

it may be found necessary to leave a hypodermic in readiness, and it should have clearly stated on it the drug and its quantity and for whom it is required, and, if necessary, the time at which it is to be given.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. G. Cheatley, Miss F. Stanley, Miss C. E. May, Miss H. Ballard, Miss M. Mackenzie, Miss O'Brien, Miss D. Vine.

QUESTION FOR NEXT WEEK.

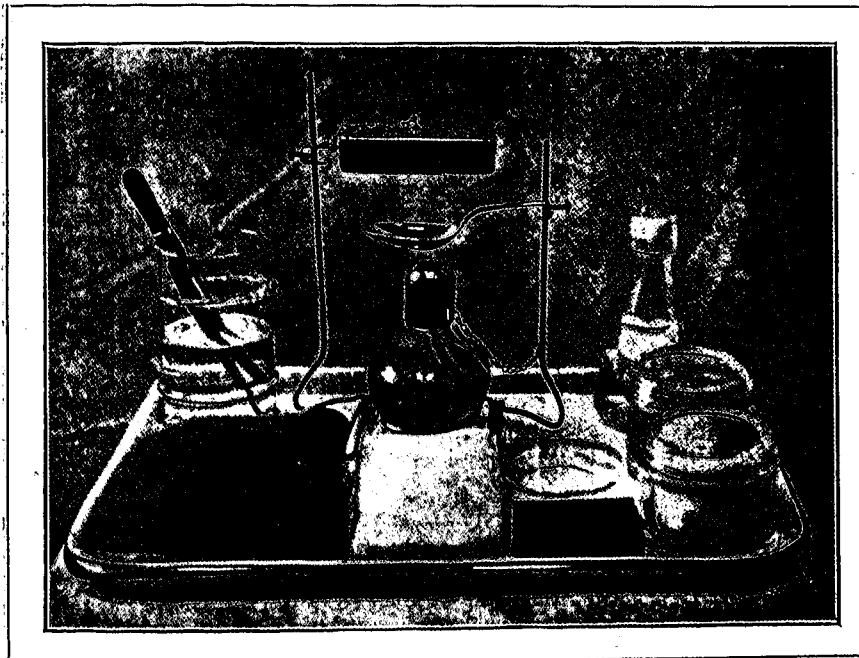
Describe bed making, and how to lift and move patients.

The following method of giving a hypodermic

To prepare a hypodermic:—(1) Pour water from the flask into the spoon, and let it boil. Place a tablet in the boiled water and dissolve it, using the forceps to take the tablet from the bottle. (2) Pour water from the flask into the sterilizer. Remove the wire from a needle. Place the needle and syringe in the sterilizer, separating the piston from the barrel. Boil one full minute. (3) Draw the solution from the spoon into the syringe. (4) Attach the needle, using forceps. Expel air. Place on sterile compress. The hypodermic is now ready.

Prepare the patient by washing the skin with alcohol, 70 per cent., using a sponge.

Pick up the muscle between the finger and thumb, and insert the needle under the skin at an angle of about 65 degrees. Some doctors prefer to have the skin stretched instead of pinched, when the needle is inserted. The syringe and needle are washed under running water, the barrel and piston being separated. They are then wiped dry, and the wire inserted in the needle. The needle is boiled for a full minute and placed in the covered box. When camphor or mercury salicylate is used, the syringe



A HYPODERMIC TRAY.

injection, described by Miss Josephine Hughes, R.N., in the *American Journal of Nursing*, is employed at the Margaret Fahnestock Training School of the New York Post-Graduate Medical School and Hospital, New York City.

The hypodermic tray contains an alcohol lamp, sterilizer for syringe and needles, sterilizer for solution, flask for sterile water, glass cover box with needles and wires, glass cover box with alcohol and sponges, glass dish for burned matches, glass jar with alcohol, 70 per cent., and forceps, Luer syringe in compress, box of matches, package of sterile compresses.

All medications are kept in a medicine cabinet just above the tray.

must be washed in warm soap and water.

APPLICATION OF TOURNIQUET.

A surgeon, speaking at a meeting of the Medical Society of the State of Pennsylvania, said there are three methods of applying the tourniquet, on the artery, vein, and capillary. It should never be made tight enough to stop hemorrhage, only the spurting from the wound, and when spurting ceases, the tourniquet should not be further tightened. The remaining hemorrhage should be stopped by direct pressure on the wound.

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