OUR PRIZE COMPETITION.

DESCRIBE HOW TO PREPARE A PATIENT FOR OPERATION UNDER A GENERAL ANÆSTHETIC. HOW WOULD YOU CARE FOR A PATIENT IN THE OPERATING THEATRE AND FOR THE FIRST HOUR AFTER OPERATION?

We have pleasure in awarding the prize this month to Miss Amy Phipps, F.B.C.N., Longmarton, Ashford, Middlesex.

Prize Paper.

In preparing a patient for operation under a general anæsthetic, the technique employed will vary in detail according to—

(*a*) The wishes of the particular surgeon in charge of the case.

(*b*) The nature of the operation and the condition which has made operative measures necessary.

(*c*) The general condition, age, etc., of the patient.

(*d*) Whether the operation is an emergency measure or otherwise, and whether performed in hospital or the home.

These considerations will also influence the care of the patient in the theatre and in his post-operative treatment.

There are certain general principles which hold good in connection with all operative procedure, and amongst them may be noted:

(1) Every effort should be made to keep the patient calm, cheerful and free from panic, and it is needless to say that the attitude of the nurse and her use of tact and tenderness can do a great deal to save the patient mental worry.

(2) Avoid fuss or any appearance of such.

(3) See that your preparations are complete before you commence the actual preparation of your patient for operation. This will help you to keep calm and collected, and your calmness will be communicated to your patient.

(4) See that you have an exact knowledge of the wishes of the surgeon with regard to preparations, the after care of the patient, and the treatment of any emergencies which may arise.

(5) Get a clear knowledge of any complications which may arise, and which your alertness must detect at the onset, in the particular operation.

(6) See that all apparatus is in perfect working order and close at hand.

(7) See that your assistants have an intelligent appreciation of their part in the technique employed, that there may be perfect team-work.

The good effect of this is far-reaching. The usual preparation for a general anæsthetic is on the following lines, though these are of necessity modified where the operation must be performed without delay.

The patient should be in hospital at least twenty-four hours prior to operation.

Local Preparations.

The patient should have a hot bath with plenty of soap, to remove gross dirt and grease, and should then get to bed for local preparations. A tray should be prepared, containing ether soap, a soapy antiseptic solution, a loofah, shaving brush and razor, surgical spirit, sulphuric ether, pledgets of cotton wool, gauze swabs, a pair of cotton gloves, sterile dressings, suitable bandages and safety pins, scissors, forceps, etc.

The patient should be warmly covered and should be made as comfortable as possible; the bed should be screened and the field of operation thoroughly exposed.

A wide area must be shaved, care being taken to avoid scratching the skin. The skin should then be thoroughly washed with the loofah and ether soap, this is followed by a thorough washing with antiseptic solution, and the skin is then well rubbed with pledgets of cotton wool soaked in spirit.

The nurse's hands must now be rendered surgically clean and the cotton gloves drawn on.

Repeat the washing with surgical spirit, using sterile swabs, and finally stroke over the whole area with gauze soaked in sulphuric ether; apply the sterile dressing and large sterile pad and bandage. The area is sometimes painted with tincture of iodine, which reaches the bacteria in the hair follicles and sweat glands.

General Measures.

To help the prevention of bacterial infection, drugs, such as sodium nucleinate and photocyten, are sometimes given to induce a leucocytosis. Morphia, with atropin or scopolamine, is sometimes given to diminish shock and nervousness.

A specimen of urine must be collected and carefully tested. Any signs or symptoms suggesting general disease must be noted and reported as they become accentuated when the system is lowered by operation.

A purgative to clear out bacteria and their toxins must be given twenty-four hours before operation.

The diet should be light and easily digestible; on the morning of the operation no food except a cup of tea and a little dry toast three hours before operation must be given. The pulse, temperature and respiration must be taken four-hourly and charted. Before leaving the ward, artificial teeth must be removed and the patient must empty the bladder.

A nurse must accompany the patient to the theatre, and he must not be left once on the table.

During the operation, the nurse must attend to the requirements of the anæsthetist, watch the patient's pulse, and be ready to help intelligently in emergency.

After operation the patient must not be left until consciousness has returned; the pulse, colour, etc., must be noted, to detect the first symptoms of collapse. Warmth must be maintained, an electric cradle being used if necessary; well protected hot bottles must be in the bed. Hot subcutaneous salines are usually employed to counteract shock, and should be in readiness.

Should vomiting occur, the patient should be placed on his side, and the tongue kept forward; the nurse's hand should be held firmly over the operation wound.

Every symptom should be noted carefully and recorded, as prompt action at this time may save the patient's life.

HONOURABLE MENTION.

The following competitor receives Honourable Mention: Mrs. J. Gotlob, S.R.N.

QUESTION FOR NEXT MONTH.

Describe the causes and symptoms of intestinal obstruction. How would you prepare a patient for operation suffering from acute intestinal obstruction?

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