

PRACTICAL POINTS.

Miss Hazel L. Jennings gives the following simple directions for the "Equipment and Procedure for Intubation" in the *American Journal of Nursing*. Many nurses are certificated in these days without preparing for this operation.

EQUIPMENT: Table (high and firm), Bath Blanket, Safety Pins, Roll (hard roll at upper edge of table), Paper Bag, Gauze, Gowns, Mouth Prop, Intubator, Tubes (three sizes and threaded), Scissors.

PROCEDURE: The nurses and doctors put on gowns. Gauze is tied over the mouth and nose.

The bath blanket is placed diagonally on the table with the top corner turned down. The other corners are laid in narrow folds. A covered sand-bag makes a good roll for the top of the table.

The other equipment is placed on a table conveniently near.

The patient is placed on the table. The bottom corner of the bath blanket is brought over the feet. The left corner is brought across the patient and tucked under his right arm. The right corner of the blanket is brought across and tucked under the left side of the patient. The blanket is then pinned closely at the neck. This restrains the arms and feet of a child very well.

The roll is placed under the patient's shoulders and his head rests on the table.

The doctor's assistant holds the patient's head firmly and a nurse restrains the movements of the child.

The mouth prop is placed in position.

The tube, of the proper size and threaded, is placed on the intubator.

The doctor intubes the patient by placing the tube at the back of the throat and slipping it into position. It is held in place by the larynx.

The thread may be cut and withdrawn, or left attached to the tube, according to the doctor's wishes.

NURSING PRECAUTIONS: An intubed patient should not be left alone. His breathing has to be watched constantly.

If a patient coughs up a tube, the doctor must be notified immediately. If it is necessary to reintube the patient, it must be done at once.

Great care must be exercised in feeding intubed patients, as the food may enter the trachea. The doctor usually allows the patient to drink water shortly after he is intubed to see how he swallows.

PROGRESS OF NURSING IN AUSTRALIA.

Nursing organisation is somewhat perturbed in Victoria—where up-to-date voluntary registration has been in force—and where doctors have taken a very active part in helping to manage nursing affairs through the Royal Victorian Trained Nurses' Association.

Now a progressive wing, called the Australian

Federated Nurses' Association is taking action on practically trade union lines—and the two organisations are at variance.

COLLEGE OF NURSING PROPOSED.

A proposal to establish a college of nursing is to be considered at the next meeting of the Council of the Royal Victorian Trained Nurses' Association. It is suggested that the college will be affiliated with the University, and that a diploma will be issued. We do not agree with the expression of opinion that "If this course were taken it would to some extent do away with the necessity for a Nurses' Registration Act."

STATE REGISTRATION.

From the Twenty-second Annual Report of the Australasian Trained Nurses' Association, we learn that State Registration may soon be an accomplished fact in New South Wales, and the Council has made every effort to see that the provisions of the Bill are reasonable and adequately protect the interests of both the public and the members of the Association. A deputation waited upon the Minister for Health in May last and the Bill was discussed in detail, the Minister expressing his sympathy with the objects and the point of view of the Association.

It is urgently necessary for State Registration to be in force throughout Australia—as the Nurses' Registration Acts at home provide only for the registration of Nurses from Dominions which have legal registration in force. This at the present time discriminates adversely against all Australian nurses excepting those trained and registered in Queensland and South Australia where State Registration is in operation.

Nurses trained in India must also wake up and push forward Provincial registration if they are to avail themselves of legal status at home.

IRRESPONSIBLE FOOTLE.

We note that not satisfied with the suggestion to deprive trained nurses of the economic value of their Certificates as evidence of proficiency, on the State Register, our lay edited "Nursing" press goes a step further and actually permits a suggestion to appear in its pages that the State Register should not be published at all! Nurses would be permitted to trot around with their Registration Certificate for the inspection of the public—on a sort of ticket-of-leave plan—and further information could be obtained from the Registrar—on the registry office system! Nurses need not be disturbed by such absurdities. Parliament has agreed that the first issue of the State Register "should be published as soon as possible after the 1st of July, 1922," and the Law is the Law, in spite of the irresponsible footle of the commercial Nursing press!

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