OUR PRIZE COMPETITION.

WHAT POINTS WOULD YOU OBSERVE ON THE ADMISSION OF A NEW PATIENT TO A WARD, AND WHY?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, the Royal Halifax Infirmary, Halifax.

PRIZE PAPER,

The patients admitted into our hospital wards may be divided into two classes, viz., urgent and non-urgent.

The chief points to be observed when admit-

ting a new case to a ward are:

(1) The general condition of the patient.

(2) The choosing of a suitable bed.

- (3) Preparation of mackintoshes, blankets, hot bottles, &c. (These points are of greater importance when the case is an urgent one.)
- (1) The Condition of the Patient.—It is the duty of the ward sister or staff nurse to admit the new patients, and every care must be taken in noticing as much as possible about any new case.

An internal and external temperature should be taken on admission; the pulse and respiration also should be counted for a whole minute and charted. These should be taken again about half an hour later, after the patient has become more settled and less nervous. Notice if the patient is suffering from shock, and try to relieve the same, from a nursing point of view, until further treatment is ordered by the doctor. Any hæmatemesis, hæmoptysis, melæna, hæmaturia, &c., must be reported, and specimens saved for inspection.

Procure a specimen of urine in any case as

soon as possible.

Report any distention; and all apparently slight injuries, wounds, scars, bruises, &c.

All these things are of vital importance, and are also of great help to the medical man.

(2) The Choosing of a Suitable Bed.—This entirely depends upon the case admitted.

If a surgical case, and an urgent abdominal operation, the patient should be nursed as near the centre of the ward as possible; by this arrangement many draughts are avoided from either end of the ward.

Have a fracture bed prepared for all cases of fractured leg, especially a fractured femur. All head injuries, &c., should be put to bed without pillows. (Sometimes a water pillow is ordered later.)

Water beds should be prepared for cases of fractured spine and fractured pelvis, and also for some medical cases, such as paraplegia and hemiplegia. (3) Preparation of Mackintoshes, Blankets, Hot Bottles, &c.—All urgent beds should be covered with mackintosh and bath blanket, as all bathing must be done in bed, and the nurse should have blankets in readiness by the fire.

If the new patient is admitted in a very cold and collapsed state, more hot blankets will be

required and hot bottles.

Great care must always be taken when placing hot bottles in the bed. Every bottle must have a cover and be placed between blankets, so as not to burn the patient, who may be in a semi-conscious condition.

The ward should always be kept as quiet as possible, and the nurses on duty should always

be very quiet and orderly.

New patients and their friends are naturally very nervous of hospital, and many (friends especially) have been known to get quite a

wrong impression.

With regard to history, &c.—The house surgeon is responsible for all history from the adult patients, but, as a rule, all history, &c., for the children is taken by the ward sister or her most senior nurses. Therefore all nurses should be taught how to take the history of a child's illness as accurately as possible, and the importance of history taking explained to them.

Why these points should be observed when admitting a new patient to a ward is:—

- (1) For the comfort and welfare of the patient.
- (2) For the benefit of the training of the nurses.
 - (3) For the report to the house surgeon.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Emily Marshall, Miss E. F. Stokes, Miss E. H. Gibert, Miss M. Cullen, Miss A. Rhind, Miss P. Macfarlane, Miss M. Saunders, Miss A. McCabe.

Miss Gibert writes: "One of the most important qualities which every Sister should try to bring out and cultivate in those for whose training she is responsible, is the power of observation, and, in so doing, she might do well to bear in mind the words of Taylor, 'Remember that as thine eye observes others, so art thou observed by Angels and men.'"

Nurses often do not realize how much they may be able to assist surgeons and physicians by paying special attention to this important power.

Amongst the points to be observed, Miss Emily Marshall mentions:—Note whether the patient is conscious, delirious, semi-con-

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