の前に

アドバイス [する]

advice

動き

うごき

action

動かす (体を～)

うごかす (からだを～)

move (…one's body)

届く (手が～)

とどく (てが～)

reach (hands…)

起き上がる

おきあがる

sit up

### 読む練習

(二人) 暮らし

(ふたり) ぐらし

live with (another person)

腹部超音波検査

ふくぶちょうおんばけんさ

abdominal ultrasonography

精密検査

せいみつけんさ

detailed examination

胆嚢癌

たんのうがん

gallbladder cancer

胆嚢摘出術

たんのうてきしゅつじゅつ

cholecystectomy

腹部

ふくぶ

abdomen

T チューブ

ティーチューブ

T-tube

排液ドレーン

はいえきドレーン

drain

挿入する

そうにゅうする

insert

背中

せなか

back

行う

おこなう

carry out

ナースコール

nurse call

我慢する

がまんする

put up with

面会 [する]

めんかい [する]

visit

非常に

ひじょうに

very

顔色

かおいろ

complexion

勤務 [する]

きんむ [する]

duty

出勤する

しゅっきんする

come to work

退院する

たいいんする

be discharged from hospital

プラス

positive, plus

### 話す練習

管

くだ

tube

腰

こし

lower back

つらい

feel uncomfortable

けっこう

quite

意外に

いがいに

surprisingly, unexpectedly

次は

つぎは

now, next

向く (右を～)

むく (みぎを～)

turn (… right)

万歳 [する]

ばんざい [する]

raising both hands

膝  
開く (足を～)  
仰向け  
腰を浮かす  
声をかける  
イラスト  
耳掃除  
おむつ  
傷  
確認する  
ガーゼ  
交換する

ひざ  
ひらく (あしを～)  
あおむけ  
こしをうかす  
こえをかける  
  
みみそうじ  
  
きず  
かくにんする  
  
こうかんする

knee  
spread apart (… one's legs)  
lying on one's back  
raise one's back  
speak to  
illustration  
ear cleaning  
diaper  
wound  
check  
gauze  
exchange

### 看護記録

SOAP  
方式  
重要な  
主観的な  
情報  
客観的な  
観察する  
測定 [する]  
数値  
変化 [する]  
解釈 [する]  
予測する  
記録 [する]  
手続 [する]  
以後  
安定する  
引き続き

ソープ  
ほうしき  
じゅうような  
しゅかんてきな  
じょうほう  
きゃっかんてきな  
かんさつする  
そくてい [する]  
すうち  
へんか [する]  
かいしゃく [する]  
よそくする  
きろく [する]  
てつづき [する]  
いご  
あんていする  
ひきつづき

SOAP  
system  
important  
subjective  
data  
objective  
observe  
measurement  
value, figure  
change  
assessment  
predict  
record  
procedure  
since  
become stable, be stabilized  
continue to

## 第3課

シャワー浴  
勧める

シャワーよく  
すすめる

shower bath  
recommend

### 学習の前に

担当する  
清潔保持  
汗をかく  
さっぱりする  
温まる  
ビニール  
くるむ

たんとする  
せいけつほじ  
あせをかく  
あたたまる

take charge of  
sanitation maintenance  
sweat  
freshen up  
warm up  
plastic sheet  
wrap

### 読む練習

他界する  
その後  
転倒する  
右足  
腓骨骨折  
たつ（時間が～）  
患部  
ギプス  
固定する  
～のみ  
済ませる  
可能な  
もともと  
入浴 [する]  
～上に  
浴室  
看護計画  
～に基づき  
間食  
効果  
副作用  
ドレーン  
不可能な  
不可  
不要な  
自力歩行

たかいする  
そのご  
てんとする  
みぎあし  
ひこっこせつ  
（じかんが～）  
かんぶ  
  
こていする  
  
すませる  
かのうな  
  
にゆうよく [する]  
～うえに  
よくしつ  
かんごけいかく  
～にもとづき  
かんしょく  
こうか  
ふくさよう  
  
ふかのうな  
ふか  
ふような  
じりきほう

pass away  
after that  
fall over  
right leg  
fracture of the fibula  
pass (time …)  
the diseased part  
cast, plaster  
fix  
only …  
do with  
be allowed, be possible  
in the first place  
bathing  
in addition to …  
bathroom  
nursing care plan  
according to…  
snack  
efficacy, effect  
side effect  
drain  
impossible  
not allowed  
not necessary  
walking by oneself

## 話す練習

うーん

試す

足元

(お) 通じ

昼寝 [する]

ビタミン剤

ためす

あしもと

(お) つうじ

ひるね [する]

ビタミンざい

well

try

step

bowel movement

nap

vitamin pill

## 看護記録

着脱 [する]

介助 [する]

(退院) 前

同席 [する]

言い換え

本人

申し送り

ちゃくだつ [する]

かいじょ [する]

(たいいん) まえ

どうせき [する]

いいかえ

ほんにん

もうしおくり

taking off and putting on

assistance

before (leaving the hospital)

in the presence of

paraphrase

the person himself [herself]

handover

## 第4課

### 学習の前に

発熱 [する]	はつねつ [する]	fever
内科	ないか	internal medicine
肺炎	はいえん	pneumonia
併発 [する]	へいはつ [する]	complication
回復 [する]	かいふく [する]	recovery
筋力	きんりよく	muscle strength
食欲	しょくよく	appetite
(お) かゆ		rice porridge

### 読む練習

長男	ちやうなん	eldest son
夫婦	ふうふ	husband and wife
小学生	しょうがくせい	elementary school student
改善 [する]	かいぜん [する]	improvement
総合病院	そうごうびょういん	general hospital
受診する	じゅしんする	see a doctor, consult a doctor
判明する	はんめいする	be diagnosed
(それ) に伴って	(それ) にともなって	resulting from (that)
弱々しい	よわよわしい	feeble
看護助手	かんごじょしゅ	nursing auxiliary
高熱	こうねつ	high fever
リハビリ		rehabilitation
立ち上がる	たちあがる	stand up
めまい		dizziness
意欲	いよく	motivation
出血 [する]	しゅっけつ [する]	bleeding
増加 [する]	ぞうか [する]	increase
発赤	ほっせき	redness
後頭部	こうとうぶ	occiput, back of the head
血	ち	blood
皮膚	ひふ	skin
効く (薬が～)	きく (くすりが～)	(the medicine is) effective
(リハビリをする) 気がない	(リハビリをする) きがない	does not have motivation (for rehabilitation)

### 話す練習

起こす (ベッドを～)	おこす	raise (…the head of the bed)
エプロン		apron
卵がゆ	たまごがゆ	egg porridge

豆腐

煮物

すっきりする

久しぶり

とうふ

にもの

ひさしぶり

tofu

food boiled and seasoned with sugar, soy  
sauce and sake.

look neat

after a long time

## 看護記録

摂取 [する]

(ベッド) 上

座位

気力

上向き

次回

進める

普通食

移行 [する]

検討する

せっしゅ [する]

(ベッド) じょう

ざい

きりよく

うわむき

じかい

すすめる

ふつうしょく

いこう [する]

けんとうする

consumption

on (the bed)

sitting position

mental attitude

upward

next time

encourage

normal diet

shift

consider

## 第5課

特別食

とくべつしょく

special diet

### 学習の前に

出す (例を～)

だす (れいを～)

show (…an example)

腎炎

じんえん

nephritis

むくむ (顔が～)

(かおが～)

(face…) swell

急性

きゅうせい

acute

糸球体

しきゅうたい

glomerulus

腎臓

じんぞう

kidney

### 読む練習

男児

だんじ

boy

小学 (4) 年生

しょうがく (よ) ねんせい

(fourth) grade elementary school student

スイミングクラブ

swimming club

数 (週間)

すう (しゅうかん)

several (weeks)

母親

ははおや

mother

小児科

しょうにか

pediatric clinic

経過する

けいかする

pass

治療 [する]

ちりょう [する]

treatment

同室

どうしつ

the same room

一般食

いっぱんしょく

normal diet

不満

ふまん

dissatisfaction

近づく

ちかづく

walk up to

塩分

えんぶん

salt

処置

しょうち

treatment

### 話す練習

だって

I just …

～んだもん

because …

肉だんご

にくだんご

meatball

文末

ぶんまつ

end of sentence

敬語

けいご

honorific word

### 看護記録

口に合う

くちにあう

like

カロリー

calorie

不足 [する]

ふそく [する]

lack

カロリー不足

カロリー-ふそく

lack of calories

高カロリー

こうカロリー

high-calorie

低タンパク

ていタンパク

low-protein

減塩

栄養士

タンパク質

げんえん

えいようし

タンパクしつ

low-salt

dietician

protein

## 第6課

排泄 [する]

はいせつ [する]

excretion

### 学習の前に

ケア

care

器具

equipment

直径

diameter

胆石

gallstone

胆嚢

gallbladder

炎症

inflammation

肥厚 [する]

thickening

摘出 [する]

extirpation

創部

wound

### 読む練習

長女

eldest daughter

独立する

be independent

離れる

be far away

人間ドック

comprehensive medical examination

起こす (炎症を～)

get (…inflamed)

開腹下胆嚢摘出術

laparotomic cholecystectomy

(横になった) まま

in (the lying position)

医師

doctor

歩行

walk

湿布

poultice

幅

width

浴槽

bathtub

包帯

bandage

すべて

everything

任せる

leave, resign

具合が悪い

be sick

悪化する

worsen

車椅子

wheelchair

指

finger

不十分な

insufficient

体重計

bathroom scale

アイデア

idea

### 話す練習

この次

このつぎ

next time

次のように

つぎのように

as follows

訴える  
きつい  
おかず

うったえる

complain  
hard  
side dish

## 看護記録

術後  
同意 [する]  
(痛み) に対する (不安)  
早期離床  
(離床) 指導 [する]  
離床 [する]

じゅつご  
どうい [する]  
(いたみ) にたいする  
(ふあん)  
そうきりしょう  
(りしょう) しどう [する]  
りしょう [する]

after the operation  
agreement  
(fear) of (pain)  
early ambulation  
(ambulation) guidance  
ambulation

## 第7課

要望 [する]

ようぼう [する]

demand, request

### 学習の前に

検温 [する]

けんおん [する]

temperature check

体温計

たいおんけい

thermometer

睡眠

すいみん

sleep

バイタルサイン

vital signs

不眠

ふみん

insomnia

枕

まくら

pillow

### 読む練習

心機能

しんきのう

cardiac function

さまざまな

various

入る (予定が～)

はいる (よていが～)

…is planned

～の際

～のさい

at the time of

昨夜

さくや

last night

眠る

ねむる

sleep

体温表

たいおんひょう

temperature record

表す

あらわす

mean/imply

月日

がっぴ

date

時刻

じこく

time

心電図

しんでんず

ECG

大腸

だいちょう

colon

内視鏡

ないしきょう

endoscope

ポリープ

polyp

肺

はい

lung

影

かげ

shadow

X線

エックスせん

X-ray

超音波

ちょうおんぱ

ultrasound, supersonic wave

エコー

echo

胃

い

stomach

巡回 [する]

じゅんかい [する]

going round

洗面所

せんめんじょ

lavatory

話しかける

はなしかける

talk to

### 話す練習

不眠症

ふみんしょう

insomnia

### 看護記録

科

か

section

輸液	ゆえき	infusion
尿量	にょうりょう	urine volume
便通	べんつう	bowel movement
臨床状況	りんしょうじょうきょう	clinical condition
胸部	きょうぶ	chest
及び	および	and
EKG	イーケージー	ECG, electrocardiogram
心エコー	しんエコー	echocardiography
トレッドミル		treadmill
ホルターEKG	ホルターイーケージー	Holter monitoring
緊張する	きんちょうする	be nervous
サイン		signature

## 第8課

### 学習の前に

ふらつく

支える

滑る

ささえる

すべる

stagger

support

slip, slide

### 読む練習

社会人

吐血する

搬送する

胃潰瘍

絶飲食

点滴チューブ

点滴台

使用する

注射 [する]

逃げ出す

適当な

発見する

撮影 [する]

意識

しゃかいじん

とけつする

はんそうする

いかいよう

ぜついんしょく

てんてきチューブ

てんてきだい

しょうする

ちゅうしゃ [する]

にげだす

てきとうな

はっけんする

さつえい [する]

いしき

working member of society

vomit blood

take to hospital

gastric ulcer

nil by mouth

drip tube

drip stand

use

injection

run away

proper

find out

photographing

consciousness

### 話す練習

針

誤解する

点滴

はり

ごかいする

てんてき

needle

misunderstand

drip infusion

### 看護記録

clear

点滴刺入部

n. p

NPO

帰室する

(帰室) す

クリア

てんてきしにゅうぶ

エヌピー

エヌピーオー

きしつする

(きしつ) す

clear

needle insertion site

no problem

nil per os (Latin), nil by mouth

return to the room

return to the room (literary expression)

## 第9課

### 学習の前に

同時に	どうじに	at the same time
受ける (ナースコールを～)	うける	answer (…the nurse call)
病棟	びょうとう	ward
(病棟) 内	(びょうとう) ない	within (a ward)
移動 [する]	いどう [する]	move
バランス		balance
崩す	くずす	lose
呼び止める	よびとめる	stop someone

### 読む練習

暮らす	くらす	live
前立腺	ぜんりつせん	prostate
転移する	てんいする	metastasize
コントロール [する]		control
出る (ナースコールに～)	でる	answer (… the nurse call)
別の	べつの	another
前腕	ぜんわん	forearm
認める	みとめる	find
病名	びょうめい	name of the disease
発生する (事故が～)	はっせいする (じこが～)	occur, happen (an accident …)
ナースステーション		nurse station
ホワイトボード		whiteboard
薬局	やっきょく	pharmaceutical department
通りかかる	とおりかかる	pass by

### 話す練習

何だか	なんだか	for some reason
力が入らない	ちからがはいらない	go weak
発疹	ほっしん	rash
麻薬	まやく	narcotics
腫れる	はれる	swell
外れる	はずれる	come out

### 看護記録

(森) 氏	(もり) し	Mr. (Mori)
コール		call
訪室 [する]	ほうしつ [する]	going to the room
床	ゆか	floor
付き添う	つきそう	accompany
継続観察	けいぞくかんさつ	continuous observation

## 第 10 課

告知 [する]  
サポート [する]

こくち [する]

disclosure  
support

### 学習の前に

癌  
一般的な  
初期 (の)  
癌細胞

がん  
いっぱんてきな  
しょき (の)  
がんさいぼう

cancer  
common  
early stage  
cancer cell

### 読む練習

大学生  
高校生  
健康診断  
胃粘膜  
細胞検査  
(治療) 方針  
さらに  
日程  
口頭報告する  
全く  
そうしたら  
信じる

だいがくせい  
こうこうせい  
けんこうしんだん  
いねんまく  
さいぼうけんさ  
(ちりょう) ほうしん  
  
にってい  
こうとうほうこくする  
まったく  
  
しんじる

university student  
high school student  
medical examination  
stomach lining  
cytосcopy  
(treatment) policy  
further  
schedule  
report verbally  
not at all  
then  
believe

### 話す練習

(癌) なんて  
ぴんぴんしている  
初めは  
提供する  
体力  
感じる  
曲がる (指が～)  
内臓  
水分  
補給 [する]  
長時間  
予防注射  
はしか  
肺癌  
文字  
自然に

(がん) なんて  
  
はじめは  
ていきょうする  
たいりよく  
かんじる  
まがる (ゆびが～)  
ないぞう  
すいぶん  
ほきゅう [する]  
ちょうじかん  
よぼうちゅうしゃ  
  
はいがん  
もじ  
しぜんに

indicates a quote of words  
feel as fit as a fiddle  
during the early stages  
provide  
physical strength  
feel  
be able to flex (one's fingers)  
internal organs  
water  
supply  
long time  
immunization shot  
measles  
lung cancer  
letters such as hiragana, katakana, and  
kanji  
naturally

## 看護記録

腫瘍マーカー検査

しゅようマーカーけんさ

tumor marker test

肺機能検査

はいきのうけんさ

pulmonary function test

担当医

たんとうい

doctor in charge

上記（の）

じょうき（の）

the above

相談窓口

そうだんまどぐち

contact point for advice and support

## 第 11 課

### 学習の前に

心臓病	しんぞうびょう	heart disease
心臓カテーテル検査	しんぞうカテーテルけんさ	cardiac catheterization
大動脈弁閉鎖不全症	だいどうみゃくべんへいさ	aortic valve incompetence
息苦しい	いきぐるしい <sup>ふぜんしょう</sup>	breathing difficulty
手足	てあし	limbs

### 読む練習

孫	まご	grandchild
まな板の上のコイ	まないたのうえのコイ	There is no escape for me.
参考にする	さんこうにする	refer to
受け持つ	うけもつ	take charge of
人物紹介	じんぶつしょうかい	profile
オリエンテーション		orientation

### 話す練習

歳	とし	age
心臓	しんぞう	heart
体がもつ	からだがもつ	be strong enough to withstand
麻酔	ますい	anesthesia
覚める (麻酔から～)	さめる (ますいから～)	come out(…from the anesthetic)
多少	たしょう	some
トイレ		excretion
栄養	えいよう	nutrition

### 看護記録

にこにこする		smile
繰り返す	くりかえす	keep saying
(家族) 談	(かぞく) だん	according to (her family)
心配事	しんぱいごと	worries
医療者	いりようしゃ	medical personnel

## 第 12 課

励ます

はげます

cheer up

### 学習の前に

上肢

じょうし

upper limb

麻痺 [する]

まひ [する]

paralysis

くも膜下出血

くもまくかしゅっけつ

subarachnoid hemorrhage

頭痛

ずつう

headache

後遺症

こういしょう

sequelae

右片麻痺

みぎかたまひ

right hemiplegia

下肢

かし

lower limb

拘縮

こうしゅく

contracture

予防 [する]

よぼう [する]

prevention

自立 [する]

じりつ [する]

independence

### 読む練習

激しい

はげしい

severe

緊急手術

きんきゅうしゅじゅつ

emergency surgery

命

いのち

life

熱心に

ねっしんに

hard

完全な

かんぜんな

complete

ゴール

みぎうで

goal

右腕

にちじょうせいかつ

right arm

日常生活

かいし [する]

activities of daily life

開始 [する]

げんしょう [する]

start

減少 [する]

けっとうち

decrease

血糖値

せいじょうな

blood sugar level

正常な

じょくそう

normal

褥瘡

こうれいしゃ

decubitus

高齢者

ねんしょうしゃ

the elderly

年少者

younger population

### 話す練習

(お) 加減

(お) かげん

condition

感じ

かんじ

like, feeling

掛ける (ボタンを～)

かける

fasten (…a button)

深い

ふかい

deep

杖

つえ

cane

補助具

ほじょぐ

treatment aid

## 看護記録

減退 [する]

支援 [する]

再度

前向き

げんたい [する]

しえん [する]

さいど

まえむき

decline

support

again

positive attitude

## 第 13 課

### 学習の前に

ミス		mistake
工夫 [する]	くふう [する]	device, idea
昇圧剤	しょうあつざい	vasopressor
静脈持続注入	じょうみゃくじぞくちゅうにゅう	continuous intravenous infusion
注射指示書	ちゅうしゃしじしょ	injection order
薬品	やくひん	medicine
器材	きざい	equipment
投与 [する]	とうよ [する]	injection
(投与) 量	(とうよ) りょう	dose, (injected) quantity
時速	じそく	rate per hour
注入ポンプ	ちゅうにゅうポンプ	infusion pump
設定 [する]	せってい [する]	setting

### 読む練習

MR I	エムアールアイ	MRI
膵臓癌	すいぞうがん	pancreatic cancer
膵頭十二指腸切除術	すいとうじゅうにしちょう せつじょじゅつ	pancreaticoduodenectomy
後	のち	after
I C U	アイシーユー	ICU
カタボン L o w	カタボンロー	Catabon-Low
(12) m l / h	じそく (12) ミリリットル	(12) ml/h
薬剤	やくざい	medicine
静脈	じょうみゃく	vein
経口投与	けいこうとうよ	oral administration
(お) 尻	(お) しり	anus, buttock, hip
直腸内投与	ちよくちやうないとうよ	rectal administration
解熱剤	げねつざい	antipyretic
(お) 小便	(お) しょうすい	urine
抑える	おさえる	suppress
利尿剤	りにようざい	diuretic
鎮痛剤	ちんつうざい	analgesic
増やす	ふやす	increase
アセトアミノフェン		acetaminophen
ラシックス		Lasix
インドメタシン		indomethacin
降圧剤	こうあつざい	antihypertensive
レニベース		Renivace
指示 [する]	しじ [する]	instruction

## 話す練習

ミリリットル		ml
セットする		set
主任	しゅにん	chief nurse
mg	ミリグラム	mg
ml	ミリリットル	ml
cc	シーシー	cc
(1) T	(1) じょう	(1) tablet
(1) A	(1) アンプル	(1) ampule
(1) コ	(1) こ	(1) piece
(1) P / (2) P	(1) ぽう / (2) ほう	(1) pack/ (2) packs
(1) アンプル		(1) ampule
(1) 包 / (2) 包	(1) ぽう / (2) ほう	(1) pack/ (2) packs
坐剤	ざざい	suppository

## 看護記録

経時記録	けいじきろく	temporal record
肺動脈圧モニター	はいどうみゃくあつモニター	pulmonary arterial pressure monitor
SaO <sub>2</sub> モニター	サチュレーションモニター	SaO <sub>2</sub> (saturation) monitor
動脈圧モニター	どうみゃくあつモニター	arterial pressure monitor
心電図モニター	しんでんずモニター	electrocardiogram monitor
入室 [する]	にゅうしつ [する]	entering the room
Dr. ～	ドクター	Dr. …
来棟 [する]	らいとう [する]	coming to the ward
上昇する	じょうしょうする	increase, rise

## 第14課

### 学習の前に

虫垂炎	ちゅうすいえん	appendicitis
はがす		peel
開腹手術	かいふくしゅじゅつ	laparotomy
膿	うみ	pus
糸	いと	stitch, thread
消毒する	しょうどくする	disinfect

### 読む練習

いっこうに		no sign of
緊急入院する	きんきゅうにゆういんする	be hospitalized immediately
虫垂切除術	ちゅうすいせつじょじゅつ	appendectomy
典型的な	てんけいてきな	typical
良好な	りょうこうな	favorable, good
翌日	よくじつ	the day after
テープ		tape
見舞い客	みまいきゃく	visitor
鳴る	なる	ring
緊急 (の)	きんきゅう (の)	urgent
休憩室	きゅうけいしつ	staff room

### 話す練習

あと		the rest
ひやっとする		feel slightly cold
刺す (針を～)	さす (はりを～)	insert (…a needle)
段差	だんさ	step
越える	こえる	go over
ガタンとする		jerk
カンカンと音がする	カンカンとおとがする	clang
ちくっとする		sting a little
マッサージ		massage
掛ける (お湯を～)	かける (おゆを～)	pour (…hot water)
採血 [する]	さいけつ [する]	blood collection

### 看護記録

排膿	はいのう	purulent drainage
通常 (の)	つうじょう (の)	standard

## 第 15 課

プリセプター

preceptor

### 学習の前に

新人

しんじん

new staff

点滴漏れ

てんてきもれ

solution seeping into

抗癌剤

こうがんざい

anticancer agent

シスプラチン

cisplatin

漏れる

もれる

seep

皮下組織

ひかそしき

subcutaneous tissue

滴下 [する]

てきか [する]

drip

傷む

いたむ

be damaged

### 読む練習

～とも

both

義母

ぎぼ

mother-in-law

業務

ぎょうむ

job

点滴が落ちる

てんてきがおちる

solution for intravenous infusion

用件

drips

purpose

肝臓癌

かんぞうがん

hepatoma, liver cancer

ショック

shock

受ける (ショックを～)

うける

get (…shocked)

死因

しいん

cause of death

心不全

しんふぜん

cardiac failure

悪性

あくせい

malignant

### 話す練習

順調に

じゅんちょうに

steadily

項目

こうもく

item

はがれる

come unstuck

腫れ

はれ

swelling

全体的な

ぜんたいてきな

overall

眠気

ねむけ

drowsiness

変質する

へんしつする

change in quality, deteriorate

胎児

たいじ

fetus

影響する (胎児に～)

えいきょうする

affect (…on fetus)

光

(たいじに～)  
ひかり

light, ray

当たる (光に～)

あたる (ひかりに～)

be exposed(to the light)

抗ヒスタミン剤

こうヒスタミンざい

antihistamine

抗生物質

こうせいぶっしつ

antibiotics

妊婦

にんぷ

pregnant woman

## 看護記録

皮膚障害

可能性

皮膚科

ひふしょうがい

かのうせい

ひふか

skin disorder

possibility

department of dermatology

## 第 16 課

### 学習の前に

乳癌

にゅうがん

breast cancer

### 読む練習

右乳癌

みぎにゅうがん

right breast cancer

乳腺部分切除術

にゅうせんぶぶん

partial mastectomy

世話

せつじょじゅつ  
せわ

care

吸引バッグ

きゅういんバッグ

drainage bag

リンパ節

リンパせつ

lymph node

切除する

せつじょする

remove

地下

ちか

basement

売店

ばいてん

store, stall, kiosk

気にかける

きにかける

be concerned, be worried

リーダー

leader

気に障る

きにさわる

be annoyed

ビタミンB1

ビタミンビーワン

vitamin B1

トレーニング

training

気にする

きにする

be bothered by

### 看護記録

感覚

かんかく

feeling

取り戻す

とりもどす

recover

院内

いんない

within the hospital

要（説明）

よう（せつめい）

(explanation) needed

## 第 17 課

### 学習の前に

再発 [する]	さいはつ [する]	recurrence
在宅療養	ざいたくりょうよう	home care
浮腫	ふしゅ	edema
だるさ		listlessness
介護疲労	かいごひろう	fatigue from caregiving
モルヒネ		morphine

### 読む練習

結腸部分切除術	けっちょうぶぶんせつじょじゅつ	partial colectomy
～に伴う	～にともなう	associated with …
表情	ひょうじょう	facial expression
再び	ふたたび	again
結腸	けっちょう	colon
～に対して	～にたいして	toward …, to …
～に基づいて	～にもとづいて	based on …
～によって		by …
低下 [する]	ていか [する]	decrease
～に基づく	～にもとづく	based on
精神的	せいしんてき	mental
(今月) 中	(こんげつ) ちゅう	within (this month)
考え	かんがえ	opinion

### 話す練習

ただ		however
程度	ていど	extent
はっきりする		be clear
排便	はいべん	bowel movement
目が覚める	めがさめる	awake
寝つきが悪い	ねつきがわるい	have difficulty falling asleep
ぐっすり		soundly

### 看護記録

～と共に	～とともに	with…
------	-------	-------

## 第18課

緊急事態

きんきゅうじたい

emergency

### 学習の前に

目の前

めのまえ

in front of you

急変する

きゅうへんする

change suddenly

大腸内視鏡検査

だいちょうないしきょう  
けんさ

colonoscopy

潜血

せんけつ

occult blood

低残渣食

ていざんさしょく

low residue diet

経口腸管洗浄剤

けいこうちょうかん  
せんじょうざい

oral intestinal lavage solution

ニフレック

Niflec

### 読む練習

～を前にして

～をまえにして

in preparation for

前日

ぜんじつ

the day before

当日

とうじつ

the day of

ℓ

リットル

liter

冷や汗

ひやあせ

cold sweat

(血圧 70) 台

(けつあつ 70) だい

(blood pressures is) in the (70)'s

五分粥

ごぶがゆ

thin rice porridge

清潔

せいけつ

cleanliness

血液

けつえき

blood

平熱

へいねつ

normal temperature

前半

ぜんはん

low

糖尿病

とうにょうびょう

diabetes

後半

こうはん

late

従う (指示に～)

したがう (しじに～)

follow (…the instructions)

### 話す練習

しっかりする

hang on

救急カート

きゅうきゅうカート

emergency cart

心電計

しんでんけい

electrocardiograph

師長

しちょう

head nurse

応援 [する]

おうえん [する]

help

無表情な

むひょうじょうな

expressionless

### 看護記録

呼名反応

こめいはんのう

response to one's own name

顔面蒼白

がんめんそうはく

facial pallor

救命処置

きゅうめいしよち

emergency medical treatment

## 第19課

死	し	death
看取る	みとる	attend to someone's deathbed

### 学習の前に

病状	びょうじょう	condition of sickness
進行する	しんこうする	progress
意識不明	いしきふめい	unconsciousness
下顎呼吸	かがくこきゅう	agonal respiration
息を引き取る	いきをひきとる	die, breathe one's last
極楽	ごくらく	paradise
死亡診断	しぼうしんだん	certifying death
死亡時刻	しぼうじこく	time of death
逝く	いく	die, pass away
お別れをする	おわかれをする	say goodbye

### 読む練習

子宮癌	しきゅうがん	uterine cancer
末期	まっき	terminal
骨盤内臓器	こつぱんないぞうき	pelvic viscera
緩和的な	かんわてきな	palliative
緩和的治療	かんわてきちりょう	palliative care
著しい	いちじるしい	considerable
再入院する	さいにゅういんする	be hospitalized again
介護負担	かいごふたん	burden of caregiving
在宅ケア	ざいたくケア	home care
望む	のぞむ	want
希望する	きぼうする	want, choose
前夜	ぜんや	the night before
囲む	かこむ	gather around
さする		stroke
(声をかける) 中	(こえをかける) なか	while (talking to)
告げる	つげる	tell
一礼する	いちれいする	bow
隅	すみ	corner
避難する	ひなんする	evacuate
非常ベル	ひじょうベル	alarm bell
訪問看護	ほうもんかngo	visiting nursing
(ご) 遺体	(ご) いたい	dead body
後にする (病院を～)	あとにする (びょういんを～)	leave (…the hospital)

見送る	みおくる	see off
握る	にぎる	hold
祈る	いのる	pray
あきらめる		give up
穏やかな	おだやかな	peaceful

### 話す練習

(家族) 水入らず	(かぞく) みずいらず	(family members) with no one else present
着せる	きせる	dress
最期	さいご	end of life
安らかな	やすらかな	peaceful
幸せな	しあわせな	happy
死亡する	しぼうする	die
かわいがる		love
天寿を全うする	てんじゅをまっとうする	live out one's natural life
(お) 星 (様)	(お) ほし (さま)	star in heaven
祖母	そば	grandmother
大往生	だいおうじょう	a peaceful death
先立つ	さきだつ	predecease
ぽっくり逝く	ぽっくりいく	die suddenly

### 看護記録

末梢	まっしょう	peripheral
微弱	びじゃく	very marginal
死後	しご	postmortem
持参 [する]	じさん [する]	bringing
葬儀社	そうぎしゃ	funeral home, funeral parlor
死亡退院する	しぼうたいいんする	be discharged dead from hospital

## 第 20 課

### 学習の前に

スタッフ

教育入院

検診

尿糖

陽性

食生活

きょういくにゆういん

けんしん

にょうとう

ようせい

しょくせいかつ

staff

educational hospitalization

medical checkup

urine sugar

positive

dietary

### 読む練習

和菓子

服用 [する]

提出 [する]

名簿

文書

わがし

ふくよう [する]

ていしゅつ [する]

めいぼ

ぶんしょ

Japanese sweets

dosing

submission

name list

document

### 話す練習

本番

(お) 心遣い

せっかくですが、～

ほんの気持ちです

クビになる

教科書

家族構成

一場面

ほんばん

(お) こころづかい

ほんのきもちです

きょうかしょ

かぞくこうせい

いちばめん

the hardest part

your kindness

I'll have to beg off.

Thank you very much, but...

It's just a small token of our appreciation.

be fired

textbook

family structure

one scene

## **PART II**

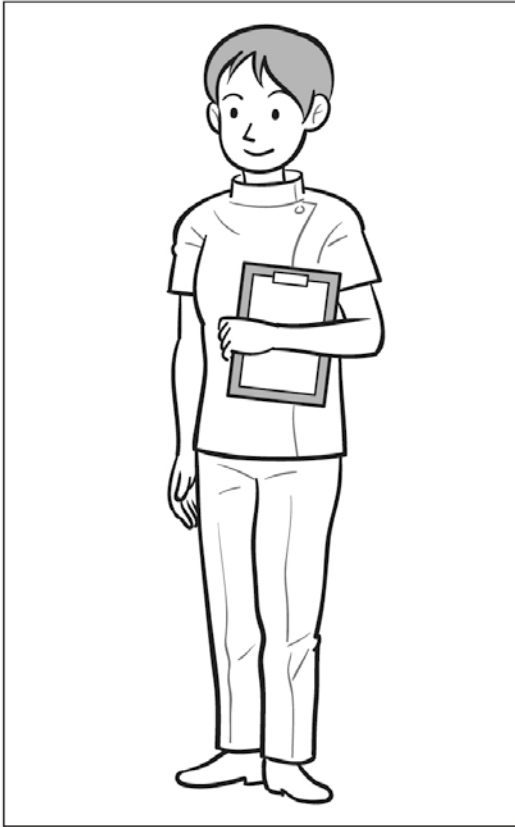
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### **Translation :**

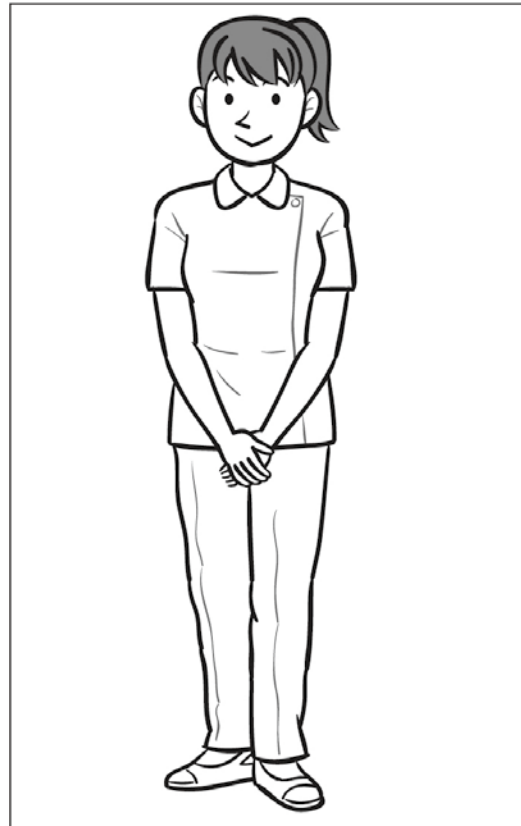
- I Reading practice**
- II Speaking practice**
- III Nursing record**

## Main Characters in the Conversations

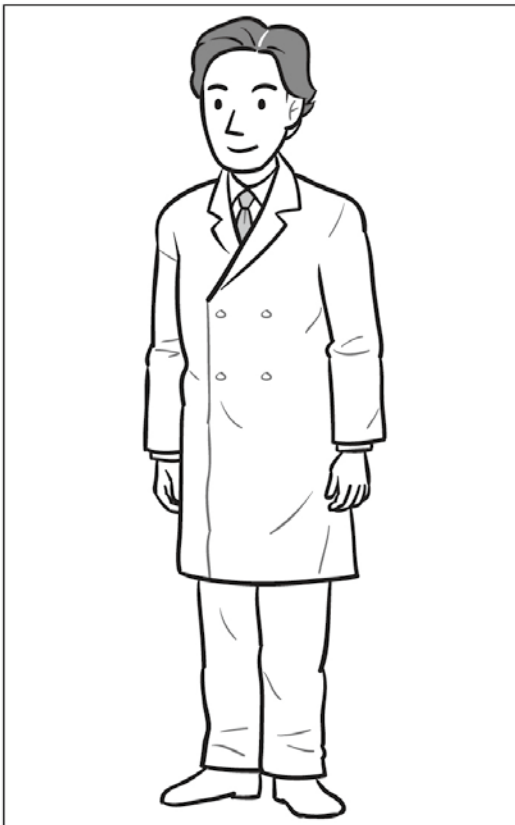
Mizuno, nurse (22)



Ogawa, nursing auxiliary (40)



Inoue, doctor (38)



Aoki, chief nurse (35)



## Lesson 1 Meeting a new inpatient

### Reading practice

#### Case1

Akiko Yamamoto: 44-year-old woman who lives with her husband, and two children aged 17 years old and 14 years old.

She was taken to the emergency outpatient department in an ambulance at 6:00 in the morning for acute abdominal pain and diarrhea. As she was suspected of suffering from food poisoning, she was put under observation for some time while being treated with fluid replacement on a bed in the consultation room. However, her condition did not become stable and she was then admitted to the hospital. Since she needed to use the toilet every 30 minutes, she was accommodated in a private room with toilet. The handover between the night and day nurses has just finished. The nurse in charge of her is about to interview her to collect basic information for her hospitalization.

Mizuno, the nurse, walks into her room and says, "You are Ms. Akiko Yamamoto, aren't you? How do you do?"

### Speaking practice

Mizuno : You are Ms. Akiko Yamamoto, aren't you? How do you do? My name is Mizuno. I am your nurse.  
Nice to meet you.

Yamamoto : My name is Yamamoto. Nice to meet you, too.

Mizuno : I am sorry to hear what happened. It just happened all of a sudden, didn't it? How are you feeling now?

Yamamoto : I think I am feeling slightly better now. I went to the toilet at around 8:30 and I haven't been since.

Mizuno : Oh really? So, your condition seems to have improved a little. I heard you were suffering from suspected food poisoning. You need to stay in hospital for some time to be sure. As part of the admission procedure, I would like to know about your physical condition and your family. Can I start now?

Yamamoto : Yes.

.....

Mizuno : Last night, around what time did your symptoms start?

Yamamoto : Around 2:00 at night.

Mizuno : Around 2:00, right? What did you eat yesterday?

Could you start with telling me what you had for dinner last night?

Yamamoto : Let me see. I ate raw oysters for dinner.

## Lesson 2 Giving a bed bath in the patient's room

### Reading practice

#### Case 2

Shinichiro Tanaka: 42-year-old man who lives with his wife. He has no children.

After abdominal ultrasonography revealed an abnormality, he received a detailed examination and was diagnosed with gallbladder cancer. He was hospitalized and underwent a cholecystectomy. It is the third day after his operation. He still has a T-tube and a drain inserted in the abdomen. He wants to stay as still as possible since he seems to feel pain when he moves his body. During a bed bath, he cleans himself where he can do by himself, although he needs to have a nurse clean where his hands cannot reach such as the back.

Mizuno, the nurse, makes preparations for a bed bath and walks into his room.

“Excuse me. Mr. Tanaka, would you like a bed bath?”

### Speaking practice

Mizuno : Excuse me. Mr. Tanaka, would you like a bed bath?

Tanaka : Oh yes, thank you.

Mizuno : Can you sit up?

Tanaka : Yes, I can.

Mizuno : Please clean your front by yourself. Please be careful with the tube.

Tanaka : OK.

Mizuno : Now I am going to wipe your back.

Tanaka : Thank you.

Mizuno : Lying in the bed for a long time, do you feel uncomfortable in the upper and lower back?

Tanaka : Yes. To tell you the truth, it is quite hard to lie down for a long time.

Mizuno : Sitting up like this and lifting and swinging your arms from time to time makes you feel a bit better, I guess.

Tanaka : You are right.

Mizuno : Do you feel pain around the tube?

Tanaka : Not really.

Mizuno : Good. You can move now. Now I am going to wipe your feet.

## Nursing record

Keeping nursing records is one of the most important tasks for nurses.

S : subjective data

What the patient and his/her family members have said

O : objective data

What the nurse has observed, measured values, changes in the conditions of the patient

A : assessment

What the nurse judges, determines and predicts from S and O

P : plan

What to do in the future

### Sample 1

S	Sudden pain in the abdomen; diarrhea does not stop.
O	Taken to hospital in an ambulance, accompanied by her husband; diarrhea continues. Loose bowel movement every 30 minutes.
A	Observed for a while but conditions not improved; suspected of food poisoning.
P	Started admission procedure.

### Sample 2

S	I think I am feeling slightly better now.
O	Acute diarrhea stopped; not been to toilet since 8:30.
A	Condition is becoming stable.
P	Continue to observe her.

## Lesson 3 Recommending a shower bath

### Reading practice

#### Case 3

Hisao Sato: 74-year-old man. He lives alone since his wife passed away three years ago. He has two children, who both live in his neighborhood with their own families.

He fell over at home and was taken to hospital in an ambulance. He was diagnosed with a fracture of the fibula in the right leg and was admitted to the hospital. One week has passed. The affected part is immobilized in a cast and he has been given a bed bath only, but his condition now allows him to have a shower bath. He does not like bathing, and he is not used to taking a shower, since there is no shower in the bathroom of his home. However, the nurse has decided to recommend a shower bath to him according to the nursing care plan.

Mizuno, the nurse, walks into his room and says, "Mr. Sato, you can use a shower today."

### Speaking practice

Mizuno : Mr. Sato, you can use a shower today. How about taking a shower?

Sato : No, I don't need to, because I don't sweat much really.

Mizuno : But you have been having a bed bath only. Washing your body will refresh you.

Sato : Sounds like too much hassle to me.

Mizuno : I'm sure you will feel better.

Sato : But isn't it cold to use a shower only?

Mizuno : I know what you mean, but the shower room is warm and taking a shower will warm you up quite nicely.

Sato : Do you think so?

Mizuno : Yes. Why don't you give it a try?

Sato : OK, I'll give it a try.

Mizuno : Great. Let's go.

.....

Mizuno : Can you take off your clothes by yourself?

Sato : Yes. I can do that.

Mizuno : You can take your time. I will wrap this leg in vinyl.

Please watch your step.

Sato : OK.

## Nursing record

S	Taking a shower sounds like too much hassle to me, and it seems cold.
O	Recommended a shower bath, saying that it would be refreshing. He agrees to go. He is able to take off and put on his clothes by himself.
A	He even seems to be able to wrap the cast in vinyl by himself. He will be able to have a shower bath at his home, with a little assistance.
P	Brief him on how to have a bath in the presence of his family before he leaves hospital.

## Lesson 4 Talking during feeding support

### Reading practice

#### Case 4

Yoko Suzuki: 84-year-old woman. Her husband passed away five years ago. She lives with her eldest son, his wife and child (elementary school student).

She developed an acute fever but decided to just wait and see for some time at home if the symptom would get better. However, no improvement was seen and she went to a local general hospital to consult a physician. She was diagnosed with a combination of influenza and pneumonia and immediately admitted to the hospital. It is her third day in hospital. Although her pneumonia and fever are clearing, her muscles have weakened, resulting in feeble body movements. She has little appetite and needs the assistance of a nursing auxiliary to eat because it is not easy for her to eat independently.

Ogawa, the nursing auxiliary, walks into her room, and says, "Ms. Suzuki. It is lunch time."

### Speaking practice

Ogawa : Ms. Suzuki. It is lunch time. Can I raise the head of your bed?

Suzuki : Yes. Thank you for your help.

Ogawa : You look very well today. Your color is very good.

Suzuki : Do you think so? I'm a bit hungry. I want to eat now.

Ogawa : I am happy to hear that. Let me put a bib on you. Today we have egg porridge, tofu hamburger and vegetable Nimono.

Suzuki : Thank you.

Ogawa : What do you want to eat first?

Suzuki : Porridge, please.

Ogawa : Sure. Is this enough for you? Here you are.

.....

Suzuki : That was very nice.

Ogawa : You have eaten a lot today.

Suzuki : Yes. I am feeling much better now.

Ogawa : Yes, you look much better. I am pleased.

Suzuki : Well, is it still too early for me to eat regular white rice?

Ogawa : Oh, you want to eat boiled white rice.

Suzuki : Yes. I don't like porridge very much, to tell you the truth.

Ogawa : Oh, I see. It may be time you went back to regular white rice. I will talk to your nurse.

Suzuki : Thank you.

## Nursing record

S	I am feeling much better now. Is it still too early for me to eat regular white rice?
O	Consumed 80%, with assistance. Maintained a stable sitting position on the bed.
A	Appetite has increased. Mental attitude has become positive.
P	Encourage her to eat independently at the next meal. Consider the possibility of a shift to a normal diet.

## Lesson 5 Talking to a child on a special diet

### Reading practice

#### Case 5

Kenta Hashimoto: 10-year-old boy, fourth grade elementary school student. He lives with his parents and brother, 3 years his junior. He has taken swimming lessons since he was 5 years old.

He seemed to lack energy since he caught a cold several weeks before. He did not want to attend his swimming lesson which he normally likes very much. His mother thought that his face was swollen and took him to a local pediatric clinic. Since the consultation and laboratory examinations showed that he was suspected of acute glomerulonephritis, he was admitted to a general hospital in the city. One week has passed since he was hospitalized. He is now on a special diet as the treatment. He feels that other children in the same room, who are on a normal diet, eat better food, and is unhappy with what he is being served.

At lunchtime, Mizuno, the nurse, walks up to his bed and speaks to him. "Kenta, don't you feel like eating?"

### Speaking practice

Mizuno : Kenta, don't you feel like eating?

Kenta : I just...

Mizuno : You just what? Please tell me.

Kenta : My food is different from theirs.

Mizuno : Do you want to eat the same thing as they do?

Kenta : Yes, because (my lunch) tastes awful.

Mizuno : Does it contain something you don't like?

Kenta : I hate this, and this.

Mizuno : Then what do you want to eat?

Kenta : I want to eat things like hamburgers or sushi.

Mizuno : I know what you mean. I like hamburgers and sushi, too. But I guess you'll just have to wait until your kidneys say they are ready again. Can you wait until then?

Kenta : I don't know...

Mizuno : Let's think together later what you can eat.

Kenta : Sure.

Mizuno : Now you can have rice, meat balls and a banana. Can you eat them?

Kenta : I think so.

## Nursing record

S	My food is different from theirs. It tastes awful. I want to eat things like hamburgers or sushi.
O	He hardly eats anything for lunch.
A	He doesn't like the special diet; lack of calories.
P	Think together what he can eat that is high-calorie, low-protein and low-salt. Invite a dietician to join.

## Lesson 6 Encouraging a patient to go to the toilet

### Reading practice

#### Case 6

Hiroshi Nakamura: 65-year-old man who lives with his wife and eldest daughter. His eldest son, who is independent from them, lives in a far way town.

As part of a comprehensive medical examination, he underwent abdominal ultrasonography, which showed that he had a gallstone of about 2.5 cm in diameter. As further medial examinations revealed that the gallbladder wall also had thickened due to inflammation, he was hospitalized and underwent a laparotomic cholecystectomy. It is the second day after the operation. He has some pain in the postoperative wound and has not yet gotten out of bed since the operation. At present, he uses the toilet in the lying position on the bed. As his doctor has permitted him to walk, his nurse has decided to encourage him to walk to the toilet with support.

Mizuno, the nurse, walks into his room and says, "Mr. Nakamura, Dr. Inoue says you can walk now. Why don't you walk to the toilet next time?"

### Speaking practice

Mizuno : Mr. Nakamura, Dr. Inoue says you can walk now. Why don't you walk to the toilet next time?

Nakamura : I want to, but the wound still hurts.

Mizuno : Oh does it? It has only been two days since the operation. But you can walk. I will assist you.

Nakamura : No, I don't think I can walk yet.

Mizuno : Are you worried?

Nakamura : Yes, I am.

Mizuno : Then, how about just walking one way only and using a wheelchair the other half?

Nakamura : Well..., I will give it a try.

Mizuno : Good. Will you walk to the toilet or walk back?

Nakamura : I guess I will walk back from the toilet, because I don't want to fail to make it to the toilet in time.

Mizuno : All right. So you will go to the toilet in a wheelchair and then walk back slowly, OK?

## Nursing record

S	(The wound) still hurts. I don't think I can walk.
O	It is the second day after the operation. He agreed to walk to the toilet from now on.
A	He has fear of pain. Postoperative ambulation does not begin yet.
P	Encourage him to leave the bed.

## Lesson 7 Listening to the needs of patients

### Reading practice

#### Case 7

Michio Ito: 57-year-old man who lives with his wife and a 24-year-old daughter.

A comprehensive medical examination indicated abnormalities in cardiac function, and it was decided that he would be hospitalized for five days for further examination. Various tests are planned for him every day. It is his third day in hospital. At the time of the morning temperature check, Mizuno, the nurse, handed a thermometer to him and asked him about how he slept last night. He said that he went to the toilet in the middle of the night and was unable to get back to sleep after that.

After entering the vital signs in the temperature record, Mizuno asks him about his sleeping problem. "Mr. Ito, you said earlier that you had not slept well last night."

### Speaking practice

Mizuno : Mr. Ito, you said earlier that you had not slept well last night.

Ito : Yes. I woke up to go to the toilet at around two, and after that I could not get back to sleep.

Mizuno : Do you have something on your mind?

Ito : Nothing in particular. Maybe it's just because the pillow is different from the one I use at home.

Mizuno : The pillow?

Ito : Yes, this pillow is too flat. Actually, it's as good as having no pillow at all.

Mizuno : Shall I adjust the height?

Ito : Yes, please. Otherwise I may develop insomnia.

Mizuno : You can bring your own pillow from home, too.

Ito : Oh really? Then I will ask my wife to bring it today.

Mizuno : That's good. Is there anything else you are worried about?

Ito : No, that's all for now, I think.

Mizuno : Good. If you have any problems, please do not hesitate to tell me.

Ito : Thank you.

## Lesson 8 Helping a patient who has fallen over

### Reading practice

#### Case 8

Jiro Yamada: 55-year-old man who lives with his wife. His two sons are now independent. Both of them live in his neighborhood.

He vomited blood at home, was taken to a hospital in an ambulance and diagnosed with an acute gastric ulcer. It is his third day in hospital. He has been placed on nil by mouth status since he was admitted to the hospital. Although he can go to the toilet by himself, he keeps the drip tube with him and needs to walk with a drip stand. When he was about to walk back to his room from the toilet, he felt dizzy and staggered. He tried to support himself on the drip stand but the stand slipped and he fell over.

Having heard a loud sound coming from the corridor, Mizuno, the nurse, comes to see if there is a problem. "Mr. Yamada, are you all right?"

### Speaking practice

Mizuno : Mr. Yamada, are you all right?

Yamada : I'm OK. I just fell over.

Mizuno : Did you hit your head?

Yamada : No, I didn't hit my head.

Mizuno : Good. Do you have any pain?

Yamada : No. Not in particular.

Mizuno : I see. Don't you feel sick?

Yamada : Not really.

Mizuno : Looks like you are all right. Could you show me the needle insertion site?

Yamada : Yes.

Mizuno : Nothing is wrong here, either. Did you slip?

Yamada : I just walked out of the toilet and felt dizzy.

Mizuno : You felt dizziness?

Yamada : Yes.

Mizuno : OK. I will take you to your room in a wheelchair. I will be back in a second. Could you wait here, please?

## Nursing record

S	I walked out of the toilet and felt dizzy. I'm OK.
O	Having heard a sound, I went out to the corridor and found him lying on the floor in front of the toilet. Consciousness (clear), nausea (–), dizziness (+), IV insertion site (n.p.); he went back to the room in a wheelchair; Bp = 110/68 P = 86 R = 18 (measured after going back to the room)
A	Was the dizziness caused by three days of NPO?
P	Report the accident to the doctor. Provide walking support for him until the situation improves.

## Lesson 9 Asking a colleague to do some work

### Reading practice

#### Case 9

Masaaki Mori: 82-year-old man, who has been living alone since his wife passed away 10 years ago. His son's family live far away.

His prostate cancer has metastasized to the bones. He has been staying at a hospital for pain control. When he was trying to move into a wheelchair from his bed by himself, he lost his balance and fell over. A patient in the same room (Kato) called a nurse using the nurse call system. Ogawa, the nursing auxiliary, answered the call.

"Hello. What's happened, Mr. Kato?"

On the way to his room, Ogawa was stopped by another patient (Ikeda) in the corridor. Ikeda complained that the IV insertion site in his forearm was hurting. Ogawa examined the insertion site and found redness there.

### Speaking practice

(Nurse call)

Ogawa : Hello. What's happened, Mr. Kato?

Kato : Mori-san has just fallen over.

Ogawa : Thank you for calling. I'll be there in a minute.

.....

(In the corridor)

Ikeda : Excuse me.

Ogawa : Yes?

Ikeda : This site hurts.

Ogawa : Oh, the skin is a little red. Mizuno-san, Ikeda-san's IV insertion site has become red. Could you take care of him? I was told that Mori-san has fallen over, so I have to go to his room.

Mizuno : OK.

Ogawa : Ikeda-san, Mizuno will be with you in a minute. Please wait a moment.

.....

(In the patient's room)

Ogawa : Mori-san, are you all right? Aren't you injured?

Mori : Oh, thank you for coming. I think I just went weak for some reason. But I'm all right now.

Ogawa : I see. Could you stand up slowly now?

## Nursing record

S	I think I just went weak for some reason.
O	A patient in the same room with Mr. Mori informed us over the nurse call that he had fallen over. Nursing auxiliary Ogawa went to Mr. Mori's room and found him lying on his back between the bed and the wheelchair.
A	Observation is required, as he is currently being prescribed with narcotics.
P	Accompany him when he leaves the bed. Continue to observe his state of consciousness and pain.

## Lesson 10 Support following cancer disclosure

### Reading practice

#### Case 10

Tomoyuki Kobayashi: 52-year-old man who lives with his wife and two children (university and high school students).

Workplace medical examinations indicated stomach abnormalities. Although he had no subjective symptoms, a cytосcopy was performed at the outpatient department to examine the stomach lining, which revealed that he had early-stage stomach cancer. Dr. Inoue called Mr. Kobayashi and his wife and told them that he had cancer. For treatment policy, they agreed to decide through consultations, while taking further examinations. Mizuno, the nurse, is explaining to Mr. Kobayashi about the content and schedule of future examinations in a room adjacent to the consultation room.

Mr. Kobayashi says to Mizuno, "I can't believe what the doctor said to me."

### Speaking practice

Kobayashi : I can't believe what the doctor said to me.

Mizuno : What? What do you mean by that?

Kobayashi : He said I have cancer. But I have no pain anywhere, and I'm feeling as fit as a fiddle. Perhaps he was mistaken.

Mizuno : I know what you mean. But it is not unusual for cancer patients to have no subjective symptoms during the early stages. I think you are lucky to have your cancer detected at an early stage. You should undergo thorough examinations.

Kobayashi : You may be right. But I just can't believe it.

Mizuno : I understand how you feel. But once you have subjective symptoms, it is sometimes too late. At least you have your cancer detected at an early stage, and that's a great thing.

Kobayashi : Maybe so.

Mizuno : Yes. Your next examination will be on Friday. I suppose you have many things to think about before that. If you have any worries or questions, please feel free to call us anytime.

Kobayashi : OK. Thank you very much.

## Nursing record

No.	6-200137		
ふりがな	こばやし ともゆき	52 years old	<div>Male</div> <div>Female</div>
Name	Kobayashi Tomoyuki		
Date of consultation	Tuesday, October 6		
<p>Record</p> <p>S : He said I have cancer. But I have no pain anywhere, and I'm feeling as fit as a fiddle. Perhaps he was mistaken.</p> <p>O: He received a diagnosis of early stage cancer from the doctor in the presence of his wife. The above is what he said when I explained to him about his next examinations. I gave him the telephone number of the outpatient department so that he can contact us for advice and support.</p>			
Scheduled date of the next hospital visit	Friday, October 9		
Appointments	Tumor marker test, electrocardiography, pulmonary function test		
Doctor in charge	Inoue	Recorder	Mizuno

## Lesson 11 Talking to a pre-surgery patient

### Reading practice

#### Case 11

Chiyoiko Hayashi: 72-year-old woman who lives with her husband, son and daughter-in-law and a grandchild (elementary school student).

She suffered from breathing difficulty and swelling of the limbs for several months. Since no sign of improvement was seen, she visited the outpatient department. She was hospitalized, underwent cardiac catheterization and other tests, and was diagnosed with aortic valve incompetence, for which she is going to have an operation. It is the second day of her hospitalization for surgery. Her surgery is scheduled for tomorrow. She smiled and said to the doctor and nurses, "There is no escape for me. I leave everything in the hands of the doctor." But she told her family that she felt very nervous because this would be her first ever surgery.

Mizuno, the nurse, walks into her room and says, "Excuse me, Ms. Hayashi. How are you feeling today?"

### Speaking practice

Mizuno : Excuse me, Ms. Hayashi. How are you feeling today?

Hayashi : Nothing special. Nothing is wrong.

Mizuno : Good. Your surgery is tomorrow. Can I talk to you for a minute now?

Hayashi : Yes.

Mizuno : I heard that this would be your first surgery. You have been so healthy.

Hayashi : Thank you. But finally I'm going in for surgery for the first time at this age.

Mizuno : Are you worried about your age?

Hayashi : To tell you the truth, I'm a bit worried about whether I am strong enough to withstand a heart operation at this age.

Mizuno : Are you? But I assure you that you will be all right because Dr. Inoue has decided that you should have surgery, taking into account both your age and physical strength.

Hayashi : After all, there is no escape for me. I leave everything in his hands. There is nothing I can do.

Mizuno : You are very composed. Don't you have any worries?

Hayashi : Let me see. Nothing in particular, but I don't like pain.

Mizuno : Are you afraid of pain?

Hayashi : Yes, because this part will be cut open. How much does it hurt?

Mizuno : As you will be put under anesthesia, you will not feel any pain during surgery. When you come out from under the anesthetic after surgery, you may feel some pain. If you feel pain, you should not endure the pain. Just tell us. We will use pain relief medication. There is no need to worry.

Hayashi : OK.

## Nursing record

S	There is no escape for me. I leave everything in the hands of the doctor.
O	She keeps saying the above with a smile. According to her family, she tells them that she feels nervous because this is her first ever surgery.
A	Although she seems to have some worries about her operation, she does not tell the medical personnel.
P	Take the time to listen to her while observing her.

## Lesson 12 Cheering up a patient undergoing rehabilitation

### Reading practice

#### Case 12

Susumu Kimura: 63-year-old man who lives with his wife. His two children are independent.

Complaining of a severe headache, he was taken to the emergency department in an ambulance. After examination by a doctor, he was diagnosed with a subarachnoid hemorrhage and underwent emergency surgery. Although his life was saved, he developed sequelae in the form of right hemiplegia. As he tried hard in postoperative rehabilitation, he made a good recovery in the lower limbs but did not make much progress in the upper limbs. When about four weeks passed after the surgery, he was told by the doctor in charge of him that complete recovery would be difficult in his case. For the past one week after that, he seems to have lost his motivation for rehabilitation. The goals of his rehabilitation are to prevent contractures in the right arm and to become independent in activities of daily life.

Today's rehabilitation time has come. Mizuno, the nurse, walks into his room and says, "Mr. Kimura, now it's rehabilitation time for you." "I don't feel like it today."

### Speaking practice

Mizuno : Mr. Kimura, now it's rehabilitation time for you.

Kimura : I don't feel like it today.

Mizuno : What's wrong? Do you feel sick today?

Kimura : Not really. I just don't feel like it today.

Mizuno : Is the rehabilitation too hard for you?

Kimura : Not really.

Mizuno : What rehabilitation exercises do you do usually?

Kimura : Stretching and bending the arms, and so on.

Mizuno : Could you show me how you do that?

Kimura : OK. Like this.

Mizuno : Oh, you can move your arms much more smoothly than before. It sure pays off to exercise regularly, even for a very short period at a time.

Kimura : You may be right.

Mizuno : Why don't you just go (to the rehabilitation room)? Once you are there, you may feel like doing exercises. Or you could just see Dr. Ishikawa.

Kimura : OK, I will go.

Mizuno : Good. Let's go.

## Nursing record

S	I don't think the rehabilitation is (effective anymore.)
O	Last week he was told by the doctor in charge that complete recovery would be difficult. He has been reluctant to go to the rehabilitation room at rehabilitation time since then.
A	Decline in motivation for rehabilitation; in need of support.
P	Tell him about the importance of rehabilitation. Encourage him to regain a positive attitude.

## Lesson 13 Checking numbers

### Reading practice

#### Case 13

Koji Maeda: 73-year-old man who lives with his wife. His two grown-up children live far away.

He had been suffering from abdominal pain and weight loss for about three months when he first consulted an outpatient physician. As an MRI and other examinations showed that he had pancreatic cancer, he underwent pancreaticoduodenectomy. After the six-hour surgery, he is now under observation in the ICU. As his blood pressure has remained low, Dr. Inoue, who is in charge of him, decided the continuous intravenous infusion of Catabon-Low, a vasopressor, and entered "12 ml/h" into the injection order. Mizuno, the nurse, mistook this for "2 ml/h" and began to prepare medicine and equipment accordingly.

Mizuno speaks to Dr. Inoue to check the name and dose of the medication. "Dr. Inoue, let me check on the intravenous drip for Mr. Maeda."

### Speaking practice

Mizuno : Dr. Inoue, let me check on the intravenous drip for Mr. Maeda.

Inoue : OK.

Mizuno : It is Catabon, right?

Inoue : Right. But Catabon has two types, Hi and Low. Please be careful.

Mizuno : Yes. It is Low, right?

Inoue : Right. Let's use Low this time.

Mizuno : 2 ml per hour, right?

Inoue : What? Wait a minute. It's 12, not 2.

Mizuno : Oh, it's 12.

Inoue : Sorry. (My handwriting) was unclear.

Mizuno : Not at all. Now let me check once again. Koji Maeda, Catabon-Low, 12 ml per hour.

Inoue : Correct. Koji Maeda, Catabon-Low, 12 ml per hour. Please make sure that the setting of the infusion pump is correct.

Mizuno : Certainly. Once I have set the pump, I will ask Chief Nurse Aoki to recheck the setting.

## Nursing record

- ☐ Pulmonary arterial pressure monitor
- ☐ SaO<sub>2</sub> (saturation) monitor
- ☐ Arterial pressure monitor
- ☐ Electrocardiogram monitor

15:00 Taken into the room from the operation room.

Bp 92/80      T 36.8° C      P 50/minute      R 18/minute

15:30 Dr. Inoue came to the ward.

Blood pressure remained low.

According to the direction of Dr. Inoue, Catabon-Low began to be infused at 12ml/h.

## Lesson 14 Treating a patient in the patient's room

### Reading practice

#### Case 14

Yumi Yasuda: 16-year-old female high school student. She lives with her parents and brother, who is a university student.

Due to abdominal pain, she decided not to go to school and rested at home. However, as her condition showed no sign of improvement, she consulted the emergency department in the evening. She was diagnosed with acute appendicitis, hospitalized immediately and underwent an appendectomy. This was a typical acute appendicitis case, and her operation went well. She has been doing well after the operation as well. It is now the afternoon of the day after the operation. She was chatting happily in her room with her high school friends who had come to see her in hospital when the doctor and nurse came in. They asked her friends to leave the room for a while, approached the bedside, and began to examine her postoperative wound and make preparations for changing the gauze.

Mizuno, the nurse, says to her, "Do you mind if I peel off the tape now?"

### Speaking practice

Mizuno : Do you mind if I peel off the tape now? This may hurt a little. Try to put up with it.

Yasuda : OK.

.....

Mizuno : All right, now it's done.

Inoue : Do you feel pain?

Yasuda : I'm feeling much more comfortable than yesterday.

Inoue : That's fine. The wound is very clean, too. No redness and no pus. Can you take care of the rest, Mizuno-san?

Mizuno : Sure. ... Ms. Yasuda, do you want to look at your wound?

Yasuda : Oh, it's so small. I thought it would be larger.

Mizuno : Very small, isn't it? It will become almost invisible in a year or so.

Yasuda : Really? I'm relieved to hear that. Will I leave the hospital after removal of the stitches?

Mizuno : No. You will leave the hospital much earlier, maybe today, although I have to check with the doctor.

Yasuda : What? Today?

Mizuno : Yes, if the doctor says OK. The stitches will be removed at the outpatient department after you leave the hospital. If there are no problems, it will be in about a week's time.

Yasuda : I see.

Mizuno : OK. So I'm disinfecting your wound now. It will feel slightly cold. Are you ready?

Yasuda : Yes.

## Nursing record

S	The wound is so small. I thought it would be larger.
O	Wound redness (–), purulent drainage (–), pain (–)
A	Good postoperative course.
P	Give her standard discharge advice.

## Lesson 15 Receiving training from a preceptor

### Reading practice

#### Case 15

Reiko Nagano: 56-year-old woman who lives with her husband and mother-in-law. She has two independent children.

She has been on an intravenous drip of cisplatin, an anticancer agent, for three days for the treatment of lung cancer. The nurse in charge of her, Mizuno, is new to her job and is now learning her job under the guidance of a preceptor, Aoki. Mizuno and Aoki were in the nurse station when they received a nurse call saying that the solution for intravenous infusion had stopped dripping. The two went to her room to see what the problem was and found that she had redness of about 10 cm in diameter around the IV insertion site. It turned out that the redness had been caused by the solution seeping into subcutaneous tissue.

After treatment in her room, Aoki talks to Mizuno in the nurse station, "Mizuno-san, around what time did you last visit Ms. Nagano's room?"

### Speaking practice

Aoki : Mizuno-san, around what time did you last visit Ms. Nagano's room?

Mizuno : About 30 minutes ago.

Aoki : Didn't you notice that the solution was seeping at that time?

Mizuno : No, I didn't notice anything wrong.

Aoki : What made you conclude that nothing was wrong?

Mizuno : The solution was dripping steadily, and I think there was no skin redness.

Aoki : I see. Do you know about cisplatin?

Mizuno : Yes. It's an agent that can seep into and damage subcutaneous tissue.

Aoki : That's right. If so, you have to keep a particularly close eye on (patients who are on it).

Mizuno : I'm sorry. I will try not to let this happen again.

Aoki : Let's run over the check items for intravenous drips once again together.

Mizuno : Yes, please.

## Nursing record

S	The solution for intravenous infusion has stopped dripping.
O	Went to her room in response to a nurse call stating the above. Redness of about 10 cm in diameter around the IV insertion site.
A	Suspected of a skin disorder caused by cisplatin seeping into subcutaneous tissue.
P	Continue to observe the state of the skin. Ask the doctor in charge of her and a dermatologist for guidance.

## Lesson 16 Talking with a colleague about a patient

### Reading practice

#### Case 16

Harumi Onishi: 48-year-old woman who lives with her husband and university student son.

She was hospitalized due to right breast cancer and a partial mastectomy was performed a week ago. Her postoperative course has been good. Her husband comes to see her every day and takes care of her. Although a drainage bag is attached to her, it does not prevent her from walking. As the lymph nodes were also removed, she needs rehabilitation such as lifting her arms. However, she is reluctant to do so, saying it hurts, and spends most of her time in bed. Today she asked the nurse in charge of her, Mizuno, to do some shopping for her because she did not want to go to the hospital store in the basement. Mizuno encouraged her to go there herself.

The other nurses are also worried about her delayed ambulation. Aoki, today's nurse leader on the ward, talks to Mizuno in the nurse station, "It is taking so long for Ms. Onishi to leave her bed, isn't it?"

### Speaking practice

Aoki : It is taking so long for Ms. Onishi to leave her bed, isn't it? She doesn't do much rehabilitation either, does she?

Mizuno : No. She hardly moves. For example, she asked me to go to the hospital store and do some shopping for her a while ago.

Aoki : Did she?

Mizuno : Yes. I asked her why she would not go there herself and she said that it was because she was afraid. But she has the doctor's permission to walk around and I think she is all right now.

Aoki : She said she was afraid?

Mizuno : Yes. She said that she was afraid of going somewhere where there are other people.

Aoki : How about you accompanying her?

Mizuno : Do you mean I should accompany her shopping?

Aoki : I think the attendance of a nurse could be of help to Ms. Onishi.

Mizuno : You have a point. I'll ask her later.

## Nursing record

S	I don't want to go to the hospital store. I'm afraid of going somewhere where there are other people.
O	It has been one week since her operation. She spends most of her time in her room. She has been fully taken care of by her husband.
A	Delayed ambulation. She is afraid of going somewhere where there are other people. She needs to get used to being with people around her as preparation for life after leaving hospital.
P	Accompany her for a walk within the hospital. Need to explain to her family also about the importance of ambulation.

## Lesson 17 Reporting to a doctor

### Reading practice

#### Case 17

Jun-ichi Yamashita: 85-year-old man who lives with his wife, eldest son, daughter-in-law and two grandchildren.

He was diagnosed with colon cancer three years ago. Both he and his family were told about the cancer, and he underwent a partial colectomy. However, he had a recurrence six months ago. Although he had been receiving home care after the recurrence, he has recently developed an edema in the lower limbs associated with lymph node metastasis. He also complained of severe listlessness. As his wife was also showing signs of fatigue from caregiving, it was decided that he would be hospitalized for observation for some time. It is the fourth day of his hospitalization, and he has been given continuous narcotic pain control. Although he is not the sort of patient who would speak about pain or anxiety, Chief Nurse Aoki feels that his face has been composed since he began narcotics. Aoki thinks that given his current state he can now leave the hospital and receive home care again.

Dr. Inoue, who is in charge of him, comes to the nurse station and asks nurse Aoki about the pain of the patient, "How about Mr. Yamashita? Does he still seem to have pain?"

### Speaking practice

Inoue : How about Mr. Yamashita? Does he still seem to have pain?

Aoki : Since he was put on morphine, his face shows less pain. But he seldom speaks and so I don't know to what extent (the narcotics) have worked.

Inoue : I see... Does he sleep well at night?

Aoki : According to the nursing reports from the late night shift, he slept till around 5:00.

Inoue : I see. How about bowel movements?

Aoki : He has had daily bowel movements over the past three days.

Inoue : Good. The medicine seems to be working.

Aoki : Yes. So I guess...

Inoue : Do you have any suggestions?

Aoki : Yes. Given his current state, I guess he can go home...

Inoue : I think so, too. Shall I talk to him? Can you come in with me?

Aoki : OK.

## Nursing record

S	He seldom speaks.
O	His face shows less pain. He has had a good night's sleep and has good control of his bowel movements.
A	His condition allows him to leave hospital. We haven't heard his wishes yet.
P	Discuss his future (treatment) with him, his family and the doctor in charge.

## Lesson 18 Reporting an emergency

### Reading practice

#### Case 18

Setsuko Sasaki: 71-year-old woman who lives with her husband. Her two children are independent and live far away.

Fecal occult blood was detected in her on medical examination and she was hospitalized for further medical examinations. In preparation for a colonoscopy, she was on a low residue diet on the day before. On the morning of the colonoscopy, she started to have two liters of oral intestinal lavage solution. Although it has been about two hours since then, she has not had a bowel movement yet. She is now lying on the bed in the endoscopy room, showing distress. She looks pale and is in a cold sweat. Her blood pressure is in the seventies.

Mizuno, the nurse, thinks it emergency situation and decides to call Dr. Inoue, "Dr. Inoue, this is Mizuno."

### Speaking practice

Mizuno : (On the phone) Dr. Inoue, this is Mizuno. Something is wrong with Ms. Setsuko Sasaki. Please come to the endoscopy room immediately.

Inoue : (On the phone) OK. I will be there in a minute.

Mizuno : Ms. Sasaki, can you hear me? Hang on. Dr. Inoue will be with you soon.

.....

Inoue : What's happened?

Mizuno : She began taking Niftec two hours ago. Her blood pressure is in the seventies.

Inoue : I see. Ms. Sasaki, Ms. Sasaki, can you hear me?

Mizuno-san, please bring me an emergency cart and an electrocardiograph.

Mizuno : An emergency cart and an electrocardiograph, OK.

.....

Mizuno : Dr. Inoue, here are the emergency cart and electrocardiograph.

Inoue : Thank you. Then, tell the head nurse of the outpatient department, Ms. Harada, it is an emergency and ask her for help.

Mizuno : OK.

.....

Mizuno : (On the phone) Head Nurse Harada, this is Mizuno. There is an emergency. Please send some help to the endoscopy room.

## Nursing record

8:00	(Administration of) Niflec started.
9:50	Niflec-induced defecation (－)  Lying on the bed in the endoscopy room.
9:53	No response to her own name; facial pallor; cold sweat (+); Bp = 74  Called Dr. Inoue.
9:55	Emergency treatment by Dr. Inoue started; asked Head Nurse Harada for help.

## Lesson 19 Attending a patient on his/her deathbed

### Reading practice

#### Case 19

Kyoko Nakajima: 61-year-old woman who lives with her husband. She has two independent children.

She had terminal uterine cancer with metastasis to the pelvic viscera. Although she had been treated with anticancer agents as palliative care, her cancer progressed considerably, and she was hospitalized again two weeks ago. She did not want to receive home care and chose to stay in hospital, perhaps because she did not want to place the burden of caregiving on her husband. The night before, she lost consciousness and began to suffer from agonal respiration at 5:30 in the morning. While her husband and children, who were gathered around her bed, were stroking her hands and feet, and continuing to talk to her, she died quietly and peacefully at 7:10. Her husband said to her that he wanted her to go to heaven ahead of him and reserve a good spot for him. The doctor who certified her death told the time of death to her family, bowed and left her room.

Her husband speaks to Mizuno, the nurse, who is standing in the corner of the room, "Thank you very much for all your help."

### Speaking practice

Nakajima : Thank you very much for all your help.

Mizuno : She passed away peacefully surrounded by her family.

Nakajima : Yes, she did. Thank you very much.

Mizuno : Please take your time saying goodbye to her. Please be by yourselves for a while. I will be back later to clean her body, so please call me (when you are ready). I will be outside the room.

Nakajima: Thank you.

.....

Nakajima : Thank you for waiting. We are ready.

Mizuno : OK. So I am going to clean her body now. Would you like to do it with me?

Nakajima : Can I?

Mizuno : Sure. Is there anything you want to dress her?

Nakajima : Yes. This is her most favorite kimono.

Mizuno : It's so beautiful. Now let's make the preparations.

## Nursing record

5:30	<p>Agonal respiration started.</p> <p>Called Dr. Inoue's mobile phone. He said, "I'm coming."</p> <p>Her husband and children gathered around her bed and kept talking to her while stroking her hands and feet.</p>
6:50	<p>Her peripheral blood pressure became very marginal. Dr. Inoue arrived.</p> <p>Dr. Inoue certified the death of the patient.</p>
7:10	<p>Her husband said, "Thank you very much for all your help."</p> <p>Carried out postmortem care with her family. Dressed her in a kimono brought by her</p>
7:30	<p>family.</p>
8:30	<p>Funeral staff arrived. Saw her off. Discharged dead from hospital.</p>

## Lesson 20 Turning down a gift

### Reading practice

#### Case 20

Naoaki Ishii: 38-year-old man who lives with his wife, son and daughter (elementary school students)

He tested positive for urine sugar in his company medical checkup. He underwent further medical examinations and was diagnosed with diabetes. After two weeks of educational hospitalization, the aim of which was to educate the patient to improve his dietary habits, etc. today is the day of his discharge from hospital. His wife came to the nurse station, bringing a box of Japanese sweets with her. Although it is often the case that a patient or his/her family member offers a gift to hospital staff members at the time of hospitalization or discharge from hospital, the hospital's regulations forbid the acceptance of gifts from patients.

His wife walks up to Mizuno, the nurse in charge of him, and says, "Mizuno-san, we really appreciate the help and support you have given us. Thank you very much."

### Speaking practice

Ishii : Mizuno-san, we really appreciate the help and support you have given us. Thank you very much.

Mizuno : These two weeks must have been hard for you. But now comes the hardest part. But I'm sure Mr. Ishii can carry it through.

Ishii : I'm glad to hear that. I will do my best to support him, too.

Mizuno : Please take it easy. The most important thing is to carry it on for a long time.

Ishii : Thank you for your advice. Here is a small gift for you and the other staff members. I want you to share it together.

Mizuno : Thank you for your kindness. But we cannot accept it. Sorry.

Ishii : It's not an expensive thing. It's just a small token of our appreciation.

Mizuno : Thank you very much, but we can't accept it. It's also for other patients. Just saying thanks to us means a lot to us.

Ishii : Oh, don't say that. Please accept it. I don't want to take it back home.

Mizuno : I will go and ask the head nurse, OK? Can you wait here for a minute?