

OUR PRIZE COMPETITION.

WHAT ARE THE ESSENTIAL POINTS IN THE NURSING OF A CASE OF CUT THROAT, AND WHAT COMPLICATIONS SHOULD YOU BE ON THE LOOK-OUT FOR?

We have pleasure in awarding the prize this week to Miss Catherine Wright, 2, Dryden Road, Bush Hill Park, Enfield.

PRIZE PAPER.

The chief points in the nursing of a case of cut throat are, observation, resourcefulness, tact, presence of mind to act in any emergency. The condition of cut throat is rarely due to accident. It is rather the result of a murderous attack, or an attempt at suicide, and the patient may be reduced to a mental and physical condition of collapse by fear, remorse, or from the severity of the wound, therefore the nursing qualifications mentioned above may prove invaluable assets towards the ultimate recovery of the sufferer.

The medical attendant will arrange and decide on the best position for the patient, and this must be carefully maintained, avoiding any sudden movement or jerk, by an arrangement of sandbags around the head and neck. A careful watch must be kept on the dressings for any oozing or signs of hæmorrhage, and should the latter occur, the doctor must be summoned immediately, and digital pressure over the bleeding spot be maintained until help arrives.

The nostrils, tongue and lips should be kept moist by gentle swabbing with glycerine and borax, or by a solution of soda bicarb. 5 gr. to water $\frac{3}{1}$.

Should there be very great thirst, saline injected per rectum very slowly will relieve this condition, and feeds per rectum may be ordered. Local warmth may be diffused by well-protected hot water bottles around the patient, and the room should be at an equal and unvarying temperature of 70° Fahr. Hygienic conditions must be observed, with as little movement as possible.

Very great care must be taken to prevent particles of discharge from entering the trachea from the wound, as, if the air passages are injured, complications of bronchitis or septic pneumonia may supervene, if any germs get absorbed into these passages.

The mental condition of these patients plays a very large part in the ultimate recovery from fear or depression. The patients have, for the time being, lost their *moral*. Their powers of resistance are lowered, and they may again attempt to injure themselves; they should there-

fore never be left alone. Speech may be difficult for them, but a pencil and paper may be used as a means of expression and a useful way of communicating their wishes and needs.

When food is permitted, it should be arranged daintily, with a due regard to facilitating mastication, thus avoiding any sharp implements which might suggest a recurrence of the suicidal impulse.

The room and surroundings should be as homelike and as natural as possible, in order that the patient may make a good recovery, with the wish to resume his ordinary life. With expert nursing care, the domination of mind over matter will certainly be of the greatest benefit, resulting in restored health, if the injury is not too severe to admit of the patient's recovery.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Alice M. Burns, Miss E. Trevethan, Miss E. Taylor, Miss P. Thompson, Miss M. Robinson.

Miss Burns writes:—

A case of cut throat usually becomes the nurse's province after the sutures are put in. The essentials of nursing care go to meet the collapse from shock and bleeding, to assuage restlessness and prevent delirium tremens, to support the strength, and to make and keep the wound aseptic.

We prepare to receive the patient with plenty of hot bottles and blankets, and make preparations for saline infusion.

Sandbags will be necessary to keep the head still and also the edges of the wound in apposition, and when the patient begins to vomit great care will be necessary to keep the dressing clean, but if it should be soiled it must be changed immediately.

The usual means for checking vomiting must not be lost sight of.

At the earliest opportunity, a smart purge should be given. These patients rarely come to us from a happy condition of things, and are frequently more or less alcoholic. The shock of their injury, their distress of mind, and the enforced restraint in bed, are circumstances which are very likely to produce a fit of delirium tremens. Thorough purging is of great assistance as a preventive in these cases. Great restlessness is a common feature, and morphia will probably be ordered.

QUESTION FOR NEXT WEEK.

Give the symptoms and treatment of acute gastro-enteritis in a child of one year. Detail the preparation of the diet during all stages of the illness.

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