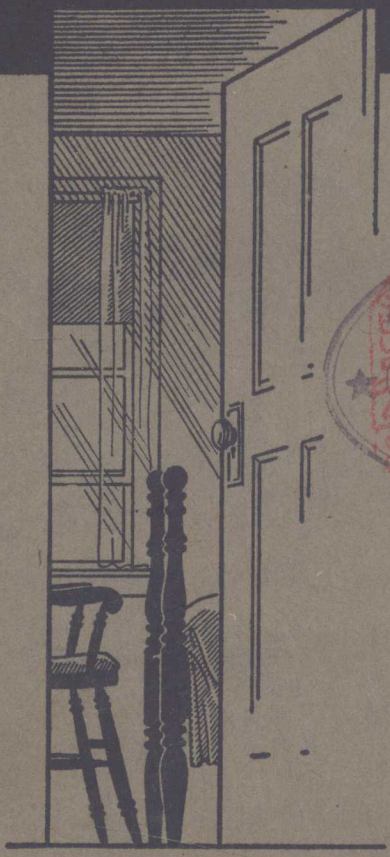
HOME CARE OF TUBERCULOSIS



The Family Physician in Charge

HOME CARE OF TUBERCULOSIS

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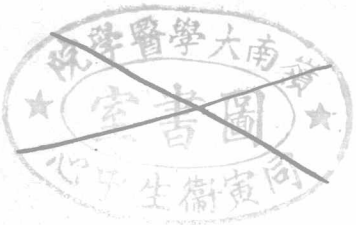

NATIONAL TUBERCULOSIS ASSOCIATION
1790 Broadway, New York 19, New York
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Other booklets in the series

HOME CARE OF TUBERCULOSIS

Hints for the Patient
A Guide for the Family
Pointers for Nurses

Foreword

To the multiplied and heavy responsibilities weighing upon harassed civilian physicians, the supervision of home care of tuberculosis comes unexpectedly as an added burden. Intensified and improved methods of search for the disease among great masses of apparently healthy people are discovering large numbers of cases requiring bed care. Because of conspiring circumstances, this flood of newly found cases confronts us at a moment when many sanatoria are unable to provide hospitalization for all who need it.

This booklet is one of four aimed at meeting the acute problem of tuberculosis unavoidably cared for at home. In each of three companion booklets, addressed respectively to the patient, the family worker charged with his care and the public health nurse, uncompromising emphasis has been placed on the fact that home care is in no particular the equivalent of good treatment in a modern sanatorium. It becomes a necessity only during an emergency period.

While not presuming to tell physicians what to do, much less how to do it, this booklet contains information valuable to those accustomed to passing on to others the care of tuberculous patients. Its chief function, however, is to correlate for the busy practitioner the advice contained in the three other manuals, thus acquainting him with their general content and expediting his task of directing the teamwork necessary to cure and rehabilitate the patient and to prevent the occurrence of further tuberculosis.

KENDALL EMERSON, M.D.
Managing Director

July, 1943

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The Family Physician in Charge

The Problem

The three booklets on "Home Care of Tuberculosis," companion to this, are larded through with references to the family physician as the commanding officer directing the battle. There has been no conscious endeavor to aggrandize the medical man, the reason being that no such effort was necessary. The key position of the doctor is too well recognized to need over-emphasis. However, no opportunity has been missed to draw the attention of all concerned to the necessity for close cooperation with and implicit confidence in the family physician. It is hoped that the result will be to insure intelligent teamwork among patient, family and visiting nurse, so that the doctor's orders will be carried out to the letter and so that people not endowed with professional experience may be restrained from exceeding the limits of their authority or the reliability of their judgment.

In this fourth booklet we have attempted to skim the cream from the other three, so that the physician may find collected those essential details concerning tuberculosis that he may wish to review with the workers in the home. A manual placed in the hands of a layman, even of a nurse, has the disadvantage of representing cold print and impersonal paper, though it possesses the compensating virtue of being an ever-present guide and reference in moments of doubt. When the printed word is illuminated and reinforced by a thoughtful explanation by the doctor, however, obscurities are cleared up and the effectiveness of the manual in-

creased many fold. This procedure performs the further service of indicating to the layman that while he may turn to the book safely enough as a temporary source of information, and that while he should use it daily as a blue-print for routine, it is to his physician that he must look for ultimate advice. The handbook, like a vial of medication, is the agent of the family physician, not the physician himself nor yet a reasonable facsimile of the same.

With the present dearth of doctors and nurses, there is tremendous pressure upon the physician to get on to the next case, and the next, and to still more. Sitting down with a tuberculous patient, with the family member who is to assume his care, and with the public health nurse who will keep a close eye on his progress, in order to explain in simple terms what must be done, what must be avoided, may strike some men as too time-consuming, hardly worth the bother. It is more probably true that one such chat, unhurried and thorough, may be the guarantee against unduly repeated requests for information in the future. During the discussion the doctor can indicate to his listeners those sections of their respective handbooks he considers of prime importance. He may wish to modify portions of them to suit local conditions. He may refer to others as material that can be grasped readily without further elaboration by himself. In this fashion he will have the satisfaction of knowing that his patient and those caring for him have a "road map" toward recovery and know something about how to read and follow it. From time to time he can then assure himself that they are still on the right road.

Finally, the public health aspects of tuberculosis are of such grave and long-term significance that it is imperative for everyone to understand that home care, sloppily conducted, can produce additional victims and set the fight back appallingly. With proper precautions, on the other hand, there seems no good reason why even a communicable disease such as tuberculosis cannot be cared for in the home, as an emergency measure, without halting our steady advance toward its eventual eradication. Remarkably few family physicians will need to be reminded of their personal obligation in furthering this achievement.

The Presentation

It is proposed to summarize, under a few main headings, the gist of what appears in "Hints for the Patient," "A Guide for the Family" and "Pointers for Nurses." A minimum of explanatory matter will accompany these condensations and excerpts. The doctor will be able to select at a glance those sections calling for greatest stress in any given home. At the end of the book will be found short inclusions from two other widely used texts: "Diagnostic Standards and Classification of Tuberculosis," 1940 edition, and "Chest X-ray Interpretation With Special Reference to Tuberculosis," designed as handy references for the busy practitioner himself.

Rest

In all three booklets the absolute necessity for rest in the successful treatment of pulmonary tuberculosis is granted much space and detailed consideration.

The *patient's* handbook explains how the body heals itself best when the injured part is placed at rest, whether it be a fractured limb, a laceration of the skin or a tuberculous process in the lungs. Specific rules concerning bed rest are given, covering the necessity for lying flat, for avoiding exertion in reaching, lifting, holding heavy objects, straining at stool, or excessively deep or rapid breathing.

Having thus encouraged the patient to accept rest as his best curative measure, the *family* handbook impresses on his associates their responsibility for making him rest and for allowing nothing to interfere with his resting.

In the handbook for *nurses,* however, more detailed instructions are given:

> Today the treatment of tuberculosis is rest, rest of the lung by complete rest of the body, and the reduction of the movements of breathing.
>
> If you have not seen patients with pulmonary tuberculosis carrying out the doctor's order for complete bed rest, you must realize that this

is a special kind of rest. The patient lies in the recumbent position, flat in bed, a low pillow only under the head. He is not allowed to sit up, get up, read, write, talk any more than necessary, or exert himself in any way. The doctor will indicate if he wishes the patient to lie on one side more than on the other. The patient must be taught that anything that increases respiration is exercise and exercise is forbidden. Having visitors, listening to an exciting game over the radio, laughing immoderately are forms of exercise.

Complete bed rest is always indicated for the first several months for patients with pulmonary tuberculosis even its early or minimal stage. The doctor will direct when the patient may begin to sit up, or do things for himself.

At the conclusion of this section the *nurse's* manual contains a succinct statement concerning surgical procedures — artificial pneumothorax and the like — schemed to rest the lung where general body rest is not sufficient. The concluding sentences leave no room for misunderstanding:

You should never be the first to speak of pneumothorax to the patient or family; that is for the doctor.

If you are asked about pneumothorax by the family or patient, you may say that the doctor will recommend it if it will benefit the patient.

If the doctor has recommended pneumothorax for the patient, you may say that pneumothorax

(a) Is a treatment for the purpose of resting the sick lung;

(b) Should be started in a hospital or clinic;

(c) Does not usually hurt much;

(d) Closes cavities, reduces the amount of sputum, and usually converts it from positive to negative—a comfort to the patient, a convenience and safeguard for all.

You may also explain that

(a) Air will have to be re-injected from time to time to keep the patient's lung at rest.

(b) The patient may be able to resume some form of light work several months after the sputum has become negative.

(c) Collapse of the lung is often continued for two or three years, or more. Re-expansion is gradual.

Sunshine and Fresh Air

The main difficulty with regard to these two vital agencies is to persuade the uninitiated not to misuse them. All three books hammer away at a few fundamental principles:

1. That diffused, non-glaring sunlight in the room is cheering, but that exposing the patient's body to direct sunlight or sun lamps is not advisable and may do serious harm to people with pulmonary tuberculosis.

2. That frequent exposure of the room, its furnishings, bedding and articles used by the patient to air and sunlight is highly desirable from a sanitary standpoint.

3. That fresh air need not be cold air, and that drafts are to be prevented in the necessary process of ventilation.

4. That it is no longer considered necessary for patients to leave their home communities to travel in search of some supposedly magic climate.

Diet

Perhaps the section on foods contained in the *patient's* manual best sums up this subject:

> Rest, fresh air and sunshine cannot cure you without food. There was a time when doctors thought food was so important that they overfed tuberculosis patients, or fed them special diets of milk and raw eggs. At present doctors advise eating at meal time plenty of everything which agrees with you and some physicians advise, in addition, that you eat or drink something in the middle of the morning, middle of the afternoon, and before going to sleep at night if you feel like it and find that it agrees with you. Milk, eggs, meat, cheese, cereals, fish, vegetables, fruits and desserts are all considered good. Your doctor will tell you what to avoid. Milk is particularly nourishing, and fruits and vegetables necessary. Try to eat generous meals, and don't worry if you gain weight. Your body needs some extra nourishment to fight tuberculosis. If your doctor advises it, your family can apply to your local rationing board for a special ration card for you so you may have the food you need to get well.
>
> Ask your doctor for his orders about tea, coffee, candy, alcoholic drinks and smoking. Follow his rules exactly.

Additional practical hints are provided by the *family* booklet, while that for the *nurse* goes further into the matter of specific food values and the relationship of vitamins to body processes. In all three, the reiteration concerns the need for plenty of nutritious food, with the equal necessity for preventing over-feeding. In a rationed world it is evident that the average housewife will need more than usual help if she is to be influenced to choose wisely and economically in selecting her patient's menu.

Tuberculosis—A Communicable Disease

Generous sections have been included to disabuse the minds of all who cling to the ancient fallacy that tuberculosis is inherited. Its spread by germs from person to person is clearly outlined, and the greatly increased chances for such spread within the close-knit family circle are explained.

The *patient* is appealed to on the basis that he keep others from catching his tuberculosis, and it is stressed that part of the job of barring others, particularly small children, from his room, devolves upon himself. However, the *family* is warned that it is not fair to place this load unnecessarily upon the sick person, and that common sense as well as sportsmanship make it necessary that everyone cooperate. The double-edged aspect of such precautions is indicated by pointing out that the patient must be protected from the respiratory illnesses or other infectious maladies his visitors may bring to him, just as they, in turn, must be saved from contracting his tuberculosis.

Very specific prohibitions upon kissing, mutual use of contaminated objects, exposure of the very young are given, and the section devoted to handling and disposal of infected sputum is, without doubt, of paramount importance! The physician will wish to review this part of each book with the individual concerned until the gravity of the situation is appreciated by all. Familiarity breeds contempt, and it is only when the potential dangers of sputum teeming with deadly bacilli are understood by everyone

that unflagging precautions can be counted upon, especially in strata of society where strict cleanliness has not always been practiced previously.

Probably the most potent argument in looking toward future protection is to point out that lack of similar protection in the past is solely what has led to the present disaster. The *patient's* handbook says:

> Try to remember that everything soiled or sprayed by the moisture from your nose and mouth is dangerous to others. Be careful! Have your own set of toilet articles, toothbrush, towels, shaving kit, and, if allowed, smoking supplies. You can save your family helper many steps and much trouble by being careful about this rule of separate belongings. Your linen and dishes must be boiled before being used by other members of the family.

Nursing Care

A very large proportion of the *family* guide is taken up with detailed instructions about the choice of the patient's room, its equipment, its arrangement, its sanitation. There are minute instructions, too, about various nursing procedures, including the planning of a day's work, the making of the bed, giving of a bath, supplying the bedpan, taking the temperature, feeding the patient and ministering to his comfort in many ways. These are sections that the doctor will undoubtedly wish to leave to the public health nurse, where one is available, to explain to the family member most responsible. However, it may be wise for the physician to peruse these sections in order to make certain he agrees with all the advice given and all the technics described. Repeatedly the statement appears that the initiator of procedures and the court of final appeal is the family doctor, with the nurse and the family his deputies.

Prominently within the *nurse's* book of pointers are four essential sections dealing with her approach to tuberculosis in general, her approach to a new case of tuberculosis, her protection of herself when dealing with the disease and her relationship to the

practicing physician. Such matters ought to receive attention in any manual on public health nursing, but they are particularly appropriate now when the nursing ranks have been refilled by many women with little tuberculosis experience or those who have been out of active duty for considerable periods of time. These factors make it imperative that the doctor leave nothing to chance through supposing that every nurse is well acquainted with tuberculosis and how to care for it. He may save himself later trouble, safeguard his patient, and confer a great benefit on a woman as hard-pressed as himself, if he will run over with his assisting nurse the salient points of tuberculosis, its treatment, its cure and its prevention.

One pertinent portion of the *nurse's* handbook is so significant that it is quoted in full:

On finding a person giving a history of any contact with pulmonary tuberculosis, or who reports any symptoms that might suggest tuberculosis, you should refer him to his family physician.

1. If the person has no family physician and can afford to pay a private physician, you may give him a list of several reputable licensed physicians in the neighborhood including specialists, from which he may choose one. In some communities, the local medical society has drawn up a preferred plan of referral for public health nurses to use in assisting private patients without regular physicians to find medical care.

2. If the person has no private physician and cannot afford one, he is usually referred to the nearest tuberculosis clinic, hospital, or dispensary. You should know their days, times and policies. It is your duty to know the policies of clinic referral approved by the medical group with which you are working. You should give the patient a note, and also let the clinic know of your action, if that is local policy.

3. After referring a patient to a private physician, you should offer your services to him in case he wishes you to carry out any orders for his patient, or assist in the referral of contacts for examination. You should not revisit the patient who has gone to a private physician without first getting in touch with his physician.

4. If the private physician wishes you to visit his patient, you should find out from him about how much in general he has told the patient about his disease, its stage, and probable duration. If he wishes the

patient to remain at home, find out in as much detail as possible his orders for rest diet, treatment, medications if any, and in addition

(a) whether or not the sputum is positive;
(b) the extent of involvement;
(c) how often he wishes you to visit;
(d) whether he wishes a continuous record of temperature;
(e) when he wishes to examine the contacts.

The public health nurse taking care of a private physician's case, even though she is making only brief visits without pay from the patient, is just as much under the direction of the private physician as though she were a full-time, fully paid, private duty nurse assigned to his case. The same professional ethics are observed.

Some physicians prefer to have all questions asked by families and patients referred to them for reply, the nurse answering only those that relate to a general knowledge of tuberculosis, or to nursing procedures. Other doctors expect the public health nurse to be sufficiently well informed to save them from replying to many of the usual questions asked by patients. If you have any doubt as to the way in which a doctor wishes you to handle questions from patients and families, you had better refer such questions to the doctor. Also, if you are in the least doubt as to the correct reply, it is wiser to say the doctor will answer the question.

As you become acquainted with the local doctors with whom you are working, you will learn how much responsibility for answering questions you may assume on each doctor's case. You should always beware, however, of assuming any direction of the activities of the patient, except in real emergencies, without consulting the doctor first. It is sometimes a temptation for the nurse to give permission to increase activity when the doctor is hard to reach and the patient weary of waiting for his visit.

5. If you are the nurse from the clinic or health department, you will usually have definite routines and policies to follow, and be given instruction on how clinic physicians wish patients' questions answered.

6. Patients with tuberculosis are very likely to change physicians. They want to be told they are "only rundown and need a rest." You should urge remaining under the care of a competent physician. Good reasons are:

Time is lost in making changes; this gives the disease a chance to spread.

The physician now giving care knows more about the situation than anyone else. Give his treatment a chance.

Occasionally the suggestion that the family ask the doctor to bring in a consultant, rather than making a complete change, will satisfy the patient.

As civilian doctors are very busy and scarce in wartime, you should be ready to report fully whenever you feel you can save the doctor's time. The family should be taught to report minor matters by telephone or letter to the doctor, so that he can decide whether to visit or not.

7. You should report the following situations to the physician, clinic or health officer:

(a) A patient without adequate care at home, too sick, careless or ignorant to learn to protect others.

(b) A patient for whom home care is not adequate to enable him to rest in accordance with the doctor's orders.

(c) A family too careless or ignorant to learn to protect themselves and others.

(d) A family in need of help to enable the patient to have a separate bed.

(e) A family where it is not possible to control the spread of infection to little children.

(f) A family where there is a positive-sputum patient, and food is being prepared for public sale.

8. Changes in the patient's condition which should be reported promptly to the physician in charge of the case:

(a) Hemorrhage. (If the regular doctor cannot respond to the call, the nearest doctor should be summoned at once.)

(b) Blood-stained sputum, or marked changes in character or amount of sputum.

(c) Marked rise in P.M. temperature without apparent cause.

(d) Hoarseness with accompanying sore throat, and difficulty in swallowing.

(e) Any pain anywhere, but especially sudden acute pain in one side of the chest, followed by shortness of breath.

(f) Change in character of cough, especially if painful, frequent, or preventing sleep.

(g) Diarrhea or blood in the stools.

General Considerations

The doctor will be glad to note that the *patient's* booklet is very brief and contains no reference to complications or other happenings calculated to depress a sick person. The patient is encouraged, rather, to develop a positive, hopeful mental attitude, to look toward gradual resumption of part or all of his former activities or preparation for a degree and kind of employment better suited to his physical capacity:

There are many agencies interested in helping find suitable jobs for people who have had tuberculosis and there are retraining courses available in many places. Ask your doctor, or write to the State Rehabilitation Service for information, and don't worry about your job now. Get well first.

There are definite rules for his life as the patient is allowed to turn it back to normal family existence, with again the accent on following orders and protecting others:

The doctor is the captain of your ship on this voyage to good health. His orders must be obeyed. There will be times when you will feel he is too strict, or too slow about letting you do things. Remember, he knows what is happening in your lungs, and has seen dozens of cases like yours. He will let you go as fast as he thinks it is safe. Be frank with him. Tell him your symptoms and trust his judgment. He will tell you when you can start to sit up and for how long, how many visitors you may have, what you can do to keep your hands occupied. He will tell you what kind of exercise to take when you are up again, whether you can climb stairs or hills, take walks, and how much work you can do.

Your doctor may want to examine your sputum from time to time, and he may want to take X-ray pictures of your lungs. By these means and others he follows your progress. He will give you directions. He will also check carefully to see that your family stays in good health, and will order tests for them from time to time.

After you have been in bed long enough so that you feel and look better and have gained some weight, you will want to get up and your family will want you to do so. This is just the time when your doctor's directions must be followed carefully. Depending upon your condition

he may allow you to sit up a few minutes in bed or he may order more bed rest.

So it may be months before a healthy-looking patient is allowed to walk. Everyone must realize that victory over the germ while in sight may be lost if every order is not obeyed. Your sudden decision to go out and sit on the porch for two hours every day in the sun without permission from your doctor may cause a relapse so that you will have to begin all over again. Do not let visitors, friends or other patients persuade you to "try your strength" because you may undo all that you have gained by bed rest if you do. Don't worry about your loss of strength because, when your lungs are well, your strength can easily be restored through proper exercise. At present the most important consideration is the condition of your lungs and not your legs.

The *family* guide, however, dares to tell enough about signs and symptoms that must be watched for to enable the home nurse to summon the doctor in real emergency and to keep him posted on progress, while not supplying this individual with frightening details or lending encouragement to leap to erroneous conclusions.

Completing both the *family* and the *nurse's* handbooks is a section devoted to answering questions frequently asked about tuberculosis. This should prove of great service to the family physician. Also, there is a handy list of up-to-the-minute publications on the subject, with directions as to how and where these may be obtained. The willing assistance of the nearest tuberculosis association is seldom far off.

Supplementary Information

The following excerpts from "Diagnostic Standards"[1] may prove useful to the family physician:

Tuberculin Tests

The intracutaneous method (Mantoux) is more accurate than the Pirquet test or the patch test in that a known amount of tuberculin can be given and the dose increased if desired. For this reason, a slightly larger number of reactors can be obtained than is possible with the cutaneous (Pirquet or Vollmer) technics.

[1] Diagnostic Standards and Classification of Tuberculosis—1940 Edition.