OUR PRIZE COMPETITION.

DESCRIBE BRIEFLY THE METHODS BY WHICH LEEDING CAN BE ARRESTED AND GIVE BLEEDING EXAMPLES.

We have pleasure in awarding the prize this month to Miss E. J. Whittock, S.R.N., C.M.B., of Darvell Hall Sanatorium, Robertsbridge, East Sussex.

PRIZE PAPER.

LOCAL MECHANICAL MEANS.

1. Styptics.—(a) Heat: E.g. (1) Hot saline douche, temperature 110° F., for vaginal bleeding; (2) hot wet towels used by surgeons during operations on the abdominal cavity; (3) hot water, temperature 115° F.

to 120° F., for external use, favours clotting.

(b) Cold: (1) Compresses wrung out of very cold (preferably iced) water and applied to the bridge of the nose and upper lip for epistaxis (bleeding from the nose); (2) cold compresses or ice-bag applied to the head for cerebral hæmorrhage; (3) natural tendency to put hand under a cold tap for a cut and bleeding hand.

(c) Adrenalin: (4) Applications used for surgery of the ear, nose and throat. (Usually applied on gauze and

placed directly on bleeding surface.)

2. Cauterizing.—Apparatus to be ready when requested by surgeon in operations where very profuse

bleeding is anticipated.

3. Ligatures (silk or catgut).—Ends of blood vessels tied by surgeon during operations. Twisted linen thread (sterilised). E.g., tying of umbilical cord of newly born child immediately before severing.

4. Application of Forceps (temporary measure).— (1) Used by surgeon during operations until blood vessels are ligatured; (2) applied to umbilical cord of

newly born infant if unable to apply ligature.
5. Elevation of Bleeding Part.—(1) Forearm elevated for bleeding of hand (may be put in a sling after dressing has been applied). (2) Burst varicose vein of leg. Elevate leg to lessen amount of bleeding, as circulation of blood is considerably lessened and pressure can be applied direct. At first digital and then by means of a very secure pad and bandage, all restrictions such as tight garters or garments being removed.

6. Pressure (Indirect).—(1) Arterial bleeding as for facial injuries checked by digital (finger) pressure to a point on the proximal (heart) side of the wound. The pressure point being the facial artery about one inch in front of the angle of the jaw-pressure being exerted against the jaw bone. (Arterial bleeding is recognised as being of a bright red colour which spurts out corre-

sponding to the heart-beats.)

(Direct).—(2) Venous hæmorrhage, or bleeding from a vein (recognised as being dark red in colour and issuing from the wound in a steady stream). Controlled by direct pressure—covering the wound with a dressing over which is placed a suitable pad and secured in position by a firmly applied bandage. Elevate the limb after treatment. (Indirect pressure would be applied by a firm bandage on the distal side of the wound.)

(3) Capillary hæmorrhage usually occurring after cuts, scratches and minor wounds. (Recognised by being of an ordinary red colour, oozing up from the wound with very little force behind it.) Capillary hæmorrhage is usually easy to control with suitable dressing and pad and bandage. Elevate if necessary and if an extremity.

Chief Pressure Points, arterial hæmorrhage.—(Thumb is used for digital pressure.) Graduated pad firmly

secured is often sufficient.

Carotid artery for neck and side of head (one at each side of wind-pipe). E.g., Cut throat.—Compress inwards and backwards, below wound at lower border of Adam's Apple, above clavicle and against neck vertebrae. (If Jugular vein is involved, compress above wound with other thumb.)

Subclavian for shoulder and arm.—Compress above and behind collar-bone in hollow between muscles and

downwards on to first rib.

Femoral for leg.—Lay person on back. Compress with both thumbs (one above the other) in the middle of the groin against the pelvic bone. Artery runs in a line from the centre of groin to inner side of knee.

7. Flexion (Forced).—Hæmorrhage from elbow: Place pad in crook of elbow, flex arm and secure firmly with bandage. Popliteal artery: Flex leg with pad as above. Palm of hand: Firm pad with fingers pressed down over it and tightly bandaged. Elevate in sling if necessary.

8. Personal method re Axilla hæmorrhage.—Coneshaped pad in axilla, arm taken behind back and grasped at wrist by sound hand. (If unconscious, pad, with arm secured to side.)

9. Tourniquet (same can be improvised).—(1) Applied during operations on extremities (amputations); (2) used as extreme measure in first aid for extremities when all other means fail and bleeding profuse. Tourniquet released every 15 to 20 minutes to prevent total cessation of circulation and finally gangrene. Applied also if limb is practically severed.

OTHER MEASURES.

(1) Rest (preferably in recumbent position). (2) Warmth. (3) Quietness. (4) Reassurance. (5) If other than head, neck or chest, head kept low and feet raised. (6) No stimulants. The above applies to all cases of hamorrhage if severe.

By mouth.—Ergot given for uterine hæmorrhage. Fainting.—Nature's method of arresting hæmorrhage

by slowing down the heart's action, allowing the blood time to clot (external hæmorrhage).

Epistaxis (Bleeding from nose).—Head up and back. Instruct patient to breathe through mouth and apply cold compresses to bridge of nose and upper lip.

Hæmatemesis (Vomiting of blood from stomach).—Dark red in colour. Medical aid summoned, and as for all cases of hæmorrhage. (Cold compress to abdomen of secondary importance.)

Hæmoptysis (Bleeding from lungs).—Bright red in colour. Medical aid summoned, and as for all cases of hæmorrhage. (Ice to suck merely of secondary import-

ance.)

Plugging To.—Hæmorrhage from socket of extracted Wool or gauze, preferably impregnated with styptic placed firmly in socket and patient told to bite on pad. Clots not to be removed.

Internal hæmorrhage.—Medical assistance summoned. Head low, feet raised, as for most cases of hamorrhage. PRIZE COMPETITION QUESTION FOR NEXT MONTH.

Describe the Nursing Care in Colostomy.

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