

OUR PRIZE COMPETITION.

WHAT TREATMENT AND NURSING ARE CARRIED OUT WITH A VIEW TO PREVENTING (a) HEART FAILURE IN DIPHTHERIA; (b) INTESTINAL PERFORATION IN ENTERIC FEVER; (c) NEPHRITIS IN SCARLET FEVER; AND (d) BRONCHO-PNEUMONIA IN MEASLES?

We have pleasure in awarding the prize this month to Miss Winifred Moss, The County Hospital, Bedford.

PRIZE PAPER.

The above are all very serious complications and the treatment and nursing throughout the whole course of each disease are carried out with the view of preventing their occurrence and eliminating all pre-disposing causes.

HEART FAILURE IN DIPHTHERIA.

Heart failure in diphtheria is due to the toxins produced by the Klebs Loeffler bacillus which cause severe changes in the cardiac muscle. Hence treatment includes eliminating or hindering the spread of these toxins by anti-toxin serum. This is of first importance and must be carried out as soon as the disease is diagnosed. The dose of anti-diphtheritic serum varies from 5,000 to 24,000 units. It is given either intravenously or intramuscularly with all aseptic precautions.

The nursing includes absolute rest in the recumbent position without pillows, and the patient must make no muscular effort whatsoever. This prevents all strain on the heart which is affected by the severe toxæmia. The diet is fluid at first and as improvement occurs light diet is given, and the bowels are kept open by enemata or specially ordered aperients. Any changes in pulse, nausea or vomiting should be reported immediately, as these indicate heart failure for which special cardiac stimulants may be ordered.

INTESTINAL PERFORATION IN ENTERIC FEVER.

Intestinal perforation in enteric fever is the most dreaded and fatal complication, especially at the end of the third week, when the sloughs from the ulcers are separating, leaving a dangerously thin bowel wall. The treatment and nursing aim at preventing any further strain on this very thin wall by careful dieting, avoidance or relief of abdominal distension, and by absolute rest. Restricted milk diet is usually ordered, from Oii. to Oiii. of milk (diluted) being given during each twenty-four hours in small two-hourly feedings. Thirst should be treated by liberal watery drinks between the regular feedings. It is an important nursing point to note any nausea, discomfort after feeds, abdominal distension, frequency of stools, or presence in them of curds or fats indicating unsuitability of the diet and the need for readjustment. Any irritating matter in the diet causes increased strain on the weakened bowel wall.

Abdominal distension may be relieved by altering the position of the patient, by passing a rectal tube and by giving very small enemata.

The nursing treatment aims at absolute rest, the patient making no muscular effort and his strength being supported and maintained during what is a very long illness, with severe toxæmia.

NEPHRITIS IN SCARLET FEVER.

Nephritis is the most serious complication of scarlet fever, usually occurring about the twentieth day. The most important treatment carried out to prevent this is serum treatment. Scarlet fever antitoxin is given in 10.c.c. doses either subcutaneously or intramuscularly. Its administration is followed by the abatement of symptoms and the risk of serious complications greatly lessened.

The nursing treatment includes keeping the patient warm and well covered, children should have a blanket next to them, and care should be taken to see that they remain covered during sleep. The personal clothing should be woollen, and there should be careful avoidance of chills. The work of the kidneys should be relieved by giving alkaline drinks and plenty of water. The urine should be tested regularly for albumin and the least complaint of nausea or headache should be investigated by an albumin test. The bowels should be kept well open, and daily bed baths relieve the work of the kidneys. A fluid diet, such as well-diluted milk, is indicated in the early stages, protein being added gradually if the urine remains clear.

BRONCHO-PNEUMONIA IN MEASLES.

The high mortality of measles is due to the tendency to broncho-pneumonia and so the chief aim in treatment and nursing is to prevent this complication.

The sick room should be kept warm and at an even temperature, day and night, and all draughts rigorously excluded. The clothing should be warm and brought well up over the shoulders. The chest may be rubbed with warm camphorated oil morning and evening, the application of linseed poultices or antiplogistine may be ordered. Water to drink should be given freely and attention paid to the mouth. The patient is supported by two or three pillows to prevent congestion, and he is encouraged to expectorate. He should be kept in bed for a week after the temperature is down and should be kept warm for a few days after he gets up. Chills must be guarded against during convalescence as this is when broncho-pneumonia may develop.

Thus we see that all these serious complications can be prevented to a certain extent, or at any rate their severity greatly lessened, by adequate precautions in relation to treatment and nursing.

Dr. W. Gordon Sears, Deputy Medical Superintendent, St. Charles' Hospital, London, in his book "Medicine for Nurses," writes: "A certain amount of bronchitis is always present in measles and must be regarded as a symptom rather than as a complication. If, however, the bronchitis is very severe the inflammation may spread further into the lungs and develop into broncho-pneumonia, a very severe complication. The temperature remains high, and the respiration rate is greatly increased. If no complications are present, convalescence is rapid and the child is free from infection fourteen days after the appearance of the rash."

QUESTION FOR NEXT MONTH.

For what condition is Fothergill's operation performed? Describe the pre-operative and post-operative treatment of such a case.

[previous page](#)

[next page](#)