

D. Encourage sleep by sponging, etc.

COMPLICATIONS.

The chief of these are:—

(a) *Hæmorrhage*, which becomes apparent practically as soon as the artery begins to bleed. Absolute rest to assist formation of clot, and the administration of opium, are essential. An ice bag may also be hung over abdomen with good results. Blood pressure lessened by discontinuance of alcohol and full feeds.

(b) *Perforation*.—Surgical interference is at once necessary. Temperature falls (as a rule) suddenly, and patient suffers acute pain with frequent vomiting.

(c) *Peritonitis*.—Usually the result of former complication. Great restlessness ensues, and patient is in a semi-conscious condition.

(d) *Abdominal Distention, Earache, Bleeding from the Nose, Frontal Headache, Bedsores, Falling of the Hair* are all common complications which in some degree fall to the nurse for remedy.

DISINFECTATION AND FUMIGATION OF SURROUNDINGS.

In practically all cases these are left to the nurse in charge of the case to superintend. In hospital, where baking can be carried out immediately, the nurse has simply to prepare mattress, bedding, personal garments in large sheet of special material to be carried away. In private work the Health Authorities will, on receipt of note, call, disinfect, and return same.

The bedstead should be scrubbed, carbolised, and, if possible, placed in the open air; all china, mackintosh, brushes, or any other article used for the patient must be soaked in carbolic 1 in 20 for at least 24 hours, and then well washed in soda and hot water.

All papers, books, etc., are best burned.

The walls, if painted, should be swept and washed. If in a private house the room to be fumigated with sulphur fumes, wall paper removed, and the whole room well scrubbed before used again.

CONVALESCENCE.

This is often a tedious time for the patient until strength is renewed again.

A thorough change of scene, with plenty to occupy the hands and mind are a great help both to nurse and patient.

Probably the nurse whose daily life is founded on the following well known words is better than any tonic:—

“It is a comely fashion to be glad;

“Joy is the grace we say to God.”

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Alice Simpkin, Sister, St. Bartholomew's Hospital, E.C., for her article printed below on

HOW WOULD YOU ALLEVIATE THE DISCOMFORT OF A PATIENT TO WHOM FLUIDS HAVE BEEN FORBIDDEN FOR A PERIOD AFTER AN ABDOMINAL OPERATION?

In dealing, subject to medical directions, with a patient to whom fluids have been forbidden after an abdominal operation—

(1) Give by the rectum injections of normal sterilised saline solution, that is 1 oz., of concentrated saline solution in 1 pint of sterile water.

(2) Pay particular attention to the mouth.

1. Method: Use a rubber catheter (No. 8 is a convenient size for an adult), a glass pipette to connect this with a piece of rubber tubing, which must be of sufficient length to allow of the patient being covered during the process, and a glass funnel. Lubricate the catheter, pass it from eight to ten inches up the bowel, expel the air from the tube, and very slowly pour in the saline solution.

Half an hour at least must be taken to give a pint, which is the usual quantity given. The flow can be regulated by a pair of bulldog forceps or by ordinary pressure forceps.

The solution must be kept at an even temperature, and must enter the bowel at 100 degs. to 103 degs. Fahrenheit. It must be remembered that the aim is to prevent thirst, which it will be impossible to relieve by drinks, so the first injection should be given as soon as possible after the operation, if the patient be unconscious 1 oz. of brandy in the first injection enables the patient to retain it, while the muscles are still in a state of anæsthesia and relaxed.

The injections may be given four hourly at first, after the first twelve hours six or eight hourly will be found often enough to keep the patient comfortable, and the quantity absorbed varies considerably. The patient should not be disturbed at night for this treatment.

If the patient does not absorb the saline injected thus, it can be given almost continuously, syphoned in drop by drop, a pint in three hours.

For this method an apparatus like the one employed for giving saline into the tissues will be used, substituting the rubber catheter for the needle. The temperature of the solution must be watched, as it loses about 40 degrees in passing so slowly through the tube.

2. Method: The mouth should be rinsed

[previous page](#)

[next page](#)