

THE PRACTICE
OF NURSING

GRATION

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by

HILDA M. GRATION

S.R.N., S.C.M., D.N. (Lond.)

*Sister Tutor, Guy's Hospital: Examiner in
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of England and Wales*

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FOREWORD

by SIR HERBERT L. EASON
C.B., C.M.G., M.D., M.S.

One often hears the phrase 'a born nurse' and it is true. To be a born nurse one must have a deep-rooted affection for one's fellow-creatures and an instinctive desire to help them in their sufferings. But a born nurse cannot do her best unless she is properly trained, and with the complexities of modern medicine and surgery that training is long and arduous.

Miss Hilda Gration has been the senior Sister Tutor at Guy's Hospital for many years and this book represents the teaching she has given and is giving. It is individual, as all good text-books should be, characteristic of her and of the Guy's tradition in practical nursing. The spirit of the book is, I think, summed up in the phrase on page forty-three, 'The aim of bedmaking is to make the patient comfortable, and not to make the bed tidy.'

That the comfort and well-being of the patient override all other considerations and customs, is the essential of good nursing. Miss Gration has always in mind the importance of training and efficiency to this end.

HERBERT L. EASON

PREFACE

The practice of nursing cannot be taught in the classroom or from a textbook. It is learnt by experience and example. Hence the daily contact with patients, working with and supervised by a good sister, is the real method by which the student nurse learns her art. This simple book aims at putting the patient in the centre of the picture, emphasizing the right method of approach and describing the various nursing techniques. It seems best that student nurses should learn one way of doing treatments and learn that way thoroughly; later, when they see other equally good methods used, they can modify details, provided that they understand underlying principles.

It is expected that nurses will study medical and surgical text-books together with this *Practice of Nursing* which does not claim to be a comprehensive guide to the whole nursing field.

The tables of food values and vitamins have been compiled from *Food Values at a Glance* by permission of Mrs. V. G. Plimmer and Messrs. Longmans Green & Co., Ltd. The hospital diets and instructions in chapters 5 and 18 are those drawn up by the Medical Committee of Guy's Hospital and acknowledgment is made to the Governors of the Hospital for permission to use them. My thanks are due to the Ward and Departmental Sisters of Guy's Hospital, whose help has been a great encouragement, also to members of the Medical Staff for corrections of detail. It would be invidious to mention any by name, when so many have contributed to the result. I should also like to thank Mr. C. W. Stewart of Messrs. Faber and Faber for his patience and help throughout.

H. M. GRATION

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Chapter One

THE PATIENT'S DAY

The time when the patient wakes and begins the daily routine naturally varies according to her condition and the administration of the hospital or home in which she is being nursed. Other factors have also to be considered. For instance, if the hospital is situated in a large city, one has to consider at what time the markets open and the street noises are likely to disturb the patient. This explains why in some city hospitals it is more restful for the patients to settle down early for their night's sleep, when traffic is quiet, to be awakened as early as six a.m. when the streets are busy again.

We may take as an example a seriously ill patient who, having required drugs to make her sleep, wakes at about seven-thirty a.m. The nurse should pull back the curtains and then offer the patient a bedpan. She sponges her face and hands, gives her a mouthwash and dentures (if any), and arranges her comfortably for breakfast. She should open the windows to freshen the room and wash her own hands preparatory to bringing in the breakfast tray. The latter is laid by the night nurse, and the tea or coffee and any food required to be cooked, should be just ready at the right moment. The nurse should give the cook ten or fifteen minutes' warning so that there is no waste of time and the patient is not kept waiting. The nurse pours out the tea, butters the toast and helps the patient in any way required. She should remember that the patient is ill and will probably refuse breakfast if it is just put in front of her, but if small amounts are presented in an attractive way with a good cup of tea or coffee the patient will probably feel better for it. The nurse should always try to adapt her attitude to the patient's mood in the early morning, and not be too brisk and irritatingly cheerful when the patient is bound to feel heavy and depressed as a result of her illness and sleeping draughts. It is important for the nurse to think out the above details so that the patient has not to ask for anything. If the nurse does not attend to her she will probably be too tired and ill to ask.

THE TOILET OF THE PATIENT

This comes next in the day's routine. An interval of not more than half an hour should elapse after breakfast, during which the patient may feel well

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enough to look at her letters if they are opened for her, or she may glance at the headlines of the newspaper.

Before beginning to wash the patient the nurse should: (1) Take the temperature, pulse, and respiration. (2) Close the windows. (3) Give a bedpan.

Whilst the patient is using the bedpan the requirements for the bath are collected. The bedpan is then removed and emptied and the nurse washes her own hands. She then strips the bed and gives a complete bath between blankets. She attends to the patient's back and pressure points and helps her to clean her teeth. She puts on a clean nightgown and bed jacket if required and arranges the patient's hair. Dressings and appliances such as splints and bandages, should be readjusted and the bed thoroughly made, giving clean linen if necessary. Help may be required at some stages in the toilet; for lifting the patient on and off the bedpan, and for treating the pressure points, and it is certainly more satisfactory for two nurses to make the bed. Medicines are given at the times prescribed, and if there is a dressing to be done, it is usually better to leave it until later in the morning when the patient has recovered from the exertion of the blanket bath and bed making. By this time it is usually 9—10 a.m., and the patient will need a cup of milk or other suitable drink. It should be remembered that an ill patient usually eats so little at mealtimes that regular intermediate feeds are absolutely necessary. After having the drink, the patient will probably like to have a short sleep and in many cases will be almost oblivious of the sweeping, dusting, and general clearing up which must be done about this time of day. If necessary, she may be screened to ensure less disturbance.

The routine above described becomes very familiar to the nurse, but it is not as easy as might appear to bathe and settle up an ill patient, thoroughly and expeditiously. The best nurses know that it is not a case of doing it once or twice, but that it will take years of experience to learn to handle all types of patients with confidence and skill. The whole procedure should be made as little irksome as possible for the patient and this depends not only on the methods taught in the classroom and wards, but much more upon the nurse's personality and tact. Either the patient likes being bathed by a certain nurse or she does not; the human element counts most in the intimate care of the sick. During the morning the doctor usually visits the patient and the nurse must be prepared for any treatment or dressings which he may wish to do, having all apparatus, etc., ready. The temperature charts and records must be at hand together with any recent X-ray or pathological reports. She must have given some thought to the problems presented by the case, and have decided what observations she should make to the doctor on her patient's progress. She should also draw his attention to any medicines or drugs for which prescriptions may

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be required. A good nurse is prepared for the visit in all these respects, and it shows lack of forethought and method to have to ring up the doctor unnecessarily later in the day.

Midday. Before lunch is served the nurse should see that her patient is comfortable and not in immediate need of a bedpan; if this is necessary it should be given. The pillows should be readjusted and the patient arranged as comfortably as possible for the meal. Again as at breakfast, the nurse should give all the necessary help so that the patient eats the maximum of food with the minimum of effort. Drinks are given as required, unless the patient is on a special diet. The patient is allowed at least half-an-hour's interval after dinner. The nurse should then take her temperature, pulse, and respirations, give any medicines which are due, again offer a bedpan, sponge the hands and give a mouthwash and do any other treatment prescribed. She makes the patient comfortable, refilling a hot water bottle if necessary. Probably the patient will like to change her position at this time of day and lie with only one or two pillows if allowed. The curtains should be drawn, windows opened or shut as seems most suitable and the patient left to rest for 1—1½ hours. This afternoon rest should invariably be arranged for and it must be clearly understood that no visitors or interruptions of any kind should spoil it. Outsiders forget that although the patient is in bed, her day can be a very tiring one with treatments, bedpans, meals, and doctor's visits and unless the afternoon rest is enforced she may be thoroughly exhausted by the evening. Even in a busy ward it is possible to create a quiet and peaceful atmosphere for an hour in the afternoon. At about 3.30 p.m., or before if the patient is restless, the nurse should draw the curtains, offer the bedpan and sit her up comfortably. The face and hands should be sponged and the hair brushed, and the patient made to look as attractive as possible as this is often the time when visitors are allowed. The psychological effect of paying attention to the personal appearance is not to be neglected, even with a very ill patient provided that it is not so overdone as to tire her. Tea is then served and the patient may feel well enough to chat with relatives or possibly with a convalescent patient whose acquaintance she has made if she is in a general ward.

Evening. By 6 p.m. it is time for the temperature, pulse, and respirations to be taken again, the evening toilet performed and possibly for treatment to be given. The evening wash varies with the condition of the patient, but the minimum that must be done is hands, face, and back. The nightgown should be changed, the undersheet tightened and drawsheet changed or turned. If the patient is well enough she may like the bed completely stripped and re-made as in the morning, but for a seriously ill patient this may be unnecessarily exhausting. It may be that a patient with a high temperature or one who is perspiring freely may benefit very much from

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a complete sponge down with warm water. It may soothe her restlessness and prove more refreshing than exhausting. In deciding how much toilet treatment should be done for any individual patient it is for the nurse to use her observation and judgment; no hard and fast rules can be made.

A light supper should be served at about 6.30 p.m., and it is found that after this the patient appreciates a short chat with her day nurse, before the latter goes off duty. A good nurse will always try to make time for this and she herself will look forward to a friendly talk with her patient as one of the pleasures of her nursing day. She will not be satisfied to say good night to her patient in a hurried and casual way. At this point one may emphasize the advantage held by the nurse whose interests are wide and cultured and who can find something of interest to talk about to most types of patient. This is particularly important in the case of patients who are in bed for a long time and cared for by the same nurses. Without being tiring a conversation of this kind can be stimulating and refreshing to the patient who is depressed. This few minutes' conversation often gives the patient an opportunity to talk of her home and any worries or fears she may have in connection with it or herself. It is often a great relief to find that she can confide in a sympathetic nurse who she knows will not gossip amongst relations and neighbours. Many a lasting friendship has sprung up in this way between patient and nurse.

As a result of experience it is found that a good proportion of hospital patients appreciate an evening hymn and prayer and it is customary in some hospitals for a five to ten minutes' service to be conducted by the chaplain or ward sister.

The End of the Day. Later on the patient must be settled for sleep and the night nurse is likely to be on duty in time to do this. She should tidy the undersheets, readjust pillows, refill the hot water bottles, take the temperature, pulse, and respirations and do any treatment which is due. She should then give the patient a hot drink and any hypnotic drug which may have been ordered. The light should be removed or shaded, windows and blinds attended to. After this, if the patient wakes during the night, no conversation should be encouraged unless she is really alert and wakeful. Probably she will sleep for some hours and as a rule is not wakened for treatment unless it is of vital importance. The pulse and respiration may be taken while she sleeps and the temperature is taken when she wakes. If treatment has to be done, everything should be in readiness to do it as expeditiously as possible when the patient wakes. Nothing so thoroughly rouses the patient as having to wait ten minutes for a fomentation or other application to be prepared. She may want a bedpan and this should be given without delay and then a refilled bottle, warm blanket and hot drink to follow. The nurse should note the time and report accurately any long periods of wakefulness, pain or unusual symptoms. The patient