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## EDITORIAL.

### SAFETY FIRST.

The *Modern Hospital* had last month a "Symposium on Pharmacy for Nurses" in its Nursing Section, which is conducted very ably by Miss Carolyn E. Gray, R.N., and taking into consideration the numerous accidents which occur from ignorance in the administration and application of drugs, we studied this series of articles with interest. Mr. William Gray, pharmacist at the Presbyterian Hospital, Chicago, instructs each nurse for one month in the drug room. The work of the pharmaceutical department is altogether practical in character. The pupils receive instruction in materia medica from the professors in that subject at Rush Medical College. In the drug room they learn what is most important—pharmaceutical arithmetic; that is, they learn the real meaning of the figures and tables which they thought they had learned in the school room long before. Most important of all, they are taught what might be called the technique of applied common sense in the handling of drugs. All the pupils, as high school graduates, have learned their tables of weights and measures, and all have learned to translate percentages and decimals into vulgar fractions and vice versa. In the drug room is developed a sense of proportion—a sense of the mass relations between quantities, so that writing a decimal is not a mere mechanical placing of a decimal point, but the expression of a quantity which is felt to be small or large, whether expressed in common fractions or in decimals. Pupils are taught the value of exactness, they are taught to spell "gramme" instead of "gram," because the latter, hastily written by hand, might easily be read "grain." They are taught exact instead of approximate equivalents between the metric and apothecaries' systems. They are shown by demonstration that a drop is not always a minim, but varies according to the dropper and the viscosity of the liquid.

In the "applied common sense" or "safety first" division of the course comes instruction to avoid divided attention. "If, when one is reaching for a bottle on a shelf, for instance, someone else speaks, claiming the attention for the moment, the hand, unless arrested in its search, almost invariably takes the wrong bottle. We try to emphasize the importance of giving undivided attention to such tasks—or stopping at once if the attention is distracted. We teach our pupils not to depend on the appearance of the container or the substance it contains, but always to read the label, not merely once, but twice, once before taking out the dose, and once before replacing the bottle on the shelf." The writer believes that the educational value of the work is all the greater, since the purpose is not to pour into the minds of the pupils as large a mass of information as possible, but to vitalise what they do know—to wake them up. He asks, as nurses do not compound prescriptions on the floor: What is the gain to the hospital in teaching the methods of the pharmaceutical department?; and he replies: The gain to the hospital is chiefly in the better protection of the patient, and the better understanding and co-operation between the nurses and the department. He thinks nurses are sometimes inclined to be wasteful: whatever they want they must have, even if a submarine has to be chartered to fetch it; and they are sometimes inclined to order in extravagant quantities. They become more thoughtful in these matters after they have had practical experience; therefore, he feels that the time used in this work is well spent.

Miss Carolyn Gray endorses the plea for "safety first," and advises that physicians' orders to nurses should invariably be clearly written or printed, and not given verbally, as serious mistakes may result from misunderstood verbal instructions.

We are entirely in agreement with her claim thus to protect the patient and the nurse.

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