ANNO ACCADEMICO 2020-21: *I ANNO – infermieri*

<u>Inglese Scientifico</u>
Christopher Berrie, PhD

Course materials

Week VI

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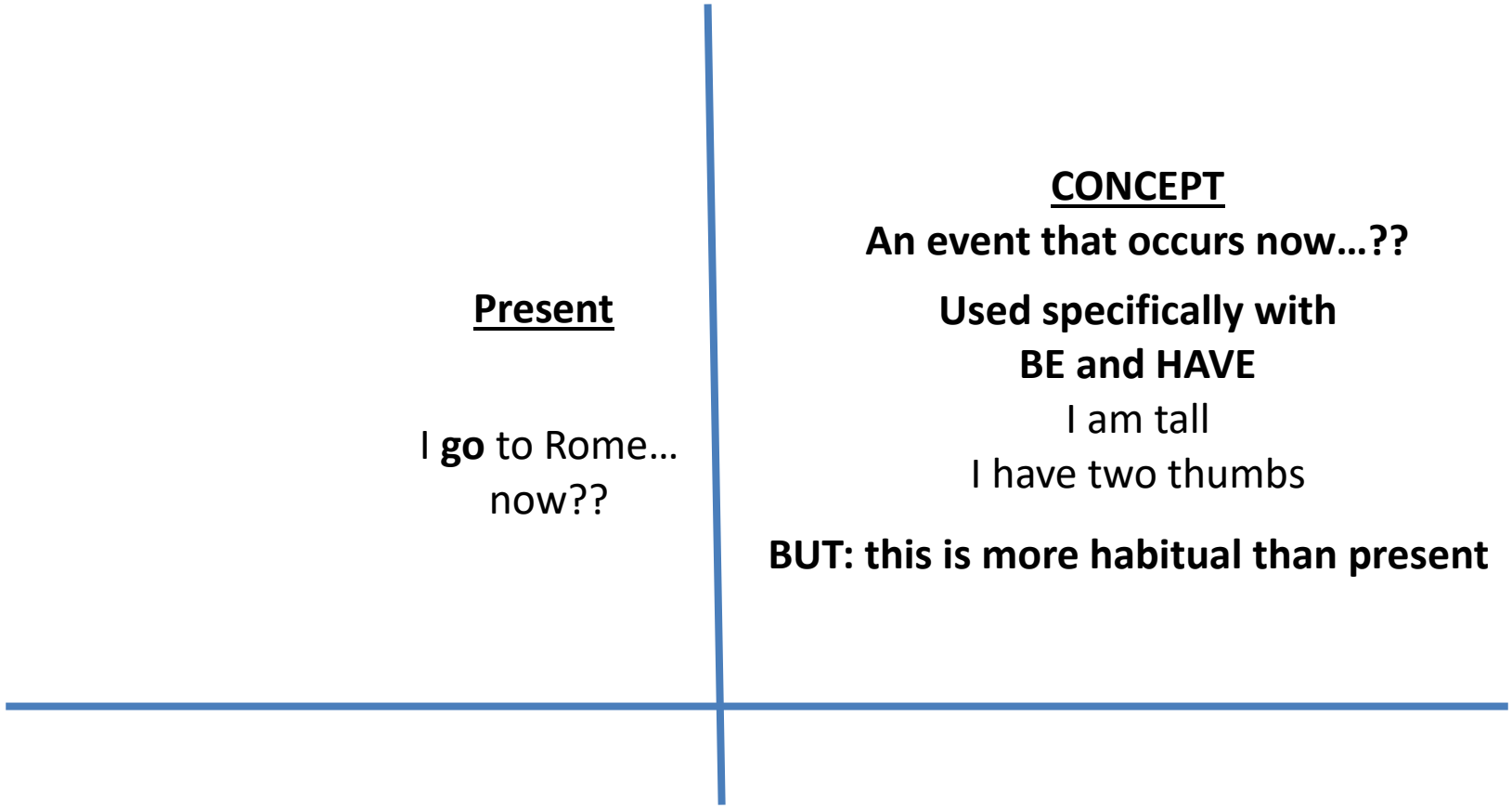
Regular/ irregular verbs

Look at the verbs in the box. Which are **regular** and which are **irregular**?
Put the verbs into the correct columns in the Table, and then add their **simple past** and **past participle** forms.

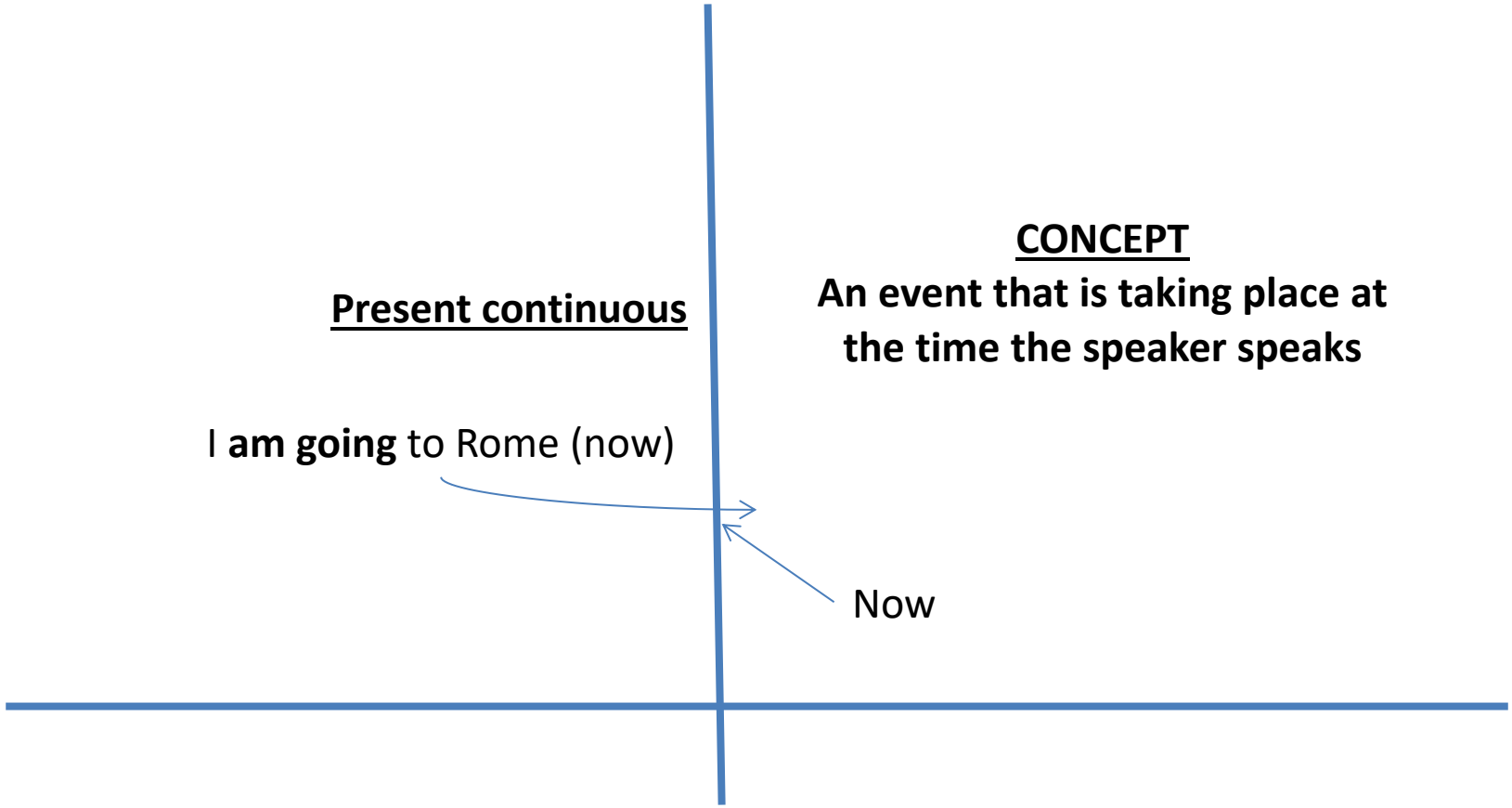
begin	make	start	write	leave	lose	buy	do	see
visit	go	take	enjoy	have	travel	drive	speak	come
stay	paint	meet	arrive	read	give	finish		

Regular verbs			**Irregular verbs**		
Infinitive	**Simple past**	**Past participle**	**Infinitive**	**Simple past**	**Past participle**
start	started (id)	started	begin	began	begun
visit	visited (id)	visited	make	made	made
enjoy	enjoyed (d)	enjoyed	write	wrote	written
travel	travelled (d)	travelled	leave	left	left
stay	stayed (d)	stayed	lose	lost	lost
paint	painted (id)	painted	buy	bought	bought
arrive	arrived (d)	arrived	do	did	done
finish	finished (t)	finished	see	saw	seen
			go	went	been
			take	took	taken
			have	had	had
			drive	drove	driven
			speak	spoke	spoken
			come	came	come
			meet	met	met
			read	read	read
			give	gave	given

English verb tenses: their conceptual use according to the TIME OF OCCURRENCE specified



English verb tenses: their conceptual use according to the TIME OF OCCURRENCE specified



English verb tenses: their conceptual use according to the TIME OF OCCURRENCE specified

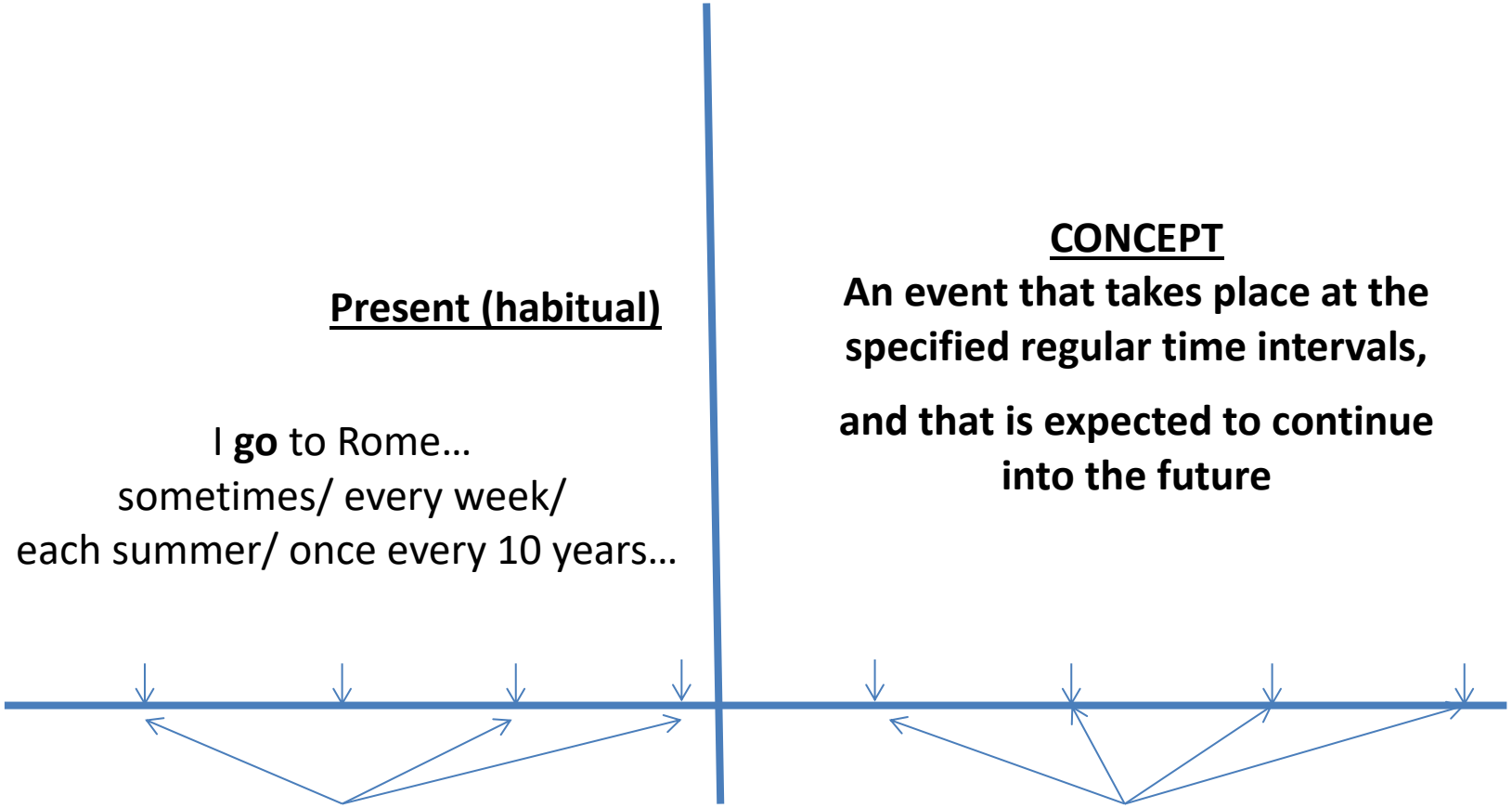
Present (habitual)

I **go** to Rome…
sometimes/ every week/
each summer/ once every 10 years…

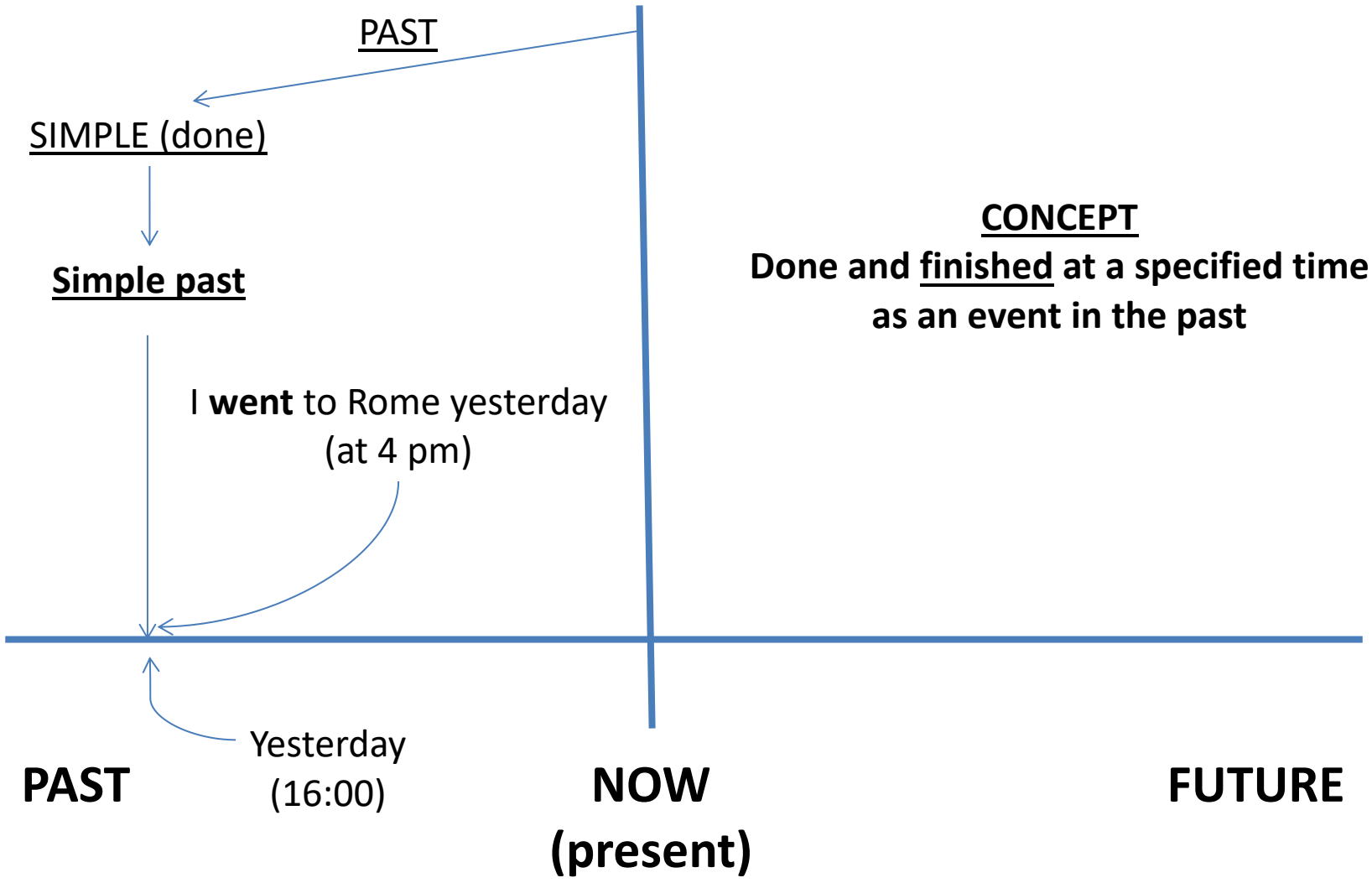
CONCEPT

An event that takes place at the specified regular time intervals,

and that is expected to continue into the future



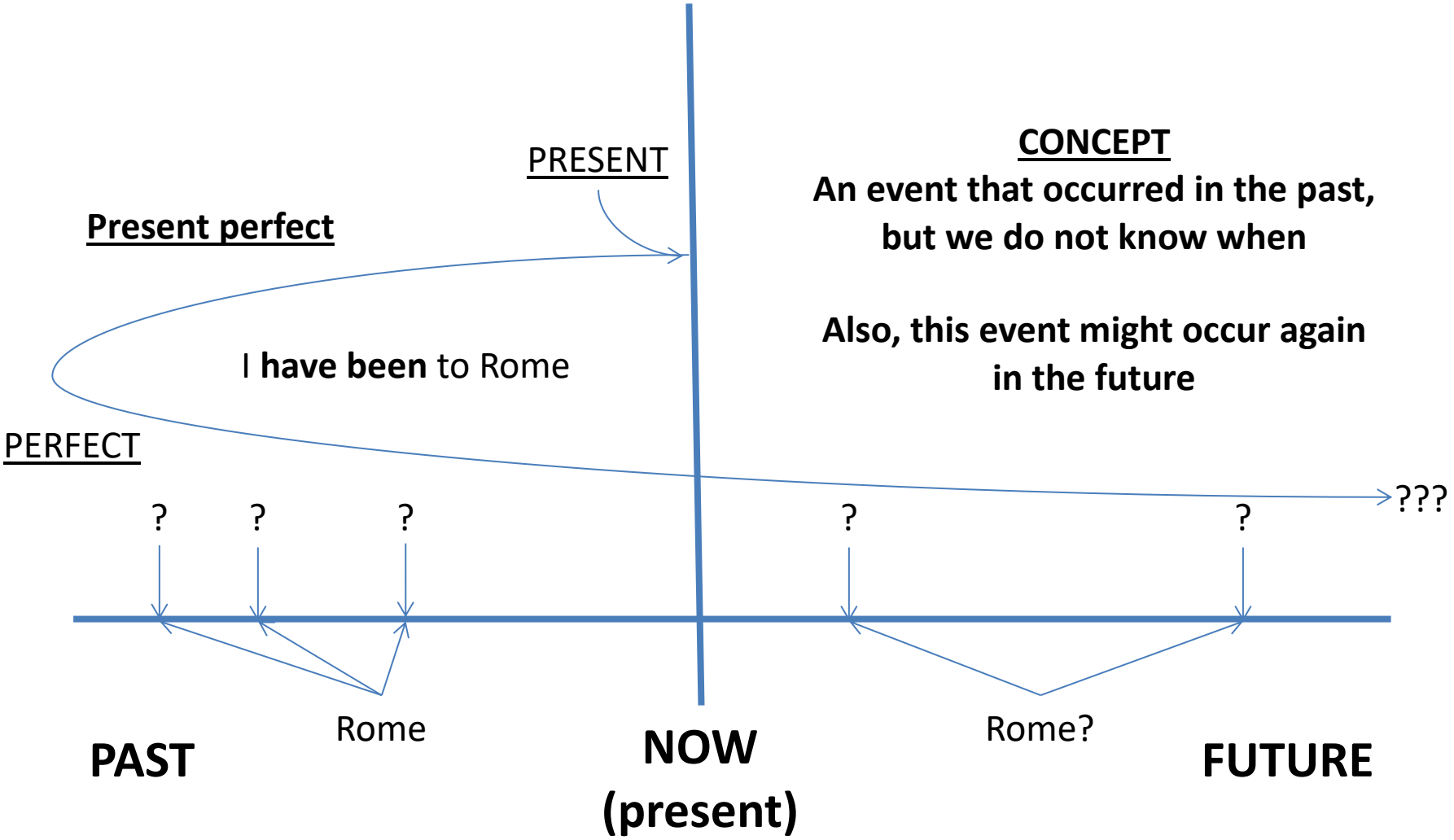
English verb tenses: their conceptual use according to the TIME OF OCCURRENCE specified



CONCEPT

Done and finished at a specified time as an event in the past

English verb tenses: their conceptual use according to the TIME OF OCCURRENCE specified

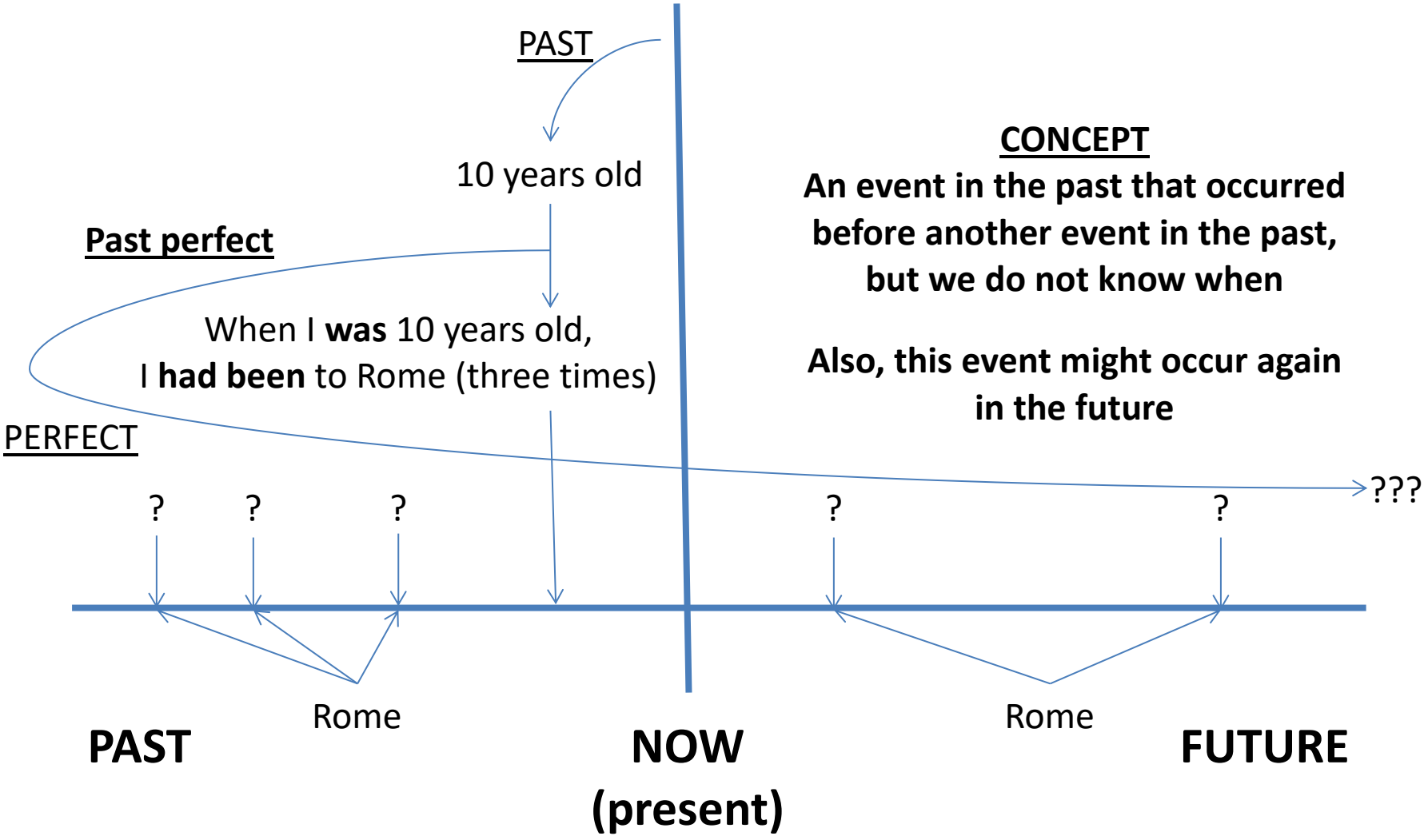


CONCEPT

An event that occurred in the past, but we do not know when

Also, this event might occur again in the future

English verb tenses: their conceptual use according to the TIME OF OCCURRENCE specified

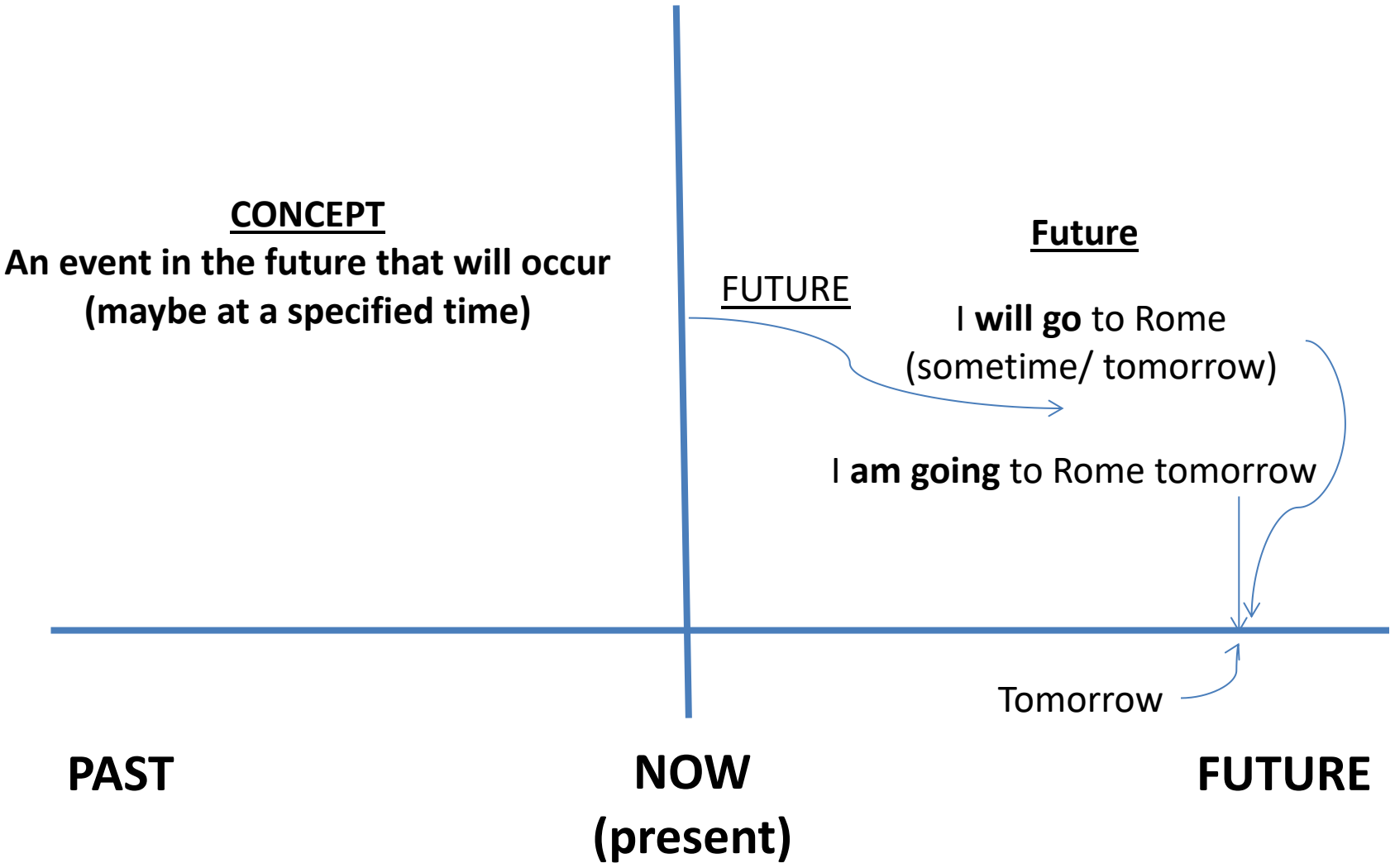


CONCEPT

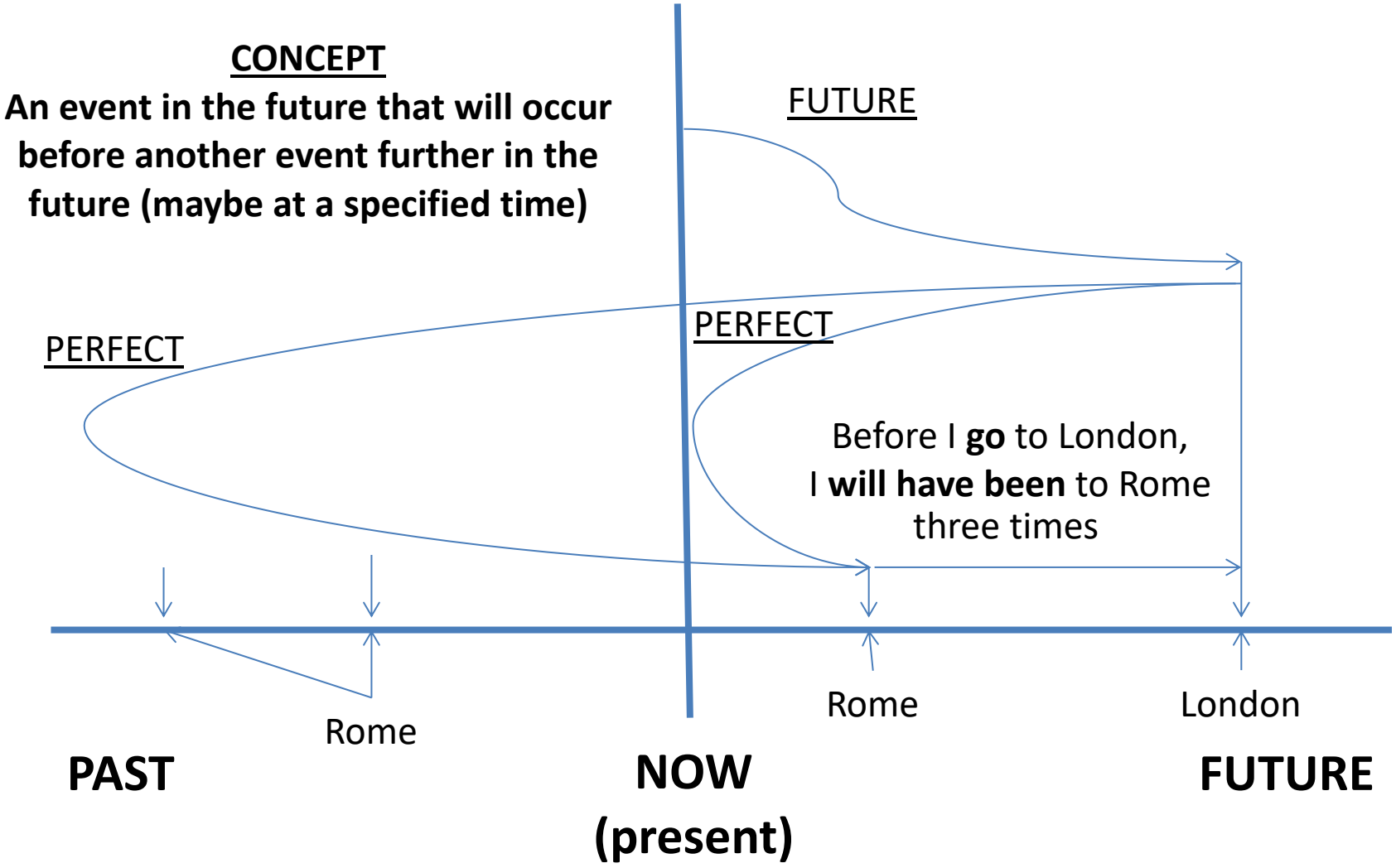
An event in the past that occurred before another event in the past, but we do not know when

Also, this event might occur again in the future

English verb tenses: their conceptual use according to the TIME OF OCCURRENCE specified



English verb tenses: their conceptual use according to the TIME OF OCCURRENCE specified



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Verb tenses: examples

EAT

I **am eating**	**PRESENT CONTINUOUS**
I **eat** pizza every day	**PRESENT HABITUAL**
I **ate** pizza for dinner last night	**SIMPLE PAST**
I **have eaten** pizza many times	**PRESENT PERFECT**
Before I **came** to Italy, I **had eaten** pizza only three times	**PAST PERFECT**
I **am going to eat** a pizza tomorrow	**FUTURE (NEAR)**
I **will eat** pizza again soon	**FUTURE**
Before I **arrive** home tonight, I **will have eaten** a pizza	**FUTURE PERFECT**

HAVE (do)

I **am having** breakfast	**PRESENT CONTINUOUS**
I **have** breakfast every day	**PRESENT HABITUAL**
I **had** lunch a few hours ago	**SIMPLE PAST**
I **have had** my lunch	**PRESENT PERFECT**
Before I **had** my lunch, I **had had** my breakfast	**PAST PERFECT**
I **am going to have** lunch with my friends tomorrow	**FUTURE (NEAR)**
I **will have** lunch with my friends tomorrow	**FUTURE**
By the time I **arrive** home tonight, I **will have had** my dinner	**FUTURE PERFECT**

HAVE (possess)

I **have** a car (now)	**PRESENT**
I have a new car every year	**PRESENT HABITUAL**
I **had** a car last year	**SIMPLE PAST**
I **have had** four cars so far in my life	**PRESENT PERFECT**
Before I **bought** my new car, I **had had** three other cars	**PAST PERFECT**
I **will have** a car by next year	**FUTURE**
When I **am** sixty years old, I **will have had** four new cars	**FUTURE PERFECT**

BE

I **am** late (now)	**PRESENT**
I **am** late every day	**PRESENT HABITUAL**
I **was** at home last night	**SIMPLE PAST**
I **have been** to the USA	**PRESENT PERFECT**
Before I **was** in the USA, I **had been** to Canada	**PAST PERFECT**
I **will be** in England tomorrow	**FUTURE**
Before I **am** in England next month, I **will have been** to Rome	**FUTURE PERFECT**

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Medical abbreviations (acronyms) VII

	Abbr./ acronym	**Meaning**
1	MSU	mid-stream urine
2	MSW	Medical Social Worker
3	NA	not applicable
4	Na	sodium
5	NAD	no abnormality detected/ non-adhesive dressing
6	NBM	nil by mouth
7	n.c.	nasal cannula
8	NG	nasogastric
9	NIDDM	non–insulin-dependent diabetes mellitus
10	nocte	at night (Latin)
11	NOK	next of kin
12	NP	Nurse Prescriber
13	NPU	not passed urine

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Observation Charts

Observation Charts are records completed by the nursing staff when they undertake observations of patients, which include the date and time, and the observations, such as patient temperature, pulse, respiration rate, and blood pressure, in order to monitor the patient's care efficiently. The charts can also include comments where relevant, and must be signed by the member of staff who carries out the observations.

Jenny, a Ward Nurse, has completed the Observation Chart for a patient, Mrs Small. She is describing her observations during the handover on 5th March 2008. However, she makes some mistakes when she describes the Observation Chart. (1.6)

Listen to Jenny, and correct her mistakes.

THE ALEXANDRA HOSPITAL

Hosp. No: 324710
Forename(s): Gladys
Surname: Small
DOB: 15.11.1935 **Sex:** Female

OBSERVATION CHART

Date	Time	T	P	R	BP	Comments	Sign name
4/3/08	02.00	36[3]	86	18	173/101		*J. Plant* (RN)
4/3/08	06.00	36[4]	75	18	175/95		*J. Plant* (RN)
4/3/08	10.00	36[4]	100	20	210/120	c/o chest pain; ECG, GTN sl	*J. Hardcastle* (RN)
4/3/08	14.00	36[3]	95	18	185/90		*J. Hardcastle* (RN)
4/3/08	15.00	36[4]	76	16	170/85		*J. Hardcastle* (RN)

Jenny: All right, now I'll just let you know about Mrs Small's BP. As you know, she was admitted just before 2 am yesterday with poorly managed hypertension. She's quite elderly and trying to manage at home, but the previous medication wasn't working well for her at all. Dr. Fielding wants to put her on something else and wants to monitor her blood pressure in hospital over 3 days. If you look at her Obs. Chart from yesterday, you'll see that she was quite hypertensive on admission. BP was 173 over 101, pulse 86. At 6 am her BP was about the same, 175 over 90, and pulse 76. During the morning shift at 10 am, she shot up to 210 over 130, with a pulse of 112. She had some chest pain too. Dr. Fielding came up to see her about the chest pain and high BP. He did all of the usual things for her ECG, GTN sublingually, and she settled a bit by 2 pm. By 2, her BP was 195 over 90, and her pulse was 97. I took her Obs. again at 3 pm, just before handover. She's gone down to 180 over 85, with a pulse of 86. Dr. Fielding's happy with that, but just keep an eye on her, will you?

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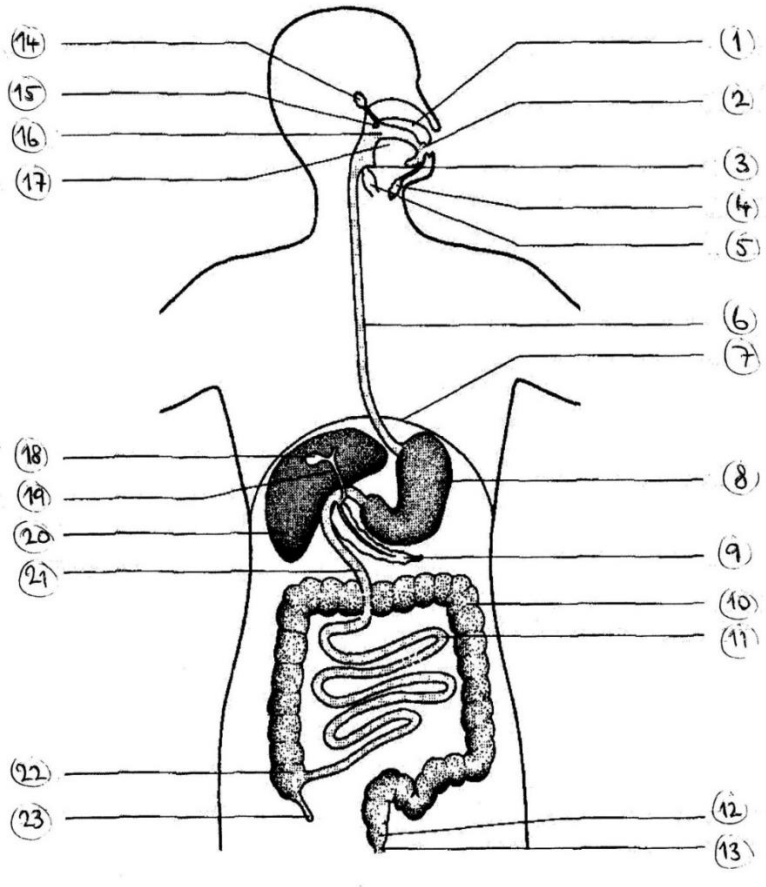
The alimentary canal (the digestive system)



1: Hard palate
2: Mouth
3: Epiglottis
4: Salivary gland (sublingual)
5: Larynx
6: Oesophagus
7: Diaphragm
8: Stomach
9: Pancreas
10: Large intestine (colon)
11: Small intestine (ileum)
12: Rectum
13: Anus
14: Salivary gland (parotid)
15: Soft palate (uvula)
16: Buccal cavity
17: Tongue
18: Gall bladder
19: Bile duct
20: Liver
21: Duodenum
22: Caecum
23: Appendix

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(to accompany the DVD of Body Worlds)

The digestive system

Listen to and watch the DVD and answer the following questions:

Every region of the body has a constant demand for nutrients that are absorbed by the organs of the **digestive system**. These organs break down foodstuffs into such small particles that our blood can easily absorb them.

Food is roughly chewed before passing through the **oesophagus** to the **stomach**, where it is partially digested by chemical action. From there, food gradually passes to the **duodenum**, and is mixed with digestive juices from the **liver** and **pancreas**. These almost completely break down the foodstuffs in the remaining loops of the **small intestine** [**ileum**]. The individual nutrient molecules are then absorbed into the **blood stream** through the wall of the **small intestine**. Indigestible food particles pass into the **large intestine** [**colon**], where they are thickened and are finally excreted via the **rectum**.

Here we are looking at the **mucous membrane** of an exposed **stomach**. In the folds of the lining there are numerous **glands** that produce acidic juices, enzymes for breaking down protein, and mucous to protect the **stomach lining** itself from being digested.

In this **stomach** we can see a **lesion** in the back wall of the **lining**. This is known as an **ulcer**, and here we can see a large **ulcer** in the passage leading to the **duodenum**, which has certainly been there for several months, if not years.

The **small intestine** is lined with a well-vascularised **mucous membrane**, to absorb nutrient molecules. It is formed by annular folds and is covered with innumerable minute **villi**. This enormous enlargement of the surfaces ensures that the immense amounts of nutrient molecules can be absorbed into the **blood**. Not all of the nutrient particles reach the **blood**. Foodstuffs that the body cannot digest pass into the **large intestine**, where they are thickened through water absorption. This specimen shows the passage from the **small intestine** into the **large intestine**. The **large intestine** begins with the **caecum** on the right side of the **lower abdomen**, to which a **worm-like**, or **vermiform**, **appendix** is attached. This **vermiform appendix** can easily become inflamed [**appendicitis**], and would then have to be removed by surgery.

The **liver** is the central metabolic organ of our bodies, and weighs an average of 2,000 grammes. It has a reddish-brown colour because of its rich **blood flow**. By comparison, this **liver** has become significantly enlarged, and has a light colour due to fatty deposits. A **fatty liver** is often an early stage of **liver damage** caused by alcohol. Permanent damage caused by persistent alcohol consumption can lead to **cirrhosis of the liver**. In this case, **necrotic liver cells** are replaced by **connective tissue scars**; the cells that are still functioning form small **islands**, or **nodules**. In contrast to a **fatty liver**, **liver cirrhosis** cannot go into remission.

This specimen illustrates how the **internal organs** are enclosed by the **body shell**. In the right hand of the plastinate we can see the **gall bladder** at the underside of the **liver**. The **gall bladder** is full of **gall stones**.

This body displays a rare **anatomical anomaly**, as its organs are arranged like a **mirror image** of the normal positions; a so-called ***situs invertus***. The apex of the **heart** points to the right, instead of the left, the **liver** is on the left side of the body, while the **spleen** is on the right, and the **pancreas** extends from left to right across the **spinal column**, instead of *vice versa*. Statistically, one in every 25,000 persons is affected by this harmless phenomenon of nature.

1. What does every region of the body have a constant demand for?
A. Air. **C. Nutrients.**
B. Urine. D. Carbon dioxide.

2. What happens to the small nutrient particles from digested food?
A. They are excreted in the faeces. C. They are removed by the liver.
B. They are absorbed into the blood. D. They are removed by the lungs.

3. What happens to the food in the duodenum?
A. It mixes with the blood. C. It mixes with the cerebrospinal fluid.
B. It mixes with the urine. **D. It mixes with the digestive juices.**

4. In the small intestine, how are the nutrient molecules absorbed?
A. Through the liver. **C. Through the wall.**
B. Into the bladder. D. Through the appendix.

5. What follows after the small intestine?
A. The rectum and then the large intestine. C. The colon and then the bladder.
B. The ileum and then the appendix. **D. The large intestine and then the rectum.**

6. In the stomach, where do the acid, enzymes and mucus come from?
A. The cells in the stomach wall. C. The ulcers.
B. The duodenum. D. The food that is eaten.

7. What is a stomach ulcer?
A. A lesion in the duodenum C. A growth in the trachea.
B. A lesion in the wall of the stomach. D. A lesion in the ileum.

8. What does the mucus do?
A. It digests the food. C. It makes the food acidic.
B. It protects the walls of the stomach. D. It helps the absorption of the nutrients.

9. Why does the ileum have a well vascularised mucous membrane?
A. To push the food through to the colon. C. To absorb oxygen from the food.
B. To digest the food. **D. To absorb the nutrient molecules.**

10. The microvilli in the small intestine help to absorb the nutrients. How?
A. By making the food move slower. C. By making the food move quicker.
B. By increasing the surface area. D. By taking the blood to the liver.

11. What is the main function of the colon?
A. Nutrient absorption. **C. Water absorption.**
B. Food digestion. D. Oxygen absorption.

12. What does 'vermiform' mean?
A. In the shape of an 'S'. **C. Like a worm.**
B. Like vermin. D. Bright red (vermillion) in colour.

13. What is the average weight of a healthy human liver?
A. About 2 kg. C. About 1 kg.
B. About 1000 g. D. About 3000 g.

14. What happens to the liver with liver cirrhosis?

A. It gets larger and whiter.
B. It gets smaller due to necrosis.
C. It stays red and does not change size.
D. It grows lots of tumours.

15. What does "cannot go into remission" mean?

A. It can get better.
B. It will get worse.
C. It can't get better.
D. It won't get worse.

16. Where are gall stones found?

A. In the liver.
B. In the gall bladder.
C. In the blood.
D. In the colon.

17. What is typical of a *situs invertus*?

A. The stomach is on the left.
B. The liver is on the right.
C. The liver is on the left.
D. The heart is upside down.

18. How often does a *situs invertus* occur?

A. About 4 people in every 100,000.
B. About 1 in 24,000 people.
C. About 0.1% of people.
D. About 1.0% of people.

19. Which statement about *situs invertus* is true?

A. It kills people.
B. It does not kill people.
C. It makes people grow slowly.
D. It makes people taller.