

OUR PRIZE COMPETITION.

DESCRIBE WHAT YOU KNOW OF INFLUENZA AND HOW TO NURSE IT.

We have pleasure in awarding the prize this month to Miss Kathleen Delainey, Ancoats Hospital, Manchester.

PRIZE PAPER.

Influenza is an acute infectious disease which first occurred in Europe in a widespread epidemic form in 1847-1848. After a lapse of forty years it again occurred with severity in 1889-1890.

In 1918-1919, it became pandemic and since then it has occurred frequently (independently of season, or climate) in all parts of Europe.

Dissemination takes place by air, direct contact with patients suffering from the disease (from nasal and bronchial discharges), and is also believed to be spread by fomites.

It attacks most readily the weak, and elderly, and patients who have had previous attacks, but no age is exempt. Good or bad hygienic surroundings appear to have little influence upon it.

Incubation takes from two to three hours, to one to three days. The onset is sudden, and the symptoms are very varied.

General Febrile Type.

1. The general febrile type is the most common, the onset is sudden, with feeling of coldness (patient says he cannot get warm), followed by severe frontal headache, coryza, and pain at the back of the eyes, nasal catarrh, pains in back, calves of legs, or a generalised aching. The tongue is coated, the skin dry or there may be profuse perspiration. The temperature rises, sometimes slightly, or to 102° F. to 103° F. The pulse is rapid and the respirations are increased. The urine is scanty and highly coloured. The patient feels very ill, restless, and depressed. In a simple case the temperature falls in 24 to 48 hours, and the patient begins to improve. The pains in the back and legs may continue and convalescence be prolonged.

The Respiratory Type.

2. In the respiratory type the onset is similar. The temperature rises and remains high. There is nasal catarrh, rapid breathing, accompanied by pain in the chest, and a troublesome cough, also expectoration of viscid mucus. Signs of broncho-pneumonia may appear with dyspnoea, cyanosis, expectoration of blood-stained sputum, and acute prostration.

Lobar-pneumonia, pleurisy or even empyema may occur.

This form of influenza is very severe, and often fatal. The prognosis depends on the severity of the pulmonary lesion.

Gastro-Intestinal or Abdominal Type.

3. The onset of the abdominal type is sudden, with acute diarrhoea, or vomiting, and abdominal pain.

There is usually a moderate rise of temperature, but there may be none at all. The spleen is enlarged and sometimes jaundice occurs. There is loss of appetite, and thirst. The diarrhoea is accompanied by tenesmus, and these symptoms persist from three to five days or

even longer. The patient feels very weak and distressed, and the eyes are sunken.

Nervous Type.

4. The onset of the nervous type is similar to that of the febrile type, with severe headache, irritability, and drowsiness—or insomnia—and sometimes delirium. Neuralgia may be very troublesome. There are severe muscular pains, and prolonged weakness in limbs. The patient is unable to exert himself mentally or physically, and this type is followed by mental depression lasting for several weeks.

Complications and sequelæ are liable to occur, such as bronchitis and pneumonia, in elderly people. In all affected one or more of the following complications may develop:—Pleurisy, dyspnoea, broncho-pneumonia, lobar-pneumonia, empyema, syncope, collapse, otitis media, endocarditis, nephritis, orchitis, conjunctivitis, colitis, enteritis, alimentary tuberculosis, urticarial rashes, meningitis, neuritis, melancholia.

Loss of taste and smell may follow.

Influenza is not fatal in itself, but dangerous because of its complications and sequelæ.

Nursing Treatment.

The nursing treatment must of necessity be symptomatic, but in whatever form, influenza must be treated seriously, however mild the attack may appear.

The patient must be put to bed at once, and completely isolated, until all symptoms have disappeared.

The room must be well ventilated, but free from draughts, and the temperature maintained at 65°F. It may be darkened at first to relieve headache and eye strain.

The patient should lie in the most comfortable position and well protected hot-water bottles be placed in the bed to keep him warm and to induce perspiration.

Hot flannels may be applied to the lower part of back to relieve the intense aching.

Copious fluids are given to relieve thirst and increase the excretory output.

A simple enema may be given at first if necessary, and then the nurse must make sure that the bowels are kept well opened.

The temperature, pulse and respiration are taken and recorded every four hours, and if unfavourable symptoms arise the doctor must be informed as soon as possible.

Drugs are given for relief of headache, muscular pains, diarrhoea, cough, and insomnia; stimulants may be necessary if the condition is complicated by pneumonia, and tonics during convalescence, but these are given according to the doctor's instructions.

Everything possible must be done for the patient to prevent unnecessary exertion and to avoid cardiac strain.

The patient may be blanket-bathed in bed daily for the first few days, great care being taken to avoid a chill. Hot or tepid sponging for pyrexia is given by the nurse if ordered.

The patient must stay in bed until the temperature has been normal for several days, and the pains have ceased, then care is necessary on first getting up.

Convalescence is slow and the patient should have a change of air and tonics.

[previous page](#)

[next page](#)