

The Nursing of a Case of Enteric Fever:

By Miss M. K. STEEL.

POSITION OF PATIENT, IMMEDIATE SURROUNDINGS.

As many physicians differ in their treatment of enteric fever, the nurse who has had charge of cases under several of the well-known authorities on the disease is to be considered fortunate. All are, however, agreed as to the source of infection, and on the precautions necessary for the safety of the public and the nurse in attendance.

Should the patient be treated in hospital it is essential to have the bed as much apart from the others in the ward as possible.

Bed hangings to be dispensed with.

The bed, as is usual in institutions, to consist of japanned or enamelled iron of a simple pattern free from crevices or ornamentation.

A spring mattress, over which a well filled hair mattress (with cotton tufts which do not injure with baking), a long mackintosh of good quality, bottom sheet of full size to allow of firm tucking in at top, bottom, and sides, a short mackintosh, draw sheet, knee pillow, air ring or small water bed, metal cradles, preferably white enamelled of a large size.

Top sheet and light linen counterpane. At the foot of the bed a small table to hold hand lotion, mouth wash, and clinical thermometer.

If possible, patients should be so placed that the light from the window should fall from behind, the blind being readily adjustable, the ventilation to be formed by fireplace and top of window, a constant change of fresh air being necessary.

Feeding, washing, and all other utensils used for the case to be specially marked and kept in a separate place, with rubbers, tea cloths, etc., and if possible on a well ventilated shelf, one with an open grid is best.

NURSING TREATMENT.

Patient is nursed in the recumbent position throughout the course of the disease, being changed every two hours when constant attention is necessary to the part in contact with the bed.

Tepid or ice sponging (as ordered), any spots to be marked with pencil and reported.

Gown (opening down back) of thin material to be worn.

Temperature, pulse, and respiration to be taken and charted four hourly.

Feeds to be given tepid 2 hourly, and as

much variety as is permissible to be carried out, iced, flavoured, etc.

Tongue, gums, and teeth to be attended to before each feed.

All excreta, stools, urine, sputum, etc., to be disinfected with 1 in 20 carbolic or saturated in Cyllin at least 20 minutes before putting down sink, and treated as highly infectious.

Stools kept for inspection to be placed in covered glass vessels in a solution of strong disinfectant.

Great care to be taken with soiled linen, all of which must be soaked in strong solution of carbolic before being sent to the laundry.

Any wool or dressing to be burned.

All instruments and appliances to be boiled when permissible or kept in carbolic apart from those constantly in use for ordinary patients.

Patient to be kept as quiet as possible, and not allowed to become excited.

DIET.

As ordered by medical officer in charge.

Fluids given two hourly, usual routine treatment. Milk may be flavoured with cocoa, freshly made tea, barley water added as a rule; no beef essence is given, and some physicians keep rigidly to diluted milk until all danger is over. Diet then may be gradually increased to milk jelly, calves foot jelly, junket, milk pudding, minced chicken, pounded fish, bread jelly, thin bread and butter without crust.

Patients complain of hunger, and often require much tact in managing until diet is increased.

ADMINISTRATION OF DRUGS.

These are as a rule small in comparison to most medical cases.

Formamint for the mouth.

Cyllin as an intestinal disinfectant.

Phenacetin for severe headache.

Brandy as a stimulant, are those most commonly ordered.

COURSE OF DISEASE.

Enteric runs a definite course with typical temperature chart, *i.e.*, gradual rise when patient's symptoms are somewhat indefinite, even temperature with slight variation in morning and evening temperature, and gradual fall which remains at normal as convalescence ensues.

From a nurse's point of view the chief points to always keep in view are:—

A. Careful handling of patient.

B. Change of position and attention to all parts where pressure is necessary.

C. Tact and firmness with feeds, indigestion to be watched for when milk forms chief diet.

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