OUR PRIZE COMPETITION.

AS A DISTRICT NURSE YOU ARE CALLED TO A PATIENT WHO IS INSENSIBLE: WHAT ENQUIRIES WOULD YOU MAKE, AND WHAT WOULD YOU DO?

We have pleasure in awarding the prize this month to Miss Phœbe Gill, S.R.N., 26, Greenhead Road, Huddersfield.

PRIZE PAPER.

A District Nurse called to an unconscious patient would ask—Is the patient under a doctor and has he been called? If the condition came on suddenly or if there had been any symptoms of illness previously?

If the patient were a woman—(1) Is she expecting a baby and how soon? Has there been difficulty with passing urine or the amount passed been small? Has she complained of headache, disturbance of vision, loss of appetite, vomiting, severe backache? Were any twitchings or convulsions noticed before unconsciousness? Note any oedema, condition of skin and arterial tension.

(2) Did the patient become very pale, complain of severe abdominal pain or vomit before present condition? Note Temperature, Pulse and Respirations, if perspiration, clammy skin or abdominal rigidity.

If not associated with pregnancy—(1) Same enquiries as in case No. 1 *re* pregnancy and also for history of sore throat, rash, or peeling.

(2) Has the patient been passing an abnormally large quantity of urine, had an abnormal thirst or appetite, been drowsy to-day or vomited or complained of abdominal pain? Note smell of breath and condition of tongue.

If the onset were sudden enquire—(1) Whether the patient has taken any medicine or alcohol? If medicine has been taken ask to see the bottle. Has alcohol been given since attack began? Note smell of breath, size of pupils, respiratory rate, cyanosis.

(2) Has the patient had any fits, been incontinent during attack, made any sound, frothed at the mouth or been rigid? Note paralysis, if pupils equal, pulse and respirations, and if urine passed.

TREATMENT.

Send for medical aid if this has not been already done, giving the doctor any history that has been obtained.

If the patient's condition will allow movement she would be laid on a bed and carefully undressed, a fire lighted in the room, and all persons except immediate relatives excluded from the room.

URAEMIC COMA.

Where the symptoms indicate disease of the kidney the patient would be clothed in flannel and placed in bed with blankets next to her, the bed put in a warm place, hot water bottles or hot bricks placed round the patient, care being taken that they shall not burn her. Over the blankets a tightly woven coverlet may be put to keep in the heat. If there is likely to be delay in getting the doctor, heat—in the form of poultices or a rubber hot bottle—may be applied to the region of the kidneys, hot enough to redden the skin but not to burn the patient. A spatula or spoon handle covered with bandage will be placed near at hand in case the patient should have fits. The nurse will remain and make preparations for venesection and a hot pack, and for passing a catheter.

DIABETIC COMA.

The patient would be put to bed and preparations made for intravenous injection of saline c. glucose.

HAEMORRHAGE.

Where unconsciousness seems to have followed haemorrhage great care will have to be taken in moving the patient on to a bed, if she is not already there, and apart from that no movement will be allowed (in some cases the nurse will not even attempt this, but will make her patient as comfortable as possible where she lies until the doctor arrives, so that the only movement may be on to a stretcher for removal to hospital). Fresh air should be admitted, a hot bottle put to her feet and the foot of the bed raised, clothing to be loosened and the patient to be kept quite still and quiet. The nurse will prepare sterile water and sterilizer.

CEREBRAL HAEMORRHAGE.

In cases of Cerebral Haemorrhage the patient would be put to bed in a recumbent position with the head slightly raised and turned to one side. Warmth to be applied to the feet and cold to the head. Room kept quiet and darkened, no food or stimulants to be given

POISONING.

If the patient is suffering from a narcotic poisoning, and is not too deeply under its influence to swallow an emetic—salt and water or mustard and water—may be given, followed by a stimulant in the form of strong coffee; she must be kept awake, walked about and stimulated by all possible means. If too deeply under the influence of the drug for these measures the stimulant may be given per rectum and artificial respiration may be necessary, this must be kept up until the doctor's arrival.

If alcohol is the cause of the condition the patient can usually be roused, an emetic may be given and the patient will require treatment for shock.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Catherine Wright, S.R.N., Miss F. Thomson, Miss Mary James.

Miss Catherine Wright writes:—

"The state of insensibility might have occurred in the house, and arise from various causes. A smell of noxious gases would indicate an escape of gas, here, the flashlight I had carried with me, would be very useful, should it be night time, for it would be dangerous to have artificial light. Fresh air is imperative, and if the windows could not be opened, they must be broken, and the patient brought into the current of air, and all clothing loosened that might cause compression, and I should attend to the condition of the mouth, having first sent for medical help.

"In cases of poisoning, try to find the kind that has been taken, keep anything that has been vomited for the doctor's inspection, and any bottles or fluids that are indicative of this condition. In cases of sunstroke, release all tight clothing and apply cool applications to the head and face. In insensibility, caused by drowning, turn the patient gently on her side, open mouth to release any fluid, and then try artificial respiration."

QUESTION FOR NEXT MONTH.

Describe methods you have seen employed in giving serum injections, also describe fully the after effects which may follow such injections.

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