

## OUR PRIZE COMPETITION.

IN A CASE OF UNCONSCIOUSNESS FOLLOWING SUSPECTED POISONING WHAT WOULD YOU GET READY FOR THE DOCTOR TO USE? WHAT DO YOU KNOW OF THE COMMON NARCOTIC POISONS, THEIR ANTIDOTES, AND THE APPLICATION OF THESE?

We have pleasure in awarding the prize this month to Mrs. A. M. Williamson, S.R.N., Northshields, Northumberland.

### PRIZE PAPER.

When a nurse is called to a case of unconsciousness following suspected poisoning, she should be alert in observing the condition of the patient and should make a mental note of any remarks made by relations on the mentality of the patient at the time the poison was taken.

The patient's breath, or any odour in the room, should be noted, and bottles, labelled or incorrectly labelled, with their contents should be kept for examination.

Such information may greatly assist the doctor who can then prescribe the proper antidote in such quantity as is indicated by the amount of poison taken.

Hot blankets and hot bottles will be needed, the latter enclosed in flannel bags and placed over a protecting blanket, for unconscious patients are more liable to be burned.

The room must then be ventilated.

If carbolic acid has been the poison used the nurse will probably detect the smell. The patient's lips and mouth are dry and hardened, the urine greenish or suppressed, reflexes absent, and the pain in the stomach is frequently followed by vomiting.

The extent of injury to the œsophagus and stomach will indicate whether the stomach tube can be used, but it can only be used in such cases with the very greatest care.

A soft rubber tube with a funnel attached at one end is used. The rubber tube should be at least 3 feet long and  $\frac{1}{2}$  inch in diameter, connected with a catheter by means of a glass union.

The patient should be raised to a sitting posture with the head inclined slightly backwards. In this position, about 18 inches of the tube [less for children] first lubricated with oil or glycerine, is passed into the pharynx and down into the stomach. Then successive quantities of warm water with sodium sulph. or mag. sulph. will be used until there is no smell of carbolic acid in the fluid coming from the stomach.

**IMPORTANT.**—Keep the fluid withdrawn for examination.

Don't forget that, after lavage, the tube left *in situ*, is a convenient means for introducing stimulants. Alcohol is given early as it favours the absorption of phenol.

Later demulcent drinks will be needed. Olive oil and brandy may be injected subcutaneously or by rectum.

If the nurse has to assist in artificial respiration, she will see that the patient's tongue is protruding beyond the lips by means of a piece of tape or an elastic band, and that the nostrils are free from obstruction. In applying pressure to the chest, she will be careful that it be not violent, especially in the case of small children, when very gentle pressure, comparatively, is used.

If the unconsciousness of the patient be the stupor or coma of alcohol poisoning, then the face will be flushed, pupils dilated, the skin sweating, and the expression vacant.

Ammonium carbonate, gr. 30, dissolved in half-a-tumblerful of water is often given, the stomach washed out if necessary.

The patient is roused by means of cold affusions to the head, or by the use of a battery. Later, hot, strong coffee is given and warmth applied to the extremities.

The various trade preparations of opium form the commonest narcotic poisons—chlorodyne, Dover's powder, heroin, laudanum, morphine, nepenthe and paregoric.

After the preliminary stage of mental excitement, the patient suffers from headache, weariness and diminution of sensibility. Pupils contract to pinpoint, the face is pale and skin cold. Respiration is slow and pulse feeble and coma may ensue.

The stomach is washed out at half-hourly intervals with a solution of potassium permanganate 1 per cent., diluted with five times the quantity of warm water, leaving about 5 ozs. of the diluted solution in the stomach.

When the quantity of morphine taken is known, give a slightly greater quantity of potassium permanganate.

In case of laudanum poisoning, six grains of potassium permanganate dissolved in plenty of water should be taken for each ounce of laudanum.

In poisoning by a hypodermic injection of morphine, the stomach should also be washed out with a weak solution of potassium permanganate.

The patient should be roused and cold water dashed on the face and warmth applied to the extremities.

Strong, hot coffee, one pint, may be administered by rectum, or ether, 60 minims, hypodermically.

The patient should be roused by pinching, flapping, and forced movements. But care should be taken not to overdo them.

If, as frequently happens, in a case of poisoning, the nurse feels that she would be unwise to leave her patient, she will utilise the simplest emetics—warm water given copiously or with common salt, or with mustard, a tablespoonful of mustard stirred up in two-thirds of a tumbler of lukewarm water, or if there is delay in obtaining even these simple emetics, tickling of the fauces may induce vomiting.

A common cork may be used as a mouth-gag.

Brandy or whisky are the commonest stimulants, and milk or white of eggs the simplest demulcents.

**IMPORTANT.**—All specimens of vomit, stomach, washings and urine must be saved for analysis.

Competitors are asked to note carefully the date by which the Competition is to be sent in. Several excellent papers arrived last month too late to be considered for the prize.

### QUESTION FOR NEXT MONTH.

What do you understand by Shock?

What are the principal causes, and how would you deal with this condition until medical assistance can be obtained?

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