

Practical Points.

The Art of Moving the Patient.

In transferring a patient from one bed to another, or from a stretcher to a bed, it often happens that nurses, for lack of a knowledge of the right technique, do not accomplish this duty with the maximum comfort to the patient or the minimum expenditure of strength on their own part. Often the two beds are placed close together between two nurses. If the patient can be rolled from one to the other, or moved in a draw-sheet, this position may serve, but if he is to be lifted by the nurses it is obvious that the nurse who is at the side of the bed from which he is moved must, in rendering the necessary assistance, be dragged across the bed in a very awkward manner.

The right technique in this case is to have the bed to which the patient is moved either at right angles to the one on which he is lying, or with its head on a line with the foot of the other. Both nurses then stand on the same side of the patient, and between the two beds if they are side by side. One supports the head and

upper part of the trunk, and the other the lower part of the trunk and the legs. The one in charge of the lower half of the patient then describes a quarter circle, or half circle, as the case may be, the other one following her lead. The move is thus accomplished with ease. If a patient is not very helpless and heavy it is quite easy for one nurse to move him in this way.

The accompanying illustration from a book on "Surgical Patients and Their Nursing," by Dr. H. A. Laan, published by A. W. Bruna and Zoon, Utrecht, illustrates admirably the position which nurses should adopt when moving a patient in this way. The method is worthy of note as one by which it is easy, in the ordinary daily bed-making, to move a patient for a few minutes on to an empty bed while his mattress is turned. The patient, of course, wears a shirt, and is covered with a blanket.



MOVING THE PATIENT.

Diphtheria after Circumcision.

Dr. Russell O'Brien reports in the British Medical Journal the case of an infant of 13 months who came under his care three days after circumcision had been performed in a hospital, owing to the parts operated on being swollen and covered by a membrane. He at once reported the case to the medical officer of health, and forwarded a swab. A report furnished two days later from the Laboratories of Pathology and Public Health stated that the blood serum culture from the swab contained Klebs-Loeffler bacilli and micrococci. The case is important to nurses as proving the need for ceaseless vigilance in the sterilisation of instruments, dressings, and the thorough disinfection of the hands of all concerned in an operation.

A writer in a contemporary says:—One of my patients did not like eggs, and

the doctor wanted her to have at least three every day. After exhausting almost all the numerous disguises of egg that I knew, I tried egg-cocoa. I made the cocoa as usual in a double boiler, and when it had cooled slightly I stirred in an egg just beaten

enough to separate it, but not enough to make it foamy. She thought she had never tasted better cocoa, and after that I used the egg-cocoa often for a bedtime lunch.

The "Varcia" Collar.

The Varcia collar, supplied by Messrs. Garrould, Edgeware Road, which is slightly cut out over the shoulders, must commend itself, as the friction by which many an otherwise good bodice is spoilt is thereby avoided. The cuffs of the same name are rounded at the corners, which is also an excellent plan, as it sometimes happens that the pointed corner of a nurse's cuff may be unpleasantly felt by the patient, for whom she is performing some office. It is just little matters like these which make so much difference.

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