

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING CARE OF A CASE OF LOBAR PNEUMONIA. WHAT SYMPTOMS WOULD CAUSE SPECIAL ANXIETY DURING THE COURSE OF THE DISEASE?

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.

PRIZE PAPER.

The patient should be put to bed, in a shirt open down the back, in a well ventilated room with an even temperature of 60 deg. Fahr. At first he should be in a recumbent position on account of his heart, later on, as his breathing becomes more difficult a pillow or two may be added—indeed, he may be nursed in whatever position is the most comfortable.

The patient is not allowed to do anything for himself. He should have a blanket bath twice daily, the nurse taking great care that the windows are closed for the time being. If the temperature is over 103 deg. he should be sponged down at other times, with tepid water. This reduces the temperature, lessens delirium, and produces sleep. Great care must be taken of his back and hips. These should be washed with soap and water and well powdered, and patient turned frequently. He can have an air bed or an air ring. Great care also must be taken of his mouth, tongue and teeth. These should be kept swabbed with Bicarbonate of Soda and a mouth wash, such as Listerine, given. Mel Boracis for a dry brown tongue is very soothing. An emollient cream should be applied to the lips to prevent them cracking.

The bed-clothes should be diminished or increased according to rise and fall of temperature. At no time should they be heavy. It is best to put bed socks on the patient, then a thin cotton blanket should be placed over lower extremities as far as the waist, then a cradle with a sheet on top provided the temperature is 103 deg. Fahr. or over. The patient can be turned from side to side and on to his back. He is always more comfortable lying on his affected side, with his good side uppermost.

The sputum should be noted and measured. At first it is scanty, then later tenacious. It may also be muco-purulent, and of a prune-juice character, due to altered blood, and indicating a severe condition. An expectorant is often ordered when resolution begins to take place. Leeches are sometimes ordered if the pleurisy pain is very severe, if not poultices. But Antiphlogistine has now taken the place of the latter, as an application lasts for 24 hours, so the patient need not be so often disturbed.

Diet.—The patient should have as much fluid as possible, so as to keep up the heart's action, $\frac{3}{4}$ viii every two hours by day, and three hourly by night with water extra. He can have milk and soda water, eggs beaten up in milk, weak tea, lemonade, &c.

Later on, when the temperature has fallen, he can have custard, jelly, thin bread and butter, eggs, and then is put on steamed fish, chicken, &c., and a nourishing light diet. Brandy is often ordered in the acute stage, and is a valuable heart stimulant. Continuous oxygen is given through a catheter inserted into the nasal pharynx, and has proved of great benefit, and does not worry the patient. The temperature falls by crisis or

lysis and the nurse must be on the lookout for this about the 6th-8th day.

The temperature should at this juncture be taken every half-hour, and the patient carefully watched for any heart failure. Hot drinks should be given to encourage sweating, also extra blankets, and hot water bottles. When the temperature has quite fallen and sweating is over, the patient should be rubbed down with warm towels, a warm shirt put on, a hot drink given, and then left to sleep. Sometimes an injection of strychnine is ordered.

Insomnia is sometimes a great trouble throughout the illness. Sleep is very important and the patient should be encouraged to sleep as much as possible the first few days of the illness. Later on one does not want him to sleep for very long periods at a time, as it is necessary for him to expectorate. The nurse should try hot drinks and see that the light is not shining in the patient's face. Drugs such as bromides and paraldehyde are ordered, but seldom morphia.

Unfavourable signs during the illness are: Delayed crisis; fre. h rise of temperature after it has begun to fall, cyanosis of extremities, tips of ears, &c. (this shows failure of the right auricle); brown tongue and tremors, showing toxic poisoning; low muttering delirium; rising pulse with moderate fever; pulse over 160 in very old and very young; sudden cessation of expectoration; abundant watery sputum, showing oedema of lungs; delirium tremens in alcoholic subjects.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss K. M. Hawkins, S.R.N., Miss Gertrude Hilver, Miss E. A. Noblett, S.R.N., Miss Violet Ventris, S.R.N., R.F.N. All these papers were excellent, so that it was somewhat difficult to decide upon the prize winner.

Miss E. A. Noblett writes:—"Cold packs applied to the trunk only, and frequently repeated, are very useful in relieving pains and fever. Oxygen inhalations are used where there is cyanosis. Vaccine treatment, preferably an autogenous vaccine has proved of value in some cases. When the temperature is over 103° F. sponging is resorted to. A patient with pneumonia requires constant watching, because if he is delirious he insists upon getting out of bed. The delirium may come on suddenly and may be of a suicidal nature. If the patient is progressing satisfactorily, about the eighth day the temperature falls abruptly, the patient sweats profusely and the acute symptoms subside. After the crisis convalescence is usually rapid.

The following symptoms during the disease would cause anxiety: A dry tongue becoming brown. The viscid rusty sputum if it becomes prune-coloured is a bad sign, it means that the lung tissue is breaking down. If, on about the eighth day, instead of the temperature and pulse rate falling, the temperature increases or perhaps falls to sub-normal and the pulse becomes more rapid, the patient soon falls into the typhoid state and death takes place most frequently from heart failure."

QUESTION FOR NEXT MONTH.

What do you know of poliomyelitis, and the chief points in its nursing care?

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