

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER V.—DUTIES DURING CONVALESCENCE.

(Continued from page 112.)

TO make the bed without removing the patient from it, you must have some one to assist you, and proceed in this wise, viz. :— Remove the quilt, and eider-down coverlet if there be one, also *one* of the top blankets if there are two, and place them away from the bed, but handy to replace; remove the bolster, and put a pillow under the patient's head instead. Go round to the *left* side of the bed, turn the soiled top sheet and blanket *longwise* over the patient; roll back the soiled bottom sheet longwise from top to bottom *towards* the patient; take the clean sheet *warm* from the fire, get your assistant to help you fold it in half longwise, place it in the middle of the bed from top to bottom, edges *outwards*, tucking the outer one well under the *left* side of the bed, and the bottom of the sheet under the foot of the bed, *left* side; fold the inner half of the clean bottom sheet smoothly and as small as you can from top to bottom of the bed, and pass it *under* the *soiled* bottom sheet.

Take a clean draw-sheet, and place it over the clean bottom sheet and close to the edge of the *left* side of the bed; place a pillow at the head, turn back the top sheet and blanket, and, with help, place the lady on the clean draw-sheet. Go round to the *right* side of the bed; turn back the top sheet and blanket over the patient as you did at first, remove the draw-sheet and the rest of the soiled lower sheet and the waterproof sheeting from under the lower blanket; place the rolled end of the *clean* lower sheet all over the right side of the bed, tucking it in side and bottom. Remove the lady and the clean draw back to the right side of the bed, and cover the bed-clothes over her, replace the bolster, put on the clean pillow-cases and arrange the pillows; bind the patient, and change the napkins. Now change the soiled top sheet, and put on the clean one, first on one side of the bed and then the other, turning the top clothes over the patient *longwise*, as you did when the clean lower sheet was changed; tuck the top one well under the sides and bottom of the bed. Then put on the other top blanket, or eider-down coverlet, and the counterpane. All these manipulations must be done quickly, quietly and in order, giving the least possible disturbance to the patient, and carefully avoiding all risk of chilling her. I commend them to the earnest perusal of my young

obstetric Nursing readers, for there are few things in which Nurses are more apt to "backslide" than in their bed-making.

Have all the soiled bed and body linen removed from the room, and arrangements should be made to have them *at once* conveyed to the laundry, and this should be done every morning, and all child-bed linen should be washed *apart* from all other clothes, and the addition of some Condy's *powder* in the water they are *first* washed in is advisable, though not always necessary in normal cases. I told you to remove the waterproof sheeting, which, absolutely necessary (for the protection of the bedding) during delivery and for some three or four days afterwards, when the blood discharged from the uterus is more or less copious, ceases to be required when it diminishes in quantity, and the lochia begins to assume its usual characteristics, of which we shall say more in a future paper. In No. 78 of the *Nursing Record* I observed, with respect to waterproof sheeting for our patients, that, in my judgment, "the less we had of it, and the sooner we dispensed with it, the better"; but in practice you may find that the lady prefers to have it continued, or you may have Medical directions to that effect.

You may ask what are my objections to a *continuance* of the waterproof sheeting for our patients. I will tell you.

All Nurses know that waterproof sheeting in large or small quantities is used in Nursing for two purposes—to keep *out* wet from beds and bedding, and to keep *in* heat when placed over poultices, stupes, &c.; and it is on this account I object to it in our portion of Nursing work; it *retains* the heat of the body, and we do not want to keep our patients hot. The heat of our bodies is not *retained*, but *renewed*, constantly generated, and as constantly passed off through the pores of the skin, and whatever interferes with this free cutaneous transpiration, even in health, leads to some form of pyrexial disturbance, and we suffer from feverish colds, chills, &c. Parturient women perspire profusely, and are prone on the slightest provocation to develop febrile symptoms; and we shall see that nearly all the changeable phenomena of convalescence are marked by a rise of temperature. When we place an *impervious* material under a large portion of their bodies, that throws back as it were the superfluous animal heat, instead of passing it off, are we altogether wise? Hence I always advise the waterproof to be taken away, and *absorbent* sheeting, or soft draw-sheets, to be used instead at this period of convalescence, unless there is some special indication to the contrary, compelling us to go on with the waterproof. Whilst upon the question of absorbent

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