

OUR PRIZE COMPETITION.

WHAT POINTS REQUIRE TO BE OBSERVED AS A ROUTINE BY A NURSE IN ALL PATIENTS IN REGARD TO THE FOLLOWING:—(a) URINE, (b) STOOLS, (c) APPETITE, (d) SLEEP, (e) CONDITION OF MOUTH.

We have pleasure in awarding the prize this week to Miss Violet Ventris, North-Western Hospital, Hampstead.

PRIZE PAPER.

Urine.—Appearance should be observed as to: (a) *Colour*—either light straw colour as in health, dark yellow or reddish as in febrile conditions, “smoky” urine indicating the presence of blood, a deep yellow ochre tinge pointing to bile, or there may be an abnormal colour, such as a dark green urine, which is caused by the absorption of carbolic acid. (b) *The presence of any deposit* must be noted, and whether this deposit is present directly the urine is passed or after cooling. Urates give a red deposit on standing. Blood may also give rise to a chocolate coloured sediment. Pus produces a milk white deposit, and mucus produces a light deposit or cloud, and this is frequently present in health. (c) *The amount passed* at a time must be noted, and the number of frequencies reported. A healthy adult will pass about 2½ pints of urine in the 24 hours, but in disease the quantity passed may rise to 20 pints a day or be decreased to only a few drachms.

Suppression of urine, retention, and incontinence must be at once reported.

Stools.—The points to be observed are their shape, colour, consistency, and amount; whether they contain blood, mucus, pus, or undigested food; the frequency of motions, and whether there is any pain in passing them.

Blood in the stools may be the result of hæmorrhoids, or may be due to ulceration in some part of the large or small intestine. The nurse should always observe if the patient is taking iron or bismuth in any form, as “tarry” stools result. Clay-coloured stools are passed when, owing to some obstruction, bile is unable to get from the liver into the intestine, and such stools may be observed in cases of jaundice. When the structure of the rectum is much narrowed by a cancerous growth the stools are smaller and in shape like a ribbon or thin pipe. Anything unusual should be preserved and shown to the medical practitioner, and this should always be done with the first stool of a typhoid fever patient. A pane of glass should be placed over the bed-pan before showing the contents to the doctor.

Appetite.—Note if the patient appears to enjoy his food or otherwise. One result of

acute disease is a general derangement of the organs of digestion, and while using every endeavour to keep up the patient's strength, the nurse must remember not to overtax his feeble digestion. She must keep two objects in view: (1) To check wasting by giving as much food as is safe and possible; and (2) to give nothing that cannot be easily digested and absorbed.

Too much food must not be given at a time; “little and often” must be the rule. A patient with a high temperature suffers from a chronic thirst, and is therefore always ready for a drink. In observing the appetite of a convalescent patient the nurse will have one of two difficulties to contend with: (a) To get him to take enough; (b) to prevent him taking too much.

Scrupulous cleanliness and extreme care in serving each meal are essential to a sick person, whether his appetite be good or bad. Care must be taken that the patient is not kept waiting, nor disgusted by the sight of a large quantity of food. Finally, when reporting to the doctor as to the amount of food the patient has consumed, the nurse must always endeavour to be exact, so as to give the medical man an accurate idea of the patient's appetite.

Sleep.—The nurse must be most accurate in estimating the amount of sleep that the patient has had during the day or night. She should always note the exact number of hours that her patient sleeps; whether his rest is natural and undisturbed by dreams, or whether his mind wanders and he mutters, as in delirium. If the patient has been given a drug to help him sleep she must note how long it is before it acts. A warm drink will often help the patient to sleep, but if he continues sleepless the nurse must observe whether it is due to cold feet, too few or too many bedclothes, or to a light shining on the patient's face. Also she must be on the lookout for a most important condition of sleeplessness, which is distension of the stomach with wind, which gives rise to a feeling of pain and oppression in the cardiac region. Also want of sleep may be due to pain or mental worry, and the nurse must do all she can to relieve this.

Condition of the Mouth.—The nurse must observe if the teeth are in a good condition—whether there is any dental caries. Also the presence of “sordes” upon the lips, teeth, and tongue should be noted. These are composed of dead epithelium, the remains of food, and various fungi, which form in consequence of the absence of the usual movements of

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