

HINTS TO NOVICES IN PRIVATE NURSING.

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No. III.—THE ARRANGEMENT OF THE SICK ROOM, AND THE REGULATION OF VISITORS.

WHEN summoned to attend an operation case, a Nurse generally has ample opportunity to choose and arrange the sick room. Her choice should fall on a room possessing the following advantages. It must be large and airy (qualifications not always combined), having by preference a south-westerly aspect, with, however, an exception, that during very hot weather, a cooler room, facing west, or north-west, should be selected. It should contain one or more large windows, opening easily at the top. Her first attention will be given to ventilation. Thus she will see that the window cords are soaped, in order to run freely over the rollers, and that, if there is any stiffness in opening the window, the grooves in which the sashes run are rubbed with dry black-lead. A piece of wood may be inserted where the window closes at the bottom, in such a way that the two sashes overlap each other in the middle of the window, and air is admitted through the aperture between them. In damp or cold weather, if a window opening in the ordinary way is the only means of admitting fresh air, one edge of a piece of very coarse flannel should be nailed to the top of the sash, and the other edge be fixed to the upper part of the window frame; by this means the air is filtered, and much of its moisture absorbed, before being admitted. Similarly in dusty weather, a piece of muslin, fastened in the same manner, will exclude dust, while it will not materially interfere with the constant admission of a free current of air.

Particular inquiries must be made as to the possibility of the chimney smoking, for it is when a fire is most needed that a badly-arranged chimney is most likely to prove troublesome. When a fire is not necessary, a lamp kept burning in the fire-place will assist in ventilating the room by warming the chimney, and so drawing off the vitiated atmosphere. The door of a sick room should be kept shut, and one of the best tests of a ventilated room is to hold a lighted candle to the open key-hole. If it burn steadily the room is probably well supplied with fresh air; but if, on the contrary, it is blown out, it is probable that more oxygen is consumed in the room than is being admitted. It is well to remember that oxygen is needed (a) for the occupants to breathe;

(b) to supply the fire; (c) to supply any artificial light used in the room, so that a larger supply is exhausted during the night than during the day.

In choosing the sick room, one that has a dressing-room attached should have the preference; this particularly applies where the patient is fidgety, and has an aversion to fresh air. A good fire in the bedroom, and a wide open window in the dressing-room, will secure thorough ventilation, and, as set forth in the old adage, "What the eye does not see, the heart does not grieve for." The patient, not seeing the open window, and being out of the draught, in an apartment of agreeable warmth, is not likely to imagine himself chilled. The furniture in this dressing-room should consist of a table of moderate size, a washstand, a chest of drawers, wherein to keep the patient's clothes, clean sheets, towels, &c., a cupboard for medicine, dressings, &c., as well as a place for spoons, glasses, feeders, &c.—all of which the Nurse should keep under her own charge, to save trouble and unnecessary delay in serving the patient's meals. A spirit stove, and a supply of tea, sugar, groats, and arrowroot should also find a place, and be kept in readiness for immediate use.

As noisiness is one of the most frequent delinquencies of a recently-trained Private Nurse, it may be useful to hint, that in washing spoons, glasses, cups, &c., a piece of flannel, or a folded towel, laid at the bottom of the basin, will ensure quietness in the process, if only one article is washed at a time.

The sick room having been thoroughly cleaned, by having the chimney swept, the walls rubbed, and the ceiling lightly brushed over with carbolic powder, the windows and paint cleaned, and the floor scrubbed with carbolic solution (1 in 40), all locks and hinges should be oiled; and the furniture will be the Nurse's next concern. It should be as simple as possible. The bedstead should be placed in such a position that the light from the window falls across it, and no part of it should be less than two feet from the wall. The washstand should move easily, on castors, that it may be brought to the bedside to be used for the patient, and be placed in any other convenient position when required for the Doctor's use. An adjustable bedside table, and a screen, are almost necessities; while for the operation itself, a strong deal table, mattress, and pillows, will be an efficient substitute for the operating table of a Hospital Theatre. All requisites should be placed on another table, while a third very small one should be provided for the use of the Chloroformist. All other preparations are similar to those made in Hospital, but many Surgeons in private practice prefer to make many of the final

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