

OUR PRIZE COMPETITION.

DETAIL THE NURSING OF A PATIENT SUFFERING FROM A FRACTURED PELVIS. WHAT COMPLICATIONS MUST BE LOOKED FOR, AND IF PRESENT REPORTED TO THE SURGEON?

We have pleasure in awarding the prize this week to Mrs. G. Firth Scott, Ladbroke Grove, W.10.

PRIZE PAPER.

Fortunately cases of fractured pelvis are somewhat rare, as the condition is a very critical one to nurse. Falling from a height, crushes, or in rare instances other accidents causes fracture of one or more of the pelvic bones. A dislocation of the pubic joint is not unknown, and for all practical purposes is nursed as a fractured pelvis. The patient is kept flat in bed with fracture boards below the mattress, the latter being very carefully protected by mackintosh from accidental soiling. Any lifting must be upwards, and not from side to side, or half up. Nurses should stand on each side of patient, and clasp their hands beneath the shoulders and just below the buttocks and raise gently, keeping patient's pelvis in a straight line. Another assistant attends to the bed or toilet as the case may be. Usually the legs are tied together for the first few weeks, as the pelvic bones must be kept rigidly at rest and free from strain. The patient should have a very nourishing but digestible diet, in which raw fruit should have a prominent place, not only because it maintains a daily "B.O.," but for the vitamins it contains and the mineral salts. The feet and legs will need keeping warm by means of hot bottles, and probably bed socks also, the circulation being very restricted owing to position and lack of movement. If there has been a bone-grafting operation, of course both the main pelvic wound and the operation wound caused by removing a bone for grafting need the usual aseptic surgical care, but on this each surgeon gives his own directions. Pain will be extremely severe during the first week, and hypodermics of some hypnotic drug will probably be ordered.

The complications are: (1) Sepsis of original or secondary wounds; (2) sore back, heels, or shoulders; (3) thrombosis of femoral or other large vessels; (4) peritonitis; (5) inability to micturate in prone position; (6) digestive troubles; (7) stiffness of knee joints or flatfoot as a result of legs tied together and motionless; (8) sores in groins, or in women swelling and soreness of external genitals.

(1) Sepsis of either wound should, of course,

never occur, but if there is any suspicion of it the surgeon should be at once informed.

(2) Bedsores can be prevented only by extreme watchfulness and care on the nurse's part. The back will require gently rubbing with spirit of witch-hazel, and then powdering twice daily and whenever the bedpan is used. The heels and shoulders also. The sheets kept smooth and free from crumbs.

(3) Thrombosis, or a coagulation of blood in one of the veins, usually of the lower extremity, must be suspected if the leg swells, the vein becomes tender to touch, or the patient complains of a dull ache in the limb, varied by "shooting" pains along the course of the vessels. The surgeon will order treatment, but absolute rest of the limb is essential.

(4) Peritonitis may follow sepsis of pelvic wound, or an injury to the peritoneum itself by a piece of the fractured bone.

(5) Difficult micturition may be eased by placing a bedpan ("Perfection" shape for preference) containing boiling hot water beneath patient and letting warm water trickle over the vulva, or placing a warm wet pad over the bladder. China tea and barley water may also be given in large quantities.

(6) Chiefly caused by proneness and lack of exercise.

(7) Avoid weight of bedding over the feet, and, as soon as surgeon permits, massage joints with olive oil.

(8) Only prevented by *meticulous* (pace Sir A. Mond in House of Commons debate!) care and cleanliness on the part of those responsible for nursing the case.

These cases are great tests of the nurse's ability, and are difficult in many ways. For the patient they are a very severe ordeal, and take many months to recover from, even in favourable circumstances.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss H. Ballard, Miss J. Robinson, Miss James, Miss I. MacGregor.

Miss Ballard writes:—"Shock will be present to some extent, and may need treatment before much else can be done. Warmth applied by hot-water bottles well protected, and blankets, saline intravenously, will probably disturb patient less than any other treatment; and stimulants may be ordered according to severity of shock."

QUESTION FOR NEXT WEEK.

What steps would you take as a midwife in a country town to safeguard the health of expectant mothers who have booked you to help them when their babies are born?

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