

OUR PRIZE COMPETITION.

DESCRIBE THE METHODS, PRINCIPALLY EMPLOYED TO APPLY ARTIFICIAL HEAT TO A COLLAPSED PATIENT AND HOW YOU WOULD PROCEED.

We have pleasure in awarding the prize this week to Miss E. H. Gibert, Sister, 1st London General Hospital, Camberwell, S.E.

PRIZE PAPER.

Collapse may be due to various causes, *i.e.*, exposure and privations, or the loss of a large quantity of blood, but whatever the cause, the condition must be recognized as an emergency and dealt with accordingly and immediately.

Unfortunately the symptoms are only too well known to us at the present day, and there are few who do not know them—the extreme pallor, blue lips, feeble and rapid pulse, sometimes dilated nostrils and pupils, combined with a general weakness and inability to notice surroundings.

One of the chief points in dealing with an emergency is to maintain one's own self-control, and that comes with experience, oftentimes dearly bought. The next is to maintain that of the patient if necessary, in the case of hæmorrhage, for instance, where digital pressure on an artery is required, and when the sight of a quantity of blood has alarmed him. Frequently this condition follows some big operation, and may be expected. Sometimes it is quite unexpected, but the most inexperienced should be able to meet the emergency to a certain extent by the use of common sense. Seeing that the temperature is low (95°), she naturally assumes it must be raised, and that quickly. Additional clothing, previously warmed, as bed jackets, long operation stockings, blankets heated, hot bottles—all come under "the use of common sense."

Care should be taken that all extra clothing should be of a woollen material, and light—new blankets for preference—these are both lighter and warmer. The removal of the counterpane often is a comfort to the patient, as it is of cotton, and therefore of no warmth, and often quite heavy.

With regard to hot bottles, these should be very well protected by bags, as the patient may pass almost imperceptibly from a state of collapse to one of unconsciousness.

Hot drinks—coffee, cocoa, milk—may be administered slowly, care being taken to see that they are well diluted; as, owing to the low vitality, the digestion may be impaired, and complications may arise through vomiting. The use of stimulants must be left to the medical man, or, if his advice cannot be

obtained, to the discretion of an experienced person, as hæmorrhage, external, internal, or concealed, may be present.

A saline or coffee enema may be administered with or without brandy.

Again, 1—3 pints of saline, T. 115°—120° F. may be allowed to run into a vein previously opened by the doctor, for which operation the nurse should have everything ready beforehand, as every minute may mean life or death to the patient.

The use of the electric cradle, especially in the case of children, has often been proved to save the situation.

Great care must be taken in the use of these to see that the patient is well covered with a blanket to avoid a burn which, if once occurring, is most difficult to heal. The temperature can be kept at a regular heat until a satisfactory condition is obtained, but the patient should never be left, and constant hot drinks may be administered.

Throughout all treatment, the temperature should be taken about every half hour in very serious conditions, and at the end of three or four hours there should be some improvement. After this the nurse must use her own discretion as to the reduction of extra bedclothes, &c., or the patient will become restless and uncomfortable. He may even need drying down with a hot rough towel, owing to sweating after the application of so much extra heat.

Up till now we have assumed that the patient was in bed, and that the condition occurred during the course of illness. A word may be said in the case of an emergency arising as the result of a street or railway accident.

He must be removed immediately to a couch or bed and placed in the recumbent position, and with his clothes loosened. While extra blankets, &c., are being obtained, the extremities may be vigorously rubbed to restore circulation, and hot drinks given.

Hot bottles may be used, but if unobtainable, a brick heated and rolled in flannel may have to serve the same purpose.

A medical man should be summoned; meanwhile, go on using all the means at hand. While there is life there is hope.

"There is no failure," says a great man, "except in giving up trying." "Keep on keeping on," said another.

QUESTION FOR NEXT WEEK.

What points should a nurse attend to in the general management of a patient suffering from valvular disease of the heart?

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