

## OUR PRIZE COMPETITION.

### DESCRIBE BED-MAKING, AND HOW TO LIFT AND MOVE PATIENTS.

We have pleasure in awarding the prize this week to Miss Janie Vance McNeillie, Knockcoid, Ervie, Stranraer.

#### PRIZE PAPER.

If not allowed to move the patient for bed-making, see that the clothing under him is dry, clean, and free from wrinkles, and that pads and cushions are arranged to relieve pressure. Change or turn the thin soft blanket next him, if a cradle is used to keep off the weight of the upper clothing. If he *may* get up, guard against chill by wrapping him in a warm blanket, and helping or, if necessary, lifting him out of bed. The mattress, lying on a clean dustmat which has been securely fixed on the carbolized bedstead, can be turned; and if it must be protected by a mackintosh, put an old thickened blanket between; then the sheet—spread smoothly and evenly, and tightly tucked in all round—will keep all in position even should the mattress be divided in sections, or wedge pillows used. A half mackintosh and draw-sheet to extend from the shoulders to halfway down the thighs, with an air or water pillow between (if necessary), should be put straight across and tucked in firmly at both sides of the mattress, the long end of the draw-sheet rolled or folded neatly to be smooth and fresh when drawn under the patient. Adjust pillows. After this two-minutes' work the patient can be lifted back into bed, and the upper clothing—the sheet (left longer at the top to turn down some distance over), the blankets, and the quilt, counterpane, or eiderdown—put on. They should come well up to the throat, and if he is restless the sheet and blanket must be well tucked in at the bottom. In a hospital ward you want the beds to look as nearly alike as possible—the counterpanes at equal distance from the floor on both sides, &c. For cases of long confinement in the recumbent posture you may have an air or water bed—to more evenly distribute the weight of the latter you must have a thick board (perforated for ventilation) under the mattress. Put a blanket under the water-bed to prevent it adhering to the mattress. With bed blocked, fill three-quarters full with water at a temperature of 90° F. Fix stopper, remove blocks, and cover with a blanket before putting on the sheet, &c.

When the patient must be put directly between blankets, as in acute rheumatism, a blanket is spread smoothly and tightly over the undersheet, and another nice old soft one over him before the upper sheet, blankets, and quilt.

In injuries to the head a jaconet or mackintosh cover under the pillowslip, or a mackintosh and draw-sheet if a pillow is not allowed, may be called for; and similar protection when there is discharge from the lower limbs.

When the patient's condition permits of his being turned over on his side the changing of the undersheets is easily performed single-handed. Have the fresh ones rolled—the large or under one lengthwise—the draw-sheet folded the required width and folded or rolled from one end; free the soiled ones down one side of the mattress, and roll them up to the patient; tuck in the clean ones straight and firm, and push their rolls against the others. Turn the patient on his other side, remove the soiled sheets, smooth and fix the clean ones in position. When the horizontal position is imperative, have assistance to lift the patient sufficiently to get the soiled ones away; and the clean rolls can be reached by pressing down the mattress and worked through. The "top to bottom" method of changing the sheets by working similarly from above downwards to the feet is preferable in many surgical cases.

While one nurse can lift a child or a very light patient by putting her arms under the shoulder and pelvic girdles, the patient putting his arms round the neck, two nurses are needed for lifting and moving a helpless heavy patient. Standing at the same side of the bed, one lifts the head and shoulders, the other the pelvis and legs. Or he may be lifted on a strong sheet, one nurse standing at the head, the other at the feet. He may be kept perfectly horizontal while being lifted and moved if two poles are rolled tightly into the sheet to within a few inches of him, thus converting it into an impromptu stretcher.

If the patient is able to sit up, the two nurses may make a seat by catching each other's wrist, and support his back by crossing the other arms, the patient assisting by putting his arms over the nurses' shoulders.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. Kate Ellis, Miss G. L. Sheppard, Miss C. G. Cheatley, Miss P. Robinson, Miss M. Taylor.

#### QUESTION FOR NEXT WEEK.

Describe how to give a nasal douche, the articles used, and danger to avoid.

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