

The Nursing of Respiratory Cases.*

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PNEUMONIA.

Many patients during the height of the disease run serious risk of asphyxiation owing to the large amount of lung tissue which is thrown out of use by consolidation, and in cases where the disease is passing from one part of the lung to another the patient may frequently have a race for life: his recovery or death depending on whether the recovering lung clears swiftly enough to meet the air requirements which the freshly affected lung is no longer able to supply. To tide over such conditions nothing is more valuable than the use of oxygen, for, although theoretical objections have been urged to its use, and it has been said that the blood can receive as much oxygen from the air as it possibly can in an atmosphere consisting of the pure gas, clinical experience fails to bear this out, and indeed accurate scientific observation will be found to support the clinical view, for, in addition to the amount of oxygen which the hæmoglobin of the blood can absorb, a certain amount is dissolved in the plasma. This amount is equivalent to about one half per cent. in an atmosphere of oxygen, and this may just turn the scale in the patient's favour, as the oxygen in the plasma is as available as that in the hæmoglobin for the needs of the tissues of the body.

The indications for giving oxygen are those of imperfect aeration of the blood, and the nurse should further watch the lobes of the ears, the lips, and the finger nails of the patient, turning on oxygen when any blueness appears in these. Oxygen is now supplied in cylinders under considerable compression, and it is important to remember that when a compressed gas expands its temperature is materially lowered; hence, before it is given to the patient it must be warmed, otherwise the lung may be chilled by the coldness of the gas, and since the gas is supplied very dry it must receive a certain amount of moisture to prevent undue abstraction of water vapour from the lungs. This can be done by passing the gas through a wash-bottle with warm water, but as the expanding gas rapidly cools the water in the bottle, means must be taken, either by frequently changing the water or by immersing the bottle in a bucket of hot water,

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to maintain the temperature of the oxygen. From the wash-bottle the oxygen is led by an indiarubber tube ending in a funnel which should be placed above the patient's mouth and nose in order that the oxygen may readily reach to the patient. Unless care is taken when the oxygen is first turned on, the sudden rush of gas may blow out the cork of the wash-bottle or blow off the indiarubber tube from the nozzle of the cylinder; in both cases, a somewhat alarming noise is produced, and the patient, in his weak state, may be unnecessarily agitated. It is wise, therefore, to adjust the whole apparatus in an adjoining room, and then to carry it in already at work to the room in which the patient is lying.

Another point of some importance in the treatment of pneumonia is the relief of pain in the chest. This may be accomplished either by ice or a poultice. If the application of cold is the means decided on it must be remembered that the application must be continuous, otherwise, when the ice is removed, an increase of congestion may occur. If a poultice is used it is very important that it should be made light and so applied as not to interfere with the patient's respiratory movements, as very serious harm can be done if the patient, who is already labouring for breath, has the work of the respiratory muscles increased by the weight of the poultice or the tightness of the bandage which holds it in place.

In cases where sleeplessness is prominent, the nurse should be careful to see that the patient's feet are kept thoroughly warm; often tepid sponging, followed by a change of night-dress and pillow, with the head kept raised and the room kept dark and quiet, will induce sleep without the necessity of employing hypnotics. It should be remembered that sleepless patients are very sensitive to slight noises, and that a whispered conversation in the room may do more to keep the patient awake than even loud speaking.

Patients suffering from pneumonia often complain of great thirst, and there seems to be no harm in gratifying their wishes in this respect, provided it is remembered that the liquid should only be given in small quantities at a time, and that, if given merely for the relief of thirst, the liquid should be water rather than milk. Milk is not so much a drink as a food, and in serious illness, where the stomach secretions are impaired, the patient may be quite unable to cope with the large amount of curd which is produced by copious draughts of milk. Various prepared foods are often recommended for patients suffering from acute disease. Some of these may be of value

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