

OUR PRIZE COMPETITION.

WHAT IS MEANT BY "BARRIER NURSING"? WHAT ARE THE NECESSARY DETAILS TO BE CARRIED OUT IN "CUBICLE NURSING"?

We have pleasure in awarding the prize this week to Miss A. G. Young, Plaistow Fever Hospital, Samson Street, Plaistow, E.13.

PRIZE PAPER.

PART I.

Barrier Nursing is an extremely interesting phase in the routine of an infectious hospital. Interesting because the nurse can concentrate on particular symptoms without reference to other cases, and absolute isolation gives the opportunity of noting the most delicate changes in the condition of the patient. The barrier system has been proved a successful method of ensuring the isolation of an infection foreign to that of the ward in general in which it is being nursed.

This isolation of patients is employed for various reasons. A patient is, or may become, dangerous to the other patients in the ward in the following ways:—

(1) Previous to admission a patient may have been associated with an additional infection, and may possibly develop this secondary infection after admission. Here the patient can be isolated (barriered) till the incubation period is over.

(2) A patient may have two infections, one of which is not proper to the ward in general, and therefore is barriered to prevent infection spreading.

(3) The nature of an infection may be doubtful on admission. Then, there being the chance that he will infect other patients or become infected himself, he is barriered.

(4) A case, having been in a ward some time, may develop another infection or an infectious complication. Then he is barriered.

Now let us consider the different ways of isolating cases.

(a) The *barrier* is carried out in large wards.

The barriered cases are placed at the entrance of the ward and on either side. In this way the "barriers" who are dangerous to each other are farther apart than if one side of the ward was given to barriered only. The infections most difficult to control, especially whooping-cough, are placed in the end beds, so that there is only one bed next to the patient, and the least infectious barriered are placed next to the unbarriered part of the ward. The other patients in the ward are arranged according to their immunity to the barriered infections. A patient having had a given infection, and therefore

more likely to be immune from it, is placed in the bed next to the barrier whenever possible.

Speaking of the barrier itself,

At the foot of the bed are placed two upright stands, with a red cord stretched between, to represent the imaginary line that is drawn round the bed. At the bedside hang nurses' and doctors' gowns, and no one approaches the bed unless attired in a gown. Of course, should an emergency occur, and the nurse attend to the patient without a gown on she changes her apron, and, if necessary, her dress. Before going to the bed, the nurse completely immerses her hands in disinfecting lotion, which stands by the patient's bedside—either lysol, or perchloride of mercury. On leaving the bed, she again washes her arms and hands in the lotion. All nursing and feeding articles for the barrier's use are kept separate, and used for no one else. They are kept preferably in his own locker. Also in his locker are kept his washing blanket, duster, towel for his feeding articles and one for his treatment utensils. All bed-linen and clothes for barriered patients, when soiled, are put in a receptacle kept for the purpose, and steeped in disinfectant before going to the laundry. The feeding and nursing articles are taken away after use, washed, and brought back to the locker. When up, barriered cases are not allowed in the unbarriered part of the ward.

As regards nursing, barriers in a ward are left till last, and then attended to in the order of their infections. Likewise, when the medical officer is doing his round, the barriers are visited last. It is essential that each one of the staff should know the reason for the case being barriered. A card is kept with the charts of the patient, with full particulars as to cause and date of the patient being barriered. The order in which the barriers rank, leaving the most infectious to the last, is as follows:—

Diphtheria, Mumps, Rubella, Typhoid Fever, Whooping-cough, Measles, Chicken-pox.

(b) Another way of ensuring isolation is

Bed Isolation. This is a method of isolating mixed infections and also single infections in a large ward. In the barrier, only few patients are isolated; in bed isolation, every case. Again, the arrangement of cases must be considered, such cases as can be, are brought together to decrease the number of points from which infection can spread. Bed isolation is said to control all infections (except Small Pox, which has not been tested), but it is doubtful yet as regards Chicken-pox, Measles and Scarlet Fever.

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