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EDITORIAL.

THE ADMINISTRATION OF MEDICINES.

From time to time a mistake in the administration of medicines, ending disastrously for the patient, draws attention to the unceasing need for care in the discharge of a duty which is repeated so often that there is danger of its being performed mechanically; and to the even greater need of the rigorous observance, in all institutions, of a system whereby poisonous drugs are effectively separated from those which are non-poisonous, and where medicines intended for administration to patients can readily be identified from lotions which are to be used for outward application or for disinfecting purposes.

We are led to make these remarks in consequence of an inquest recently held by the Dublin City Coroner into the circumstances of the death of a patient at the Jervis St. Hospital, in which a dose of crocylic acid, or some other constituent of tar oil, was given in mistake for house mixture, the patient dying within half an hour. The house surgeon who gave evidence at the inquest testified that the man had been in a very weak condition for a couple of days, and it was doubtful how long he could have lasted apart from any misadventure. On the morning of the day he died the Sister was thinking of having him anointed.

Professor M'Weeney, who performed a post mortem examination, stated his belief that the immediate cause of death was poisoning by creoline, or some allied derivative of carbolic acid.

The condition of the man's heart and lungs would cause him to suffer severely from the effect of any poison, and the mere passage of a stomach tube might cause a fatal attack of syncope.

On the suggestion that the nurse who

administered the medicine should be called, Mr. E. H. Bryne, solicitor, who was representing the hospital authorities, said that the nurse in question was in a state of collapse. She was a very young girl, and not able to bear the strain of the shock, but if the jury desired it, she would endeavour to give as intelligent an explanation as possible. The nurse had informed him that the bottle from which she gave the dose was similar to that which should have been there, but no one seemed to know what had become of the latter bottle. The nurse fully believed she was giving a dose from the right bottle.

Evidence was offered by Dr. M'Hugh to prove that the bottle of house medicine was generally kept on a stand in the ward, and the disinfectant administered in error for it under lock and key; the key of the cupboard being in charge of the ward sister.

The jury found that the deceased died from taking crocylic acid, or some other constituent of tar oil administered in mistake. They exonerated the nurse from blame, and suggested that all bottles other than those containing medicine intended for patients should have some distinctive mark of colour or shape.

We entirely agree with the recommendation of the jury. It should be an invariable rule. It is quite easy to have lotion bottles made triangular in shape, which at once distinguishes them from the ordinary medicine bottle. It should also be instilled into probationers that they should never give a dose of medicine to a patient without first reading the label on the bottle, for if this simple rule were always observed, it would be impossible for a wrong dose to be administered; and lastly, poisons, or medicines and solutions containing poisons, should always be kept under lock and key, the key being in charge of the ward sister, or, in her absence, of the staff nurse who represents her.

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