SECOND EDITION

MEDICAL-SURGICAL NURSING

SHAFER • SAWYER • McCLUSKEY • BECK

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Preface to the second edition

In this edition of *Medical-Surgical Nursing* new material has been incorporated, current references have been added, and sections have been clarified by rearrangement and by the inclusion of more subheadings. As in the first edition, emphasis remains on nursing care of the *patient* who is ill and on nursing and medical care as it relates to major health problems in the United States. However, references have been included for those interested in conditions that occur less frequently or regionally.

We are particularly grateful to the many instructors throughout the United States and in Canada who thoughtfully reviewed the first edition and offered extremely helpful suggestions. Effort has been made to correct all errors called to our attention and, within the limits of the book's size, to include new material suggested.

Again we wish to state our belief that a textbook in nursing should contain primarily *nursing*—not medical content. It is not our intention that this book be turned to for medical information about each of the many diseases which the student will encounter while receiving practice in medical and surgical nursing. The primary purpose of the book is to provide the student with *nursing* knowledge. It is our firm conviction that only when the profession of nursing has at its command a definite body of knowledge, adequately recorded and not handed down by word of mouth as in an apprenticeship system, can it lay firmer claim to being a true profession.

We acknowledge with gratitude the help given by Miss Margaret R. Bonnell, librarian at the Muhlenberg Hospital, Plainfield, N. J.

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Preface to the first edition

Much has been written in recent years about total patient care or comprehensive nursing care. Yet few nurses have sufficient opportunity to practice this concept. The very nature of much hospital nursing service organization and nursing education limits opportunity to care for the "whole person." In hospital practice, boundaries—artificial, but all too well established—are often set up to separate the "medical" patient from the "surgical" patient. Few patients, however, are purely "medical" or purely "surgical" by strict definition. Basic principles of nursing used in caring for the patient as a person are the same regardless of his definitive treatment.

The idea of teaching nursing of patients needing both surgical and medical care as one course is not new. The *Curriculum Guide,* published by the National League of Nursing Education in 1937, made this recommendation. Increase in chronic illness, multiplicity of diagnoses in an aging population, and the newer emphasis on rehabilitation have increased the need to review methods of teaching nursing. The material in this book, however, has been so arranged that it can be used in teaching medical nursing, surgical nursing, or any of the specialties separately.

It is the purpose of this book to give a broad general background in the nursing of patients who require medical and surgical treatment. Details of physical care for some common conditions are included as a guide for the nurse in making adaptations for individual patients. To equip the nurse to give comprehensive care, the cause, prevention, medical care, principles of nursing care, and the significance of the disease to the patient, his family, the community, and the nation are considered. The nurse's appreciation of the feelings of individual patients who go through a sequence of events in illness—diagnostic, medical, surgical, rehabilitative—is judged equally important as knowledge of pathologic changes taking place and physical nursing needs that must be met.

Each year it becomes more apparent that the nurse as a professional team member must know the why and wherefore of her nursing acts and take legal responsibility for them. A better informed patient is demanding more specific information from doctors and nurses. While the nurse needs refined judgment in what she tells the patient, she can no longer hide behind the covering statement, "Your doctor will tell you." She must learn to work with the patient in the common undertaking of his recovery, teaching him

and his family the care during illness and the prevention of future illness. Because of this newer concept in nursing, attention has been given in this book to some simple everyday conditions about which the nurse may be asked and to teaching the patient and his family both in the home and in the hospital.

The problem of what to include in a book such as this is very real. To give intelligent care, the nurse must know what is the matter with the patient, what the doctor is attempting to accomplish, and what the signs of success or failure may be. She must know the reasons why she is doing what she does for the patient. A book of this kind, however, if it includes nursing detail, cannot give too much space to medical care. For more detailed information we refer the nurse to medical texts, periodicals, and lectures. No attempt has been made to duplicate details of basic nursing procedures that are part of the course in fundamentals of nursing and included in texts on that subject.

The book is divided into two sections. The first deals with general subjects and trends. It is intended to focus thinking on the *nursing needs* of patients and to prevent endless repetition. The second section considers nursing care for patients having specific medical and surgical treatment. Study questions at the beginning of each chapter have been prepared to assist the student to review basic preclinical subject matter not repeated in the text. The references preceded by an asterisk indicate material particularly well suited for student reading.

This book could never have been completed without the help of many people. Miss Virginia M. Dunbar, Dean of the Cornell University-New York Hospital School of Nursing, gave us constant encouragement. Nurses with special knowledge and experience gave generously of their time in reading chapters and offering helpful suggestions. They include Frances L. Boyle, R.N., Carmen Brescia, R.N., Elizabeth Brooks, R.N., Julia Dennehy, R.N., Virginia Dericks, R.N., Alberta Evans, R.N., Mary J. Foster, R.N., Ena Stevens Fisher, R.N., Elizabeth C. Madore, R.N., Frances McVey, R.N., Margery T. Overholser, R.N., Henderika J. Rynbergen, M.S., Doris R. Schwartz, R.N., Margaret H. Terry, R. N., Ethel M. Tschida, R.N., Edna Tuffley, R.N., Carolyn Wagner, R.N., and Margie Warren, R.N., most of whom are on the faculty of the Cornell University-New York Hospital School of Nursing. All the manuscript has been reviewed by members of the teaching staff of the Cornell Medical College. Special gratitude is due John M. Beal, M.D., Peter Dineen, M.D., and S. Frank Redo, M.D., of the Department of Surgery, Frederic T. Kirkham, Jr., M.D., and George G. Reader, M.D., of the Department of Medicine, and James R. McCarroll, M.D., of the Department of Preventive Medicine, who, in spite of other important work, reviewed each chapter and gave us their suggestions. For any misrepresentation of the suggestions of our reviewers, we take full responsibility.

We acknowledge with gratitude the help of Miss M. J. Munroe and Mrs. A. S. Miller, librarians in the School of Nursing; Mr. Milton L. Zisowitz, who edited most of the manuscript; and Mrs. Ethel M. Young, who also helped with editing. Thanks are due Miss Shirley Baty, who did the drawings; Mr. Percy S. Brooks, who took many of the photographs; and Mrs. Doris Baldwin, Mrs. Zetta Murray, and Mrs. Margaret MacGuire, who helped with the typing. Special thanks are also due to relatives and friends for their understanding and encouragement during this undertaking.

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1 Keep a record for a week of each patient for whom you care. Include the patient's age, his nationality, his place of birth, the language spoken in his home, his education, his place in his family, his religion, and his age. Consider whether or not any of these influenced the nursing care you gave.
2 How has knowledge of the patient's background, as listed above, influenced your teaching of a patient during his preparation for leaving the hospital?
3 What are some of the ways you believe anxiety may be expressed? List some questions that patients and members of their families have asked you that indicate anxiety.

The nurse's understanding of herself and the patient

Chapter 1

THE NURSE'S CONCEPT OF THE PATIENT

The nurse-patient relationship is a term commonly used to identify the complex interaction between the patient and the nurse. Every nurse needs to understand this relationship, for upon it will rest her success in helping the patient and in achieving personal satisfaction.

Each one of us is an individual—the nurse, other hospital personnel, the patient, members of his family, and his friends. Each one is reacting in a particular manner to a specific situation based upon his own social and cultural background, his total life experience, his learned reactions, and his individual make-up. Thus, each will react differently to illness. The nurse needs to learn to distinguish between her own goals and standards of value and conduct and those of her patient. She should be alert to the patient's behavior, try to interpret this wisely, and use his behavior as a guide to his care. A nurse should show sincere interest, sensitivity, and understanding, be friendly and helpful, and recognize that it is important for the patient to maintain his identity and dignity as a person. She should be aware of her own prejudices and work toward meeting each person with an open mind.

In caring for patients with medical and surgical conditions, the nurse encounters many situations which require acceptance of things that cannot be changed. She cares for patients with incurable illnesses which may result in immediate death or chronicity and eventual death. Some patients may require disfiguring surgery. Some may have deformities or communicable diseases with attendant social stigmas. The nurse needs to develop a genuine ability to accept things that cannot be changed and to respect the opinions of others in the determination of what can or should be changed.

The nurse might well ask herself whether she really likes people and is interested in working with them. Does she try to understand what the situation means to a particular patient in the light of his own personality? Does she have a genuine acceptance of others as they are, without judgment and without censure? For example, does she look away from an

amputee? This may be because she rejects the deformity, or it may be because she has underestimated the indomitable drive of the human spirit under trying circumstances. These reactions will greatly decrease her effectiveness in caring for the patient. There will be situations that the nurse cannot accept and in which she may herself need help.

Since attitudes speak louder than words, the nurse must be sincere in all her responses and try to become aware of them. There can be no set rules to guide her in her responses to patients. Each response must be spontaneous. A few suggestions follow:

1. Be yourself, for nothing draws more genuine response from others than this.
2. Continue to grow intellectually, emotionally, and socially by developing broad interests both within and outside nursing.
3. Let others respond in their own way rather than trying to make them respond the way you would.
4. In situations that appear unsatisfactory and frustrating, ask yourself, "What am *I* doing?" "Am I really appreciating the values of the patient?"

THE PATIENT'S CONCEPT OF THE NURSE

The patient's concept of the nurse is influenced by his cultural background, his previous knowledge and experience, his social and economic status, his sex, and his emotional make-up. The nurse should be aware that each patient has a stereotype of nurse in mind and that wide variations of this exist. These stereotypes need to be considered as she gives care to each patient.

The patient may have come from a cultural background in which women are considered inferior to men, one in which women unquestionably wait upon the men. For example, a man who had recently come to this country antagonized all the members of a nursing staff by ordering them about and by refusing to help himself at all. His convalescence was being delayed by his firm conviction that the women about him, the nurses, must "do for him" on all occasions. Only when an alert nurse noticed that he ordered his wife about during visiting hours and that she accepted this in a satisfied fashion did the nurses realize the meaning of his behavior. In this particular instance the situation was remedied by working through the doctor, whose opinions, suggestions, and judgments were accepted readily by the patient as those of the nurses were not. There was no need for resentment on the part of the nurses. There was need only for an understanding of the patient and for appropriate action with this in mind.

The patient's concept of the nurse is frequently based on the general public's idea, particularly if the patient has had no previous contact with nurses. The nurse is commonly held in a position of respect by the public. She is often thought of as a person who is good, immaculately groomed, efficient, and kind. She is less often considered a teacher, though the public frequently turns to her for answers to questions regarding health. She is thought of as one who "does for the sick." The new philosophy of rehabilitation and of letting the patient "do for himself" may place the nurse in a position in which her motives may be misunderstood and her actions questioned. This can happen easily unless she takes the time to explain to the patient why he may be asked to do things for himself and finds out if he objects to this, and unless she takes time to teach, to give encouragement, and to help him see his own progress. Her attitude as she does these things conveys to the patient her interest in his comfort and his welfare.

Some patients may have traumatic experiences which lead them to distrust and reject the nurse. Others have listened to harrowing experiences of their friends and assume that their association with nurses will not be pleasant. The nurse should try to help the patient correct this distortion by encouraging him to relate to her as an individual.

Psychologic factors may affect the patient's response to the nurse. When any person becomes ill and dependent upon

others, he regresses to some extent. Some patients unconsciously respond to the nurse as they did to their mothers during childhood. This may be demonstrated by docile obedience, eagerness for approval, playing childish tricks to see if they can "get away with anything," or by a number of other ways. Others may identify the nurse with a domineering mother from whom they may be seeking emancipation or with an unwanted mother-in-law. They may respond with stubborn and contradictory behavior which the nurse must try to understand.

Interpretation of all we see is based on our own experiences and learning. Therefore, it is not strange that the nurse is seen in a different light by each person she encounters. Accepting this, she needs to work toward responding to each patient individually, respecting his differences, and placing her emphasis on common elements. In this way she will give the most effective care.

EMOTIONAL RESPONSES TO ILLNESS

Anxiety and *fear* are part of the natural reaction of every normal human being when threats to his health appear. Anxiety has been defined as a feeling of uncertainty and helplessness in the face of danger. It is caused to some extent by the nature of the human organism but can be intensified by lack of knowledge, by lack of faith, and by social, economic, and cultural forces bearing directly upon the affected individual. Fear of cancer, for instance, is becoming almost universal in our society. This fear can be transferred from one person to another in such a way that it has been defined recently as one of the most common "communicable diseases" of man. It is imperative that the nurse have some understanding of the anxieties and fears of her patients. A large part of her work is to encourage the patient in most instances to express his anxieties, to help him see the universality of fear in his situation, and to help him seek outlets for these fears and tensions and to allay them whenever possible.

The signs of anxiety, fear, and tension are variable. An indifference to his symptoms and to the tests being made may mean that the patient has not accepted the possibility that anything may be wrong. He may not be able to face reality and still maintain stability and integrity of his personality. The patient who is noisy and demanding, perhaps declaring that he is not worried, is one who, if closely observed, may reveal what he dares not verbalize. The patient who "forgets" the clinic appointment at which he is to learn the results of a test is probably fearful of these results. Other patients manifest their anxiety, consciously or unconsciously, by repeatedly asking the same question, making many complaints, or being preoccupied with bodily functions. Still others will "battle it out alone," leaving the nurse unaware of their problems. Insomnia, anorexia, frequent urination, and irritability are often signs of anxiety. Sometimes marked physical signs such as perspiring hands, increased pulse and respiratory rates, and dilated pupils denote anxiety and fear. Perhaps the best way a nurse can estimate her helpfulness is by the patient's progress. If he gets more tense or repeats the same question over and over, she should seek expert assistance.

One's cultural background may influence attitudes toward certain diseases. These may have implications that are not culturally acceptable to the patient or his family. In some societies it is a disgrace to become ill at all. In our culture venereal disease often is associated with uncleanliness, and diseases such as epilepsy and mental illness may be carefully guarded secrets within families. Various parts of the body may have significant meaning in certain cultures. Some patients may refuse to permit amputation of a limb because physical fitness and the "body beautiful" are valued highly. The modern woman in the United States may have an almost intolerable emotional reaction to a mastectomy because of the emphasis placed upon women's breasts in our culture.

Illness may be a new experience for the patient. He may be unsure of the reactions expected of him by others, or he may be censured for displaying behavior acceptable in his own cultural group. For instance, in one culture "the picture of health contains a normal amount of disease."[27] For this reason, early medical care or a program of prevention may meet resistance. In another culture the family usually prefers to care for the patient at home, but if hospitalization is necessary many relatives and friends cluster around lest the patient feel rejected in his time of need. In still another culture it is proper to go to bed with much moaning and groaning if one is ill, so that the relatives may fulfill their rightful role of beneficence. Hospital personnel frequently consider these patients "problems" rather than recognizing that such behavior is culturally determined and trying to work out acceptable adjustments. Explanation to the patient and his family of hospital policies such as visiting hours and isolation requirements may prevent undue anxiety in both the patient and his relatives.

Anxiety may be caused by the patient's inability to participate in his usual religious experiences. It is important for the patient to retain religious medals and perform religious rites. If this is not possible, an interpretation of the reasons by a religious adviser is usually helpful in decreasing anxiety.

During illness the patient may be denied certain foods considered necessary in his culture. This may produce anxiety. For example, after two weeks in the respirator, one young patient became anxious over his first meal because the food was not sanctioned by his church law. His family and religious leader had to be called to reassure him before he would eat. Some people believe that one should fast when ill; imagine the anxiety and uncertainty produced when a nourishing diet is served and these patients are told by the doctors and nurses that they must eat.

Economic problems may add to the patient's anxiety. Economic effects of illness are a threat not only to the patient but also to those he loves. This may be particularly so if he is head of the household. Most patients respond to this threat with negative behavior, and the nurse may be the recipient of some of this hostility. She must learn to be a good listener and to accept this as a normal and necessary release of tension. Often the social service worker can help the patient resolve some of his problems, for she will know of available community resources such as funds, housekeepers, child-placement facilities, nursing homes, equipment for home care, and job-placement agencies. To help meet the financial problem common to illness, many organizations have hospital insurance for their employees and many people invest in individual health plans. Hospitals are establishing home-care programs to facilitate the care of chronically and terminally ill patients in their own homes. These can ease many anxieties inherent in institutional care, obviate many problems of readjustment to the patient's own life situation, diminish the economic pressure, and keep hospital beds available for the acutely ill.

THE NURSE'S CONTRIBUTION TO PREVENTION AND RELEASE OF ANXIETY

The nurse cannot possibly know all the factors contributing to anxiety or their particular application for each patient. However, by recognizing anxiety and understanding that all behavior has meaning, the nurse may be guided by some rules. She must remember that it is the patient, his family, and his friends who are primarily concerned with his welfare, and she must try to keep them informed.

Each new experience should be explained to the patient and, if possible, related to familiar experiences. Orienting the newly admitted patient and his family to the hospital routine tends to minimize anxiety. It is helpful to inform the patient how he may call the nurse, when he will see his doctor, the hours the religious ad-