

ROUND TABLE D. THURSDAY, JULY 11th, 9-10.30 a.m.
New Ideas and Devices in the Nursing Care of the Patient.

Miss Nellie Healy, R.G.N., Assistant Superintendent, Child Welfare Nursing Staff, City of Dublin, was in the Chair at the Round Table on "New Ideas and Devices in the Nursing Care of the Patient" held at Congress Headquarters on Thursday, July 11th. The question under consideration was discussed under three headings.

1. The Care of the Patient in Hospital.—Speaker: Miss Helen Young, Director School of Nursing, Presbyterian Hospital, New York.

2. Nursing Care of the Patient in Visiting Nursing and Public Health work.—Speakers: Baroness Van Hogendorp, Treasurer, Dutch Nurses' Association. Miss C. Ethel Greenwood, Supervisor Victorian Order of Nurses for Canada, Toronto. Miss Wald, Supervisor, Henry Street Settlement, New York. Mlle. Jeanne Pirou, Directrice de consultation de Nourissons, Brussels.

3. Care of the patient in Private Duty Nursing.—Miss E. J. Haswell, M.B.C.N., Superintendent, Nursing Home, Liverpool.

Colonic Therapy.—Mr. H. J. Lovelace, R.N.

Secretaries.—English: Miss H. Young, Director, School of Nursing, Presbyterian Hospital, New York. French: Mlle. Jenny de Hagen, Belgium.

THE CARE OF THE PATIENT IN HOSPITAL.

(Demonstration on Model Fracture Bed.)

Miss Young defined the change in the model Hospital given by a doctor interné: as a hospital was formerly a place to lie down and to be ill in the sick ward was then the main room. Now the accessory rooms take up as much space as the wards. The change has been so gradual that the hospital staff scarcely appreciate it. Formerly medicine treated the symptoms and sometimes cured the patient as in typhoid fever, scarlet fever, pneumonia. Now there is the danger that if we are not very careful, we spend so much time diagnosing the patient that we may fail to make him comfortable.

More and more patients come into hospital for operations, transfusions, maternity care and as private patients.

Miss Young demonstrated the model of a fracture bed in use in the Presbyterian Hospital, New York, and showed the special bed covering required for the patient's comfort.

NURSING CARE OF THE PATIENT IN VISITING NURSING AND PUBLIC HEALTH WORK.

Baroness L. Van Hogendorp, emphasised the economic value of home nursing as against hospital nursing and also its value for teaching hygiene when home nursing gave a practical demonstration of the observation of the laws of hygiene with added comfort for the patient.

To ensure that the patient nursed at home should have the comforts of hospital nursing, the Visiting Nurses' Association has a supply of hospital equipment to be loaned to the sick.

For the payment of about 1 dollar to the Association annually, the father and mother and all the children under 21 years, receive sick nursing for six weeks, and the loan of hospital requisites for eight weeks, if either are required for a longer period a slight extra fee is demanded provided it can be afforded. In all cases necessitous cases are nursed free of charge.

Baroness Van Hogendorp showed some articles loaned to patients and gave a demonstration of a transportable bedstead; and a bed, elbows and book rest, all of which were readily adjusted to suit the patients' requirements. The mattress supplied was a three-piece one, and had a special cover which was washable. The mackintosh was proof

against wrinkling or creasing because of webbing and rollers which fastened underneath it.

Miss Ethel Greenwood said the hourly nurse, or visiting nurse, approaches the subject of "New Ideas and Devices in the Nursing Care of the Patient" from quite a different angle from that of the nurse in hospital or the full-time nurse. Her methods of care, whether new or old, cannot always follow a definite procedure, but must be adaptable to the various types of homes so that the proper care of the patient during her absence is not an impossible performance.

She learns by experience to select the most promising member of the family or the neighbourhood to serve as her understudy and to utilise available materials as substitutes for equipment when expense has to be considered.

The mother who has nerved herself to the ordeal of having Johnnie's tonsil removed at home, perhaps has an idea that the nurse comes hours ahead, takes down curtains and pictures and scrubs the floor.

How relieved she must be to find it is much simpler when the nurse arrives and says the kitchen is just the place to work in. She puts some water on to boil in the family tea-kettle, assembles some newspapers, asks for the oldest towels. All in a moment the humble kitchen table becomes the operating table and the unsuspecting bake board is bridged across two chairs for an instrument table.

The nurse busily makes a receiver for sponge, swabs, etc. (Here a demonstration was given to make sponge bags from four-fold newspaper.)

Layers of newspaper across the head of Johnnie's bed, held in place by a bath towel pinned to the mattress, will save soiling the under sheet (and save Johnnie's mother's washing).

The mother is taught how to use little pieces of old pillow case to wipe Johnnie's mouth with when he is coming out of ether and is shown the bag pinned at the bedside in which they may be placed.

Miss Greenwood, in summing up, said: "It is the duty and the privilege of the visiting nurse to so plan for the care of the patient in the home that she suffers neither from absence of hospital equipment or full-time trained care."

Miss Wald explained the value of bag technique and gave a very instructive demonstration.

Mlle. J. Pirou stressed the benefits of visiting nurses from the economical and educational standards. She gave a demonstration on "Eye Irrigation" in the home.

CARE OF THE PATIENT IN PRIVATE DUTY NURSING.

Miss E. J. Haswell said:

One may ask what is the difference between the care of the patient in private duty nursing to that in hospital? Fundamentally none; in detail, much. In the hospital the patient is much more independent of the nurse for everything except the physical care. He is one of a number and by the presence of others in like, or perhaps in a worse condition than himself, his mind is less apt to be concentrated on himself.

In his own home the patient is usually the centre of thought and care, and is probably used even in health to being considered a great deal, and therefore is apt to be less independent in illness.

The care of the patient covers a tremendous amount of ground and is many sided. It calls for so much more than just the correct way of carrying out the prescribed treatment. This, which I call the physical care, is most important, but added to that there should be the psychological care, that care that governs or regulates even the way the nurse enters the house and by her quiet, competent bearing and grasp of the situation inspires the friends with so much

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