

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF A CASE OF INFLUENZA, MENTIONING THE DANGERS TO BE SPECIALLY GUARDED AGAINST AND WHAT MAY BE DONE TO AVOID THEM.

We have pleasure in awarding the prize this month to Miss Henrietta Ballard, District Nurses' Home, 198, Cable Street, London, E.1.

PRIZE PAPER.

Influenza is an acute specific fever occurring in epidemics, chiefly characterised by catarrh of the respiratory and alimentary tracts.

Its *incubation* is from about 1-4 days, and onset usually very sudden, rigor, shivering or fainting attack; intense prostration, severe pains in head, neck, back and limbs, vomiting is usually present and disturbance of bowel action—pyrexia and increased pulse rate with severity of the disease.

There are *three distinct types* of influenza attacking: (1) Respiratory System; (2) Digestive System; (3) Nervous System.

The *Respiratory type* is marked by cough, sputum, pain in chest, sore throat, coryza.

The *Gastro-Intestinal type* is characterised by vomiting, diarrhoea, rapid prostration and emaciation with abdominal tenderness.

The *Cerebral affection* is very acute, with delirium, vomiting, headache, retraction, and photophobia, and is frequently followed by mental disturbance afterwards, depression, melancholia, and sometimes insanity.

Influenza should be anticipated in cases of coryza and the patient put to bed, kept warm and an aperient given; sometimes a hot drink, and 10 grains of aspirin or quinine (given by medical direction) may avert the malady by causing a profuse perspiration, and the patient being rubbed with hot towels, and dry clothing put on, may be quite well next day; but if there is no improvement the patient must be treated as an acute influenzal case.

The *bed* should be in a bright room, avoid all draughts, but have plenty of fresh air circulating in the vicinity; a fire if in winter, if summer-time sunshine may be the greatest healer. *Environment* may help to combat depression in this disease, and should have first consideration. A sunny, bright room, in a quiet place with plenty of bright flowers and cheerfulness about it could hardly call for melancholia.

The patient should be clothed in light woollen bed-garments, and if he can tolerate a blanket next him so much the better. He should be sponged down at least twice in 24 hours, and clothing changed. All handkerchiefs should be burnt or put into disinfectant after use, the sputum destroyed, and the container disinfected or boiled.

Isolate the patient as much as possible for the first acute days, as sneezing and coughing spread wide this disease in its early stages.

A *4-hourly chart* of Temperature, Pulse and Respiration is helpful as to progress.

Diet.—Give plenty of fluids and nourishing light diet, such as Benger's Food, custards, etc., and feed regularly, say 3-hourly in small quantities, and give in as dainty a way as possible.

Bowels must be kept well open daily; saline or vegetable aperients are satisfactory.

Mouth needs careful cleansing with salt and water or glycerine, borax, and lemon juice, before every feed to prevent infection of food, and possible ulceration of mucous membrane lining the mouth.

Back needs cleansing twice daily, and rubbing with methylated spirits to prevent discomfort from tenderness and bed-sores.

SPECIAL TREATMENT FOR TYPES OF AFFECTION.

Respiratory.—Poultices, painting of chest, applications; gargles and expectorants may be ordered according to severity of chest affection.

Gastric complications need special dieting—fluids only, strained and prepared at lukewarm temperature should be given until all vomiting and diarrhoea have ceased, even iced foods may be helpful. Starch and opium enemata may quieten large bowel; but movement must be avoided on part of patient and absolute rest given as in enteric fever.

Cerebral type needs careful nursing in a shaded room, ice may be applied to head, in Leiter's coils or as ice bag or cloths wrung out of ice water. Diet, etc., as in other cases. Drugs normally given are antipyretics and diaphoretics, stimulants may be required later if toxæmia is severe.

Chief dangers of influenza are Cardiac Failure from Toxæmia; Bronchitis, Pleurisy and Pneumonia; Melancholia.

Cardiac Failure must be always watched for in all pyrexial conditions, attention to pulse volume and rate, cyanosis and dyspnoea being the chief indications, but with careful nursing and absolute rest to patient, this is avoided.

Bronchitis is present in many cases to some extent, but pleurisy and pneumonia may be avoided with treating efficiently the symptoms as they arise. Neglect to go to bed and nurse influenza has resulted fatally from Influenzal Pneumonia in many cases.

Melancholia plays havoc with many lives after the acute stage is over; prolonged convalescence in a bracing air with congenial companions may avoid this distressing condition and its consequences.

Influenza predisposes to the white man's scourge, namely *Phthisis*, and frequently the first indication of trouble is the pleuritic pain; were this treated, and prolonged rest ensured, the trouble would probably be arrested, but alas the "stitch" in the side gets little notice taken of it, and only when an hæmoptysis or an attack of pneumonia at a later date gives the physician the opportunity of diagnosing the disease can the patient be made to undergo any specific treatment.

Statistics in sanatoria give a high percentage of cases dating from influenza.

HONOURABLE MENTION.

Admirable papers have been sent in by Miss Gertrude Hilder, R.S.C.N. and Miss Amy Phipps, F.B.C.N., who are accorded honourable mention.

QUESTION FOR NEXT MONTH.

What factors must be taken into special consideration in dealing with the dietetics of nephritis?

Tell what you can of albuminuria, and of its nursing care.

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