

Rules and Instructions for Visiting Nurses in Maternity Out-Clinic Work.*

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(Continued from page 8.)

ATTENDANCE UPON LABOUR WITH THE PHYSICIAN.

To be of service to a physician at time of labour, the nurse will, on reaching the bedside, proceed to do the following things in the following order:—

1. *Sterile Water.*—If the patient is not in some emergency which requires the nurse at the bedside, her first duty on reaching the case is to provide for sterile water. She should go personally to the fire and put on the water. Hot water from the house reservoir is not sterile, though it may be quite hot. The quickest and shortest way to procure the water is to fill an ordinary tea-kettle and place it directly over the fire. Fifteen to twenty minutes' boiling is sufficient. While this is going on, a search should be made for some utensil, such as a toilet pitcher, which may be rendered clean by washing thoroughly, rinsing in a solution of bichloride of mercury 1 to 1,000 (7.3 grs. of bichloride of mercury to 1 pint of water) to be used for cooling the water when sterile and permit the making of a second supply. At least five or six gallons of cool sterile water should be prepared.

2. *Enema.*—Next a soap and water enema should be given, the patient to cleanse the lower bowel if by the character of her pain she seems to be still in the first stage of labour.

3. *The Baths.*—Give full soap and water bath if possible. When this cannot be accomplished because of the patient being too advanced in labour or for other reasons, give partial bath of lower abdomen, thighs, buttocks, and vulva, removing hair closely with scissors and thoroughly shampooing the parts with clean hot water and green soap. Rinse well and bathe in a solution of bichloride 1 to 2,000, and cover the vulva with a sterile vulvar pad from the package which is carried in the bag.

4. *The Dress.*—Remove all soiled clothing from the patient and dress in clean gown and hose. A clean skirt or wrapper of wash material can be thrown over these if the patient is still able or permitted to be up, but must be removed on her going to bed. Brush out the hair and plait in two loose braids, fastening the ends firmly.

5. *The Bed.*—The bed should now be prepared by protecting the mattress with oil cloth or clean papers and covering with a clean sheet, using safety pins to hold it in place. A draw-sheet may

be used if there is an abundance of them, otherwise not. (The patient should not be allowed to walk about and get in and out of bed, thus carrying dirt and germs between the sheets, but should be kept on the outside of the clean sheets until the pains are sufficiently hard to keep her permanently in bed.)

6. When the above duties have been completed, the water which has been placed over the fire to boil will have been sterilised. Boiling briskly twenty minutes is sufficient. It should then be poured into the clean pitcher or other container previously made ready and a fresh supply put over the fire. The nurse can then turn her attention towards arranging the room for the doctor's convenience.

The Room.—Select a table or other piece of furniture that will answer for one and cover it with clean papers; spread over them a fresh towel. Arrange at the bedside within reach of the doctor's hand, and when the second stage of labour is reached, place thereon the eye solution, ergot and other drugs and small instruments which the physician expects to use.

Clothing.—Next find the infant's wardrobe and select what will be needed for the first toilet. Place every article in order in a warm place where they can be reached without confusion.

At the same time a change of bed linen and mother's gown and abdominal bandage may be taken out and placed in a convenient spot known to the nurse.

Catheter.—Urga the patient to evacuate the bladder before the second stage pains come on, do not use the catheter unless ordered to do so by the physician.

7. When the doctor arrives he will usually wish to make an internal examination, for which purpose he will desire to sterilise his hands, after a preliminary external examination. The nurse should anticipate him by providing sterile and antiseptic solutions. Three basins are required. A toilet bowl or granite hand-basin found at the patient's home and well cleansed will answer for the first soap and water scrubbing. The water should be warm and changed by the nurse at least twice for the doctor before he will have finished. Next a sterile basin from the nurse's bag (a deep stone vegetable dish from the pantry when a basin cannot be had) should be offered full of sterile warm water for rinsing off the soap; and lastly, a quart of sterile water in which has been dissolved a tablet of $7\frac{1}{2}$ grains of bichloride of mercury. If lysol or other disinfectant be used, the doctor will mention it before-hand and the nurse be guided by his wish.

The Doctor's Examination.—While the doctor is soaking his hands in this antiseptic solution the nurse should arrange the patient's clothing for a vaginal examination. Place the woman on her

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[previous page](#)

[next page](#)