

OUR PRIZE COMPETITION.

HOW WOULD YOU ARRANGE FOR THE NURSING AND COMFORT OF A PATIENT WITH DROPSICAL LEGS?

We have pleasure in awarding the prize this week to Miss Edith Hartley, Edmonton Military Hospital, Silver Street, Edmonton, N.

PRIZE PAPER.

If called to nurse a case with dropsical legs my first duty is to take all particulars and report symptoms, so that the doctor may diagnose the case. Dropsy usually occurs in cases of (1) cardiac or pulmonary disease, (2) renal disease, (3) anæmia.

The patient may be pregnant; if so, I should ascertain for how long, and then advise her to take care, and put her to bed and inform the doctor. I should test the urine for albumen and blood, and ascertain if she is passing sufficient urine; also if her bowels are regular. (2) Prepare the necessary things in case eclampsia or albuminuria are present. (3) Pay careful attention to breasts, bladder, and bowels, and provide a padded spoon. (4) The patient must not be left. The child must be nursed away from her, and not breast-fed. In an ordinary case of cardiac or pulmonary disease, keep the patient confined to bed, nurse her on a firm mattress, and provide a bed-rest, and a pillow to raise the feet. Room to be kept to a steady temperature of 60° F. or 15° C., a bright fire burning, patient kept warm with a blanket kept next to her, and a flannel nightgown. The legs may be wrapped up in cottonwool; hot bottles, if used, must be carefully protected, and never placed too near the legs, the chief points now being (1) rest, (2) diet, (3) drugs.

The doctor may use Southey's tubings, when the legs are prepared with an antiseptic, using a local anæsthetic, legs punctured, and tubes inserted, thus draining off, drop by drop, fluid which is causing pressure. When the fluid has ceased to flow, withdraw the tubes, and cover over with a film of cottonwool and collodion; never bandage without a doctor's orders. Throughout the whole period, elevation, rest, diet, attention to bowels and bladder strictly adhered to. Urine tested daily to see if albumen is increasing or decreasing; watch the colour of the patient's face. The doctor will order diaphoretics to make the skin act, or diuretics to increase the flow of urine, or watery purgatives. He may also order digitalin, if the patient is suffering from heart trouble. The patient must not be allowed the least exertion. Food given in small quantities frequently, but very little fluid. No garters to be worn;

nothing tight round the legs, or phlebitis may set in, through pressure on the veins. The following diet is recommended:—Meat juice, jellies, alcohol in urgent cases, egg-flip, and strong coffee and milk. A nurse must have at hand nitrite of amyl and oxygen, and strong black coffee. Much can be done for a patient's comfort by supporting her back and placing a pillow under her feet. If she has a tendency to slip down in bed, fix a padded board at her feet and tie to the head of the bed. If, on the other hand, the swelling is due to renal disease, diaphoretics, diuretics, and watery purgatives, warmth to the loins (when she may be wrapped in flannel), elevation to the feet, and imperial drinks may be given freely, to flush the kidneys. If due to anæmia, plenty of outdoor exercise, not much walking, no cycling, a good nourishing diet, and tonics containing iron, to make up for the deficiency of hæmoglobin in the red corpuscles. If due to an aneurism, absolute rest, starvation diet, and drugs will prolong a patient's life. Temperature, pulse, and respiration taken four-hourly, and no tight corsets to be worn.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Lucy C. Cooper, Miss M. McKenzie, Miss J. Hooper, Miss P. Arnold.

Miss Lucy C. Cooper writes:—"Where the dropsy is due to kidney disease, the patient may or may not be able to be placed in the recumbent position. In heart disease producing this condition there is, of course, the heart condition itself to be considered. The patient must be on a water pillow, with one firm pillow to support the legs, and the foot of bed raised from four to nine inches, and the patient's back must be well supported. It may be necessary to have a flat-topped cradle, and have a pillow placed on it to enable the patient to sit leaning forwards, resting arms, and also head if necessary, on the cradle. Raising the foot of bed slightly does away with that very miserable feeling of slipping down in the bed, and prevents a great deal of the restless condition of a heart patient, who may be constantly wanting to be raised. If puncturing of the legs is performed, each limb is placed on a pad covered with mackintosh, then wood-wool or tow and wool pads are made the length required, and these are placed under each leg to absorb the serum, and changed when necessary."

QUESTION FOR NEXT WEEK.

Describe briefly the structure of bone. How is bone nourished?

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