

OUR PRIZE COMPETITION.

NAME THE PRINCIPAL POINTS TO BE REMEMBERED WHEN PLACING A PATIENT ON THE OPERATING TABLE.

We have pleasure in awarding the prize this week to Miss Florence Finlay, Stratharne Place, Edinburgh.

PRIZE PAPER.

The patient who is to undergo the operation will have had the skin over the affected part prepared aseptically in the manner required by the surgeon.

Before the operation takes place, the nurse must see that the patient's bladder is emptied, and, except in cases of extreme urgency, that the bowels are cleared also.

All hairpins, false teeth, rings, bracelets, and any article which might cause injury to the patient or interfere in the circulation of the blood, must be removed.

The temperature, pulse, and respiration must be taken prior to the operation, and when possible a full history of the patient's previous ailments should be taken by the nurse and reported to the surgeon.

The patient should be clad warmly, in a garment easy of manipulation when on the operating table.

Should the patient desire it, an opportunity should be given for conversation with a clergyman before the operation takes place; and the nurse should bear in mind that, besides the coming operation, the patient may have many other anxieties unknown to the nurse, who should try to avoid being too business-like in her manner, and endeavour to be sympathetic and cheerful, and by so doing help to allay the very naturally disturbed nervous system of her patient.

The position on the operating table must be the one taken easiest for the surgeon to work at, having regard to light, possible spectators, and avoidance of draughts.

The preparatory dressing covering the affected part must be arranged by the nurse so that it is easily removed when the patient is actually on the table.

Care should be taken to remove any signs of a previous operation which the patient might notice when being taken to the operating theatre.

The nurse should take careful note of the addresses of any relatives or friends whom the patient might wish communicated with at the completion of the operation.

Before the operation takes place, it is the nurse's duty to see that arrangements are made

that the patient's bed is ready, warmed, and with bedclothes conveniently placed, so that there will be no delay on the return of the patient from the operation room.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Lily Barraclough, Miss Dorothy Maton, Miss Dora Vine, Miss F. Sheppard, Miss G. Barnes, Miss M. Temple, Miss O'Brian.

Miss Lily Barraclough writes:—

Before placing a patient on the operating table, it is necessary to have everything in perfect readiness. Patients are usually nervous when undergoing an operation, and any waste of time, before the anaesthetic is given, would only add to their distress.

It should be ascertained before bringing the patient on to the table, that he or she has no artificial teeth, and, if so, that they have been removed; also, it is most essential the bowels and bladder have been emptied, especially the latter, just before the operation. The patient should be attired in loose warm clothing, with stockings and shoes; the latter if he walks into the room. The table should be placed in the best possible position, so that the light falls on to the part to be operated on. It should be comfortably padded with blankets, and a mackintosh placed where the haemorrhage is likely to occur. A pillow for the head and a hot-water bottle to the feet, if very cold weather. Should the table be one to be filled with hot water, it is very essential to see that it is not too hot, as patients are most easily burnt during the unconscious period of operation. The clothing should be arranged, so that the part to be operated on can easily be got at, and prevent any undue waste of time to the surgeon.

Everything should be loosened about the neck, so as not to impede breathing, and also to be ready for the doctor's examination of heart, before giving the anaesthetic.

Once the patient is on the table everything should be done as quietly as possible, and so prevent further distress to the patient's feelings.

Miss Dora Vine writes:—Try to produce a calm mental atmosphere in your patient, by explaining that he or she can help the surgeon very materially by breathing regularly and evenly, and that calmness means safety.

QUESTION FOR NEXT WEEK.

State articles required for an operation in a private house.

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