

OUR PRIZE COMPETITION.

WHAT MEASURES WOULD YOU TAKE IN THE CASE OF A WOMAN IN LABOUR SUFFERING FROM CONVULSIONS, PENDING THE ARRIVAL OF A MEDICAL PRACTITIONER?

We have pleasure in awarding the prize this week to Miss Marian Gillam, 32, High Street, Newport-Pagnall, North Bucks.

PRIZE PAPER.

Having despatched form for sending for medical assistance in accordance with Rule 20 and form 23 of the C.M.B. Rules, marked urgent, I should place the patient in bed flat on her back and head turned to one side, which allows the saliva and vomited particles of food to be posseted, safeguarding against asphyxia. Remove false teeth, if any, and place a gag between the jaws. A gag can readily be made of a piece of wood or the handle of a spoon, with a piece of old linen or handkerchief wrapped round. Carefully cleanse the mouth when necessary, and above all, watch and keep the woman from injuring herself. Ensure absolute quietness in the room, as the least noise may bring on another convulsive seizure. Allow a continuous supply of fresh air to enter without causing a draught; this can be assisted by withdrawing unnecessary occupants from the room. The convulsion will suggest to the nurse, either enclamptic or epileptic fits. In the former, sweating must be induced, so without delay, and with little disturbance and noise, apply hot blankets and bottles to the patient, exercising great care to avoid burns during unconsciousness. The progress of labour must be watched from time to time without undue exposure, and asepsis must be maintained as strictly as possible; susceptibility to sepsis is easily reached at this stage.

Be careful to note and record temperature, pulse rate, and respiration, also the number, character and duration of the convulsions. Try to procure specimen of urine—a sterile catheter should be ready to hand—should same be required. Notice urine, and whether the quantities be large or small, if passed unconsciously, and if any evacuation from the rectum; cleanse immediately for fear of introduction of germs into the vagina and uterus. Have in readiness a sufficient supply of hot and boiled water, in case a hot pack is prescribed by the registered medical practitioner, who may also require water for stomach wash out, large rectal saline, or intra-venous injection. A strong purgative (croton oil) or Pilocarpine H.I., may be given, also bromide of potassium; but these the medical man will prescribe.

The midwife should enquire tactfully from

the relatives present, the history of the patient. If she has had fainting fits before, or is subject to epileptic seizures; the patient will often omit to tell the midwife of the latter type when engaging her services. The two types of fits are distinguishable: in eclampsia the patient may complain of headache, loss of sight, dizziness, pain in the back, albumen may be in a large or small proportion in her urine, the amount of urine passed may also be diminished, or she may never complain at all, the first intimation of the condition being a fit, of which she may have as many as twenty, though generally about ten. In epilepsy, the fit is preceded by a cry or warning. Should consciousness return, plenty of fluids should be given, preferably hot milk; these will encourage the kidneys in their function and help to throw off the toxins. Over-anxious relatives should be suppressed regarding enquiries as to "How does the mother feel?" Should the medical practitioner be a long time in arriving, and the patient still unconscious, a hot pack could be given, also rectal saline $\frac{3}{8}$ viii. The uterus and its contents must be carefully watched; it would be well to have douche can and nozzle in readiness, also ergot. The doctor, upon arrival, may terminate labour, and possibly post-partum hæmorrhage may follow, which also lowers the vitality and increases the risk of sepsis.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Catherine Wright, Miss Freda Wilson, Miss M. Thornton, Miss Y. Bevan, Miss J. Pepper.

Miss Catharine Wright writes:—"Endeavour to obtain a specimen of urine for testing, as it is in the kidneys that the toxic poison lies, and the percentage of albumen may be a valuable guide to the doctor. Await his orders for catheterization, as any undue disturbance may create a convulsion and increase the danger of sepsis, to which a patient in this condition is very prone. Do not leave the patient for an instant."

All the competitors assume that the question is one which concerns midwives, but we may point out that a maternity nurse may at any time be confronted with a case of convulsions pending the arrival of the medical practitioner, and should be able to distinguish between the different types, and to decide as to the immediate action to be taken.

QUESTION FOR NEXT WEEK.

What are the principal drugs taken by drug addicts? What precautions would you take in regard to such patients, and what are the nursing points in caring for them?

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