OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF AN UNCONSCIOUS PATIENT, AND THE DANGERS OF UNCONSCIOUSNESS.

We have pleasure in awarding the Prize this month to Miss O. M. Gentry, Bedford County Hospital, Bedford.

PRIZE PAPER.

The chief dangers of unconsciousness are aspiration pneumonia, due to the patient inhaling food, fluid or saliva into the air passage and hypostatic congestion of the lungs from lying too long in one position.

Other dangers which may greatly complicate the condition are, bladder or eye infection, bed sores and burns.

The nurse should be aware of these dangers and strive to prevent them. This she can only do if she has acquired skill in nursing and has a sound knowledge of the theory upon which her art is based.

Unconsciousness may arise from injury to the brain or from any interference with its function, so the nursing details will differ slightly according to the condition responsible for the coma, but the general principles of treatment are the same. They are as follows:—

Nurse if possible in a quiet room or side ward. Arrange the bed so that the patient does not face the light and is protected from draughts. It may be necessary to slightly darken the room but good ventilation is essential.

Prepare the bed with a suitably inflated air or water bed, see that it is well protected by mackintoshes. Choose light but warm bed clothes, have a bed gown suitable for a helpless patient; long woollen stockings will help to keep the limbs warm. Arrange a low bed cradle to relieve patient from pressure of bed clothes. If hot water bottles or other forms of artificial heat are used, much care and supervision will be required to prevent the occurrence of burns. The impaired nutrition of the skin makes these patients liable to burns from a degree of heat which would not affect an ordinary person. Any sudden restless movement may result in a burn if the bottles are not carefully placed. Have in readiness tongue forceps, mouth prop, oxygen, CO_2 cylinders, and any other emergency apparatus likely to be required.

As soon as possible make careful and systematic observations of the patient and write them down. Thus you will have a valuable record with which future observations can be compared and progress of disease seen. Look at the patient, note his colour and expression, the presence of any twitching or convulsive movements. Note particularly the eyes; are they turned more to one side than the other; note size and equality of pupils, the condition of the reflexes and reaction to light; the presence of nystagmus or squint. Feel the texture of the skin, note any signs of paralysis, stomach or bladder distension. Obtain and test a specimen of urine. Examine nose and ears for bleeding or discharge. Note rate, regularity and quality of pulse, the rate and type of respiration. Take the temperature and remember all future observations must be taken in the same place. It is advisable to compare the temperature on both sides of the body.

Pay particular attention to the hygiene of the skin and treatment of pressure points, remembering that a large surface of the unconscious patient is subjected to pressure and the vitality of the tissues low. The whole of a nurse's skill and ingenuity will be called upon if bed sores are to be avoided. The eyes must be bathed regularly to prevent infection, and the mouth kept clean and moist. The unconscious patient sometimes secretes too much saliva, and there is danger of it getting into the trachea. This is a difficult symptom to treat, an emergency method is to place the patient in a prone position, with pillows under the trunk and allow the saliva to run into a basin. Suction apparatus is used in some cases, the doctor will order suitable drugs.

The hands and feet require care, sandbags or splints may be required to support the feet in order to prevent drop foot, do not pull the bedclothes too tightly over the patient.

Watch the position of the limbs, keep in good alignment and in a neutral position so that one group of muscles does not become overstretched; make sure the extremities are warm.

See that the bowels are working regularly, an aperient such as calomel or croton oil is given at the onset, followed by saline aperients or enema, depending on the degree of unconsciousness.

Observe the patient closely and place a bed pan under him when the bowels are likely to act, thus helping to prevent bedsores.

Note any signs of retention of urine and relieve by catheterisation if necessary. Observe the amount of urine passed and test it at intervals.

Change the patient's position hourly and try to stimulate breathing, so ventilating the lungs in order to avoid hypostatic congestion. Inhalations of oxygen with CO_2 5 per cent. help to deepen the respirations.

Keep an accurate record of temperature, pulse and respiration, the pulse will require half-hourly observation; report any change in condition, however slight. If fits occur write down a detailed description for the doctor in charge.

The feeding of the unconscious patient will depend to some extent on the depth of coma. It may be necessary to lower the blood pressure or treat some intercurrent disease. The depth of coma may vary from hour to hour so that at intervals the patient will be able to swallow and even attempt to masticate. In these cases feed carefully by spoon, giving fluids or semi-solids. If the swallowing reflex is absent it is dangerous to feed by mouth, it is also doubtful if the patient with his impaired nerve nutrition is able to digest or assimilate food. If the coma is likely to be of short duration, it is better to rely on rectal salines with glucose. If coma is long and feeding becomes necessary, nasal feeding is the least dangerous.

Never talk over the bed of an unconscious patient, always be on the look out for signs of returning consciousness and ready to reassure the patient and prevent him from becoming excited.

QUESTION FOR NEXT MONTH:

What most impressed you at the recent International Congress of Nurses?

previous page next page