

## OUR PRIZE COMPETITION.

WHAT MEASURES WOULD YOU ADOPT TO CHECK HÆMORRHAGE FROM (a) THE LUNGS (HÆMOPHYSESIS) (b) A DEEP CUT IN THE FOREARM, (c) A RUPTURED VARICOSE VEIN?

We have pleasure in awarding the prize this week to Miss Rose Ellen S. Cox, The Bungalow, Park Road, Monton, near Manchester.

### PRIZE PAPER.

In all cases of severe hæmorrhage a nurse should send at once for medical assistance, in the meantime using what means she has at hand to check the bleeding.

(a) *Hæmoptysis*, or hæmorrhage from the lungs, is recognised by its bright red and frothy appearance, and it is usually coughed up in mouthfuls.

*Treatment.*—Lay the patient in a recumbent position, with the head and shoulders slightly raised and the head turned to one side, loosen all clothing about the chest, open the window and door to allow a current of air through the room. If ice is procurable, place an ice-bag (covered with a piece of flannel) on the chest and give the patient small pieces of ice to suck. If ice is not available, cloths wrung out of cold water may be applied to the chest and changed frequently. Small sips of vinegar and water may be given, or the patient may be allowed to suck a lump of sugar on which a few drops of turpentine have been sprinkled. He must be kept very quiet and not allowed to talk or exert himself in any way. No alcoholic stimulants must be given, but if faintness comes on apply smelling salts to the nostrils, and hot bottles (wrapped in flannel) to the extremities. A little cold strong coffee may be given if the shock is very severe. For a few days after the attack the patient must be kept on fluid nourishment, which should not be hot, only warm.

(b) *Deep cut in the Forearm.*—Hæmorrhage from a deep cut in the forearm may be arterial or venous, and will be distinguished by its colour, arterial blood being bright scarlet and coming in spurts corresponding to the heart-beat. Venous blood is recognised by its purplish colour and its steady continuous flow.

If the bleeding be from an artery the wound should be covered with a piece of clean lint and digital pressure applied to the Brachial Artery, pressing firmly downwards and backwards against the humerus, in the middle of the arm, after first elevating and extending the limb. If this does not arrest the bleeding, compression by forcible flexion must be used. This is done by placing a hard pad in the bend

of the elbow and flexing the forearm over the arm and keeping it firm by means of a bandage. This is rather uncomfortable for the patient, therefore he should never be left alone or he may become restless and displace the pad, which would cause the bleeding to recommence.

If the bleeding be from a vein, pressure should be applied at a point farthest from the heart. Also directly over the wound by means of a graduated compress. This is made by cutting several pieces of lint in graduated sizes, the first one being cut just the size of the wound, each layer slightly larger than the others. The compress should be soaked in some antiseptic and firmly bandaged on to the wound. When the bleeding has ceased the wound should be dressed and the limb slung from the elbow.

(c) *A ruptured varicose vein.*—In the case of hæmorrhage from a varicose vein the limb should be elevated and pressure applied both above and below the wound, as in varicose veins the valves become distended and allow the blood to flow backwards. All constrictions, such as garters, should be removed. When the bleeding has been controlled, a compress should be applied to the wound, and the limb bandaged from its extremity upwards. It must be kept in an elevated position for some days.

In all cases of hæmorrhage the patient must be kept very quiet, and all exciting influences removed from his presence. After severe hæmorrhages salines per rectum or subcutaneously may be ordered by the doctor. If the shock is very severe the nurse may give a rectal saline before the doctor arrives, should there be any delay in procuring medical assistance.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Her Royal Highness Princess Arthur of Connaught, Duchess of Fife, Miss E. O. Walford, Miss J. Peele, Miss P. Thomson, Miss B. James.

Her Royal Highness, Princess Arthur of Connaught, writes concerning the care of a patient suffering from hæmoptysis:—"Get the patient to bed in a semi-recumbent position. If the nurse has been told from which lung the hæmorrhage is likely to come, she should place the patient on his side with that lung undermost, to prevent, as far as possible, the flooding with blood of the tubes of the other lung, and, in a case of injury, to allow the uninjured lung to work freely."

### QUESTION FOR NEXT WEEK.

What nursing treatment and management are required for a case of infantile wasting?

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