

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF CASE OF SCARLET FEVER. WHAT COMPLICATIONS MAY OCCUR, AND HOW WOULD YOU ENDEAVOUR TO GUARD AGAINST THEM?

We have pleasure in awarding the prize this week to Miss Florence Gladys Jones, North-Eastern Hospital, Tottenham, London.

PRIZE PAPER.

Scarlet fever is infectious and contagious to a high degree, therefore the spread of the disease must be diminished as far as possible.

In a private house the methods of isolation may appear somewhat elaborate to the anxious friends of the patient, but the following rules must be rigidly observed:—

- (1) Isolation of patient.
- (2) Immediate burning of swabs and old linen that may have been used in the infected room, as well as the burning of scraps of food, &c.
- (3) All necessary utensils must be reserved for the sole use of patient.
- (4) Constant exchange of air in the room must be effected by means of ventilation.
- (5) Great attention on the part of the nurse in the changing and disinfecting of her linen and the scrubbing of her hands and nails.
- (6) Thorough cleansing and disinfecting of room and contents when the patient has recovered.

The invasion is marked by sore throat, headache, and vomiting, and the patient feels generally out of sorts. There is general feverishness, and the rash may appear within twenty-four hours. It appears first on the chest and arms, and comes out as a pink blush over the skin. The temperature is raised, and the tongue furred, and the throat red and swollen.

In selecting the room, it should be remembered that the patient is to occupy it for at least six weeks, and the nurse will endeavour to choose one at the top of the house, so that the patient be as far removed from other occupants as possible.

The patient must be kept in bed for at least a fortnight, as complications may occur in the mildest cases. In fever hospitals it is usual to keep patients in bed for three weeks. The clothing must be light and warm: wool is best.

The diet is of extreme importance. Milk only should be given until the temperature drops, usually at the end of the first week; then for the three weeks the patient may have fish, eggs, puddings, beef tea, custards, &c., with plenty of fluids and barley water. A daily

blanket bath, as well as being refreshing, is said to aid desquamation. The urine must be measured and tested for albumen at least once a week; the bowels kept regular, but not violently purged without instructions from the doctor.

The complications are numerous, one of the most serious being nephritis. It may occur any time after the second week, and may be the result of a chill or error in diet. It is first recognised by scanty urine, of a smoky colour, denoting the presence of blood. There may be swelling of the legs, and the eyes look puffed.

The doctor will order the treatment he thinks necessary, but a nurse will be justified in placing the patient in blankets with hot water bottles, on finding albumen.

Rheumatism often appears early in the disease, and hot packs or air baths may be ordered.

Ear pain, together with any swelling behind the ear, must at once be reported to the doctor, for in cases where the throat symptoms have been severe, there is acute inflammation of the mucous membrane of the Eustachian tube, tending to cause ear discharge, which may in time set up an abscess in the middle ear, which may necessitate the serious operation of Mastoidotomy. It is held by some doctors that this can be in a measure avoided by the careful cleansing of the mouth and teeth during the early stages of the disease.

Great care must be taken in carrying out the treatment of ears, whether it be syringing, irrigating, or swabbing.

In the case of syringing, warm boric acid lotion may be used. A kidney dish is held beneath the ear, and the syringe being filled, the ear is carefully washed out till the lotion comes out clean. When this is finished, the ear may be dried with cotton wool, as any water left behind may do harm.

After the third week the patient may get up and go out in the garden, being warmly clad.

The infective period depends upon the severity of the case. It was supposed until recently that the desquamation was infectious, so that persons were detained until all peeling had ceased. However, a case is considered "free" now when all discharges have stopped. In delicate or unhealthy children nasal or ear discharge has been known to continue for months, and it is not at all an uncommon occurrence for a child to be detained for a period of eight to ten weeks.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. G. Cheatley, Miss

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