OUR PRIZE COMPETITION.

IN A CASE OF UNCONSCIOUSNESS FOLLOWING SUSPECTED POISONING HOW WOULD YOU ACT UNTIL THE ARRIVAL OF A DOCTOR, AND WHAT WOULD YOU GET READY FOR HIS USE? MENTION SOME OF THE COMMON NARCOTIC POISONS AND THEIR ANTIDOTES.

We have pleasure in awarding the Prize this month to Miss Henrietta Ballard, S.R.N., M.B.C.N., St. Leonard's Hospital, Shoreditch, N.

PRIZE PAPER.

The duty of a nurse to a patient unconscious from suspected poisoning depends—

i. On his condition;—

ii. On suspected poison.

In a case of poisoning from a vapour such as chloroform or sewer gas, or carbon monoxide from gas in a house, artificial respiration is essential for the nurse to carry on until doctor arrives, clothing must be loosened, dentures removed, and heat applied to body by means of hot blankets. If hot-water bottles are applied they must be tested and securely tied in flannel bags and separated from patient by blankets, but it is a serious risk and it is wiser to use hot blankets instead, as an unconscious patient does not feel the heat, and his burns are deeper owing to deficient nutriment to skin during unconsciousness.

Poisoning may be from other drugs, such as a narcotic, which rapidly produces unconsciousness, the commonest under this heading being opium preparations, *e.g.*, laudanum, paregoric, Dover's powders, and preparations such as veronal, sulphonal and chloral.

Collapse will inevitably follow and must be combated as much as possible, and this is done by application of heat, administration of oxygen, raising foot of bed and giving rectal injections of black coffee or normal saline and glucose, at a temperature of 105°F.

In case of suspected opium poisoning, patient must be roused, therefore flicking with towels, dashing cold water over face, ammonia or any nitrate inhalations will help to bring him round. Hot black coffee must be at hand to give as consciousness returns and rectal injections can be given if coma persists.

Patient in each case should be recumbent, with head to side to allow vomit to run out of mouth.

Note should be taken of patient's colour, pulse, odour of breath, condition of mouth, lips, pupils and skin. Any urine passed should, if possible, be obtained for examination.

Characteristic odours from breath aid diagnosis.

Opium—The well-known heavy odour of the poppy, note pin point pupils.

Prussic acid—Odour of sweet almonds.

Alcohol, *Chloroform* } have their particular odour.

Belladonna preparations give bright dilated pupils and dry skin.

Carbon monoxide poisoning is characterised by cherry-coloured lips and unconsciousness due to carbon monoxide uniting firmly with hæmoglobin and leaving oxygen no opportunity of getting into red blood cells.

Prussic acid is so speedily fatal that artificial respiration is the only possible course for the time being. Any powders, bottles, or vomit must be saved and placed in a room away from patient for doctor's inspection.

Preparation for Doctor's Visit.

Stomach pump or tube and funnel for lavage, and large quantities of sterile water, hot and cold.

Sodium bicarbonate and potassium permanganate, mackintoshes, bowls, towels, mouth gag, tongue forceps, and a good light.

Hypodermic syringe prepared on tray with sterile water for syringe, antidote drug or a rapid emetic, also morphine. Strong black coffee, normal saline and glucose, apparatus for rectal injection or wash out. Catheter.

Emetic substances may be needed later, mustard, salt or soap and water.

Demulcent drinks such as barley water, weak tea and albumen water can be prepared.

Stimulants—Sal volatile, brandy, whisky.

Common Narcotics and Antidotes.

Opium and its Preparations. Laudanum, Heroin ... Morphia ... ... Paregoric	Atropine, gr. $\frac{1}{120}$. Potassium permanganate washout of stomach; this is necessary whether drug taken by mouth or skin and stomach re-absorbs it.
Belladonna— Atropine ... ... Hyoscyamus	Morphia, gr. $\frac{1}{4}$. Pilocarpine, gr. $\frac{1}{10}$.
Chloral Hydrate— Veronal ... ... Sulphonal	Strychnine, gr. $\frac{1}{30}$. Amyl. nitrate, miv.
Cocaine	Bromide, gr. xx. Amyl. nitrate, miv. Chloroform.
Prussic Acid	Ammonia. Artificial respiration.
Aconite	Atropine, gr. $\frac{1}{120}$. Ammonia. Stimulants.
Nicotine	Strychnine, gr. $\frac{1}{30}$.

HONOURABLE MENTION.

Miss Amy Phipps and Miss Doris Smith are awarded honourable mention. Miss Amy Phipps writes:—

As soon as there is any sign of return to consciousness, gentle efforts should be made to rouse the patient should convulsions occur, he must be protected from injuring himself. Treatment by the nurse will depend to a great extent upon the urgency of the case and the amount of delay in securing medical aid; in an urgent case, as soon as the patient is able to swallow, a suitable emetic should be given, except where contra-indicated, as in corrosive poisoning, followed by a simple antidote, such as white of egg for mercurial poisoning, etc.

Any specimen of vomit saved should be close at hand for inspection by the doctor.

It is of the greatest importance that all apparatus should be in good working order, that treatment may be effected without delay.

QUESTION FOR NEXT MONTH.

What is the probable cause of post-anæsthetic vomiting? Mention the precautions generally taken to prevent it. What treatment have you known in a severe intractable case, and how may a nurse assist the patient?

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