

OUR PRIZE COMPETITION.

WHAT ARE THE SPECIAL POINTS TO BE OBSERVED ON RECEIVING A PATIENT FOR ADMISSION TO A HOSPITAL OR INFIRMARY WARD?

We have pleasure in awarding the prize this week to Miss Maria Tobin, Kensington Infirmary, Marloes Road, Kensington, W.

PRIZE PAPER.

On admission of a patient to a hospital or infirmary ward, many points should be considered which are of great importance to the doctor and the subsequent treatment of the case:—

1. The position in which patient is lying, if carried into the ward, should be observed.
2. Note if the patient be conscious or not; examine the pupils of eyes, if there is any doubt whether the patient is dead or alive.
3. The nurse should, as soon as possible, take the patient's temperature, pulse, and respiration, noting the force and frequency of pulse, whether the temperature be normal or otherwise, and the respiration if it be quickened or distressed.
4. Examine the body, and report any scars or any deformity whatever, also whether the patient is fully developed or not, any limbs missing, whether clean or dirty, all should be carefully observed and reported.
5. The nurse should carefully examine the skin and tongue to see if there be any rash, swollen glands or tonsils, dyspnoea, cough. A false membrane requires the doctor's attention at once.
6. Discharge from the eyes, ears, or nose, and a drawn appearance of the face, should be noted.
7. If patient's temperature is sub-normal, with vomiting, or pain, do not begin to wash him, but send for the doctor. The patient may have strangulated hernia, gastric ulcer, or peritonitis.
8. If there is cough with stained sputum, the patient may have pneumonia. The nurse should be careful in this case that patient is not subjected to a chill.
9. Note if there be squinting, retraction of head or abdomen, arching of spine, clenching of teeth, limbs rigid or relaxed. These may be symptoms of convulsions, meningitis, or tetanus. In the latter case examine patient for wounds or cuts by which the tetanus bacilli may have entered.
10. Examine the abdomen, upper and lower limbs and face; puffiness round the eyes is sometimes a sign of dropsy.
11. Vomiting, headache, rigors, should be noted. The patient may be incubating an in-

fectious disease. Report the nature of any rash, if there be one, as this is a guide to the disease.

12. Note if the patient be sane or insane. If insane, see if there be delusions, or illusions, or hallucinations.

13. If the patient is a bad heart case, or any of the above symptoms are apparent, or internal hæmorrhage is going on, the nurse should be very careful to keep the patient quiet until he is in a fit condition to move. It is a mistaken idea to begin by bathing the patient in some cases. Always ask the doctor first if he considers the patient fit to be bathed.

14. If the patient is sensible, ascertain name, age, and address. Any money or other valuables found on his person should be written down and given to the Steward of the institution.

The nurse can help greatly by keen observation and careful reporting of everything she thinks necessary when a new case comes to her ward.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Harding, Miss Trattles, Miss A. Wharton, Miss G. Nash, Miss F. Sheppard, Miss H. M. Springbett, Miss F. MacMahon, Miss P. O'Connor, Miss D. Vine.

QUESTION FOR NEXT WEEK.

Show how a nurse may be a "carrier" of infection from one patient to another.

SHELL FUMES AND PNEUMONIA.

An interesting report has been made by a naval surgeon in regard to the effects of the fumes of a burning shell in producing acute pneumonia, which as a rule proves fatal. He attributes this to the nitric peroxide produced by the explosion, and says that the gas is rendered harmless by passing through a moist cloth. Sir William Ramsay writes that he has consulted a worker in bleaching powder chambers, who gives the following advice:—

1. To guard against a sudden exposure to gas, wet a handkerchief, or any bit of cloth, wring it out well; stuff it in the mouth and breathe in through it; breathe out through the nose.

2. If there is time (and this applies specially to those going into that part of a trench where an explosion has occurred, to help the wounded), place a triangular piece of flannel, soaked and wrung out, over the mouth, and wrap a handkerchief round the mouth and neck so as to hold it in position.

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