

## OUR PRIZE COMPETITION.

WHAT PRECAUTIONS DO YOU TAKE WHEN NURSING A HELPLESS PATIENT, FOR THE PREVENTION OF BEDSORES? AT WHAT STAGE WOULD YOU REPORT A THREATENING BEDSORE TO THE MEDICAL PRACTITIONER IN CHARGE OF THE CASE?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.21.

### PRIZE PAPER.

Bedsores may be caused by—

- (1) Careless treatment, such as rucked sheets and crumbs under patient, or insufficient drying of parts after washing.
- (2) Incontinence being continual without proper changing.
- (3) Injury, especially the case with enamelled bedpans, which chip, and quickly abrade the skin, or may be due to patient being on a bed pan for too long a time, as the pressure restricts the circulation and causes bruising.

Prevention of bed sores is of the utmost importance in nursing cases confined to bed, and are very serious complications if allowed to occur; they are most likely to occur in paralysis, tuberculosis, diabetes, fractured-femur cases, and all debilitating diseases, owing to lack of blood supply, either by impaired circulation or under-nourished tissue.

Three points must be borne in mind by every nurse in endeavouring to combat this evil:—

- (1) Cleanliness.
- (2) Change of position of parts exposed to pressure.
- (3) Stimulating circulation of parts.

(1) Absolute cleanliness includes patient and his bed. The nurse must well wash all parts exposed to pressure with plenty of soap and water, well rubbing soap on with the palm of the hand and not the flannel; rubbing should be in a circular movement; thoroughly wash off soap and dry well with a soft, warm, towel. Methylated spirits should next be well rubbed on to harden the skin, and powder, equal parts of starch and zinc, applied with a swab of wool; such parts needing attention are the back, buttocks, hips, elbows, shoulders, and heels.

In women equal care must be taken of the groins and under the breasts, as much soreness can result if neglected; powder well after washing, or if a hard skin, ointment may be better. Sheets on which patient lies must be soft and free from creases and crumbs, and

should not be washed with chemicals, which irritate the skin. If the patient is incontinent or very thin, this must be done 4-hourly and draw sheet drawn or changed as necessary; for ordinary bed cases twice daily is usually sufficient.

(2) Position of patient should be changed or relieved as much as possible. Air rings, water beds, or cushions of various sizes all help to relieve pressure, but must not be filled with air or water till they are hard; half full is sufficient for most patients. Paralysed, diabetic and many patients can be turned from one side to the other frequently, but fracture cases must be made as comfortable as possible without much movement, but much relief is obtained by the back being treated and a cool sheet being inserted. Great care should be exercised in giving bed pans to all these cases; no cracks or chips must be on any part of pan, it should be warm, not hot, and a pad of wool placed to relieve pressure on prominent parts. Rubber bed pans are most useful, especially in fractured femur cases; net beds are much used in these cases now, and alleviate the difficulty.

(3) Stimulation of parts is effected by means of rubbing. This is the most efficient means of stimulating the circulation, and no matter how much ointment or other application is applied, it is useless unless well rubbed in until the warmth of the skin reacts to rubbing.

Any exposed parts becoming discoloured over a prominence, or a small papule, bruise or crack of skin must be immediately reported to the doctor; some hard skins will often crack and reveal a sore with very little warning, and so careful observation is necessary to detect any signs of breaking down of tissue, or a bedsore which may greatly impede patient's progress may result.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. Firth Scott, Miss E. Meddman, Miss Linda M. Smith, Miss P. Thomson, Miss M. Roberts.

Miss Linda M. Smith writes:—In prolonged cases a mixture of zinc ointment and castor oil is sometimes used instead of or alternately with spirit and powder, and it must be remembered that skins vary with the owners. Some nurses wrap the elbows and heels in wool if there is much emaciation.

### QUESTION FOR THE WEEK.

How would you care for the following ward appliances: mackintoshes, test tubes, hypodermic syringes, window blinds?

[previous page](#)

[next page](#)