

## OUR PRIZE COMPETITION.

### GIVE ROUTINE NURSING PRECAUTIONS TO PREVENT POST-OPERATIVE PNEUMONIA.

We have pleasure in awarding the prize this week to Miss H. Scott, Eastern Hospital, Homerton, N.E.

#### PRIZE PAPER.

*Before operation.*—A nourishing diet, and careful attention to hygiene generally, with a view to building up the system as much as possible, to enable the patient to withstand the shock of the operation, should be given, as, if the general condition is lowered, it has less power of resistance to any risk of infection.

*Careful preparation of the patient,* usually including the giving of an aperient, followed by an enema, and keeping the stomach empty for the last few hours immediately preceding the operation, so that the risk of sickness is minimised. The patient must be warmly clad in either flannel or woollen clothing; for the extremities, warm stockings, or wool and a bandage would do.

*At the operation.*—There must be no unnecessary exposure of the chest; also, the nurse should see that the theatre is at the right temperature. If there is any vomiting, the head should be turned to the side, so that the vomited matter is not drawn into the lungs.

*After operation.*—The same care as to vomit being drawn into the lungs must be exercised, lest the septic material, causing some irritation, may set up a form of pneumonia known as the irritant or deglutition pneumonia. Also, good ventilation must be secured, so that there is no lack of oxygen, so necessary for the lungs, warming the bed with hot bottles, so that there is a good reaction soon after coming back from the theatre, but after the reaction watch that the patient does not get too hot, and so catch a chill that way.

*Position of patient.*—Fowler's position should be adopted if possible, as it is considered a great advantage in after treatment. If not, it should be semi-recumbent as soon as possible. The patient should be turned from side to side at intervals. If the patient must lie on his back, and not turn at all, even a pillow slipped under the back, between the shoulders and the waist, for a little while from time to time, helps to alter the position, throws the chest forward, and gives the lungs more freedom. Also, the patient should be directed to take several deep inhalations, two or three times a day, to exercise the lungs. If nasal feeding is given (as in a tongue case), great

care must be taken in passing the tube, watching closely for any signs of its entering the larynx, whereby septic infection may be conveyed to the lungs. In paralysis, as in a cerebral case, careful feeding is necessary for the same reason, that is, that food might go the wrong way, and so irritate or block up the lungs or bronchi. In all septic cases there is greater risk of pneumonia, through septic material being drawn into the lungs or entering into the blood stream.

It should also be remembered that ether is an anæsthetic which, amongst other things, is liable to produce irritation of the respiratory system. It is desirable that the patient should have a nourishing and full diet as soon as possible. The mouth must be kept clean, and be well cleansed after the anæsthetic, and unless contra-indicated, plenty of fluid should be given so that the system may get rid of the anæsthetic by way of the kidneys all the more quickly. The bowels must be carefully regulated, but without inducing exhaustion.

*Care of the nervous system.*—Sleeplessness often forms a most troublesome symptom, yet one that can often be remedied by simple means. In sleep there is less blood in the brain than when awake. And a patient, when restless and wakeful, will sometimes quickly go to sleep on giving him an extra pillow, raising the head, allowing less blood to go to it. On the other hand, the blood being poor in quality, if anæmic, or in quantity, after hæmorrhage, removing a pillow may give relief, thereby inducing sleep. Another form of sleeplessness is often relieved by warm drinks, if the patient is permitted to take them, or by adding or removing an extra blanket. If a sleeping draught has to be given, great care must be taken to watch the effect.

#### HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss Emily Marshall, Miss D. Graves, Miss Blomfield, Miss Macintyre, Miss M. O'Brien.

Miss Emily Marshall writes:—Pneumonia is a somewhat infectious disease caused by germs. The disease runs its course, and cannot be cut short, and its treatment demands much skill and constant watchfulness, as the symptoms rapidly change. The changes which occur are:—(1) Circulatory, (2) cerebral, (3) respiratory, (4) abdominal.

*Circulatory.*—Watch the state of the pulse, for here one often gets the first indication of grave complications; for instance, irregular, quick, and small pulse, developing rather sud-

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