

## The Admission of Accident Cases.

It is generally easy for anyone who has had much experience of hospital life (and also for those great critics, the patients in a ward) to tell whether a nurse is an experienced one or not by the way she sets about her preparations when she is told that there is a bad accident case in the surgery and that she must prepare a bed for its reception.

The inexperienced nurse will run about and collect a few things that are required, and will leave the ward untidy, with cupboard doors open and drawers only half closed, at the same time making all the patients feel thoroughly uncomfortable and excited, whereas the older nurse will go about quietly, making all preparations as though it were a most everyday occurrence.

Perhaps a few hints on what to prepare in a hospital ward may be useful to some young nurses.

It is infinitely easier if you can learn what the nature of the accident has been, but we will first speak of preparation for any accident case, and then for a few of the most serious forms of accidents separately.

Whatever the accident has been there is sure to be a certain amount of shock to the system, so that your first thought must be to prepare a suitable bed, and to get over the shock.

The bed is probably already made up; turn down the top clothes and take a glance to make sure the mackintosh and drawer sheet are in place and covered with a washing sheet or blanket, then put two blankets to warm by the fire and see that your kettles are full and at least two hot bottles (with flannel covers ready) are at hand to fill as soon as the kettles boil; next collect some screens round the bed, leaving room for the stretcher to get alongside; have an extra mackintosh at hand in case there is hæmorrhage going on. Then fill your hot bottles and place them in the bed to warm it if there is time, but they must be removed before the patient is lifted on to the bed and applied after his clothes have been taken off and the hot blankets placed over him.

You must have ready a porringer and a cloth in case there should be vomiting, and (according to the nature of the case) a cradle, sand-bags, blocks to raise the foot of the bed, a dressing table (if there is a wound), with a good supply of lint, gauze, wool, bandages, safety pins, &c., also lotions and some boiled water to heat them with. Put the steriliser on to boil your scissors, forceps, and probe.

We will now speak of a few special forms of accidents, and what to prepare for them. For

a bad case of head injury, for example, you will know that your cradle is not required, but besides the ordinary mackintosh you will place a dressing mackintosh (covered by a drawer sheet) over the pillow, and on your dressing-table you will see that there is a sharp razor, &c., as the head may have to be shaved, and it would be well to see that you have ice at hand, as an ice bag may be required.

You must watch very carefully for any twitching or any sign of a fit, and on which side of the face or body it begins, as in this way you may be of great assistance to the doctor in helping him to find out the seat of the injury to the brain.

When a patient is admitted unconscious, apparently from injury to the head, it is well to examine him carefully when you undress him for any bruises or other injuries (especially in a "run over" case), as there may also be some severe abdominal injury and the patient be unable to tell you of it.

In cases of abdominal injury it is very difficult to tell at first the extent of the injury; occasionally a patient who has been run over, or who has had a hard blow on the abdomen may walk in to the hospital and not seem so very ill at first, but after a short time may become collapsed and be found to be suffering from a rupture of some internal organ; to be on the safe side such patients are immediately placed in bed, if they are well enough to be undressed at once this is done with as little moving about as possible, and the necessary washing is not undertaken for an hour or two, until they have somewhat got over the shock. A pillow is placed under the knees to relieve all strain upon the abdomen. If the patient is collapsed the foot of the bed is raised and every effort made to get him warm, nothing must be given by mouth until the doctor has seen him, if the thirst is very great a little ice to suck may do no harm, but if possible it is better to consult the doctor before giving anything at all.

If the patient appears very ill with severe pain in the abdomen, some distension, and a quick "thready" pulse, it is most probable that an operation may have to be performed without delay to repair the injury, and many doctors are glad when your patient has got warm in bed if you very gently cleanse the abdomen in the same way that you would when applying a compress before an ordinary operation; and then apply some sterilised lint wrung out in a hot solution of hyd. perchlor., covered with a large piece of absorbent wool and kept in place by a many tailed bandage, this can be changed at intervals; the patient is comforted by the thought that you are doing something to

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