

SIMPLIFIED NURSING

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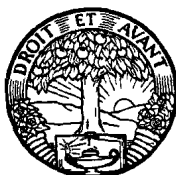


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Preface

CERTAIN factors dictate a book revision. The author wants to express the ideas that have been nagging him for months; there is need for information in a certain field; an importunate publisher is making the morning mail unwelcome; a book already in existence is beginning to look like a woman who might be attractive if she were not wearing last year's hat. Each carries some measure of responsibility for the revision of this text.

Changes in our economic structure, scientific progress in medical and educational fields and the development of a new point of view toward the responsibility of specially trained groups for the welfare of the community have been influencing factors in the selection of new material and the revision of the old. Our aim has been to produce a text which will meet the needs of the mother of a family and of the group of women who are being trained as practical nurses to give simple nursing care in the home or hospital and to help with the management of a household. The material is presented from the lay point of view and the content of general health information, explanation of body processes and simple nursing methods, and instruction in the details of housekeeping should prove adaptable for use in high school home nursing classes. There is no emphasis on underlying scientific principles as such and nursing procedures that require that specific type of knowledge have been omitted—an observable point of difference between the preparation of the professional and the practical nurse.

Supplementary readings indicated throughout the text have been selected for their consistency with the presentation of the book as a whole. The separate bibliography indicates those materials that have been of use in the preparation of the content and it is hoped that instructors may find it useful.

There has been an attempt to definitely relate personal health problems to specific structures and functions of the body in the hope that the individual will see the reality of such relationships as applied to the structure of her own body and her own health.

Changes in the arrangement have been made to conform with a logical presentation of the material. The Introduction has been

rewritten and is designed primarily for the directors of practical nursing courses and instructors in this field. We feel that a growing interest in many parts of the country in the training and supervision of the subsidiary worker will lead to experimentation and the development of criteria for setting up courses of training. The content of this part of the book is the result of a certain degree of experience in the development and working out of such a course in a state which has assumed responsibility for the preparation of the practical nurse. It is presented with the hope that it may be of some practical help in avoiding such pitfalls as may lie in the path of a new enterprise.

Part Two has been retained in its original form as far as possible. Changes were made only as they were necessary to bring the material up to date, preserve the continuity and clarify the text.

The care of those who are mildly ill, the sufferers from chronic disease and the convalescent is not a new problem but is a constant one and this book is presented with the hope that it may be useful for its content of general and specific information in relation to this type of illness.

THE AUTHORS.



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Introduction

Nursing Care and the Non-Professional Worker

The Trained Practical Nurse

PRACTICAL NURSING AS A COMMUNITY NEED

NURSING began in primitive times with the mother's care of her children and has gradually grown to mean that special groups have been taught to give this care outside their own immediate family situations. Many mothers continue to do simple nursing for members of the family when the illness is not serious; yet mothers and aunts and older sisters often feel they need more knowledge of simple nursing procedures and are apprehensive about their ability to carry out the doctor's orders or to recognize changes in the patient's condition. The sick person refuses to take his medicine; if he is helpless he complains when he must be turned. In addition, the mother in the average home has household duties to perform. She must buy and prepare food, be responsible for keeping the house clean and in order. One person often is not physically able to add the care of illness to an already busy day, even though the required nursing is simple.

Because these things have always been true, it became the custom to call in someone in the neighborhood—often a friend of the family—who could assume the nursing care. Sometimes these women were experienced in the care of illness in their own families and were sufficiently free from home responsibilities to lend a helping hand. The financial remuneration was a welcome addition to a small income. They were mature and capable of managing a house and gave this assistance as well when it was necessary and they filled a need which was immediate and at a price which was in keeping with the family income. The combination of simple nursing care and housekeeping was a type of service which had both dignity and

integrity because it met community needs and was given with a feeling of respect for work well done.

Inevitably, a group came into this field because they saw it as a way of earning a living without investing money in preparation. Many women became engaged in practical nursing who were unfitted to give nursing care and were not especially interested in this type of work beyond the fact that it gave them a certain amount of income. The entrance of this particular type of individual to the practical nursing field has often given the public unreliable nursing service in that such nurses are uninterested, indifferent and untaught and there is no way of estimating their reliability when they are not personally known to the doctor or the patient's family. Even the registry that sends these practical nurses to home situations is often not able to obtain valid credentials for them.

On the other hand, there were many women engaged in practical nursing who realized their limitations and felt the need of further instruction in order to do a better job. They enrolled in Red Cross classes in home nursing and asked for courses in which they might learn simple nursing procedures. Out of this demand, courses in practical nursing came into existence. Instruction varied enormously in amount and kind. Since many of them were organized with the obvious intention of making money, the pupil was exploited. Courses too often were (and are) conducted in small situations of the nursing home type and the student was permitted to give nursing care for which she had no preparation, carrying responsibility for patients who were seriously ill.

A number of excellent practical nursing courses have been organized in various parts of the country and graduates of these schools have proved themselves reliable and dependable. This type of preparation has certain recognized deficiencies even though it is an important forward step in the training of this group. With a few notable exceptions, these courses have given theoretical instruction without opportunity for supervised practice in actual care of the patient—the student was told to swim and had never been near the water.

OBJECTIVES OF A PRACTICAL NURSING COURSE

Practical nursing has been interpreted to mean the care of the patient who is mildly ill, the convalescent and the patient who is suffering from a chronic disease. Originally the practical nurse gave this care almost entirely in the home, working under orders

from the attending doctor. A certain group was employed in special hospitals and sanatoria caring for particular types of illness. In recent years, public and private hospitals have come to employ the practical nurse in various capacities and under many titles. She may be "attendant," "nurse's aid" or "nurse's helper" and her duties vary in individual hospitals. This has increased the scope of practical nursing and many younger women have entered the field because the hospital position with its regular hours of duty and lessened responsibility has a definite appeal. The older woman is likely to find the hospital routine too strenuous, preferring the care of a single patient with the intervals of rest between cases which this type of nursing permits. Increasingly has the male practical nurse, more often designated as the "orderly," become an invaluable aid in the male wards. The preparation and requirements for the man practical nurse should be identical with those of the woman worker, substituting urological nursing care for the care of the mother and baby.

A course in practical nursing should be designed to give instruction in the care of certain types of illness. The first requisite in outlining such a course is the definition of these types. Once defined, the next step is to plan the teaching to cover such knowledge as the practical nurse needs in order to care for each type of patient adequately and intelligently. It presupposes the selection of men and women with educational and personal qualifications compatible with successful practice in this field.

CONTENT OF COURSE

Since the essential value of the practical nurse so often lies in a combination of nursing and housekeeping abilities, instruction in home management, in the elementary principles of nutrition and cookery and the planning of meals within the family budget, is necessary. Classroom teaching should include instruction in the care of the aged, the chronic, the convalescent and cases of minor illness. It must include the teaching of simple nursing procedures which the practical nurse will carry out when ordered by the physician as well as sufficient instruction in common disease conditions to provide the elementary knowledge necessary for giving the required nursing care intelligently. It should include discussion of normal human behavior at different age levels and of the deviations from that behavior commonly encountered and should endeavor to give some appreciation of the necessity for getting along with people. It should

include an emphasis on the importance of the individual development of the nurse herself and her responsibility for her own health, as well as a recognition of the importance of the health of the family in relation to community health. Since an understanding of the relation of illness to health and their bearing on the welfare of the family in the community is based on a knowledge of the structure and functioning of the body and of the environment in which it lives, it is apparent that instruction in body processes and community health measures is essential.

SUPERVISION AND EXPERIENCE

Opportunity should be provided for classroom and ward practice in nursing procedures under professional nurse supervision, and for the requisite experience in cooking and housekeeping. This does not mean that it is an alternative for supervised experience in the home but rather that the home experience might follow completion of classroom teaching and hospital experience. The course should be under the direction of a registered professional nurse who is qualified, through hospital and teaching experience and knowledge of current health trends and scientific nursing practice, to objectively evaluate the place of the subsidiary worker in the nursing field. She should also have some knowledge of the technics of personnel work. Nursing arts, home economics and occupational therapy instructors should be well qualified in their respective teaching fields.

LENGTH OF COURSE

The minimum length of nine months which includes three months in the classroom and six months of hospital experience may be extended in accordance with the length of time devoted to housekeeping and field experience. Recognizing the fact that this worker should have supervised experience in the field before she is certified as an independent worker, the longer course becomes increasingly desirable.

SCHEDULE AND EQUIPMENT

The length of the course and the number of students dictate the arrangement of a working schedule. It is felt that at least two supervised practices of most of the nursing procedures are necessary, with additional practice for the student who lacks deftness. Since the group present variations in background both in age and educa-

tion, allowance must be made for inequalities in individual progress.

The classroom should be adequate in space, seating arrangement and lighting. A sink, or hopper, and work tables are essential. The number of beds with fully equipped bedside tables is determined by the size of the group, together with the necessary equipment for the demonstration and practice of bedside care. A Chase doll, a skeleton and charts to demonstrate bones, muscles, nerves and circulation are invaluable and indispensable teaching aids. A torso is of great assistance in helping the pupil to visualize the relative positions of various body organs. A blackboard is a "must" and a bulletin board provides a suitable place for the posting of schedules and magazine and newspaper clippings of current interest to the group. A dietetic laboratory with suitable individual equipment as dictated by curriculum needs is a necessity for cooking and housekeeping classes.

ADMISSION REQUIREMENTS

Completion of elementary school might be considered an acceptable minimum for educational requirements. The older woman who wants to enter this field attended school at a time when it was not unusual to take a business course in preference to entering high school after the completion of the eighth grade. Her experience in the business world perhaps prefaced marriage and the responsibilities of a family. Experience of this kind has been proved the equal of academic credits when personal qualifications are also acceptable.

The range of nineteen to forty-five years seems logical. A younger person is not usually capable of exercising the judgment demanded and the woman beyond forty-five finds the hospital experience too strenuous.

The applicant should be in good health and should have a complete physical examination, including Schick and Wassermann tests, typhoid inoculations, smallpox vaccination and a chest x-ray.

Personal qualifications carry their usual weight in considering the acceptability of an individual in this field. Emotional balance, pleasing personal appearance, a friendly manner, good physical health and a certain degree of maturity are always essential qualities for success and are definite assets in a field where one must get along with many people. A personal interview is a necessary part of the admission routine and the interviewer should be professionally prepared for the task. Further knowledge of the desirability of the applicant may hinge upon the personal letter written by a reliable person who has known her either in the capacity of employer or

in community service of some kind. Unfortunately, it is not always possible to obtain statements of significance and reliability. People are reluctant to write anything that may prevent an individual from entering a new field of work, consequently, the letter is so non-committal that it is valueless or errs on the side of over-praise. In spite of these recognized limitations it often does give helpful information and should not be omitted.

Steps have been taken in the field of psychologic testing to measure aptitudes for practical nursing, a necessary and indicated step in the selection of workers in this field.

PLACEMENT

The placement of the practical nurse is a matter of primary importance, since many registries still exist whose purpose is solely commercial, with little thought for valid credentials and little emphasis on finding the right employee for a position and vice versa. Placement should be in the hands of a person who has personal and professional preparation in the field of vocational placement, who knows people and situations, who is free from prejudice and who has the scope of the duties of the practical nurse clearly in mind. She should be well informed as to the needs of the particular community the practical nurse will be asked to serve and she should have a reasonable and sympathetic understanding of the assets and liabilities of the registrants in her files. The practical nurse is often a person with a wide background of experience in living and working that equips her with a combination of abilities and skills. She has much to offer. The registry is the means of providing her with an opportunity to put her knowledge to work for her profit and happiness. Exorbitant fees, little emphasis on credentials and sketchy personal interviews are indications that the registry is more concerned with money than with a suitable position for the registrant and satisfaction to the employer. Many of the official registries for the professional nurse group have established placement services for the practical nurse as well—a step forward in community service. The staff of such a registry is composed of people professionally equipped with knowledge of the needs of the physician and the public and informed as to the nature of the preparation of the practical nurse herself.

LICENSURE

The practical nurse has functioned largely as an independent worker and the public has not demanded credentials other than those supplied by the physician or the registry. Since any woman might do practical nursing if she so desired, hospitals and families too often have been forced to accept the practical nurse on her own evaluation. There is a growing belief on the part of many members of the medical and nursing professions, reinforced by public opinion, that licensure of this vocational group is desirable. The benefits of such a step are seen as two-fold: it is of primary importance to the welfare of the public that all types of nursing care be given safely and licensure provides a measure of insurance that the individual practical nurse has met certain established standards; it is equally important that the individual practical nurse, qualified in her field, be protected against unfair competition with unqualified members of her own group.

New York is the only state at the present time that has enacted legislation for the licensure of the practical nurse (although legislation is pending in other states), which attaches a penalty to the practice of this type of nursing without a license after an established date. The law requires men and women engaged in practical nursing to meet definite educational, personal and vocational requirements. Men and women desirous of entering this field since the passage of the law can do so only after successfully completing a course of training which has been approved by the State Department of Education, followed by a state licensing examination. The course has been set with a minimum requirement of nine months of training to include six months of hospital experience and instruction by qualified people in simple nursing technics, the fundamentals of body structure and function, problems of personal and community health, certain disease conditions, housekeeping and cooking.

There have been attempts to license the subsidiary worker under various titles. The title "practical nurse" has not been generally used in connection with this group because of the wide variance in individual opinion as to what the duties of this worker should be. The practical nurse has existed in the minds of most people as the person who came to a family to give simple nursing care and to assume housekeeping responsibilities where such a combination of services was needed. At the present time men and women are giv-

ing precisely those services in varying degrees in many public and private hospitals as nursing aids, orderlies, etc. Licensure of the group who perform nursing duties requires thoughtful definition of the services they may perform with due regard for the safety of the public and the fitness of the individual for the field.



The High School and Vocational School Home Nursing Class

PRACTICAL VALUES

HEALTH and illness are inescapably tied together and knowledge that is pertinent to either or both has more meaning and reality if it is presented with this relationship in mind. Health is an instructional subject in all high schools but various forms of illness are inevitably a part of the living experience of all young people. Failure to observe health principles, the effect of disease germs, the gradual wearing out of the body or of its parts—all have results in various forms of illness observable in their homes or in the homes of their friends. Every high school girl usually has opportunity to make practical use of instruction in simple nursing and homemaking procedures. She may not become expert in their performance but they are useful tools in developing an understanding of and a sense of responsibility for the sick member of the family.

VOCATIONAL GUIDANCE

Factual instruction in meeting emergencies, in making someone comfortable in a minor illness and in dealing with household problems is fundamentally the same, whether it is given as a basis for developing skill or for rising to an occasion. Such instruction does not presuppose more than elementary scientific knowledge nor does it require the use of technical language. It should be accurate and contemporary and of value in arousing interest in and discovering aptitudes for this vocational field. The high school pupil who is looking for guidance in choosing the work she is best fitted for should have practical information in relation to the requirements for practical nursing and the opportunities in the field and she should know what to look for in a school that gives this type of training.



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