

vision of a registered, professional nurse† according to the doctor's orders.

2. Preparation of other food, such as cereals, vegetables, et cetera, according to the doctor's orders, and under the direction and supervision of a registered, professional nurse.

3. Bathing.

4. Following of the accepted routine of habit training for the infant; that is, regular hours of sleeping, eating, using toilet, et cetera.

C. The care of mildly ill, chronic, convalescent, handicapped, or aged persons who do not require the expert care of a registered professional nurse; or the care of more severely ill patients in intervals between the visits of a registered, professional nurse.

The services include:

1. Making, airing, and changing the patient's bed.

2. Changing the linen of the bed occupied by the patient when necessary to keep the patient clean and comfortable.

3. Bathing.‡

a. Washing the face and hands or assisting with same.

b. Cleaning the teeth or assisting with same.

c. Preparing the tub for a tub bath or shower and assisting the patient to take a tub bath or shower.

d. Caring for the patient's hair and nails (finger and toe).

e. Changing the patient's night clothes.

f. Maintaining a daily routine for the comfort of the patient, including:

(1) *Morning care*: Give bedpan (cleansing afterward). Wash face and hands. Brush teeth. Give bath. Give back rub. Change bed linen if necessary. Comb hair. Care for nails. Give fresh water. Adjust window and shades. Tidy room. Prepare and serve breakfast (assist or feed as necessary). Brush out crumbs. Give book, newspaper, glasses, et cetera, if desired. Care for flowers.

(2) *Other care during day*: Give bedpan (cleansing afterward). Give fresh water. Prepare and serve lunch. Adjust pillows, et cetera.

(3) *Evening care*: Wash face, hands, and back. Brush teeth. Give back rub. Prepare and serve supper. Give fresh water.

(4) *Night care*: Give bedpan (cleansing afterward). Give back rub. Smooth sheets. Adjust pillows. Adjust windows and shades. Give extra blanket (if necessary). Extinguish lights as indicated.

(5) *Changing position* (Moving and lifting of patient with acute illness, fracture, or other injury should be taught and demonstrated individually by the registered, professional nurse supervisor.)

(6) *Food for the sick*.|| (The diet will be prescribed by the physician.) This includes: Preparing food. Serving attractively. Using appropriate methods—drinking tube or straw, glass, spoon, or feeder. Assisting patient.

D. Responsibilities in relationship to physician. The worker:

1. Helps to maintain the patient's confidence in the physician.

2. Avoids any criticism of the physician.

† Any special treatment or care in connection with any complication or unusual condition associated with the routine procedures listed in this outline must be administered or carried on only upon the explicit order of the physician and under the careful supervision of the registered, professional nurse supervisor. For example, brushing the teeth of a patient with a sore mouth is more than just a routine cleansing procedure.

‡ Special types of baths or treatments are given only under specific orders by the doctor for the individual patient and with demonstration, instruction, and supervision by the registered, professional nurse.

|| Special diets are prescribed by the physician. The preparation should be taught by a nutritionist or registered, professional nurse. This is considered a special treatment and the same rule applies to all special treatments; that is, such a treatment must be ordered by the doctor, and the execution of it taught and supervised by the supervising nurse.

3. Reports signs of changes of the patient's condition to the physician.

4. Follows explicitly orders of the physician.

E. Responsibilities to the nurse supervisor.¶ The worker:

1. Reports all new orders of the physician to the nurse supervisor in order to provide for instruction, demonstration, and supervision.

2. Discusses problems of management of work with the nurse supervisor.

3. Reports to the nurse supervisor before leaving the case.

4. Keeps and turns over to the nursing agency such records and reports as are required by the agency and the physician.

¶ Since no special treatment may be given until provision for instructions, demonstration, and supervision has been made, the subsidiary worker must seek the advice of the nurse supervisor; if she is not available, the attendant must seek instruction from the physician.

This report also appears in the *American Journal of Nursing* for July, 1939.

THEY DO THESE THINGS BETTER IN AFRICA.

The *South African Nursing Journal* reports the organization of a National Register of Nursing Services. Would that our Ministry of Health could have "seen its way" to recognise our National Nurses' Council of Great Britain as the expert body which should have been entrusted with this duty. But no, the policy of exclusion of the expert is determined and systematic by the present Minister.

The South African Trained Nurses' Association has undertaken the task of compiling a Register of all trained nurses able and willing to give service in case of national emergency.

The Defence Force Nursing Service up to ten per cent. (10%) of the trained nurses in civil hospitals.

The responsibility for filling the vacancies so created will fall on nurses who are not employed in hospital service; and it is particularly to those members of the profession who have retired, are married or who are not holding responsible posts, that the appeal is issued. Trained nurses are sorely needed in time of peace, but in time of national emergency their services are invaluable and it is confidently anticipated that the profession will rally to the call.

The need for a National Register is obvious, so that services may be distributed according to need. It must be emphasised that every nurse (not called for military service) who holds a responsible post in any hospital, as Matron, Sister or Staff Nurse, can best serve the country by remaining in her present post.

Will every nurse who—through change of address or any other cause—fails to receive a form, kindly notify headquarters of the S.A. Trained Nurses' Association, P.O. Box 1601, Cape Town, so that the omission can be rectified?

In order to ensure smooth and efficient running of hospital and nursing services, it will be necessary to institute refresher courses and experience for nurses who have been out of active practice for some time.

Look on that picture and on this. We learn that confusion worse confounded reigns supreme at one lay-governed recruiting centre, which is lumping into one emergency service as nursing auxiliaries all types of workers, including "charwomen"! who have, we believe, been promised salaries of £2 a week of the unfortunate taxpayers' money, and no cleaning to do, when called up for active service.

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