

## OUR PRIZE COMPETITION.

WHAT METHODS MAY BE EMPLOYED FOR SECURING FREE ACTION OF THE SKIN? IN WHAT CONDITIONS MIGHT THEY BE ADVISABLE? STATE HOW YOU WOULD CARRY THEM OUT.

We have pleasure in awarding the prize this month to Miss Violet Ventris, S.R.N., R.F.N., St. George's Square, Westminster, S.W.1.

### PRIZE PAPER.

The methods that may be employed for securing free action of the skin must in each case be dependent on the instructions of the doctor in charge of the case.

The chief method is the application of heat in some form, and the nurse must bear in mind that the application of heat to the surface of the body produces dilatation in the vessels of the skin, and therefore largely increases the quantity of blood which they contain.

This heat may be applied in giving:—

(1) *Hot Baths*, and

(2) *Hot Packs*, and these by drawing blood from the deeper structures to the surface of the body are useful in the following conditions.

(a) *Inflammation of the Kidneys*. By diminishing the amount of blood that is passing through the kidneys, hot baths lessen the work of these organs, and give them a better chance of recovery, while at the same time, by increasing the blood supply of the skin, they throw more work upon the sweat glands, *i.e.*, they increase the flow of perspiration. These active sweat glands remove from the blood some of the poisonous waste substances which in health should appear in the urine, when the kidneys are not inflamed or diseased.

In giving a hot bath the nurse should first obtain exact instructions from the Doctor as to (1) the temperature he wishes the bath to be; (2) the length of time the patient is to remain in it; and (3) how often the treatment is to be repeated.

If the case is one of kidney disease, the patient should remain in the water from 5 to 10 minutes after the thermometer has registered 110°F. He is then quickly removed to his bed, and without being dried, rolled up in a hot blanket. Another warm blanket should be wrapped closely round him—especially about the neck, hot bottles put in the bed and the bed clothes replaced. He *must* be kept as warm as possible since the only object of the bath is to secure profuse perspiration. The skin must therefore be guarded against the least chill. Cold water should be given the patient to drink after the bath, as this encourages the secretion of sweat. After remaining in the blanket for about an hour the patient is gradually uncovered, sponged with tepid water, dried with warm towels, taken out of the wet blankets and put to bed. Any signs of faintness must be carefully watched for.

A *Hot Air Bath* is often ordered in cases of nephritis or uræmia, and this is usually given with an Allen's apparatus without the boiler. As the temperature varies so much in different parts of the bath the nurse must frequently test it with her hand. If the patient is perspiring freely one or more of the lamps may be put out. The patient must never be left and must be very carefully watched. This method is often applied in cases of dropsy as well.

A *Vapour Bath* is given in much the same way, with

Allen's apparatus, and using the boiler or an ordinary bronchitis kettle for producing the steam.

*Hot Wet Packs* may be given, and with these the sheets in which the patient is wrapped are wrung out at a temperature of 110°F.; or

*Hot Dry Packs* may be ordered, and in these no sheet is used, but the patient is closely wrapped up in several hot blankets and left as long as the Doctor has ordered. This form of pack is always used when a hypodermic injection of pilocarpine is given, a drug which quickly causes copious sweating. Other sudorific drugs are antimony and ipecacuanha.

Acute nephritis, uræmia, dropsy and eclampsia are the chief conditions in which it is of greatest importance to secure free action of the skin.

The drawback to any of these methods in a case of eclampsia is that they entail considerable handling of and irritation to the patient, which may induce a convulsion.

The principal points to remember in these methods of treatment are:—

(1) The temperature of the bath must be gradually raised and constantly watched.

(2) The patient must neither be scalded nor burnt.

(3) The bath must be stopped on the first sign of faintness.

(4) The patient must be carefully guarded from cold air, both during and after the bath.

(5) He must never be left alone while in the bath.

(6) Before giving a bath the nurse should get everything ready that she is likely to want, including brandy and a hypodermic syringe.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. M. Burns, S.R.N., Miss L. K. Clarke, Miss M. James, Miss P. Thomson. Miss Burns writes:—

In health, we rely on natural means to secure a free action of the skin; the daily bath, the brisk rub down with a rough towel, our walks, our outdoor games and the action of the wind on our bodies, all these are potent and sufficient in health.

In disease we think of other means. Hot baths may still be used in certain cases, and if combined with plenty of soap to act as a solvent on the dirt and grease, the pores of the skin are opened and set free to perform their function. In mild disorders the pulse and temperature must be taken to ascertain the patient's fitness for a full bath. When both are normal, only benefit can result.

To give a hot bath, place cold water in the bath first, and bring up the temperature to 100° before putting patient in. Test with bath thermometer. Afterwards bring up temperature to 105° if patient can stand it, by adding hot water in small quantities at the sides of the bath. When patient has been well soaped and rinsed, dry quickly with a hot towel, and return to a freshly made and warmed bed. A hot drink will help the good effect and also promote sleep.

In district nursing practice, the patient may have a daily blanket bath, the bed pulled fairly near the fire, and the patient made warm with well-protected hot bricks, hot flat irons, and extra bedclothes.

### QUESTION FOR NEXT MONTH.

Describe the symptoms and course of acute bronchitis. Mention the chief points in the nursing and treatment.

[previous page](#)

[next page](#)