

## The American Nursing World.

## THE PROFESSIONAL NURSE AND HER TRAINING.

By JOSEPH PRICE, M.D., Philadelphia.

*(Concluded from page 318.)*

The engineers of the transatlantic passenger boats have four hours on duty and eight off; the tension and responsibility of their work are considered. There is severe tension on the nurse, mental and physical, in nursing patients through severe surgical operations. I rarely do a section in private practice that I do not ask for two or three nurses. You can make the care about perfect if you change the watches often. The nurse taking care of a drainage tube should do nothing else; she should devote her time to keeping herself and the tube clean. Post-operative accidents are very frequently due to careless nursing, to the neglect of an over-worked nurse, one with other assigned duties than those of caring specially for her patient. In operating in hospitals in different sections of the country I frequently discover before leaving that the nurse caring for my patient is also taking care of others.

Refined nursing in gynecology is a specialty, and should be so considered by all abdominal surgeons. The nursing being special, the training must be special. The general nurse, the nurse from the general hospital, or selected haphazard from the nurse directories should not be permitted to nurse a gynecological case. If you ask one of these nurses the very common question: "What have you been nursing?" the very common reply is: "I just came home from a typhoid case," or it may be a case of diphtheria or some more or less infectious trouble. She is never well rested, fresh, and vigorous. Systematically trained special nurses are usually bright, cheerful, interested, and spirited; they are alive to the importance of their work, care for and infuse into their patients some of their own animation. She does not go about her work in a sleepy, perfunctory, or mechanical way; she notes every move of her patient, every change; she is ready, courageous, fertile in expedients when emergencies arise. The specialist, whatever his department, finds no difficulty recognizing in his own service the difference between the general and special nurse. If she has served and been carefully trained in a special hospital, she is thoroughly familiar with all the details of the preparation of the patient for the special surgery of the case.

This preliminary work is the nurse's work, and she should be thoroughly educated in it, understand every requirement, every step to be taken and the order of the steps, thoroughly understand the importance of baths, douches, shampooing, manicuring toes and fingers, the importance and

use of laxatives, enemata, both before and after operation, purgation with calomel, followed by Rochelle liquid nourishment and the accumulative administration of strychnia. In brief, she is fitted to prepare your patient for hysterectomy, gallstone, appendicitis, or any operation within the field of abdominal surgery. Your only instruction need be that you will have an hysterectomy or appendicitis, as the case may be. If you will give her a little time, she will manufacture everything for the operation except the instruments, and she will do this better than you can do it or the manufacturer of commercial materials. She should be trained to count the pulse before the operation and immediately after and to note and observe closely the patient's colour. She should understand that if her patient goes to bed with a pulse of 84 or 90, a good colour, and in three or four hours becomes blanched, cold, and pinched, with a pulse of 130 or 140, that a pedicle has retracted or is insecurely tied. She soon becomes familiar with the early symptoms of infection or sepsis.

In the after-treatment of the patient she realizes the importance of remaining with the patient and never turning her back upon her. If she has served in a well-organized private hospital, she is accustomed to relays and the requirement of ceaseless vigilance when on duty. In the case of a patient from whom a simple cystoma has been removed the nursing is simple; yet it should never be careless. Indifference in the simple cases results in the patient getting out of bed in the absence of the nurse and wandering around in search for drink, morphia, or food. The care of a patient after the removal of a suppurating dermoid or an extra-uterine pregnancy requires special attention. In such cases there should always be two nurses,—one to care for the patient and the other to specially look after and clean the drainage tube. If the surgeon is a long way from his patient, he always feels the importance of having a nurse who knows when and how to use a rectal syringe; who has been taught rectal feeding and stimulation; how to recognize the presence of flatus, and how to get rid of it without doing any mischief; and one who has the tact to prevent a physician who has little knowledge of the real needs of the case from meddling medication. The educated and experienced nurse knows the absolute importance of position and rest to the early and comfortable convalescence of the patient. She knows that frequent turning favours restlessness and impatience. Such patients, if indulged in their restlessness, will not be comfortable thirty minutes in any one position. If the nurse is strong and vigorous, her patient light and feeble, assisted by her relay, she can place patient daily in a fresh bed, favouring quiet and rest.

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