

Notes on Practical Nursing.

COUNTER IRRITANTS.

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In the nursing of phthisis it is often necessary to apply mild counter irritants for considerable periods of time over a large area of the patient's chest or back. This is usually done by painting the skin with one of the two official preparations of iodine, the *Liquor Iodi Fortis*, commonly known as *Linament of Iodine*, having one part of iodine in eight and a half of the whole preparation, or the much weaker *Tinctura Iodi*, which has only one part of iodine in forty of the tincture. The latter preparation is the more generally used, as being so much the weakest, it can be employed fairly continuously for a long time without raising a blister, or causing much local irritation, which would render the continuance of the treatment impossible.

There are two methods by means of which any blistering may be avoided, and it is well for the nurse to ascertain in cases where this form of treatment is prescribed, which of the two is approved by the medical man in charge.

(a) Map out the area to be painted into four quarters. Of these paint one only the first night, the second only on the following night, and so on until on the fifth night the first quarter again has its turn; the applications may thus be continued indefinitely without raising a blister.

(b) The second plan is, perhaps, that more usually followed. It consists of painting the whole area with two coats of the tincture, letting the first dry before putting on the second, then waiting until the fifth night before repeating the operation. The rest between the applications obviates all fear of vesication.

In both cases, however, the portion to be painted should be thoroughly well washed with warm water and soap before each application, and after the iodine has dried, the part treated should be covered with a piece of warm non-absorbent wool, secured by a bandage. Although it is usual to "paint" the skin after the patient is in bed for the night, nurses will sometimes find that persons whose skins are peculiarly sensitive, or who suffer at all from insomnia, are unable to sleep after the operation, on account of the irritation which sometimes occurs. In such cases it is well to apply the iodine in the morning, before the patient leaves his bed.

Iodine painting is sometimes ordered for children suffering from tubercular peritonitis; it is then usual to smear the child's abdomen with olive oil after the painting has nearly dried to prevent its too rapid evaporation.

It should hardly be necessary to warn a nurse

to be careful not to spill any preparation of iodine on the bedclothes or floor on account of the unsightly stain which it causes. Should an accident unfortunately happen, a little carbolic acid, 1 in 20, will quickly decolourise the alkaline iodine.

Blisters are employed when a strong counter irritant is required. They usually consist of some preparation of cantharides, and may be applied either in a liquid form by means of a camel hair brush, or as a plaster spread on linen. In private work the latter has almost entirely superseded the fluid preparation, but if this be ordered care must be taken to paint a ring of olive oil round the borders of the area to be blistered to confine within its limits the irritating liquid. Two or three coats are necessary to produce vesication, and each must dry before the next be applied; a protectional dressing of wool and a loose bandage are then put over the "blister."

The plasters are much more cleanly and convenient. They simply require to be cut to the necessary size, applied to the skin, and covered with wool and a loose bandage. Generally speaking, the warmth of the skin will make them adhesive, but should there be any difficulty, dipping the plaster in warm water will be quite sufficient to overcome it. The skin must be prepared by washing with soap and warm water before the application of any form of blister.

With adults a blister generally takes ten hours to rise; in the case of children five hours should be sufficient. If vesication does not properly occur, simple hot fomentations over the plaster will frequently be of service.

If the skin of the patient be very delicate a layer of thin gauze may be placed over the face of the blister before its application. The dressing of a blister consists of snipping it at its lowest point with a pair of sharp scissors, the exuding fluid being absorbed with a piece of wool. Care should be taken not to allow the contents of the vesicle to escape and dry on the surrounding skin, or some irritation may ensue. A dressing of boracic ointment spread upon lint, and cut just a little bigger than the blister should be applied and covered again with a slightly larger piece of plain lint or wool, the whole being firmly fastened by crossed pieces of strapping to the skin.

Vaseline should never be used for the dressing of blisters, as it will sometimes irritate even a healthy skin. Before leaving the subject of blisters and their dressing, I should like (at the risk of repeating myself) to once more emphasise the difference in the way the nurse must apply the two dressings before and after the raising of the blister.

(a) The looseness of the first dressing, so that there may be no hindrance to the raising of the

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