

## OUR PRIZE COMPETITION.

DESCRIBE THE PROCESS OF BLADDER WASHING. WHAT IS REQUIRED FOR THIS OPERATION, AND WHAT PRECAUTIONS MUST THE NURSE OBSERVE?

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

### PRIZE PAPER.

Bladder wash-out is usually given for cystitis, or inflammation of the bladder; for cleansing before operation or examination by cystoscope; or for cleansing foreign body, such as gravel. The process of bladder washing out must be carried out in privacy and in a very good light; place screens around the bed, put a mackintosh and draw-sheet under patient, fold a blanket over the chest and one over lower part, patient being on her back with knees drawn well up and porringer between; scrub hand and arms well in an antiseptic lotion with a sterile nailbrush: biniodide of mercury 1-1,000 or lysol 1-40 is splendid; push blanket out of the way with elbow or have assistant to do so; take swab dipped in boracic lotion, separate labia with the left hand, and swab downwards to vagina. It is a good plan to place a swab at vaginal orifice when teaching nurses, as the mistake of introduction into vagina instead of urethra will then be avoided. Disinfect hands again, take catheter, lubricate, and pass eye straight into urethral orifice; if it touches anything or other part, put aside, re-disinfect, and take another sterile catheter and pass for about three inches, its end being in porringer; the urine will then flow easily; if not flowing freely, move catheter a little, and it will probably drain quite easily. When bladder is empty, attach tubing and funnel to catheter by means of a glass connection, and pour about five ounces of lotion, usually boracic, into funnel, and allow to run slowly into bladder; grip tubing before funnel is quite empty, and allow fluid to remain in bladder a few moments; then tip funnel upside down and lower into bowl beside bed; grip tubing when fluid has ceased to return before turning funnel up, as air would thus be introduced; refill and repeat until about two pints have been given or fluid is returned clear; carefully remove catheter; place finger over eye, or the bed may be wet; wash and dry parts; re-make bed, and leave patient warm and comfortable with a hot-water bottle.

*Requisites* for this operation are: a locker or table on right side of patient; sterilised apparatus, with more than one catheter in boracic lotion; measure jug, with lotion and

sterilised thermometer in; lubricating sterile oil, large bowl on floor, bowl of antiseptic lotion, and nailbrush for nurse's hands.

*Precautions.*—(1) *Absolute cleanliness*—

(a) *Of catheter* and apparatus before boiling; syringe catheter through from eye to ensure it is clean, and sterilise bowl to receive same after sterilising.

(b) *Of hands.* Well scrub before operation.

(c) *Of parts.* Surrounding parts of the orifice must be thoroughly swabbed, and vaginal discharge watched for.

(d) *In introducing catheter,* that no part comes in contact with eye before it passes into urethra, as cystitis is often the result of infection from a dirty catheter.

(2) *Unnecessary* exposure of patient will result in shock and rigor; do not disturb till ready, and give hot drink and bottle after.

(3) *Lotion* must be of correct strength and temperature, as burning of tissue can result from strong antiseptics or hot lotion, or poisoning may result.

Always take temperature with a sterile thermometer, and give at about 98° F.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Ruth White, Miss M. A. Kewley, Miss M. M. James, Miss M. M. G. Bielby, Miss M. Cullen, Mrs. Farthing.

Miss Ruth White writes:—"Bladder washing is one of the most important of a nurse's duties; so much depends on her idea of asepsis and her method of handling and reassuring the patient, who is often most nervous and apprehensive. It is ordered in cases of cystitis, or inflammation of the bladder, which may be caused by calculi causing irritation, tubercle bacillus, and bacillus coli, or any condition which prevents the free passage of the urine, such as stricture of the urethra, or enlargement of the prostate gland. It may also be a secondary disease in typhoid fever or pneumonia, or may be due to direct infection, as in the case of cancer of the rectum or gonorrhœa. In the case of a child a glass funnel and tubing with a single connection may be used, as it is much easier to measure the small quantity which can be given by using a  $\frac{1}{2}$  funnel than it is with a douche-can containing a quart. In this case, after injecting the amount of lotion into the bladder, the syphon system must be employed."

### QUESTION FOR NEXT WEEK.

What are the channels through which infection enters the body? Describe one infectious disease, the method by which it is communicated, and the nursing care of the patient.

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