

## OUR PRIZE COMPETITION.

### HOW WOULD YOU CARE FOR A PATIENT BEFORE DURING, AND AFTER ANÆSTHESIA?

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

#### PRIZE PAPER.

Previous to administration of anæsthetic, patient should rest in bed for at least twenty-four hours, and have light diet, such as fish, for about two days, unless otherwise ordered. The nurse must observe her patient's general condition carefully, note temperature, quality and rate of pulse and respirations, colour, whether pallid, cyanosed or normal, test urine at least two days before operation, and note quantity and colour, and report any defect or abnormal condition to the surgeon, as same may lead to tracing a complication which may endanger life of patient. Destruction of bacteria is most important; purgative, such as castor oil, should be given twenty-four hours previously to clear the alimentary canal of bacteria and their toxins that may have gained entrance.

If purgative is given twenty-four hours before operation, the patient may have a good night's sleep, which is a great comfort to the nervous condition.

Hair must be well washed with antiseptic lotion, and a bath taken previous day, and clean clothing put on patient and bed; another may be taken morning of operation, and is advisable in some cases.

Site of operation must be shaved, and a good area around same, well washed with soap and water, dried and either painted with iodine and sterile dressing applied, or antiseptic pad applied, according to wishes of surgeon.

Urine must be passed immediately before going to theatre, and if not surgeon must be informed, and he will decide as to advisability of catheterisation.

Enema may or may not be necessary, or a washout per rectum may be given four hours before.

At least three hours previous to operation patient should have a cup of tea, or beef tea and two small pieces of toast, unless gastrostomy is being performed, in which case surgeon's orders must be obeyed rigidly.

All jewellery, artificial teeth or limbs must be removed before going to theatre, and patient dressed in clean theatre gown and flannel, bed socks as long as possible, and rolled in theatre blanket.

If patient is very nervous or liable to shock, hypo. inj. of morphia, scopolamine, atropine or apomorphine may be ordered by the doctor, and should be given twenty minutes before going to theatre; these often allay post-anæsthetic vomiting.

*During anæsthetic.*—Anæsthetics are usually administered in a room adjoining theatre; nurse must stand by patient, as it often ensures confidence, and holding their limbs gently may prevent a blow to anæsthetist during first stage of unconsciousness, when struggling is often severe, but quickly over; and as soon as completely under, patient is wheeled into theatre, lifted on to table and site required exposed without undue exposure of patient.

Stimulants, hypo. syringe charged with strychnine 1-30th of a grain, tongue forceps and swabs must be in readiness in case of shock or collapse, and saline at normal temperature and strength, with intravenous or intramuscular apparatus sterilised. Watch colour and pulse. If patient is coming out of anæsthetic vomiting must be watched for, and bowls and clean towel be in readiness.

*After anæsthetic.*—Remove patient as quickly as possible, well wrapped up and supplied with hot-water bottles, to a ready prepared bed; leave in operation flannel and blanket until conscious; surround with well-protected hot bottles, and watch for collapse, vomiting or hæmorrhage. Have blocks and bed-rest at hand in case needed for bed. Keep surroundings quiet and as restful as possible. Take temperature, pulse and respiration one hour after return from theatre and four-hourly afterwards—rise after twelve hours may be serious. Surgeon's instructions should be taken as to giving of aperients after operation.

Hiccough after an abdominal operation should be regarded as serious; vomiting becoming persistent and green or coffee-coloured must be reported immediately, and sod. bic. strength  $\frac{3}{i}$  to water  $O_i$  given, or tinct. iodine  $m\ iii$  in water  $\frac{3}{ii}$  has been very effective.

Mouthwashes may be given, and, in an ordinary operation case, a cup of tea four hours after and a light meal at bed-time often give a good night's sleep.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. James, Miss P. Thomson, Miss M. Barnes.

#### QUESTION FOR NEXT WEEK.

Mention some surgical emergencies and state how you would deal with them.

[previous page](#)

[next page](#)