

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A PATIENT IN A CONTINUOUS BATH?

We have pleasure in awarding the prize this week to Miss Catharine Wright, Cable Street, St. George's-in-the-East.

PRIZE PAPER.

When nursing a patient in a continuous bath there are some points of preparation and arrangement to be considered which will add to the efficacy of the bath and the comfort of the patient.

A bright, sunny room should be chosen, ventilated by fresh air and warmed by a fire and kept at a temperature of 60°. Obtain a portable bath rather longer than the height of the patient, a bath thermometer, to indicate the prescribed temperature of the bath; a good supply of hot and cold water; the prescribed lotion (if any); hot milk or Bovril, brandy in case of need.

A hammock made of strong webbing, with loops at the sides for carrying poles; two bamboo curtain poles answer admirably for this purpose.

Blankets should be airing by the fire. The patient must not be left an instant during the period of the bath, and two nurses should be in attendance.

Arrange the bath between the bed and the fire; fill the bath three parts full of water, add any lotion that may be prescribed, and regulate the temperature of the bath, which will have been arranged by the doctor in attendance.

Place the hammock open on the bed by the side of the patient; place a blanket on it, with a space cut out of both, so that the needs of nature may receive attention without undue disturbance to the patient. Undress patient, remove bandages, lift gently on to hammock, slip in side poles, and lift gently into bath, allowing the ends of the poles to rest on the bath, so that there is no undue pressure anywhere for the patient. An air or water pillow can be arranged for the head. Cover the patient with a warm blanket, which will hang over each side of the bath. A screen may be placed between bath and fire if necessary.

During the bath take temperature and pulse two-hourly. They should be charted; the pulse may be observed more frequently. An invalid tray may be arranged across the bath, and nourishment should be given regularly, or a book-rest may be arranged if the patient is able or inclined to read.

The temperature of the bath must be noted carefully. The ladling out and renewing the fresh hot water may be done with a jug from

the end of the bath, and stirred by a wooden stick wrapped in a piece of bandage.

If an arm only is to be so treated, a smaller bath can be arranged by the side of the bed, placed on a table rather lower than the bed, the same procedure followed, and a pillow tucked in at patient's side to avoid pressure or strain.

Afterwards the patient may be lifted out, in the hammock, placed on the bed, previously arranged with a mackintosh and warm blanket, dried with warm towels, re-banded and dressed, nourishment given, pulse and temperature charted, a covered hot-water bottle placed to the feet, and the patient allowed to rest.

The duration of a continuous bath may be for a short or long period, some being ordered for an hour or more, others lasting (in the case of severe burns) for several days.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss M. A. James, Miss D. Fenton, Miss Fanny Thompson, Miss M. McIntyre.

Miss Amy Phipps writes:—"Among the kinds of continuous bath may be mentioned Roman baths, sand baths, mud, calomel, mustard, pine, salt, soda, carbonic acid, and various kinds of mineral baths. For treatment of wounds, baths of sterile water, often with the addition of an antiseptic or remedial agent, are employed. Such include salt, iodine, hydrogen peroxide, and many others."

"Where a limb is treated, it should be placed in a comfortable position, and care taken that the bed and surroundings are kept dry. In all continuous baths, the most important point is that the general condition of the patient is noted, and all efforts made to conserve strength, and to see that the prescribed treatment is performed intelligently and conscientiously.

"When an extreme temperature is ordered, the patient should be introduced into a bath of moderate temperature, and this raised or lowered to the required limit. The power of adding to the bath should be rendered impossible for a patient by keeping the water out of his reach.

"The general condition of the patient, pulse, temperature and respiration, should be noted, also any change in condition of part under treatment. Any symptoms tending to call for withdrawal of treatment should be reported, and in certain cases it may be necessary for the nurse to discontinue the bath on her own responsibility until medical direction is procurable."

QUESTION FOR NEXT WEEK.

What is uterine inertia? What are its varieties, and how would you treat each kind?

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