

OUR PRIZE COMPETITION.

WHAT ARE THE POINTS TO BE OBSERVED IN CARING FOR A CASE OF NERVOUS SHOCK?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Shock is a general nervous depression causing an abeyance, more or less prolonged, of the vital forces, and is generally the result of injury combined with fright, or the effects of a severe operation, or prolonged mental strain.

The degree of nervous shock varies from the familiar fainting or dizzy turn of a few moments' duration to a serious mental derangement, prolonged unconsciousness, with loss of functional powers, ending in a comatose condition and consequent cessation of the patient's life.

Four essential points in caring for cases of shock are:—(1) To place the patient in as favourable an environment as possible to aid recovery and prevent relapse. (2) To actively combat the shock present, and restore the nervous balance. (3) To constantly observe the patient, so that any untoward symptoms or complications may be immediately reported and remedied. (4) On recovery, to build up the patient's recuperative mental and physical powers by tonic treatment, such as good food, fresh air, and recreational occupations.

The general symptoms of shock are extreme pallor, the body surface white, cold, and clammy; respirations feeble and irregular; pulse weak, thready, or maybe imperceptible; temperature subnormal. Nausea and vomiting may occur, and in severe cases incontinence of urine and fæces, owing to relaxation of the sphincters, &c.

The first point is to re-establish the normal flow of blood circulation, to stimulate the heart's action and relieve the congestion of the larger deeper veins. For this purpose the patient is nursed in a warm bed placed in a quiet, airy position, covered with warmed blankets and protected hot tins applied to the sides and feet; hot fomentations may be applied over the heart, and the foot of the bed raised. If the patient can swallow, stimulants may be given in small quantities—sips of brandy and water, hot beef tea, coffee, or tea. The patient's head should be placed on one side in case of vomiting, the bedding protected by a small mackintosh cover, and a vomit-bowl in readiness. Should vomiting be troublesome, a rectal injection of stimulants may be ordered, and in a severe case, a hypodermic injection of strychnine or brandy may be required.

When shock is accompanied by painful injuries, burns, gunshot wounds, or extensive lacerations, morphia may be required to lessen the pain of dressing and cleaning the wounds. Where there has been great loss of blood, warm saline solutions may be injected into a vein (intravenous infusion) to keep up the circulation, and blood pressure on the heart's action.

After accidents or severe operation the pulse and respirations should be noted two-hourly and charted; the quantity and appearance of urine noted, measured, and a specimen kept; incontinence or retention reported (when a catheter may be required, and should be sterilized ready for use); if there is natural sleep, or a gradual or sudden state of coma; sleeplessness or delirium after first recovery; sighing respirations and nervous restlessness due to internal hæmorrhage; convulsions or paralysis, their duration and manner of onset, and part of body first attacked; if there is loss of speech; squinting or irregularity in the pupils of the eyes; blood or cerebro-spinal fluid discharging from the ears. Great cleanliness is essential, to induce a healthy action of the skin and to prevent the onset of pressure or bedsores, for which friction and gentle massage is beneficial.

Diet is very important, which must be light and easily digested. Difficulty in taking food and indigestion should be reported, and the patient induced to take as much nourishing food as possible. A small quantity at frequent intervals is preferable to a large meal, and also gives the opportunity for more variety. Any special tonic food or dietary will be ordered by the medical attendant, the nurse using her ingenuity in inducing the patient to take the prescribed amount.

In conditions of nervous shock, with or without physical injury, the mental condition of the patient is of the first importance, and the nurse has to sympathise with and dominate her patient with the qualities which need strengthening. Thus if a patient is anxious and worries or has nervous dreads and fancies, the nurse may require to gain the patient's confidence, and smooth away the difficulty with a cheerful resource and calm courage. A depressed and melancholy patient brightened with cheerful scenes and amusing anecdotes; a nervous, restless patient induced to do some useful or interesting occupation. The doctor's wishes with regard to treatment must be rigidly carried out. If the patient requires complete rest and quietness, fussy relatives and friends must be tactfully excluded. The nurse, while having the patient under constant supervision, should avoid irritating a sensitive person by too

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