

## OUR PRIZE COMPETITION.

WHAT POINTS WOULD YOU SPECIALLY OBSERVE IN NURSING A CASE OF HEART DISEASE, AND WHAT ARRANGEMENTS WOULD YOU MAKE FOR THE COMFORT OF THE PATIENT?

We have pleasure in awarding the prize this week to Miss Dorothy F. Mudie, Cole Park View, St. Margaret-on-Thames.

## PRIZE PAPER.

The points to be specially observed in nursing a case of heart disease are numerous, and vary to a certain extent with the different forms of heart disease.

Many general diseases affect the heart. Inflammatory affections are divided into pericarditis, myocarditis, and endocarditis. Then valvular diseases form a very important group—*i.e.*, each of the valves may be incompetent or stenosed. Hypertrophy, or enlargement of the heart, in which its walls are thickened, and dilatation, in which one or more cavities are dilated, may be the cause of the trouble. Degeneration of the muscular tissue, producing what is known as a "fatty" heart, may take place, and functional changes, in which there are no apparent changes in the structure of the heart, often give rise to grave symptoms of heart disease.

Special points to be observed in nursing any one of these affections of the heart are as follows:—

Temperature, pulse, and respiration should be carefully watched and taken four-hourly, and in some cases, even a two-hourly chart should be kept.

The pulse is a very important point to observe: not only its rate, but its strength, compressibility, and regularity. It may be dicrotic (at each beat two impulses are felt, and may be present in patients in a very weakened condition). Another kind of pulse is the water-hammer, which has the peculiarity of rising very quickly and collapsing suddenly, as seen in aortic incompetency.

Respirations are often very laboured, and form a very distressing symptom of heart disease. The different kinds of breathing to be noted are dyspnoea (difficulty in breathing and shortness of breath); orthopnoea, which is excessive difficulty in breathing; and Cheynes-Stokes breathing, a peculiar form consisting of an alternate dying away and gradual strengthening of the respiration.

The temperature is often raised to a considerable height, but this will vary according to the form of heart disease the patient may be suffering from.

Other points to be observed are:—

Pain, which is sometimes very acute, and will make the patient very restless and keep him from sleeping. Note should be taken of its character and duration.

The sleep start of patients suffering from mitral disease is a very important symptom, as it points to incompetence of the valves.

The urine should be measured and tested—*i.e.*, one of the symptoms of digitalin poisoning is a diminished amount, and finally retention of urine. Bright's disease is a complication of heart disease. Vomiting is another disturbing symptom, as it is often severe, and sometimes precedes cases of sudden heart failure. It is also another symptom of digitalin poisoning.

Dyspepsia, a jaundiced condition, faintness, and giddiness, also symptoms of bronchitis, irritability and constipation are other important symptoms to be noted.

The arrangements for making a patient suffering from heart disease comfortable should certainly be the first consideration in nursing such cases. They are often very difficult to make comfortable, as they often suffer—in some cases continuously—from a great deal of pain, and in consequence are very irritable and highly nervous.

The patient should be made as comfortable as possible in bed. Usually the only way to make him so is in a sitting position, to ease the difficulty in breathing, this at the same time lessening the danger of bronchitis. A bed-rest, if it can be obtained, is of use, as there are not so many pillows required, an extra soft feather pillow being chosen for the top one for his head to rest on. A draw sheet should be used, as the patient is likely to be in bed a long time, and being restless it is more easy to keep smooth and free from crumbs. An air-ring is also very necessary, as these patients are very liable to bedsores, and very great care must be paid to the patient's back to prevent them.

The room should be as bright and airy as possible, and the bed in an accessible place away from the wall, with the back to the light. Oxygen inhaled (warm) will relieve dyspnoea. In cases of orthopnoea the patient is only comfortable with his feet hanging down. No sudden noise should be allowed near the patient, and he must be kept as cheerful and bright as possible.

## HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mary D. Hunter, Miss F. Sheppard, Miss E. M. Robinson, Miss J. Allman, Miss Mackintosh, Miss T. O'Brien.

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