

OUR PRIZE COMPETITION.

DESCRIBE HOW TO CARE FOR THE BED-PAN, URINAL, SPITTOON AND BABY'S BOTTLE.

We have pleasure in awarding the prize this week to Miss E. M. Hooker, 26, Cathcart Road, Kensington, S.W.

PRIZE PAPER.

A nurse must first examine a bed-pan to ascertain if it is free from cracks. Cracks and chips are a source of infection and a danger to the patient.

Now thoroughly wash and dry the outside; disinfect the inside with a mop soaked in disinfectant of a definite strength; cover with a damp cloth and give to patient.

After use carry carefully, not forgetting to have all outlets, as well as inlets, covered with damp cloth. Disinfectant must never be left on outside of bed-pan, as it may cause a bed-sore.

In phthisical, enteric and all infectious cases, cover the stool with 1 in 40 carbolic. Leave for five minutes in covered bed-pan. Then empty; sluice the drain and bed-pan well. Afterwards again sluice bed-pan, but do not dry, but allow to drain and leave in well-ventilated place.

All bed-pans, if enamelled, should be washed daily with a little Vim, and they will never rust. The advantage of enamel ware is—it can be easily sterilised if necessary. But once chipped, it must be discarded, otherwise bed linen is ruined by it, and it also harbours infection.

If patient is very thin, place an air-ring over the bed-pan to prevent pressure on bony parts. If a rubber bed-pan is used, wash carefully in tepid water and soap, and dry thoroughly. In a bed-pan a nurse can view the colour and consistency of contents. If for inspection, use no disinfectant, only clear water.

The *Urinal* is best made of glass, so that contents can be viewed as to colour, &c. Thoroughly wash in clear water, dry outside, drain and administer. Now empty down drain, thoroughly sluice, and leave bottle filled with clear water. If the case is infectious, after use add 1 in 40 carbolic, leave aside for five minutes, then empty. Sluice and disinfect. No cracked or chipped urinal must ever be used. All urinals to be thoroughly washed daily with soda water and rinsed. Rubber urinals must be washed with tepid water and soap, then thoroughly rinsed and dried, otherwise rubber will perish.

A *Spittoon* for the reception of sputum is of value in diagnosis. Thoroughly wash in clear water, dry outside, and leave clear water (about one inch) in the bottom of spittoon. Dis-

infectant must not be used if a specimen is required for testing. Again, a poisonous disinfectant should never be used. It is a temptation to the patient who wishes to poison himself. Delirious patients sometimes accidentally drink from same. A spittoon must never be allowed to become dry, as germs are then disseminated, so disease is spread.

Baby's Bottle must be thoroughly washed in cold water, teats turned inside out, and thoroughly cleansed. Fill with cold water, place in steriliser in cold water, and allow to boil for five minutes. Now remove, allow to cool, and measure required food. Exclude air and administer at correct temperature. The best bottle is boat-shaped with an Ingram teat, which must be perfectly perforated so that food is not taken too slowly nor yet too quickly. Remove when almost empty. Thoroughly wash with brush and place in bowl of clear water until required, teats reversed. All to be sterilised once daily. Stitch a piece of tape round neck of bottle to write thereon child's name. All teats to be sterilised separately from bottles after each feed.

N.B.—Babies' bottles are sometimes of great use where a very weak patient, no matter what age, cannot use a feeder.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss T. Gibson, Miss M. James, Miss Henrietta Ballard.

Miss Ballard writes: "Urinals need very special attention to keep thoroughly clean; immediately after use cover and remove to sluice, empty and well rinse with clear, cold water to remove any albumen that might be in urine, scald well in soda or lysol and water, using a bottle brush large enough for same, well rinse again and dry and place ready for use. Any defects must be reported at once, as damaged urinals are as dangerous as damaged bed-pans."

QUESTION FOR NEXT WEEK.

What are the signs of prematurity in the new-born child? What are the difficulties which may be encountered in the management of a premature child? How should these be dealt with?

In spite of the huge cost of our postal system it is not to be trusted. For instance, last week we received two Prize Competition Papers several days after the date notified for their reception. One specially good from Mrs. G. Firth Scott, in reply to: "Describe the nursing care of Pulmonary Tuberculosis in regard (1) to the Patient; (2) to the Community." We hope to find space for it some day.

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