

## OUR PRIZE COMPETITION.

**DESCRIBE THE NURSING OF A CASE OF ENTERIC FEVER—WHAT COMPLICATIONS MAY ARISE, HOW WOULD YOU ENDEAVOUR TO GUARD AGAINST THEM, AND WHAT WOULD YOU DO IF THEY OCCUR?**

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, 14, Gillespie Crescent, Edinburgh.

### PRIZE PAPER.

The nursing of enteric fever demands the utmost skill, patience, and watchfulness, on account of the long duration and exhausting nature of the disease, its extremely toxic and infectious characteristics, and the ever-present possibilities of relapse and complications of various kinds.

The cause of the disease is infection by the bacillus typhosus, which enters the body by the ingestion of contaminated food or water, and lodges in the site most favourable to its development—*i.e.*, the groups of lymphatic glands called Peyer's patches of the small intestine, principally the ileum, which occupies the important position between the jejunum and cecum. Inflammation is set up, which in a mild case subsides; in a severe type it may go on to ulceration and sloughing of the affected parts, producing toxins, which are carried into the blood stream, causing a severe disturbance of the nervous system. The course of the illness extends for a period of three to four weeks, followed by a long and gradual convalescence.

The chief characteristics of this disease are the abnormal condition of the bowels, either constipation or diarrhoea being present, usually the latter; the stools have a peculiarly offensive odour, yellow and liquid in appearance; the marked prostration and helplessness of the patient from the beginning; the constitutional disturbances, sleeplessness and delirium; a foul condition of the mouth and a characteristic swinging temperature, which in a favourable case falls by lysis with a gradual decline of symptoms. The nursing is both curative and preventive. The patient is kept lying flat from the first, gently handled, and warned against any sudden movement. The skin is kept active and in good condition by sponging twice daily, specially noting pressure points, rubbing with methylated or other spirit and some powder. The position changed from time to time, and propped with pillows. The weight of bedclothes can be relieved by a cage.

The mouth and teeth are carefully swabbed several times daily, *always* before and after

feeding. Painting the lips with glycerine and borax prevents cracking.

The temperature, pulse, and respirations are recorded four-hourly, the relationship between each noted, as the pulse is normally slow—80 to 100—in proportion to the height of the temperature, 104° F.; a sudden quickening of pulse would indicate complications, such as hæmorrhage, heart weakness, or perforation.

Feeding is important; quantity, quality, and regularity must be strictly observed and accurately recorded. Two-hourly feeds of 4 oz.—milk three parts, water one—are as a rule given at first; whey, albumen water, Benger's food, nourishment being gradually increased by stages to beaten-up egg, small amounts of pounded fish, and milk pudding. The chief points are that food must leave as little residue as possible in the intestine, must be fluids, easily digested, and as palatable as possible. Water may be freely given to eliminate toxin by the kidneys.

Sleep is essential, and should not as a rule be disturbed for feeding if nourishment is satisfactorily taken during the day. The stools should be watched for signs of undigested food and change of colour, indicating bleeding. The number of stools in the twenty-four hours is recorded. If required to be kept for inspection, the bedpan should be covered with a glass plate, and the handle plugged with tow or wool, otherwise it must be emptied at once, thoroughly cleansed and disinfected.

The urine and stools are loaded with bacteria and are highly infectious. The bedpan must be kept covered, and the contents disinfected with carbolic (1 in 20), Izal, or chloride of lime before being emptied into the drain. Soiled linen should be put at once to soak in a disinfectant solution. If necessary pads of tow and wool are used in incontinence; they should be burned or received into a covered utensil for the purpose.

Every article used for the patient must be reserved for his sole use, without exception. The thermometer should be placed in a non-poisonous disinfectant solution.

Scrupulous cleanliness of hands and clothing are necessary on the part of the nurse to safeguard against self-infection, especially after attending to the patient's toilet. The nails must be carefully brushed.

Complications are hæmorrhages; signs, sudden drop of temperature, rapid pulse, blood in stools, collapse; remedy, raise foot of bed, withhold food, report to doctor. Perforation; signs, pain, vomiting, shivering, anxious expression. Prepare for emergency operation; use ether or iodine for preparation of skin.

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