

## OUR PRIZE COMPETITION.

### DESCRIBE THE SYMPTOMS, DIET, AND NURSING CARE OF ACUTE NEPHRITIS.

We have pleasure in awarding the prize this month to Miss Beth Kennedy, S.R.N., Mary Ward, St. Bartholomew's Hospital, London, E.C. 1.

#### PRIZE PAPER.

The symptoms of a case of acute nephritis are the following:—1, Headache; 2, Vomiting; 3, Rise of temperature; 4, Drowsiness; 5, Puffiness of the face and eyes, especially in the morning; 6, Œdema of feet, legs and lumbar region; 7, Pain and difficulty in micturition; 8, Frequency of micturition, also occasionally urgency; 9, Diminished amount of urine, sometimes only a few ounces; 10, Presence of albumin, blood and casts—the latter seen on microscopical examination.

The commonest causes of acute nephritis are exposure to wet and cold, and scarlet fever—other causes are diphtheria and turpentine poisoning.

#### DIET.

This varies somewhat in different types of nephritis, and depends greatly on the blood urea examination.

If the normal blood urea is raised then there is an indication for the patient to be put on a low nitrogenous diet. This is greatly used at the present time and consists of the following:—

#### FIRST WEEK.

Porridge .. .. .	8 oz.	<i>Fluids.</i>
Bread .. .. .	8 oz.	Milk $\frac{3}{4}$ x.
Potatoes .. .. .	8 oz.	Barley Water O i
Green Vegetables ..	10 oz.	Imperial Drink O iii
Salad .. .. .	3 oz.	Tea O ss.
Butter .. .. .	1 oz.	Coffee O ss.
Stewed apple, 8 ozs., or suitable boiled rice, 4 ozs. and decrease milk by $\frac{3}{4}$ iii.		
Proteins .. .. .	43 grms.	
Carbohydrates .. ..	285 grms.	Calory Value
Fats .. .. .	50 grms.	1815.

#### SECOND WEEK.

Bread .. .. .	3 oz.	<i>Fluids.</i>
Potatoes .. .. .	6 oz.	Milk O i
Green Vegetables ..	4 oz.	Barley Water O i
Mutton or Fish ..	3 oz.	Imperial Drink O ii
Butter .. .. .	2 oz.	Tea O ss.
Sugar .. .. .	1½ oz.	Coffee O ss.
Egg 1		
Proteins, 95 grms. Fats, 92 grms = Calory Value 2690.		
Carbohydrates, 365 grms.		

In other cases the patients are kept on a milk diet until the acute stage is over, with large quantities of extra fluids—such as lemonade and barley water. They can then have bread and butter, milk puddings, cooked vegetables and stewed fruit—later boiled fish may be added.

#### NURSING CARE.

The patient is kept warm in bed, with a flannel night-dress on, and blanket next her. Every care should be taken to keep her free from draughts. The kidneys remove from the body the waste products of nutrition, so we do our best to increase the output of urine by treatment and drugs and also to make the sweat glands act so as to relieve the work of the inflamed kidneys.

Also we keep the bowels very freely opened by Jalap mixture principally—so as the waste material can be passed in those watery stools.

#### LOCAL TREATMENT. COUNTER IRRITANTS.

The loins should be cupped in 6 or 8 places—afterwards linseed poultices applied to keep up the flow of blood to the skin, and relieve the kidneys. Leeches may be applied also for the same purpose. Hot air baths are also much used, often with very good results. These should be given daily at first, afterwards every second day.

The patient should never be left while the bath is in progress, in case of collapse. Sips of water may be given during this time and a cold compress put on her brow. The heat of the bath should gradually go up higher each day until it reaches 120 degrees, and the patient if she can stand it should stay in 20 minutes. A syringe of strychnine should always be at hand. After the bath is over the patient should be left in her hot blanket for a time, then rubbed all over with a bath towel and put into a warmed flannel nightdress.

#### DRUGS.

Drugs are of great use in this disease, diuretics being used to increase the flow of urine. The most favoured are citrate of potassium, hexamine, urea and digitalis. Diaphoretics are also used to promote the secretion of sweat, such as pilocarpine. This is generally given hypodermically.

Later tonics are used as anæmia is often a sequel. Arsenic is then often used.

Acute nephritis is always a serious illness. There may be complete recovery, but oftener permanent mischief has been done to the kidneys. A nurse must always be on the outlook for symptoms of uræmia. These are headache, vomiting, twitchings of hands and face then fits and lastly coma.

Venesection is often done here to lower the blood pressure.

The chief nursing points are to report any of these serious symptoms—to carefully measure the output of urine, and to note frequencies, to urge the patient to take large quantities of fluids.

Also to pay great attention to back and hips, as sometimes the œdema is so great there is great danger of bedsores.

#### HONOURABLE MENTION.

The following competitors receive honourable mention Miss Amy Phipps, Miss J. T. Wall, R.M.N., Miss Winifred Lewis, S.R.N., Miss J. Crombie.

Miss Amy Phipps writes:—"Acute nephritis may occur as a primary affection, as the result of renal calculi or infarcts, chills, embolism, purpura, scurvy, or may be caused by toxins derived from the throat, intestines, &c., or by absorption of certain drugs such as phosphorus, cantharides and mercury.

"Secondary nephritis is caused by the toxin of a specific infection such as scarlet fever, diphtheria, pneumonia or influenza, but it may arise during the course of any bacterial infection."

#### QUESTION FOR NEXT MONTH.

Give a brief account of the symptoms of Acute Rheumatism, and mention the sequelæ. What are the special nursing points, and what treatment have you been directed to carry out?

[previous page](#)

[next page](#)