

The Administration of Medicines.

A lecture to Probationers at the National Sanatorium, Bournemouth, by the Matron,

MISS HELEN TODD.

(Continued from page 272.)

SOME children cannot take cod-liver oil without vomiting, this difficulty will disappear if it be emulsified by being shaken up in a bottle with a little warm milk and sugar ("Practical Nursing," Stewart and Cuff). It is also well to remember that many people who cannot take this oil in the daytime when moving about, on account of the disagreeable feeling and taste caused by eructation of gas from the stomach, will have no trouble in this respect if the oil be given at bed-time. Cod-liver oil should never be taken on an empty stomach, but always after meals.

Sometimes a very small dose of calomel is ordered for a baby, this should not be put into its "bottle," or it will, in all probability, remain behind on the sides of the bottle or the inside of the teat; the best way of giving it to the child is to moisten it with a little milk and sugar and smear it on the *outside* of the teat which is already fastened on to its bottle containing a little of its customary food.

Children will often object strongly to taking santonin as a powder. They will generally swallow it without detection if it be made into a sandwich with their bread and butter, having a little sugar sprinkled on it.

It will be noticed that this drug is generally given at bed-time, so that the little patient may not be frightened at its peculiar effect on his vision causing everything to appear of a greenish yellow colour to him.

Occasionally it may be necessary to administer very large doses of ipecacuanha to a patient without his vomiting; the best plan is to first apply a mustard leaf to his abdomen, and when it begins to "bite," give the drug. The patient must be kept lying very still on his back and, unless the doctor gives orders to the contrary, he should take no food by mouth for two hours before and two hours after swallowing the medicine.

When a preparation of iron is being taken for any length of time, the nurse must see that her patient has the doctor's permission before allowing him to have tea, fresh fruit or pickles. He must also be careful to clean his teeth thoroughly after each dose. Iron, as a rule, is given directly after meals in order that it may be digested with the food.

Antipyrin and phenacetin cause an exceedingly irritating rash on some people's skins who are unable to take it in consequence. If phenacetin

be given in tea or ʒi sal volatile and water, it will be much more rapid in its action on a headache and not so likely to have any depressing effect. Sleeping draughts should never be given until the patient is quite settled for the night. The nurse must see that he is warm and comfortable, the lights lowered and everything so arranged as to induce sleep.

Spirit of nitrous ether acts as a diaphoretic or a diuretic, according as to whether the skin of the patient be kept warm or cool after its administration; in the event, therefore, of this drug being ordered, the nurse must be careful to obtain instruction in this particular.

In private and district work, when the nurse is left much alone, her responsibility in the giving of drugs is naturally very much greater than when under close supervision in the hospital. The doctor will expect her to know, observe, and report any signs of poisoning that may occur from the more commonly used drugs. These do not by any means act in the same way with all individuals, and what one man may take with safety may poison another. This "idiosyncrasy," again, may only be manifest under certain conditions—thus, many women are unable to take phenacetin during the menstrual period without collapse, although at other times no such tendency is present.

Certain drugs, if given for any length of time continuously, even in small doses, suddenly give rise to symptoms of poisoning; such drugs are termed "cumulative," and it is essential that the nurse should be acquainted with the first signs of such poisoning in order that she may not fail to report them to the doctor at once.

Some of the most important of this class are:—

Strychnine, given both by mouth and hypodermically.—The first danger signals are twitching in the muscles of the fingers. If the patient be partially paralysed, the twitching will be first noticeable in the paralysed limb.

Digitalis, used commonly as a cardiac tonic and diuretic.—The first symptoms of poisoning in this case are loss of appetite, a feeling of nausea, and an abnormally slow pulse; if the drug be continued the patient's pulse will become rapid, feeble and intermittent, and his urine scanty.

The nurse must remember that the patient, when taking digitalis, must be kept as far as possible in a recumbent position—preferably in bed. He must on no account make any sudden movement, such as jumping out of bed or even sitting up suddenly, or the consequences may be most disastrous.

Mercury.—Here the symptoms to be watched for are a disagreeable smell in the patient's breath, and increased salivation. Any complaint on his part of a "coppery" taste in his mouth,

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