

Nurses and Night Duty.

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(Concluded from page 290.)

Apart from the carrying out of medical directions with regard to dressings, poultices, medicines, and the like, which, according to the nature of the cases, necessitate disturbing the patients more or less, her first object, as a night nurse, should certainly be to do all in her power to secure sleep for them as much and as long as possible.

This may in a great measure be done by absence of noise and light, by warmth and comfortable beds, by the giving of suitable food, and by prompt attention to their wants. A trite saying this, doubtless; yet its repetition is a necessity. It stands to reason that a patient who lies in a quiet and darkened ward, warm, comfortable and properly fed, with someone at hand to attend to his every want, is, other things being equal, in the best position for recovery.

Yet some nurses act as though quiet, for instance, was a non-essential. They will enter the ward in shoes that squeak, dresses that rustle, over-starched aprons that crackle unpleasantly. They knock chairs and lockers in passing; they allow doors to bang; they place screens noisily round a bed. They clatter the fire-irons, and wake the echoes with the way they put coals on. It is not that they are intentionally unkind; they simply do not think. Yet it is part, and a most essential part, of a nurse's training that she should learn to do things quietly. Nurses must be quieter than ordinary people, and, if they do not accustom themselves at all times to move without hurry or bustle, and to speak quietly, they are sure to forget when it is most necessary that they should remember. No nurse would willingly do anything to hinder a patient's convalescence; but, without sleep, recovery is impossible, and if that sleep is disturbed by thoughtless, unnecessary noise, whether in the ward or the ward kitchen, a nurse often has only herself to blame for her patient's complaint of a "bad night."

There are so many sources of disturbance which cannot be prevented that it behoves a nurse especially to take care not to allow those that are preventable. A delirious patient, a drunken admission, the crying of a home-sick child, the groans of those in pain; these and many others are generally present, and have to be borne by the sick ones with patience or without it. And surely their burden is already heavy enough to bear, without one jot or tittle being added to it by those whose business it is to soften the iron grip of illness with the velvet glove of kindness.

Next to noise, the absence of light is another point about which much thoughtlessness is often dis-

played. A nurse will carry a lamp about the ward in such a manner as to flash the light on every sleeper's face, instead of turning the lighted side to herself and shading it with her hand. Or she will set it down so that a long shaft of light falls directly on someone's eyes; or facing the door, so that if anyone enters it is so dazzling as to cause a stumble against the nearest unseen object. Gas, too, in ward kitchens and lavatories should be kept low, both for economy's sake and because of the annoyance a bright light shining at intervals through partly-opened doors is to wakeful patients. Most people, whether sick or well, generally sleep best in the dark.

Then, as to warmth, many young nurses scarcely realise how much sick persons often feel the cold, and how easy it is for them to take a fatal chill at night. They are not careful enough, when giving them the bed-pan, or doing other things for them, to see that they are sufficiently covered. It does not occur to them, if the patient is restless, to ascertain whether his feet are cold, which is a most frequent cause of wakefulness, and one which patients, for some unexplained reason, will often not mention until the next morning. They do not think to give a hot bottle, a hot drink, or to wrap a warm blanket round the head or feet. The small hours of the morning are the coldest of the twenty-four. It is then the fires should be good, the hot bottles refilled, and hot drinks given to those who may have them. When a patient complains of cold from an open window, it is not well to argue with him about the necessity for ventilation, but far better to shut the window nearest him, if possible, and open another somewhere else.

When one considers, too, how much may be done to induce sleep by comfortably-made beds, it is often wonderful to see how little is done in that way by nurses at night.

For instance, a patient who has a blanket next him, perhaps, in his restlessness, drags it up round his neck, leaving his legs and feet cold and exposed; yet the nurse never thinks to straighten it.

Very often, simply taking off the top bed-clothes and readjusting them will give such a feeling of comfort that the patient will sleep afterwards. Pulling out and straightening draw-sheet and mackintosh will have the same effect, drawing down the night-shirt evenly, shaking and rearranging the pillows. Beds, also, should be kept reasonably tidy at night, though their exact uniformity is not of the same importance as by day.

Then in the matter of food.

A nurse should never neglect to get definite instructions about feeding her patients when she first goes on duty—whether they are to be wakened or not, and what quantities should be given. If it is left to her judgment, it is generally better to wait until the patient wakes of his own accord, and then

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