Task 15

Prepare a list of questions the patient or the patient's relative or the caller/witness should be asked.

Task 16

Simulate similar situations involving receiving information about an emergency and passing it on to the ambulance crew.

THE GASTROINTESTINAL SYSTEM

A. Warm-up

Eating and drinking is as natural as breathing. When we are denied access to food and drink we feel hungry and thirsty. Without an adequate provision with adequate nutrients in both solid and liquid form the human organism must die.

Working in pairs or threes try to answer the questions given

- 1. What are the functions of the gastrointestinal system?
- 2. What structural elements does the gastrointestinal system consist of?
- 3. What other systems does the gastrointestinal system cooperate with, why and how?

Compare and discuss your answers to sum up the information gathered.

- 9. The pancreas secretes both digestive enzymes and hormones.
- 10. All nutrients are absorbed in one place.

Task 4

Expand the true statements above in order to recap the contents of the passage.

D. Vocabulary Practice Vocabulary

Study the gastrointestinal system related emergencies vocabulary and information.

Task 5

Complete the text with the vocabulary given below and answer the questions below.

determine • indicate • result • reveal • suggest (2) • include • collect • point • signifies • ranging • assessing • affecting • making experienced protected accompanied

Emergencies involving the gastrointestinal system may have a variety of different causes from closed or open injuries to the relatively poorly abdominal cavity and the organs it contains through sudden illnesses or conditions the internal organs to the ingestion of poisons substances either immediately prior to the event or over a longer period.

The symptoms and signs pain and/or tenderness, swelling, abdominal distension, muscle guarding, boardlike rigidity of the abdomen, nauseas, vomiting, diarrhoea, constipation, jaundice. The abdominal pain by the patient as mild or severe, intermittent or steady, is a leading symptom of a gastrointestinal problem, especially when it is sudden in onset. Tenderness to palpation can help to the location of the internal organ involved. Abdominal distension may an accumulation of gases in the abdomen and inability to pass them. Muscle guarding, voluntary muscle contraction, may the patient's defence reaction and to a possible abdominal organ injury or an inflammatory condition. Boardlike rigidity, an involuntary response, an even more serious problem, for instance, peritonitis. Jaundice may a liver or gall bladder related problem.

Even a bruise or a small wound in the abdominal area should not he neglected as they may a life-threatening abdominal iniury. An open abdominal wound may in a protrusion of an abdominal organ or organs, i.e. evisceration. This type of injury is usually by severance of blood vessels and severe blood loss as well as a danger of infection.

When pain is the presenting symptom, it is usually sudden in onset and acute. Information on its nature, location and duration as well as the circumstances which might have caused it can help the rescuer in the severity of the patient's condition and the right management related decisions. That is why the rescuer should be able to relevant information from the patient and/or the patient's family in a competent way.

- 1. What may cause gastrointestinal disorders?
- 2. What are the main symptoms and signs of gastrointestinal disorders?
- 3. What information about abdominal pain can the patient provide?
- 4. Why may palpation be helpful?
- 5. What may abdominal distension suggest?
- 6. What is the difference between muscle guarding and boardlike rigidity?
- 7. What may jaundice suggest?
- 8. What may trauma to the abdominal area result in?
- 9. What information should the rescuer collect from the patient or the victim's family and why?

diarrhea biegunka constipation zaparcie

jaundice żółtaczka

wypadanie trzewi

wypadnięcie organu

twarde jak deska)

mięśniowa

mieśnia

pokarmu

ileus niedrożność jelita

regurgitation cofanie, zwracanie

protrusion wysuniecie naprzód.

abdominal distension wzdęcie

voluntary muscle contraction

dobrowolny (świadomy) skurcz

boardlike rigidity sztywność deskowata (powłoki brzuszne

muscle guarding obrona

evisceration wytrzewienie,

7. 'I've lost appetite and I'm not keen on drinking, not even a sip of water.'	4
	It's really bad, sort of colicky. When it hits me, I feel like screaming.
8. 'I feel sick, and am likely to vomit. I'm in extreme pain it's like a knife sticking into me. The pain is located high up on the left side and it increases when I try to move about.'	No. I've never had anything like this before.
9. 'I've got a burning sensation in the region of the heart that likes up towards my throat. This causes me to bring up food and liquid that I've recently swallowed.'	6
10. 'I've got an acute pain low down on the right side of my abdomen.'	7.
	I feel very full and I have some cramps in my belly.
Task 9 Following an example (1) write the correct questions and report on the information obtained.	8. Pve noticed a painful bulge in my groin.
How about your bowel movements? Very frequent over the past two hours, loose, even watery and	9 When the said I
sort of yellowish. The patient reports/There is a history of/The patient complains of	9. When the pain began yesterday it was more in the region of my belly button.
diarrhea of two hours duration.	10.00
I had some booze with my friends last night but I can't tell what it was.	10. I can't even look at food, and I'm drinking hardly anything. I've been suffering from indigestion recently.
3	and on the second secon
Some Turkish style thing. Pretty spicy and greasy but really tasty. I did indulge myself.	

Task 10

Give a presumptive diagnosis choosing one of the conditions suggested below.

appendicitis • ileus • biliary colic • intestinal obstruction • peritonitis • pancreatitis • food poisoning • drug overdose • gastric ulcer * gastrointestinal bleeding * alcohol poisoning

- 1. The patient complains of pain, sudden in onset, in the right lower quadrant of the abdomen and mild nausea. I suspect
- 2. The patient reports severe pain in the right lower quadrant of the abdomen of a few days duration, constipation and vomiting. On palpation the abdomen is tender. Boardlike rigidity is present. I suspect
- 3. The patient complains of severe diarrhoea, colicky stomach pain and vomiting. He reports having a large restaurant meal the night before. I suspect
- 4. The patient's family reports that the child had ice cream the day before and a few hours later began to complain of severe headache soon followed by nausea, vomiting and diarrhoea. I suspect
- 5. The patient's abdomen is distended. He can't pass gases. He has vomited a few times. He has also had an episode of colicky pain but he reports extreme abdominal discomfort. I suspect
- 6. Initially, the patient had cramping pain in the region of the umbilicus and vomiting, followed by diarrhoea. Now the pain is severe and steady. The abdomen is tender to palpation. I suspect
- 7. The pain began in the lower abdomen. Then it migrated to the upper abdomen and back. It is severe, boring. The patient feels nauseated. He has vomited a few times. He looks severely ill. I suspect

- 8. The casualty had intermittent epigastric pain, he felt nauseated and lightheaded, then he vomited a cup of bright red blood. He has noted dark, tarry stools for a long period of time. I suspect
- 9. The patient complains of exacerbation of abdominal pain after eating. I suspect
- 10. The middle-aged man presents with a flush, puffy, moist face; he is staggering and moaning, smelling of alcohol. I suspect
- 11. The casualty was found unresponsive, lying next to an empty, unlabelled pill bottle and two empty bottles of vodka. She had dry cracked lips and a coated tongue, her breathing was shallow and rapid. I suspect

Task 11

Complete the sentences with the English equivalents of the Polish words and phrases.

- 1. There is a history of of 2 hours' duration. (ciężki, stały ból)
- 2. The patient's abdomen is and (wrażliwy na ból przy dotyku, wzdety)
- 3. The patient looks ill and He reports steady, boring (poważnie; spocony; ból w górnej części brzucha)
- 4. The abdomen is and (sztywny; deskowaty)
- 5. The patient reports, (ostry; kolkowy ból, który pojawił sie nagle)
- 6. The patient's complaints include, and (biegunka, wymioty, ostry ból głowy)

7. The victim suffers from	C: It must be the
8. The casualty	Task 13 Read and complete the dialogue between the caller (C) and the dispatcher (D) with the words and phrases from the box.
9. The victim complains of	start * have * relieve * taken * more specific * where * when * what sort
lenie wyrostka, wrzód żołądka, "ostry brzuch")	D: Emergency. Can I help you?
	C: I'm calling about my husband. He's in really bad pain.
F. Listening Practice & Dialogue Completion	D: of pain? does he feel it? Could you be
	C: He says it's somewhere down his belly. He says he can't bear it any longer.
Task 12 men tanaly reports that the christing basis is an 11	D: did it?
Listen and complete the dialogue between the caller (C) and the dispatcher (D).	C: A few hours ago. He thought it would go away but it wouldn't.
	D: Has he anything to the pain?
C: I'm calling about my He's been throwing up for the past hours. He's had And it seems to be getting	C: No. I gave him mint tea but it just made him sick.
past nours. He's had	D: Can I your name and address? I'll send an ambulance.
D. How old is your son?	Task 14
C. He's only I'm really worried. He's sort of	Recap the information to the ambulance crew to be sent to the site
D. You should him to the nearest hospital or call your	of the accident.
C: It's really bad! He's very He doesn't He	
D: Has he had any ice cream or canned food? Anything else you	

can think of?