

OUR PRIZE COMPETITION.

DESCRIBE THE HYDRO-THERAPEUTIC TREATMENT OF HIGH TEMPERATURE IN PNEUMONIA.

We have pleasure in awarding the prize this week to Miss Dora E. Chapman, Norton Malton.

PRIZE PAPER.

Cold or tepid sponging is one of the most refreshing and beneficial means of reducing temperature. It is carried out limb by limb, so as to disturb the patient as little as possible.

Before commencing this treatment, a table should be prepared, close at hand, containing stimulants and a hypodermic injection of strychnine measured, ready for immediate use if needed. Each sponging should not be of longer duration than ten minutes or a quarter of an hour, and a careful watch is kept on the patient's pulse and temperature. The bed linen is protected by a piece of mackintosh or jaconet covered with a towel or blanket, which is inserted under each part of the body during the sponging process. The patient should be kept well covered up, leaving one arm lightly protected to allow of the frequent use of the thermometer. Special attention must be paid to prevent collapse by placing hot water bottles at the extremities, and the patient should be wrapped in a warm, dry blanket after each sponging.

"Cold" or "ice" packs are other methods of hydro-therapy.

The patient is wrapped in a blanket, and a mackintosh sheet covered with a blanket is inserted under him to protect the bed. A sheet, previously wrung out in cold water, is folded lengthways, with the edges towards the middle, and is then closely adapted all over the patient under the blanket, leaving one arm exposed for the purpose of taking pulse rate and temperature. The sheet is kept at a low temperature by the application of towels which are constantly changed and wrung out in fresh cold water. A large sheet of jaconet is useful to cover over the patient, and prevents the bed-clothes from getting damp. It is preferable to use mackintosh for this purpose, as the patient does not feel the extra weight. An "ice" pack is prepared in the same manner, the sheet being frequently rubbed with pieces of ice. When the "pack" is removed the patient is well dried and wrapped in warm blankets with hot bottles. This treatment should not extend over a quarter of an hour, and the same precautions must be taken to provide stimulants and restoratives as in cold sponging.

Ice poultices applied to the affected side relieve pain, and help to lower the temperature. An india-rubber ice bag is the best for this purpose, if available, a piece of lint being placed over the patient's skin before applying it. When an ice bag is not at hand, a good sponge bag makes an efficient substitute, providing it is quite water-tight and well tied up after the ice has been put in. The ice should be broken into comparatively small pieces, as, unless the bag can be suspended from a cradle, the patient may feel discomfort from any extra weight. Therefore, it should be as light and comfortable as possible, and renewed frequently. Another method of preparation is to sprinkle powdered ice on to a sheet of gutta-percha tissue, fold over and seal the edges with ether or turpentine. The addition of linseed meal amongst the ice is sometimes recommended, as it easily absorbs the water from the ice as it melts.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss P. Jones, Miss M. Miller, Miss J. Mackintosh.

Miss Dora Vine writes:—

The high temperature, which is so typical a feature in cases of pneumonia, has of late years been treated in quite a new way. From applications of damp heat, we have come to just the opposite, and now physicians are using cold as a therapeutic measure, and cold in the form of ice bags, poultices, and Leiter's tubes. In some cases even the cold bath, and cold sponging, are ordered with good results. The great principle of this treatment is to lower the temperature, without depressing the already overworked heart. Drugs that were formerly used to reduce fever affected the heart, so that the good they did was almost counteracted by the depressant action on the heart, while the old treatment of pneumonia by constant poulticing had many drawbacks. It needed skilled hands, and it predisposed the already weak patient to the slightest chill. The modern way of applying cold has fewer drawbacks, though certainly great skill and judgment are needed.

It is obviously unwise to stick blindly to routine, and if the temperature says "cold must be applied," but the pulse says "danger," the nurse should if in doubt send for or telephone to the doctor.

In carrying out this treatment, the nurse must do three things well—prepare well, treat well, watch well.

QUESTION FOR NEXT WEEK.

State what you know about Pemphigus, and the midwife's duty in connection with it.

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