

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE AN ADULT MALE PATIENT WHO IS SUFFERING FROM A SEVERE ATTACK OF MUMPS? MENTION ANY POINTS WHICH WOULD LEAD YOU TO SUSPECT THE OCCURRENCE OF COMPLICATIONS.

We have pleasure in awarding the Prize this month to Miss Maggie Neal, S.R.N., R.M.N., Nurses' Home, Barming Heath, Maidstone.

PRIZE PAPER.

To nurse such a patient it is advisable that the nurse should know something of the cause, infectivity course, and complications of the disease, and a good plan for a nurse who is not all the time engaged on fever nursing is to read up the disease, whereby she or he will find that the cause is a filter passing virus, and therefore mumps is both infective and infectious, that the incubation period is a long one, which points to infection having been present for about three weeks previously, that the course of the disease will necessitate care for the same length of time after the onset probably, and that quarantine for contacts will be at least 21 days.

Parotitis of the epidemic form affects first the salivary glands, but must be considered also as a more or less septicæmic condition, the evidence of this being the general malaise, and the tendency to metastatic complications, the most common of which in adult males is metastatic orchitis. She will then realise the importance of employing all "infectious precautions" to prevent spread of the disease, particularly to children, and of nursing the patient with great care during the first 10 to 14 days under direction of the physician.

Nursing.

General management. The patient must be nursed in bed, in a well-ventilated room, kept at a temperature of approximately 60° to 65° F., the bed placed so that the light does not fall directly upon the face of the patient and is not in a direct draught.

Cleaning is best done by suction methods. Failing this a carpet sweeper if obtainable—in any case no dry dust to be raised either in cleaning the floor or dusting the furniture.

No debris of food to be left in the room. The bed should be protected with a mackintosh and draw sheet. If in hospital possibly a long mackintosh would be in use, and the mattress protected with a washable cover.

For economy's sake the sheets and blankets should be not the newest, as they will require to be disinfected repeatedly, and the amount of the upper bedclothes should be commensurate with the temperature of the particular season. Pyjamas are the most useful bed garment for him, with an additional cover for the shoulders when sitting up. The following bed accessories: a bed rest, two or three pillows (the upper one protected under the pillow slip by a soft jaconette cover will save the pillow from infective saliva), a hot water bottle carefully protected, an air ring and two small sand bags. A bed table and screen should be obtained where possible, also a bed pan, urinal, and sputum cup must be provided. The saliva is infectious. Special utensils for patient's use. A four hour chart should be used during the acute stage of the disease, thereafter a morning and evening chart. A written report should be made for the 24 hours. If a night nurse is provided both nurses will unite their

report, also hand over the patient verbally. The report will include amount of nourishment taken, sleep obtained, action of bowels and bladder, and any signs and symptoms observed, treatments ordered and given, with times and results. The urine should be tested for albumin, sugar, and acetone.

A daily bed bath, care of back, etc., care of hair. Shaving may have to be left out just at first.

Diet.

Soup, beef tea, Benger's food, bread and milk, custard, nourishing jellies, and refreshing drinks: lemonade, barley water flavoured according to taste, egg nog, egg flip, and later poached or scrambled egg are probably the most welcome articles of diet. As the swelling, at first appearing between the angle of the jaw and the mastoid process, later spreads, and mastication is both difficult and painful; in cases where both sides are involved, swallowing also is difficult. Should the patient be ordered aspirin it would be a good plan to crush the tablets before administering. A feeding cup with a piece of boiled rubber tubing attached to the spout will overcome the difficulty of opening the mouth. Some marmite should be introduced into the soup or beef tea to give the vitamin B, cream or butter will give A and D, and the fruit juice will contain C.

The mouth should receive very special care. Syringing the cavity with a clean Higginson's syringe, provided with a glass nozzle is an excellent method, the patient's head inclined to the side over a receiver. Suitable lotions are physiological saline sol^m, sod. bicarb. sol^m (a teaspoonful to a pint), glycothymoline. Should there be any dental sepsis H₂O₂ should be used, diluted to half strength with warm water. A tongue depressor will be required. The lips must be dried and kept in good condition.

Relief of Pain.

Warm cotton wool, secured with a domett bandage over the swollen glands gives support and comfort, also medical fomentations containing tinct. opii may be applied, with the permission of the doctor in cases of severe pain. Where both sides are affected simultaneously, it is as well to know where to find the tracheotomy instruments should severe dyspnoea occur. **Complications:** pain and swelling in the scrotum, difficulty in micturition, accompanied by rigor, pyrexia, malaise, and other signs and symptoms of toxæmia point to orchitis. Head retraction, severe headache, vomiting, and constipation are warning signs of meningitis. Rapid pulse, precordial pain, with an expression of severe illness and anxiety should make one think of endocarditis. Involvement of cranial nerves may give rise to the sequelæ of deafness, disturbance of vision, and facial paralysis. Pancreatitis has been known to occur, and though the signs and symptoms may be more obscure, jaundice would cause one to think of this as there might be pressure upon the common bile duct. It is usual to give a sharp purge at the onset of febrile conditions, thereafter to secure a daily evacuation of the bowels by aperient or enema. Should no complications occur the patient will be allowed up after the tenth day, but not allowed to mix with others until a full week has elapsed after all swelling has disappeared.

PRIZE COMPETITION QUESTION FOR NEXT MONTH.

Describe Prevention and Cure of Nephritis.

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