

HOW TO KEEP THE PATIENT'S BED DRY DURING CARREL-DAKIN TREATMENT

BY MISS AMY PHIPPS.

Where continuous irrigation is in process the utmost vigilance is always needed to keep the patient's bed dry and comfortable, and, by reason of the nature of Carrel-Dakin solution, this is of still greater importance in connection with the Carrel-Dakin treatment, as not only is the patient's immediate comfort under consideration, but also the harmful effect of contact with the lotion to the surrounding tissues. To fully appreciate this fact, it must be borne in mind that the solution, although having a valuable healing influence upon wounds, proves intensely irritating to the healthy skin, which, after contact with it, quickly becomes reddened and sore looking, and if such contact is allowed to go on, rapidly becomes a sore surface, which tends to ulcerate.

The solution is prepared from chlorinate of lime, and carbonate and bicarbonate of soda; the amount of each is very accurately triturated and prepared; the process needs great care and much patience after preparation. It is carefully tested before use, to see that the right effect of the chemical combination has been produced, viz., the setting free of an exact amount of free chlorine. The solution is prepared fresh every day, and is kept well corked in a dark place. It is usually coloured pink with aniline dye.

The bed is prepared with a mackintosh arranged under the part for application, and is prepared with a gutter leading into a bowl. Where such is procurable, a Kelly cushion answers the purpose admirably, and adds greatly to the patient's comfort. The cushion part is thoroughly carbolicised, and arranged under the wound, any excess of fluid running down the Kelly apron into a pail. Another great aid to securing a dry bed is to get and keep the patient in as comfortable a position as possible, otherwise he will move about and disarrange the irrigation apparatus in trying to get so. The two most common methods of application are:—

1. The continuous drip irrigation.
2. The intermittent irrigation by instillation.

In the first instance the patient must necessarily be in bed, except in the case of the upper extremity, when he may be made comfortable in a chair. The douche can is suspended on the wall or can-stand, and so arranged that the tubes, ending in tiny glass nozzles, are exactly

over the wound, which is usually covered with a layer of gauze. The tubes are provided with clips to regulate the flow. A strip of sterile gauze, attached to a rubber tube to keep it in place, is inserted in the lowest part of the wound, and by this the excess of lotion is, to a large extent, led away by syphonage.

By far the most important factors in successfully keeping the patient dry are:—

1. Keeping him comfortable.
2. Carefully regulating the flow from the irrigator.

In the intermittent irrigation the wound is covered with a specially made loose gauze swab, lengths of sterile tubing (about 9 inches) are tied at one end, and above this they are finely perforated with a special small "punch" for about one inch. The tubes, one or more, according to the size of the wound, are placed with the perforated end on the gauze, and kept in position by being strapped to the leg near the open end. Over this is placed another layer of gauze and a large sterile gauze pad, and the whole firmly bandaged. With a small ball syringe about 3 ss of Carrel-Dakin solution is instilled into each tube every two hours, day and night. If the limb is arranged conveniently before going to sleep the treatment can be carried out without disturbing the patient; and by day, unless other conditions demand it, he need not stay in bed for treatment.

The immediately surrounding skin is protected by sterile "vaseline gauze" arranged round the edges of the wound and over the skin. This is prepared by cutting butter muslin of convenient size, sterilising it, soaking it in melted vaseline, putting this into a drum, and treating it with high-pressure steriliser.

In the hospital in France within the writer's experience, for eighteen months the hospital was practically a "Carrel-Dakin" hospital, with the most gratifying results. The wounds healed with extraordinary rapidity, wet beds from irrigation were practically unknown, and likewise skin irritations. All dressings were carried out with gloved hands, and dressings applied with two pairs of dissecting grips.

As the wound progresses, the discharges are frequently tested for germs, and when these are reduced to a minimum the wound is, in favourable cases, sutured, and heals in the ordinary way by primary union.

Her Royal Highness Princess Christian has become President of the Hospital for Women, Soho, in the room of the Earl of Shaftesbury.

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