

OUR PRIZE COMPETITION.

DESCRIBE THE PREPARATION OF A PATIENT FOR RECEIVING AN ANÆSTHETIC. WHAT PRECAUTIONS WOULD YOU TAKE BEFORE AND AFTER?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, Royal Infirmary, Halifax, for her paper on the above subject.

PRIZE PAPER.

Anæsthetics are drugs which suspend consciousness or sensation. They may be general or local in action.

The preparation of a patient for receiving an anæsthetic is a matter of very great importance, especially when the anæsthetic is a general one.

The preparation in a great measure depends upon the case about to receive the anæsthetic; but, apart from absolute general cleanliness, special attention should always be paid to the

Mouth,
Stomach,
Bowels.

The mouth should be absolutely clean, the patient having previously used an antiseptic mouth-wash. The teeth should receive special attention, care being taken always in removing all false teeth before the anæsthetic is administered.

The stomach should be in as good a condition as possible; the patient should not be allowed food for six hours before operation, and the last meal given should be of a very light but nourishing character.

The bowels should be emptied by means of enemata, the patient having previously had a mild aperient daily for two or three days preceding operation. (This does not apply to urgent anæsthetics.)

The patient must be lightly but warmly clad, and all garments should be loosely fastened at the neck and wrists; the extremities may also be bound up in cotton wool; this is considered a very good method, and greatly prevents excessive shock. These are precautions to be taken before an anæsthetic is given.

The nurse may hold the patient's hands at the beginning of the administration; but, should the patient begin to struggle, the arms should be held above the elbow and the legs above the knees. The patient is more readily controlled if held in this manner, and is less likely to do himself injury.

After the anæsthetic the patient should be put back into bed and covered with a warm blanket over which the bed-clothes are placed; the head should be placed low on a pillow, or quite flat, and turned to the side.

The patient must be watched very carefully until consciousness is quite recovered, as he may choke from getting vomited matter into his larynx, or, being restless, may disturb the bandages or start hæmorrhage.

Asphyxia.—With an unconscious patient the danger of vomiting is that he will suddenly inspire and inhale vomited matter into his trachea and rapidly become asphyxiated. When a patient is inclined to vomit, the head should be turned on one side and the jaw pushed forwards, by the thumb being placed under the angle of the jaw. If this is not sufficient to relieve the breathing the mouth must be opened and the tongue pulled forwards, either by grasping it with lint or linen, or with the tongue forceps.

Great care must be taken when moving the patient from the operating room to have him warmly clad and the head covered in such a way as to avoid cold and draughts.

Most patients are susceptible to chest affections after an anæsthetic, which are serious post-operative complications and also a great drawback to the patient generally, however slight the attack may be.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Cullen, Miss B. Johnson, Miss A. E. Jahrens, Miss M. Eaves, Miss E. Mackintosh, Miss J. Robbins, Miss E. Marshall.

Miss M. Eaves mentions that before an operation the confidence of the patient should be gained, thus helping to allay fever and diminish shock. Further, guard against all chills, allow no tight clothing, have tongue forceps, mouth-gag, and sponge-holders ready for use, and brandy, strychnine, and other stimulants at hand. Ensure that hypodermic syringe and needle, oxygen cylinder and electric battery are in good working order by testing them beforehand.

Miss B. Johnson points out that while it is the duty of the nurse to ascertain that the bladder has been emptied before the patient's removal to the theatre, this must be omitted when the operation is one for lithotripsy, otherwise fluid will have to be injected.

QUESTION FOR NEXT WEEK.

Describe your practice in the care and administration of medicines; your method of identifying dangerous drugs, and of distinguishing medicines to be administered to patients from lotions and poisonous solutions used for outward application, or as disinfectants.

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