

## PRACTICAL DEVICES.

Subjoined are notes on practical devices, two of several which we propose to publish from *The Pacific Coast Journal of Nursing*. They are just those articles which nurses can so well supply, but seem strangely diffident in doing. Their interest and value are enhanced by the illustrations by a student nurse.

## METHOD OF WARMING THE DELIVERY ROOM CRIB IN USE AT FABIOLA HOSPITAL, OAKLAND, U.S.A.

By ANN A. O'LOUGHLIN, R.N. Illustrated by MARION C. SAWYER, Student Nurse.

The apparatus consists of diagram I, a wooden frame, twenty-seven inches long, thirteen inches wide, and twenty inches in height. A shelf seven and a quarter inches wide is placed across the frame high enough so that electric light bulbs are nine inches from crib. On this shelf rests

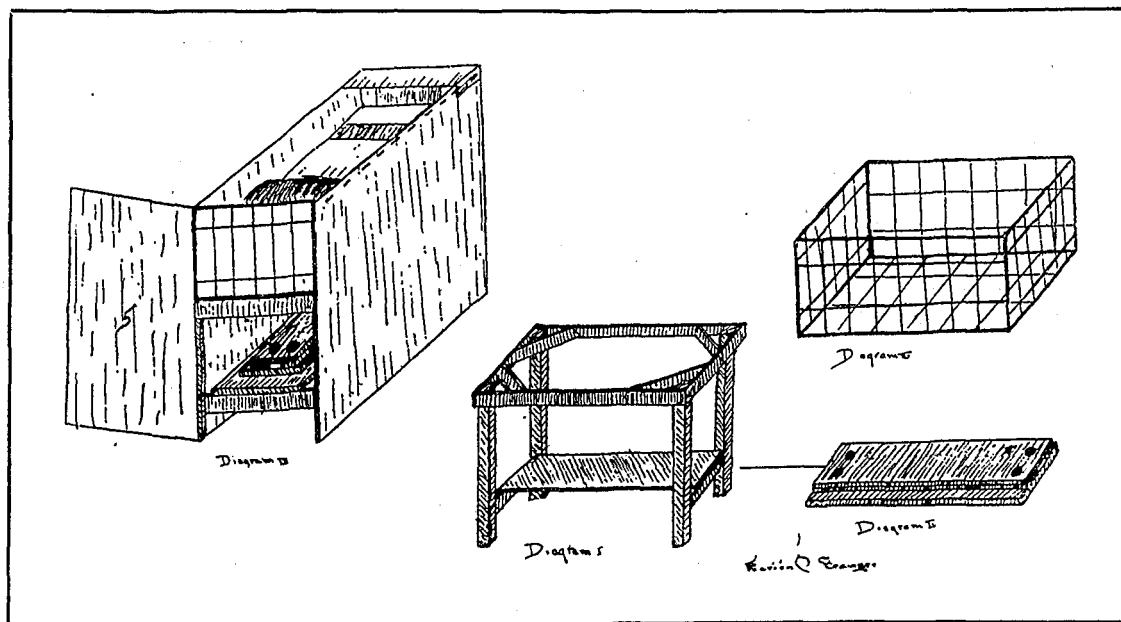


Diagram II. The latter consists of two boards with a three-quarter inch space between to permit proper wiring for lights. The lower board is eighteen inches long, five and a half inches wide and three-quarters of an inch thick. The upper board is eighteen inches long, three and a half inches wide and one inch thick. Four sixty watt electric light globes are attached to this board with wiring for connection to electric current.

Diagram III shows the crib, which rests on the wooden frame. Diagram IV illustrates the crib made up with regulation bed clothing, and draped with cotton blanket covered with sheet. Number 5 is the lower end of cotton blanket and sheet turned back to show crib.

One half hour before expected delivery, the electric current is turned on and the mattress and crib become thoroughly warmed.

This method has the advantages over hot water bags in that the entire crib becomes uniformly warm and there is no danger of burning the baby.

The wooden frame for supporting crib, as well as the shelf for lights, can be made by the hospital carpenter at very little expense.

## AN ECLAMPSIA TRAY.

By DAISY BUBY.

[Abridged.]

The most baffling of all the problems to the obstetricians to-day is eclampsia.

The treatment of eclampsia is likewise unsatisfactory, as is evident from the high mortality.

The condition has been attributed to fetal and maternal toxins, auto-intoxication, mal-function of the maternal liver, glandular disturbance, and metabolic upsets.

One treatment which has met with considerable success is the giving of magnesium sulphate solutions both intramuscularly and intravenously. It has an anaesthetic and relaxing effect, as well as diminishing the intracranial pressure, stimulating diuresis, and aids in relieving the edema.

At the Pasadena Hospital we use 10 c.c. of a 20 per

cent. magnesium sulphate solution instead of the 20 c.c. of a 10 per cent. solution. We keep an eclampsia tray ready for immediate use, at all times. If a threatened eclampsia patient is admitted, the tray is put in her room to stay until all symptoms have disappeared. On it we have: 1 sterile 10 c.c. Luer syringe; 2 sterile needles; 1-10 c.c. ampule of distilled water; 2 2 c.c. ampules of 50 per cent. magnesium sulphate solution; 1 tourniquet; 1 small bottle each of alcohol, iodine, collodion; sterile applicators; 1 small can ether; 1 ether mask; 1 padded tongue depressor.

The ether is used to control severe convulsions, giving just enough to quiet the patient; the tongue depressor, to protect the patient's tongue.

When the doctor is ready to do the intravenous, he draws up 6 c.c. of distilled water into the sterile syringe and 4 c.c. of the 50 per cent. magnesium sulphate solution, thus making 10 c.c. of a 20 per cent. solution. We have found this method very satisfactory. Keeping the syringe and needles sterile saves time for the doctor, and there is nothing quite so comforting to the nurse as preparedness for an emergency.

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