

The jerky and irregular movements of these patients, render the care of the skin and the pressure points very difficult. The utmost care is needed to avoid the formation of bed sores as these patients are often extremely thin, which predisposes to their formation. The mouth is usually dirty and requires regular and frequent cleaning both before and after meals and frequent drinks of water between meals will aid this.

No sewing or reading should be permitted nor any play which requires concentration. All toys which may injure a child should be avoided but soft-cuddly toys like a Teddy bear may be allowed.

The convalescent stage of this illness is necessarily very long for it is most important that while jerky, involuntary movements are present the patient should not be allowed to exert himself in any way whatever. The tendency to heart disease must always be remembered. As soon as the patient is seen to be improving he should be trained in speech and movements, but fatigue and boredom should always be avoided. Early efforts should always be encouraged and any successes praised and above all failures never laughed at. The patient may be taught to say slowly some well known poetry, proverbs or nursery rhymes, to place articles on particular spots indicated, all instruction being always given in the form of an interesting game. When he gets up he must be taught to walk, it being explained to him that the first efforts need a lot of practice and support. Any jerky movements indicate fatigue which must be avoided throughout, and the exertion stopped at the first signs of this. He should gradually be taught to feed himself, holding the spoon occasionally at first and the process encouraged and persevered with until he can manage entirely alone.

Thus we see that Chorea is a condition in which the successful termination depends essentially on practical nursing. Patience and perseverance are essential and the tendency to heart disease and the association of Chorea with the serious complication of rheumatism must ever be borne in mind.

## THE NURSING CARE OF PATIENTS WITH TOTAL ABLATION OF THE THYROID.

BY FANNETTE AMGOTT, R.N.

The introduction of total ablation of the normal thyroid gland, a major operative procedure in the treatment of intractable chronic heart disease, has created new problems in the nursing care of cardiac patients. These patients have had heart disease for months or years, and are therefore subject to the same accidents as any cardiac patient undergoing severe exertion—namely pulmonary or cerebral embolism, acute cardiac failure, pulmonary edema, and cardiac arrhythmias.

Careful and close observation during the immediate post-operative period is the most important single factor in the post-operative nursing régime. The pulse rate and the blood pressure are taken at half-hourly intervals for the first five to six hours, and at one-hourly intervals thereafter for the next twenty-four to forty-eight hours, should the condition of the patient warrant it. Coincidentally, the nurse observes the patient's colour,

and the rate and character of the respirations. Should the patient develop cyanosis or dyspnoea, it is reported immediately to the house officer in charge.

Although the nursing aspects of the post-operative cardiac subjected to total thyroidectomy are essentially similar to those of the ordinary severe non-operative cardiac, there are certain unusual features in the operative cases—namely those consequent to injury to the parathyroid glands and the recurrent laryngeal nerves. Other complications relatively frequent are post-operative pneumonia, pulmonary atelectasis, and local wound conditions.

The problem of keeping the patient comfortable is made rather difficult because of the fact that sedatives are given to the recently thyroidectomized patients in only minimal doses. The purpose of this practice is to maintain intact cough reflex, thereby preventing the retention of secretions in the bronchial tree. Under such circumstances, of course, some patients experience more pain and discomfort than the usual group of post-operative patients. Hence it becomes necessary for the nurse in the former cases to make special efforts to soothe the patient and distract his attention from his discomfort. Moreover, the patient must be encouraged to take fluids by mouth. In many instances, they are afraid to do so because of the pain they experience in swallowing. It is necessary that an adequate intake by mouth be maintained so as to avoid the necessity of putting an additional burden on the circulation by giving fluids intravenously. On the other hand, the nurse in charge of the patient must constantly bear in mind the fact that it is most unwise to give patients with congestive heart failure excessive amounts of fluid. Therefore, the maximum fluid intake prescribed by the attending physician should not be exceeded. This intake should be evenly distributed throughout the twenty-four hours.

Patients with cardiac decompensation are at all times extremely susceptible to respiratory infections because of the pulmonary congestion. Any operation tends to increase this susceptibility. The nurse must at all times be on the look-out for the earliest signs of pneumonia and pulmonary atelectasis, such as excessive cough, pain in chest, and unexplained fever, in order that early treatment may be instituted. Oxygen therapy has been found very useful in treating these post-operative patients with early signs of pneumonia. It is essential therefore that the nurse who expects to take care of a patient about to undergo a total thyroidectomy be thoroughly familiar with the handling of an oxygen tent and of patients in such tents.

In addition to all these rather general considerations, the operation carries with it certain very specific problems. One of these is injury to the recurrent laryngeal nerves. In some instances where direct laryngoscopy is not performed immediately after operation, injury to both recurrent nerves may be entirely unsuspected for a short time. However, the onset of extreme respiratory embarrassment with loss of voice and extreme cyanosis soon calls the attention to the true state of affairs. A situation of this sort constitutes an emergency of the utmost gravity. Unless tracheotomy is performed quickly the patient will die. The nurse therefore has a great responsibility, and must

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