

OUR PRIZE COMPETITION.

HOW WOULD YOU PREPARE FOR GIVING A HYPODERMIC INJECTION? STATE WHAT A HYPODERMIC TRAY SHOULD CONTAIN.

We have pleasure in awarding the prize this week to Miss Elizabeth Helen Gibert, 1st London General Hospital, Camberwell.

PRIZE PAPER.

The care and use of the hypodermic syringe is of great importance. The instrument is of a fine and delicate nature, and if left in the hands of a careless or unconscientious nurse, serious trouble may arise, and indirectly the life of the patient may be at stake. Before "preparing for the use," one point of great importance should be mentioned, or the *preparing* may be of some delay; namely, as regards "the putting away after use." After boiling, spirit or ether should be run through the hypodermic syringe and the wire inserted through the needle, and the whole dried. In the case of hypodermic syringes which are seldom used, some lubricant should be applied to the syringe and piston.

Having ascertained that the syringe is in good working order, it must be sterilized before use by one or other of the following methods:— It should be taken to pieces, rolled in a piece of gauze, and placed in a receptacle in a sterilizing apparatus, containing cold water, and brought gradually to the boil. At the end of three minutes it should be taken out and allowed to cool, or, if required immediately, cold sterile water may be added.

By some it is considered sufficient to boil the needle only—the wire being withdrawn and the eye being uppermost—in a test tube over a spirit lamp, the piston and barrel being placed in some antiseptic lotion.

The third method is the most simple, and besides being equally effectual, retains the syringe in use for the slightest or greatest emergency, namely, by keeping it in a solution of 10 per cent. Formalin, and covered to prevent the admission of dust and germs.

After being exposed to one or other of these processes, it should be placed on a piece of sterilized gauze for preference (the hair of lint or wool too readily adhering to the damp surface) in a small tray, generally reserved for the purpose, care being taken all the time to preserve the point of the needle, which must be free from rust, and sharp.

The nurse's hands should be aseptic, before filling the syringe, as well as the patient's skin, or small abscesses may occur, and in the present war, where one is dealing so much with a septic

condition of wounds, asepsis is most necessary to prevent further trouble.

It is usual as well to tell the patient what is going to be done, as the sight of "that needle" to the nervous type of patient is often quite a source of fear; especially is it advisable in the case of giving anti-toxins or drugs, such as ergot, given intra muscularly. A swab soaked in ether or iodine, rubbed over the selected spot, generally the thick part of the upper forearm, calf, thigh, buttock, abdomen, or under the breast is sufficient to render the skin sterile, and the swab left on the spot till the injection is given.

In filling the syringe the greatest accuracy is required.

The label on the bottle and the quantity ordered must be perfectly clear.

Having drawn into the syringe—without the needle—approximately the amount ordered (a minim over is generally allowed for waste in expelling air and the filling of the needle), the syringe should be inverted and all air expelled, the needle put on, and the fluid brought to the eye, the piston being set at the exact quantity marked on the barrel of the syringe. This may be checked or not. It is merely a matter of form, but it may prove of great satisfaction to some, especially when a drug is being administered for the first time, and the patient afterwards shows an idiosyncrasy to that drug.

There are two methods of giving a hypodermic injection:—

The first by taking up a fold of the skin between thumb and first finger, firmly and with slight pressure.

The second—distinctly the less painful—the "drum-head method," by straining the skin tightly over the selected area, but in both cases the needle should be pointed towards the patient with the eye downwards. This should give a more even flow of the fluid.

A hypodermic tray should be made of glass, porcelain, or enamel, and kept spotlessly free from dust. It should contain:—

(1) The hypodermic syringe, either in or out of its case.

(2) The drugs in small glass-stoppered bottles accurately labelled (if for a special patient, his name on it also), with name of drug and strength of the solution. (The most common of these are morphia and strychnine.)

(3) A small bottle of iodine.

(4) A small bottle of distilled water.

(5) A watch glass and liqueur glass for the dissolving of drugs in tabloid form.

(6) Small labels.

These last are useful when, for emergencies,

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