Fevers and Fever Nursing.*

By FREDK. F. CAIGER, M.D.,
Medical Superintendent of the South-Western Fever Hospital.

PART II.

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THE Nurse should studiously avoid inhaling the patient's breath, and when making any application to the throat, should invariably keep her own mouth shut. There is no doubt that accidents have occurred before now from carelessness in this respect. The Nurse, too, should never neglect any appearance of sore throat in herself when nursing diphtheria, but at once report herself to the Matron. The indulgence in any false sentiment of pride in this respect is greatly to be condemned, as it may eventually be a matter of life or death to herself, besides being a matter of inconvenience from the point of Hospital administration. I have the satisfaction of feeling that many serious attacks of diphtheria in members of the nursing staff, have been nipped in the bud by having been early brought under vigorous medical treatment.

The disease is undoubtedly very infectious, and I am convinced, as the result of some experience, that the number of the nursing staff who take the disease, will vary in proportion as the patients are thoroughly well nursed.

Now owing to the tendency to collapse which exists in all severe cases at all times, after the first few days, it is most essential that nourishment should be administered both regularly and often. Milk, concentrated meat essences, and stimulants are the food chiefly indicated in severe attacks, and looking to the fact that swallowing is often very difficult, and occasionally impossible, it is sometimes necessary to feed by means of the nasal tube or nutriment enemas. In using the nasal tube it is preferable to give but little at a time, and repeat it every four hours, if necessary, rather than give much at a single feed, as there is great danger of inducing vomiting. Vomiting almost constantly occurs towards the end of fatal cases, and it is then necessary to trust to enemas entirely.

The liability to paralysis of the heart, either coming on suddenly in the form of faintness and collapse, or gradually leading to instant death, should constantly be borne in mind, and the Nurse should be careful never to set a patient up, on her own responsibility, if the attack is severe or much prolonged.

During convalescence there is a liability to the advent of paralysis, usually first appearing in the palate and eyes, giving rise to a nasal quality of voice, regurgitation of liquids through the nose, and inability to read, to swelling or suppuration of the glands of the neck, and to a relapse of the disease itself; in the latter case, the original remedies should be at once resorted to.

If the larynx be involved, or the cure be primarily one of diphtheritic croup, a steam tent will probably be employed, and tracheotomy or intubation will in most cases follow.

If tracheotomy has been performed, there are certain rules which should in all cases be observed.

1. If possible, never leave the patient unobserved.
2. Always keep a supply of hot water and sponges at hand.
3. Protect the skin in the region of the wound from excoriation.
4. Always keep a pair of scissors and the tracheal dilators by the bedside, and, if possible, get instructed in the use of the latter instrument, as it may be necessary for you to remove the tube at a moment's notice should it become blocked, and a doctor not be on the spot.
5. Treat anything coughed out of the tube with respect, as it is infectious, and when bending over the child keep your mouth closed.
6. Remember that the steam kettle requires to be filled regularly, and that the lamp is a source of danger to the tent hangings.

Other details will vary according to the treatment adopted.

If intubation has been performed:—

1. Remember that the child has a tube within the larynx which is liable at any moment to sudden obstruction, in which case, if there be a string attached, don't hesitate to at once remove it. If there be no means of getting hold of the tube, you can do but little. Send for assistance, however, and if suffocation be imminent, try holding the child up by the heels and shaking it. Artificial respiration can do no good as long as the obstruction is there.
2. Use the greatest care in feeding, keep the child's head rather on one side, and pour the nourishment in slowly along the cheek; notice carefully whether this is swallowed, or whether it excites coughing by entering the windpipe, in which case feeding will have to be affected by

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