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 Mrs. Jepson, 22, Philbeach Gardens, Earl's Court, S.W.5.

PRIZE PAPER.

The principles aimed at when preparing a patient for operation are: (1) to prevent wound infection (local), which does not concern us here; (2) to ensure as speedy a recovery as possible with the least discomfort (general). These, if diligently carried out, greatly diminish the effects of the anæsthetic, but must vary according to the urgency of the operation.

Prior to an operation of any magnitude, the patient should be kept in bed for twenty-four hours; this aims at raising the resisting powers. An efficient aperient is given the previous day, so as to prevent interference with the night's rest, and an enema in the morning. No attempt at starvation is necessary, but the diet should be limited. Four hours should elapse between the last meal, which should consist of a cup of beef tea, and the operation. Young children and the aged should on no account be starved for a prolonged period, and infants only miss the last feed. Preliminary mouthwashes should be given to diminish oral sepsis, and carious teeth, if possible, should be extracted. The patient should be attired in a flannel gown and long woollen stockings, the hair plaited, and any artificial teeth removed.

The anæsthetist's wishes as regards preliminary injections of morphia, atropine or scopolamine must be ascertained, as these injections require to be given at stated intervals before the administration of the anæsthetic.

Immediately before the operation the bladder must be emptied, or catheterization be employed. The nurse must do her utmost to reassure her patient, as success depends largely on his mental state. During the administration of the anæsthetic silence should be maintained. The patient may hold the nurse's hand for assurance. Struggling can be controlled by grasping the arms and lower limbs above the elbows and knees respectively; no pressure should be exerted on chest or abdomen. No preparations should be begun until the anæsthetist's permission is given, and an anæsthetized patient should be moved as little as possible. In the event of any sudden emergency the nurse must be able to render any assistance called for, such as the administration of stimulants, or assistance with artificial respiration. Promptness and efficiency are essential.

On his return to bed the patient should be placed with the head low, a pillow under the knees, and a cradle over the affected part; a blanket should be placed next him, hot bottles, if left in the bed, must be carefully protected. (After some forms of spinal anæsthesia, the patient is immediately placed in the Fowler's position.)

During the period of unconsciousness the patient must not be left; the head should be turned to one side, so that vomited matter may run out of the lower angle of the mouth.

Restlessness, frequently a post-operative condition (especially in alcoholic subjects), can usually be easily controlled, but may be due to hæmorrhage.

Cyanosis, due to the falling back of the tongue, can be combated by holding the jaw forward, or the application of tongue forceps.

To relieve pain aspirin grs. xxx in saline may be ordered to be administered per rectum; this also has the advantage of preventing the onset of thirst.

Vomiting, a troublesome symptom due to irritation of the gastric mucosa by swallowing of ether-saturated saliva; methods of combating this are:—

(1) Draughts of warm water and soda bicarb.
(2) Tinct. Sodii mixed in a wineglassful of water.
(3) Sips of iced champagne.
(4) Icebag to the epigastrium.
(5) Washing out the stomach.

If these methods fail, the urine must be examined for signs of acidosis; if these are found intravenous injections of soda bicarb. are usually ordered.

Flatulence and distension may be relieved by the rectal tube and turpentine enemata.

Sleeplessness is usually due to vomiting or pain; the latter is usually relieved by morphia, or some other hypnotic. During the act of vomiting the nurse should support the wound to relieve pain, and to prevent tearing the stitches.

Shock, if present, must be treated on general lines. During the first forty-eight hours especially, a careful record should be kept of all that happens to the patient, as to sleep, pain, vomiting, rate of temperature, pulse and respiration, &c.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, Miss Evelyn Pantin, Miss Linda M. Smith, Miss M. Robinson.

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