

Perhaps Miss McGill, Miss Child, and Miss Downing will let us know if they can supply copies to those wishing for them.

To make a Congress Album really useful, little descriptive notes and personal reminiscences should be inserted as well as pictures.

OUR PRIZE COMPETITION.

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.

We have pleasure in awarding the prize this week to Miss M. Evans, Clayton Hospital, Wakefield, for her paper on the above subject.

PRIZE PAPER.

One of the most important duties in the care of the sick is the regular and intelligent administration of medicines, and it is a duty that is often thought too lightly of.

The nurse responsible should know enough about the after effects of the different drugs to recognize any symptoms of overdose, or if the drug in question is doing the work expected of it; also the time of day certain drugs should be given, never waking up a patient for medicine unless ordered to do so. Great tact is often needed when dealing with young children, a powder being easily disguised in jam or syrup. Most common drugs, such as castor oil, quinine, iron, &c., can be obtained in pill, capsule, or cachet form, and this will often prevent a great deal of unnecessary suffering to nervous women, to whom the taking of nauseous drugs is often a great trial.

All medicines should be carefully labelled with the patient's name and prescription, and not kept near the bed, but in a cupboard reserved for the purpose.

When giving medicine;

Be punctual, give at stated intervals and with regularity.

Shake the bottle.

Read the label.

Pour out from the unlabelled side.

Measure accurately and in a graduated measure glass, doses under a drachm being measured in a minim glass or pipette.

Give the medicine yourself and stay with patient until it is taken.

Wash glass after use.

Never use stale drugs.

Report at once any bad effect.

Without any exception, all poisons should be kept under lock and key in charge of some

responsible person; this rule applies to all lotions, liniments, eye drops, some gargles, the various stimulants and sedatives in tincture or tabloid form.

The bottles they are kept in should be dark blue or green, and be either octagonal or triangular in shape, the name of the drug painted and varnished on, so that it cannot be washed off, every part being visible from the front, also labelled with a red poison and "Not to be taken" label.

No poisonous drug should be left out of its place, but the dose measured and the bottle returned immediately.

Have the dose checked by a second person, and never pour out in a doubtful light.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Emily Marshall, Miss M. Dalton, Miss E. Jahrens, Miss S. A. G. Lett, Miss P. Fogarty, Miss B. James, Miss E. Martin.

Miss Elizabeth Martin writes:—

"I prefer all medicines, tabloids, &c., to be kept in a special place set apart for the purpose, and nothing of this description would I allow to be kept on the lockers by the patient's bedside.

"Patients have been known to help themselves to their own medicines; and, of course, an overdose of any medicine might prove a very serious matter."

Miss A. E. Jahrens states that a nurse's work in connection with medicines lies chiefly in their punctual, accurate, and skilful administration. A nurse must be sure that she thoroughly understands how to read the measure-glass. A nurse must always read the label, no matter how familiar she may imagine she is with it. If an error occurs, the doctor must at once be informed of it. The bottle should always be shaken, whether the mixture has a visible sediment or not. Mixtures that have thick sediments at the bottom must not be poured out until the patient's bedside is reached and he is quite ready to swallow the dose. If the dose has been poured out and allowed to stand, the sediment will be left in the glass, and the patient will not have the benefit of the drug prescribed. If the nurse fails to shake up the mixture at one time she not only deprives the patient of at least one of the drugs ordered, but she gives in subsequent doses a much larger proportion of that drug than the doctor intended, and it is easy to understand that this may do positive harm.

QUESTION FOR NEXT WEEK.

How would you deal with a case of croup occurring in a private house until the arrival of the doctor?

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