

## Emergencies of Phthisis, SYNCOPE.

*Lecture to the Nurses of the National Sanatorium,  
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Failure of the heart's action may be looked upon as the most serious emergency next to hæmoptysis (which has been already dealt with) likely to arise in the nursing of phthisis, and we will therefore consider it this evening as our subject.

In the later stages of consumption sudden and alarming symptoms sometimes occur which denote that the over-taxed and enfeebled heart has at last rebelled, and refuses to continue its work under the prolonged strain. It may so happen that medical aid is not immediately procurable, and in such a case prompt action on the part of the nurse may be the means of keeping the patient alive until the arrival of the physician.

In private work especially, where the patient's friends are easily alarmed by any unlooked for complication, it is doubly necessary for the nurse to be calm and collected, recognising instantly the situation and reassuring those around by her manner and the absence of all fuss and alarm.

*Symptoms.*—The patient may appear no worse than usual, when suddenly he complains of feeling faint. A grey pallor creeps over his face, which assumes an anxious expression. His breathing will become rapid and shallow, and there may be some dyspnoea. His pulse will be feeble and its rate greatly increased, so much so that it may be difficult to count; in a later stage it may be imperceptible at the wrist and only to be felt in the carotid arteries. The extremities will grow cold, and consciousness be gradually lost. Unless prompt and vigorous action be taken the patient will pass from a state of stupor unto that of death before the medical man can be summoned.

*Treatment.*—At the first sign of these symptoms a messenger should be despatched for the doctor, and meanwhile the nurse must lose no time in applying such remedies as she has at hand.

Brandy  $\mathfrak{z}_s$  diluted with the same quantity of hot water should be given by mouth, and repeated in a few minutes if necessary. If the patient is unable to swallow, a rectal injection of brandy  $\mathfrak{z}_j$  and strong coffee  $\mathfrak{z}_{ij}$  may be administered through a glass funnel and soft catheter. but should there have been signs of collapse taking place it would be far more efficient to give the brandy subcutaneously (by hypodermic injection over the region of the breast)  $\text{mxx}$  to  $\text{mxx}$  as a dose; a close watch must be kept on

the pulse and the operation repeated in three to four minutes if there be no improvement.

A mustard leaf placed over the breast with a hot fomentation above it is often of great service. It must be remembered that although in hot weather the plaster may be soaked for a few seconds in cold water, yet in winter tepid water must be used, as it not only makes the plaster more efficacious but also gives no shock to the patient. The plaster should be removed, and a fresh one substituted, after a fifteen minutes' interval.

If possible the patient should lie flat in bed, the feet of the bed should be raised some 12 in. on wooden blocks. If these be not at hand it is a good plan to rest the cross-bar at the foot of the bed on the seats of a couple of stout kitchen chairs. A warm blanket should be wrapped round the patient, and hot bottles applied to his feet, thighs, and the sides of his chest, care being taken that the bottles are not only provided with flannel bags but also that a fold of the blanket be adjusted between them and the patient's skin, as the condition of his circulation renders him peculiarly liable to burns, even if the water be not so very hot.

Sometimes a fomentation applied to the top of the scalp is found useful.

A caution is necessary as to the wringing of fomentations for an unconscious patient: as little moisture as possible should be left in the flannel, as the drier the fomentation is the less danger will there be of burning or scalding the skin. To be efficacious fomentations must be constantly renewed.

A rectal injection of normal saline solution (strength  $\mathfrak{z}_j$  to  $\text{O}_j$ ) may be useful, and can do no harm. It should be given at a temperature of 100 degrees Fahr. with a Higginson's syringe, having a small flexible catheter attached which can be passed a good way, about 8 to 10 in. up the rectum. About  $\text{O}_j$  should be injected at a time, very slowly and carefully with pauses between each squeeze of the syringe. The patient will in all probability be lying on his back, and the injection should therefore be given to him in this position with as little disturbance as possible.

If the patient has suffered from such an attack before, the doctor will have left instructions as to what is to be done, and he will probably have given orders for a hypodermic injection of strychnine or ether and inhalations of nitrate of amyl. In such a case no time must be lost in carrying out his directions. The nurse should however always see that such instructions are left in writing and not only verbally by the medical man, a precaution for her own protection in event of the attack having a fatal termination.

For the same reason careful notes should be kept of the remedies employed and the times of administration.

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