

## OUR PRIZE COMPETITION.

DESCRIBE FULLY WHAT WOULD BE EXPECTED OF A NURSE WHO IS IN CHARGE OF A BABY, AGED EIGHT MONTHS, SUFFERING FROM AN INTUSSUSCEPTION, FROM THE MOMENT OF THE ONSET OF PAIN TO THE COMPLETION OF CONVALESCENCE AFTER THE OPERATION.

We have pleasure in awarding the prize this month to Miss V. Cordinley, Bootle Hall Infirmary, Blakley, Manchester.

### PRIZE PAPER.

#### TREATMENT OF INTUSSUSCEPTION.

At the sudden onset of severe colicky, paroxysmal abdominal pain, in an infant eight months old, accompanied by passage of blood-stained mucus per rectum, a doctor should at once be informed.

#### UNTIL THE DOCTOR'S ARRIVAL.

Until the doctor arrives apply hot flannels over the abdomen. Flex the knees on to the abdomen, cover with warm blankets, place hot-water bottles at a suitable and safe distance around the patient; give nothing by mouth except a few sips of tepid water. Take the temperature, pulse and respirations.

#### AFTER EXAMINATION BY THE DOCTOR.

The treatment ordered must be punctiliously carried out; it will probably consist of: a high colon lavage and the administration of a sedative if the pain is severe.

#### PREPARATION FOR OPERATION.

The baby must pass urine, catheterise, if necessary, test and report any abnormal constituent to the doctor. Stomach lavage may be ordered if there is intractable vomiting.

#### PURIFICATION OF ABDOMEN.

Shave and thoroughly wash the skin with ether soap, rinse off the soap with clean water, dry thoroughly with a sterilised towel. Paint the skin over with tincture of iodine, 2 per cent. solution in rectified spirits. Apply a dry sterilized dressing and bandage in position. Hypodermic injection of atropine sulph. gr. 1-200, will very likely be ordered, to be given 30 minutes before operation. Dress the patient in warm woollen clothes, which allow free access to the abdomen, cover the hair with a cap, and place the feet and legs in woollen socks. The patient is taken to the theatre wrapped in warm blankets. If assisting at the operation, the nurse must purify her hands and arms, put on sterilized cap, gown, sleeves and shoes, and wear sterilized gloves.

#### AFTER THE OPERATION.

The patient must be warmly wrapped in blankets and laid on the trolley. Turn the head to one side, the tongue well forward, take back to bed, which is prepared beforehand.

The following things should be in readiness—blocks, small firm pillow to be placed under the knees, pillows for use when consciousness returns, hot-water bottles filled and properly covered, warm blankets, brandy and tongue forceps, tray for hypodermic injection, rectal feeding apparatus, sterile normal saline, glucose.

#### POSITION.

On the return from the operating room place the patient in bed with the head low and turned to one

side, the knees flexed over a small knee pillow. The patient is covered with a warmed blanket, and hot bottles are arranged at a suitable and safe distance. A small cradle can be placed over the abdomen if necessary.

#### PULSE.

The pulse is taken on the return of the patient from the theatre and every half-hour for two hours, then it is taken every four hours, and charted together with the temperature and respirations.

#### DRESSINGS.

The dressing must be inspected on the return from the operation, and every half-hour for two hours, then every two hours during the following eight hours. Should there be any discharge or oozing the dressing is reinforced and the doctor informed. If no complications arise, the first dressing will be done about seven or eight days after the operation, when the nurse will assist the doctor to remove the stitches. A small gauze and wool, or collodion, dressing is then applied.

#### DIET.

Rectal salines may be ordered four-hourly, and glucose may be added, until the baby is able to take nourishment by mouth. When giving the saline the rectal tube should be left in the rectum a few minutes with the end in a bowl of water to allow of the passage of flatus. When able to swallow the baby may be given albumen water and diluted milk, gradually working up to full milk. As a rule the baby will soon pass urine, but, if retention is present, catheterisation will have to be performed. If distension is present a turpentine enema may be ordered. Sedatives will be ordered, if the patient is restless. During coughing or vomiting the nurse should support the wound with her hand.

#### OTHER POINTS TO BE NOTED AND REPORTED.

Other points to be noted are the condition of the bowels, the character of stool, the quantity of urine passed and constituents. The vomit, quantity, colour, manner in which ejected, reaction, frequency.

#### UNFAVOURABLE SYMPTOMS.

Small, quick, running, uncountable pulse, subnormal temperature, shallow, sighing respirations, cold extremities, perspiration, hiccough.

During convalescence the doctor will order tonics such as cod-liver oil with malt. Fresh air and sunshine are also essential.

#### QUESTION FOR NEXT MONTH.

Mention the diseases in which vomiting occurs, and describe anything in the act of vomiting, or in the vomit itself, which may be useful in diagnosis.

#### RADIUM FOR CANCER.

Two donors, both of whom desire to remain anonymous have each presented a gramme of radium to the London Hospital. One has added to his gift the sum of £13,000 which will be invested, and the income spent in running a radium laboratory for the production of radon and of the radon needles. In the case of the second gramme it is proposed to place this in platinum containers, and the surgical staff will be asked to advise as to its distribution.

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