



1924

L. Bacon Notebook

L. Bacon

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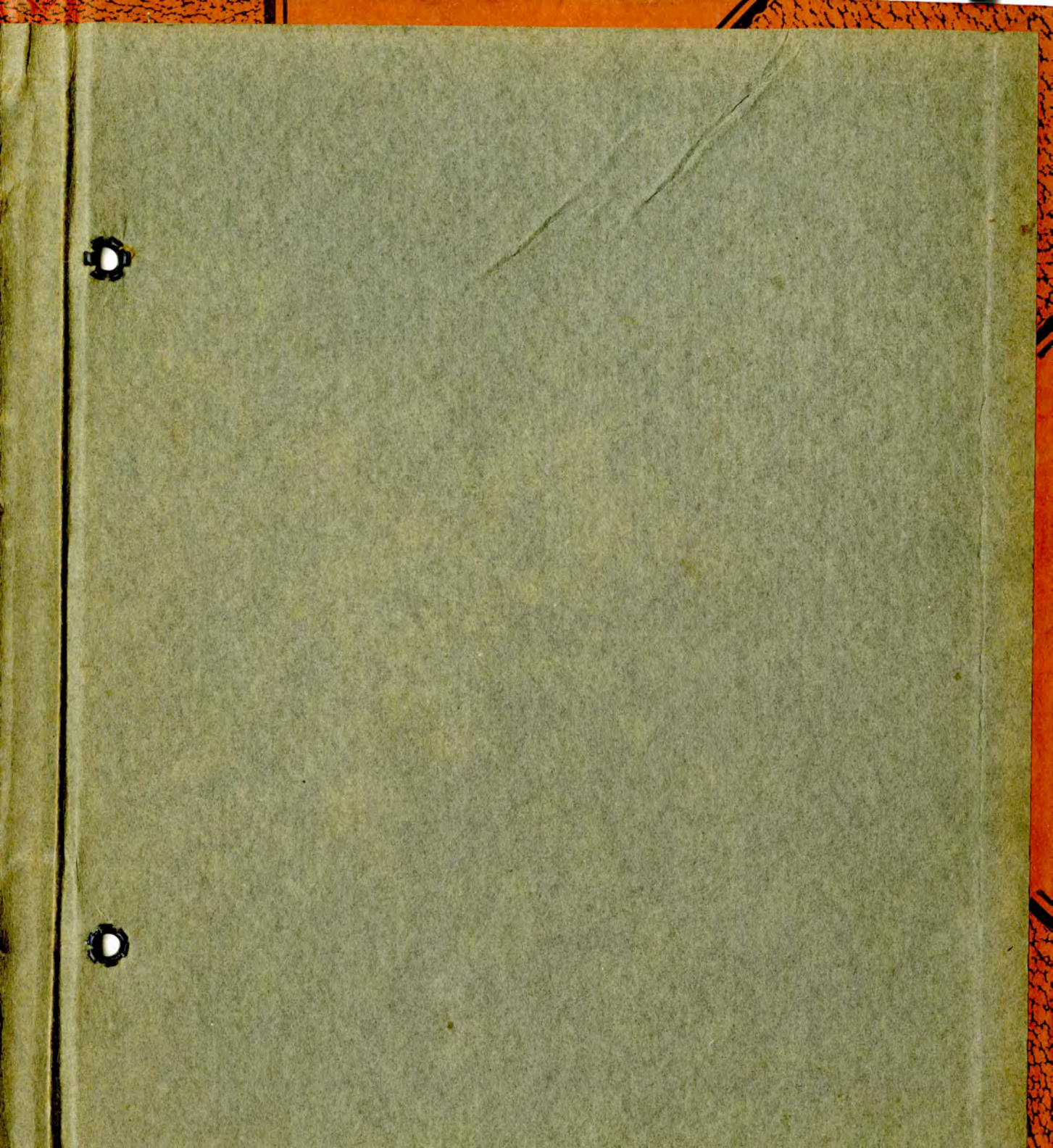
LOOSE LEAF
NOTE BOOK

NO. 803

N
NAME

ADDRESS

FOR EXTRA FILLERS ASK FOR D-803-F
AT WOOLWORTH STORES



Practical Nursing
Theory and practice of Nursing
Practical Demonstration

Bed composed of:

- 1- Mattress
- Two sheets
- Rubber sheet
- Draw sheet
- Two pillows
- Blankets
- Spread.

The bed is made for the comfort of the patient.

Uniformity is necessary, and done over and over again until perfection is obtained.

- 1- Remove and fold the bed clothes, placing on a chair turn mattress and brush gently. Make close inspection for vermin.

2. Make up one side of bed completely before going to the other side, avoiding unnecessary steps.
3. Tuck in bedding making slanting corners.

Method of cleaning bed.

Send mattress and pillows to be aired if

If necessary to be fumigated.

Wash frame of bed ^{with} soap and water, weak solution of lysol or ammonia. Place wash basin on a chair with newspapers under it to prevent marking the furniture. Never place basin on springs or mattress.

If vermin is suspected, carbolize all cracks or crevices with 95% carbolic acid. Blankets and pillows to be fumigated.

In cleaning beds occupied by typhoid or other infectious patients disinfect with 5% carbolic acid solution after washing. Blankets and pillows are to be fumigated

and all linen disinfected.

To finish ward work.
See that beds are in line,
Casters turned inward or
outward (according to Hospital routine)
even space between beds - shades
drawn evenly, Tables in proper
position, All unnecessary
articles removed - put chairs
in place - put screens against
wall - discourage sitting on beds.

Getting Patient ready for night
Articles needed.

- 1 - Bottle of rubbing alcohol (have
cork tied to bottle with string -
has corked.)
- 2 - Whisk broom (for brushing crumbers
out of bed)
- 3 - Towel for Nurse's hands.

4- Basin of water (for Nurse's hands)

5- Newspapers to protect table or chair.

6- Method

1- Rub ^{from bedding down to} down to foot of bed with hands

2- Remove pillows and place on chair.

3- Bring night-gown up over patient's shoulders to air

4- Have patient on side (use judgment)

5- Rub thoroughly and well with alcohol beginning at shoulders and going down.

6- Keep close watch for redness or soreness of skin.

7- Rub well underneath binder (leave no moisture)

8- Special care to buttocks, prevent bedsores caused by pressure, heat and moisture.

9- After rubbing, brush crumbs out

of bed.

10- Straighten sheets. Change rubber or draw sheet if wet or damp.

11- Place cover neatly over patient, pull up over. Shake pillows, brace patient's shoulders with hand at back of neck and between shoulders. Then slide pillow under with other hand.

12- If feet are cold, give patient hot water bag.

13- Always put sheet between patient and hot water bag.

14- If patient complains of pain never rub. Report to Head Nurse or Nurse in Charge.

15- If patient is restless, hot milk may be given providing patient is on a diet including milk.

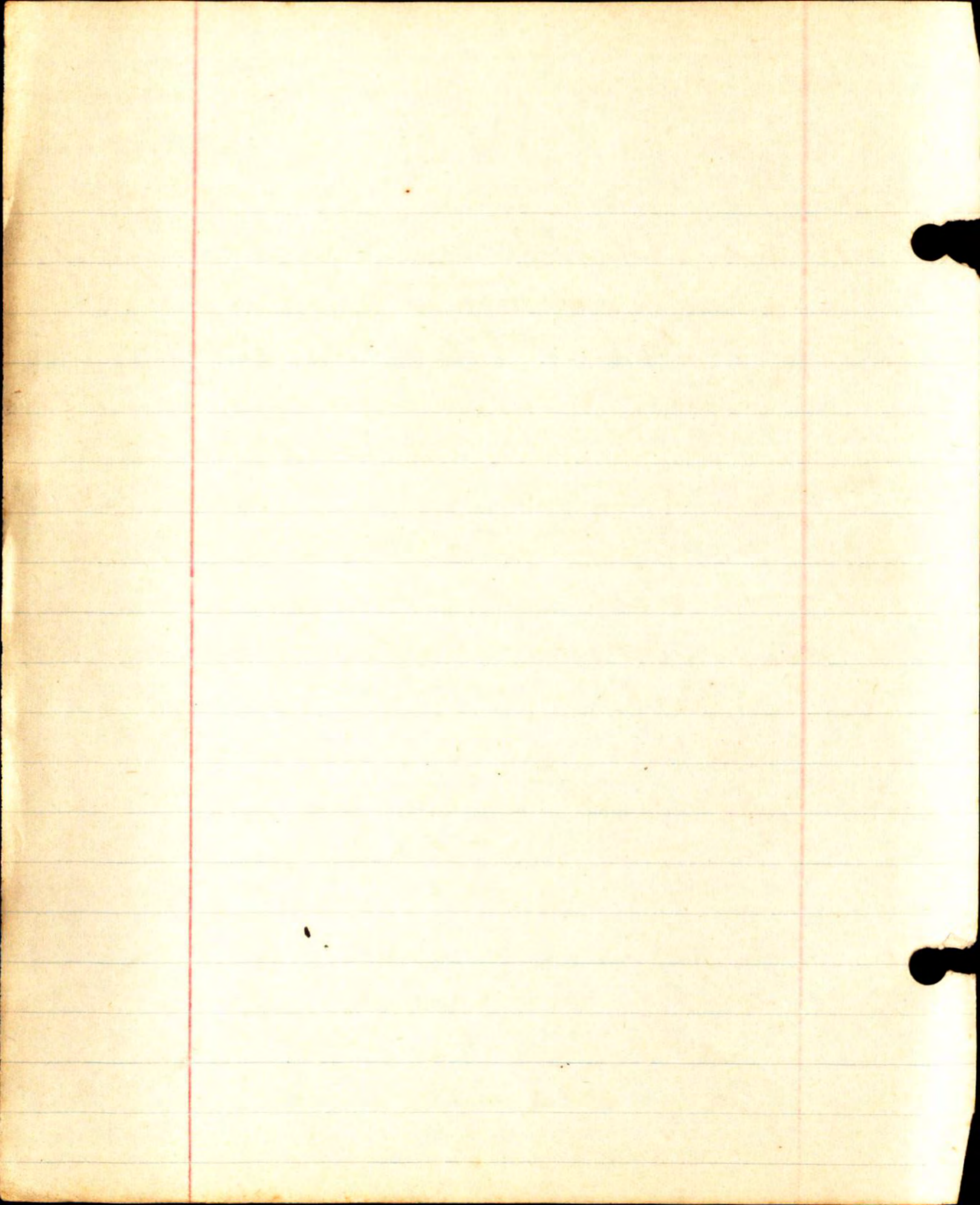
16- Sometimes fresh air or change of position ^{induces} ~~changes~~ sleep.

Filling Water Glasses

- 1- Collect all glasses on a tray and take to kitchen to be washed or boiled.
- 2- Fill glasses with ice and water.
- 3- Wash all isolated glasses separately.
4. Label all isolated glasses.

(Note) Give no water to newly operative patients.





Practical Nursing

Oct 7.

Lecture No 2.

Bed making with Patient in bed.

- 1- Loosen all the bed clothes.
- 2- Remove the pillows
- 3- Fold spread, upper sheet and place on a chair.
- 4- Turn patient on side, keeping blanket over patient.
- 5- Brush the mattress.
- 6- Turn patient back
- 7- Instruct patient how to lift himself.
- 8- Draw gown smoothly under back
- 9- Avoid bumping into bed.
- 10- Cease working whenever a doctor enters room; but in a ward, not unless he is at bed where patient is receiving Nurse's attention
- 11- In raising, lifting or moving

a patient prevent injury to
yourself by bracing knees on
bedside.

- 12- Use a towel to protect pillow
while combing the hair.
- 13- Part hair in the middle and
braid comfortably in two braids.

Oct 14-1929

Lecture No 3

Sponge bath in bed.

Articles needed

1 - Bath blankets

2 - Wash basin

3 - Wash cloth

4 - Towel

5 - Soap

6 - Comb and brush.

Avoid all draughts. Secure privacy by surrounding the bed with a screen. Have all necessary articles ready to avoid delay. Protect furniture with a newspaper.

Remove spread and blanket and place patient between both blankets and expose only the part of the body which is being washed.

Wash face, neck, arms, chest

and abdomen, then the legs
and feet. Wash the back last
to avoid unnecessary turning.
If the patient is able allow her
to finish her bath. Remove all
soap suds and wipe skin
thoroughly. After the bath is
completed make up the bed.

care of the clothing.

1. List every article of patient's clothing on a sheet of paper.
2. Enter patient's name, number of ward and sign your name to the list.
3. Put clothing away carefully.
4. Assure the patient of the safety of her clothes, and supply her with the necessary articles such as, toothbrush, comb, etc.

5. Advise patient not to keep money or valuables at the bedside. If brought to the office give a receipt to the patient.
6. Keep the clothes room in order.
7. Place suitcases neatly in line.
8. Keep well dusted.
9. Lock the clothes room door.

Care of the new patient.

1. Start a record sheet with patient's name, date of admittance, case number, and of the Doctor in attendance.
2. Seat the patient comfortably and make her feel at home.
3. Take temperature, pulse and respiration. If temperature is below 100° or above 99° give a tub bath. Obtain specimen of urine in a clean bottle & take it to the laboratory.
4. Record bath and specimen of urine.
5. Inform p. about signals, Head Nurse, meals and toilet room.

Lecture No 4
Preparation of Patient before
Operation.

1. Patient is given a bath. If up and around a tub bath, providing temperature is less than 100° . If a bed patient give a cleansing bath.
2. On the preceding evening give a flushing. In the morning give an enema.
3. Always send specimen of urine to laboratory in the morning.
4. Give glycothymalin $\frac{1}{3}$ the strength. Some hospitals use Listerine and water, equal parts. Boric acid solution, one part to three parts of water or Dobell's solution equal parts.
5. Take temperature, pulse and respiration.
6. Remove all jewelry, artificial teeth and all false hair before sending

patient to operating room.

Preparation of ether bed when patient comes from operating room.

- 1- Cover rubber sheet with pillow case and place to head of bed. Pin upper corners to mattress with two safety pins, tuck lower end under draw sheet.
- 2 Protect the head end of the bed with a pillow.
- 3 Protect other necessary parts of the bed.
- 4- In neck cases always use rubber covered pillows. In leg or foot drainage cases cover with rubber cover.
- 5- Have vomitus basin on hand.
- 6- Have warm blanket on hand.
- 7- Place hot water bags or bottles in bed. and finish making bed by replacing

- sheet, blanket and spread.
- 8- When patient returns remove bottles, cover the body, leave bottles in only on Doctor's orders.
 - 9- Turn patient's face to one side to prevent swallowing of vomitus.
 - 10- Watch patient carefully.
 - 11- Take pulse and respiration every fifteen minutes for two hours, and record condition of the skin, pulse, respiration and general appearance of the patient.
 - 12- Record time when patient returns from operating room.
- ✓

Oct. 20-1924

Lecture No 5.

Care of the Lavatory

- 1- Note the general appearance
- 2- Keep well ventilated.
- 3 Put away all unnecessary articles.
- 4 The work stands and the window-sills should be kept free from utensils and articles.
- 5- Keep the pans in place.
- 6- Keep urinals in place.
- 7- The toilet rooms must be free from litter and supplied with paper.
- 8- Close all window while a tub bath is being given.
- 9- Do not use Sapolio on goat bath tub or bowls.
- 10- Use soap suds or ammonia and a brush for a tub or bowl and then disinfect with lysol.

- 11 - Marble should be washed with soap and water.
- 12 - The faucets & nickel are polished daily.
- 13 - For toilet and happen use a whisk broom and pour soap suds into them to remove the particles. Then use lypol to disinfect.
- 14 - Wash the external portion of toilet and disinfect. Leave no moisture.
- 15 - Doors and all woodwork must be dusted, if the door squeaks, oil it.
- 16 - Bed pans, urinals and douche pans are to be washed thoroughly and sterilized five minutes daily.
- 17 - Hand basins are cleaned daily and sterilized once a week.
- 18 - Enamel bath tubs are cleaned daily.

- 19 Glass enema joints are sterilized daily. Keep in a disinfectant solution when not in use.
- 20 Rubber tubes are boiled when ever necessary and kept dry.
- 21 Wash rubber sheets and hang them up to dry, always lysozize.
- 22 Soiled laundry should be placed in basket.
- 23 Bloody and stained linen must be washed out before it is sent to the laundry.



Oct. 24, 1934

Lecture No 6.

Care of the Thermometer.

- 1 - Wash the bottles and refill with proper solutions and fresh sponges every day.
- 2 - Thermometers with blue or red points or pear shape are used only for the rectum.
- 3 - The rectal thermometers are put into vaseline before being inserted.
- 4 - Other thermometers are put into lysol solution or bichloride mercury solution after use and into ~~alcohol~~ alcohol before being put into mouth of patient.
- 5 - Always record time when taking temperature, pulse and respiration.
- 6 - When temperature is below 97° or above 100° always report to the Head Nurse.

1 Temperature, Pulse and Respiration

1. Temperature is the degree of heat found in the body.

2. The normal temperature is 98.6°

3. Sub-normal temperature is below 98° . It varies slightly with the time of day, exercise, food and drink.

i. Places of taking temperature.

1. By mouth which is the most common and convenient.

2. Rectally, always in case of a very ill patient, little children and delirious patient, this is the most accurate way.

3. By axilla or groin.

4. Temperature is sub-normal under 98° .

5. Pyrexia from ~~99~~ 99.4° up to 105° . Hyperpyrexia is over 105° .

6. A rising temperature is due to a

a disease and a falling temperature
is due to collapse or low vitality.



Lecture No 7

The pulse is the character of the heart beat. Normal pulse is 72-80.

Kinds of Pulse.

By Rhythm we mean regularity, infrequency, and strength of pulse beat.

1. When irregularity, infrequency, strength of force, of heart beat occurs we call it an irregular pulse.

2. Intermittant pulse beat occurs when occasional beats are omitted.

3. Dicrotic, giving the sensation of an after beat.

Places where pulse is taken.

Radial - at the wrist.

Temporal - at the temple.

Carotid - at the neck

Femoral - over the pelvic bone at the hip.

Inhalation^{and} Exhalation

Normal respiration in an adult is from 18-20. Note whether respiration is deep or shallow; quiet or noisy; labored or easy.

Dyspnea - difficult breathing.

Orthopnea - inability to breathe except in an upright position.

Cyanosis - blueness of the skin.

Cheyne Stokes - or tidal wave breathing is a peculiar form of respiration in collapse. Beginning quietly and increasing gradually with each exhalation until they reach a climax. Then gradually they subside and finally cease entirely for from 5-50 seconds. It is usually a forerunner of death, but in some cases of cardiac and renal diseases it persists for months.

Diets.

- Preparation and serving of trays.
- 1- Make the patient comfortable and the surroundings clean and tidy.
 - 1-a) Remove all disagreeable objects such as bed pans, urinals, sputum cups, newspapers, etc.
 - 2- Arrange tray attractively, clean and appetizing and serve the food warm.
 - 3- Use good judgment as to kind and quantity of food.
 - 4- Avoid unnecessary waste.
 - 5- Increase diet slowly after illness.

Serving of helpless patients.

- 1- Be seated comfortably at patient's right side.
- 2- Serve your tray on the left side.

3- Do not rush, advise thorough mastication.

4- Be sociable and pleasant and do not in any way hurry to get thru.

5- Encourage by kindness and willingness to help patient.

6- Anticipate patient's wants as to drink, etc.

Diets

Liquids

Liquids consist of strained broth, ices, fruit juices and in some cases tea and coffee.

Soft diets consists of milk, gruels, cereals of all kinds, toast, bread, gravy, cream soups, puddings, and steamed fruits.

Light diets consists of vegetables, potatoes, mashed or baked, and all

all the things included in soft diets.
Sometimes certain meats as creamed
chicken and chipped beef may be served.

Full diet includes ~~entire~~ bill of fare.


Note — In all surgical cases as in
abdominal operations for the first
twenty-four hours nothing is given
by mouth. The patient is given for
the first day after he comes back from
the operation, Soda Bicarb and Glucose
5% aa. 1 pint or 16 \bar{z} every two hours
by means of proctochips.

After the first twenty-four hours give
liquids. After the third day give soft diet.

In all stomach operations no food is
given until ordered by the Doctor.

Patients having minor operations on
the head, neck, extremities or vaginal.

may have liquids in the evening following the operation. In all gastric operations avoid tea, coffee and broths. In the medical cases wait for the Doctor's order for diets.



Enemas

An enema is the introduction of fluids into the rectum.

Purposes The principal enemata which derive their names from the liquids themselves or the purpose for which they were given.

1. Evacuative is given to empty and wash out the intestines. Ex. Water.

2. Anthelmintic is given to destroy worms. Ex. Turpentine.

3. Antiseptic is given to destroy germs.

Ex. Thymol given as a mercuric dispendary.

4. Astringent is given to contract the tissues and superficial capillaries and used both in case of hemorrhages and diarrhea. Ex. Alum.

5. Serrminative (soothing) is given to

flatulance

relieve flatulance (gas)

Ex. Turpentine, glycerine, milk & molasses.

6- Emollient is given to soothe

irritation of the mucous membrane of the intestines. Ex. Starch, opium.

7- Nutritive is given to afford nourishment when it cannot be given by mouth. Ex. Soda Bicarb and glucose; small amount of normal salt solution.

8- Sedative is given for its quieting effect, either general or local.

Ex. Bromides.

9- Stimulating is given for general stimulation. Ex. Coffee.

10- Saline is given to relieve thirst. Ex. Salt solution.

11- Antispasmodic is given to

counteract spasms. Ex. Bromides,
12 - A purgative (flushing) is given to
increase peristalsis and wash out
the intestines.

When only a small amount
of liquid is to be given the quantity
of liquid used when given as an
enema is to be absorbed as in case
of a nutrition or stimulating enema
or when it is to produce some local
effect. Only a small amount from
4-7 $\frac{3}{4}$ may be given.

The temperature of the liquid will
vary from 100° - 120° depending upon
the purpose for which it is given.

The position of the patient,
The patient is usually placed on
the left side with the knees drawn up.

The enema can be given with
the patient lying on her back but
the former position is the better.



(Continued)

Lecture No. 10.

Articles Needed.

- 1- Newspaper or sheet.
- 2- Enema pail rubber tubing x clamp.
Rubber tube has glass connecting tip
or rubber or glass enema tip.
- 3- A bed pan and cover.
- 4- Cotton or piece of gauze.
- 5- A basin of water.
- 6- Toilet paper.
- 7- Vaseline
- 8- Salutation.

Procedure Procedure

Get all articles together.

- 1- Draw up gown.
- 2- Protect the bed with rubber sheet
or sheet or newspaper.
- 3- Lubricate the tube.
- 4- Place the patient in desired position.
- 5- Allow some of the fluid to pass

shrub the tube before inserting
the enema point so as to warm
the tube and to expell all air.

6 Insert the tube into the rectum
about two inches and allow the
solution to flow slowly then insert
about six inches. Hold the can
low to begin with. Do not hold
the enema can more than eight
inches above the patient. If the
liquid causes distress when it
enters the rectum, lower the can
to decrease the speed of the flow.
If the patient complains, clamp
the tube and wait, or move
it gently to and fro. Clamp the
tube the moment the last drop
of liquid leaves the point above
the lower opening. Remove the

en

enema point slowly apply pressure at anus. Place the patient on the bed pan.

The after care.

Remove the pan, Cleanse the patient and remove the sheet etc. Chart the returns.

Care of the Enema can.

Allow cold water to run thru the can and tube to remove all particles. Also allow the fluid to run from the end of the tube upward. Then cleanse with warm soap water. Boil the tube for three minutes. Wrap rubber tubing in gauze; you may add a bit of salt to the water. Allow tubing to drain, dry and put in proper place. It is best

to allow the tube to hang
and not coil as rubber breaks.

✓

Nov 7-1924

Lecture No 10.

Douches.

A douche is a stream of water or solution directed against some part of the body; It may be nasal, aurial, vaginal or spinal. They are given to cleanse, deodorize or as an astringent.

Different kinds of douches are:

- | | |
|-----------------|------------|
| 1- Vaginal | 4- Spinal. |
| 2- Vesical | 5- Nasal |
| 3- Intrauterine | 6- Aural. |

1- Vaginal douches are used for cleansing. In case of carcinoma it is used as a deodorizer.

Vaginal douches are also used as disinfectants as in Gonorrhoea.

A hot vaginal douche sometimes arrests hemorrhage. They are also given to relieve inflammation & pain.

In the vagina are found a large number of lactic bacteria 90% of the Pathogenic bacteria are not able to live. Lactic acid bacteria are found. The opening to the vaginal is not guarded by a sphincter muscle.

Caution.

In gonorrhoea infection if you have an abrasion of the skin wear rubber gloves and be extremely careful not to carry the infection to yourself or to other patients. Cleanse hands thoroughly.

Solutions commonly used for vaginal douches.

- 1- Acetic acid 1:50 of 6% solution.
- 2- Bichloride of Mercury 1:3000 - 1:10000
- 3 Boric acid 1:25 - 1:50
- 4- Carbolic acid - 1:120 - 1:200
- 5- Creolin - 1:400

- 6 - Iodine 1:200 of 7% Tincture.
- 7 - Lysol 1:400.
- 8 - Normal salt solution.
- 9 - Sterile water.
- 10 - Silver Nitrate, depends on the order.
Temperature.

- 1 - For cleansing douche 110° - 115° F.
- 2 - For relieving inflammation 115° - 118° F.
- 3 - To check hemorrhage 120° F. quantity 1-3 qts.

Precautions

- 1 - Cleanse hands thoroughly before and after giving a douche.
- 2 - Use surgical cleanliness.
- 3 - Do not have water too hot.
- 4 - Give the right amount of medicine.
- 5 - Observe the nozzle for cracks.
- 6 - Do not touch the nozzle.

Position of patient in vaginal douche.

- 1 - Surround the bed with a screen.

- 2- Take out one pillow.
 - 3- Place other pillow under back.
 - 4- Place the patient on a jaw.
 - 5- Saw bedding down to foot of bed,
 - 6- leaving patient covered with a sheet.
 - 6- Place a blanket across the chest.
 - 7- Flex the knees.
 - 8- Have the bottom of feet rest flat on bed.
 - 9- Shape the patient.
 - 10- Allow the air to escape from the tube and clamp.
 - 11- Allow the fluid to run over the labia or separate the labia and insert the douche point from 2-4 in.
- Note: (if there is much mucus in the vaginal cleanse with clear water first or soap and water before giving douche.)

- 12- Insert douche point upward & backward.
- 13- Hold can two feet above patient.
- 14- Clamp tube. Remove the douche point before the solution is completely exhausted.
- 15- Leave the patient on pan for a short time.
- 16- Remove the pan.
- 17- Dry the patient.
- 18- Make up bed.
- 19- Leave the patient feeling comfortable, if she is not comfortable, determine the reason.
- 20- Chart douche given. Note the color and odor.

✓

Lecture No. 11.

The Hypodermic Injection.

Purposes

- 1- It is given when rapid action is desired.
- 2- When impossible to give drug by mouth.

The drug must be pure and sterile.

Articles Needed.

- 1- An alcohol lamp.
- 2- Matches,
- 3- The drug.
- 4- Hypodermic syringe and needle.
- 5- Spoon for holding needle.
- 6- Sterile pledgets.
- 7- Dressing forceps.
- 8- Alcohol.
- 9- Sterile water.

Procedure.

- 1- Test the syringe to see that there

is no leakage.

2- The barrel of the syringe may be cleaned by drawing up alcohol and rejecting it or by boiling syringe.

3- The needle is boiled in a spoonful of water.

4- Draw up a barrel of the boiled water from the spoon. Place the needle on a sterile piece of gauze or cotton.

5- Place the tablet in the spoon and expel the water you have in the syringe.

6- Screw on the needle securely and expel the air and allow one or two drops to flow from the point of the needle.

7- The pledget moistened with alcohol surrounds the needle

which is then carried to
the bedside.



Lecture No 12.

Hypodermic Injection (Continued)
Select the location for the injection on the upper, fleshy and outer portion of the arm or thigh. Cleanse the skin by rubbing vigorously with the pledget. The rubbing is also to bring blood to the skin surface. Pinch up a good fold of the skin and tissue. Insert the needle quickly and remove slightly allowing a slant of 45° . Have the thumb press on the piston of the syringe. Inject the fluid slowly and at the same time withdraw the needle. Make pressure with the pledget and a slight upward stroke over the seat of injection.

Precautions.

- 1- Needle should be sharp.
 - 2- Be absolutely sure you have the right drug and the right dosage.
 - 3- Be sure it is given to the right patient.
 - 4- Be sure that the needle and solution are sterile.
 - 5- Be sure the hands are clean.
 - 6- Record name of drug, amount and time given; also name of nurse who administers the injection.
- ✓

Lecture No 13.

Proctoclysis.

Proctoclysis is the slow infusion of a solution into the intestines. The solution is usually composed of water with medication. It is used in peritonitis, prevents of a toxic absorption and washes out the ⁱⁿ Peritoneal cavity.

It stimulates and flushes the kidneys in toxic and ^{septic} conditions. The flow should be from 20 to 30 drops a minute. Never more than 30 drops.

The degree of heat of the solution should be 118° .

Articles Needed

1- The proctoclysis can provided with rubber tubing.

- 2- A clamp or shut off.
- 3- A drop attachment and metal screw compressed.
- 4- A glass Y tube.
- 5- Tube for return flow and escape for fecal gases.
- 6- Some device for keeping the solution hot.
- 7- batheter and lubricant.
- 8- If the intestine is obstructed with fecal matter the fact should be reported and a cleansing enema may be ordered before giving the proctoclysis.

Prepare the solution usually 500 c.c. of water. This is usually ordered every four or every two hours and should be absorbed at least at the end of that time.

Routine urine specimens examined for:

1- Its reaction.

(a) acid

(b) alkaline.

2- For specific gravity.

It depends upon the amount of solids in proportion to the amount of water. The normal urine is 1.012 - 1.024 for adult.

3- For sugar.

4- Albumin.

Preoperative specimens may be ordered to be examined for sugar and albumin.

Postoperative specimens may be examined to find the effect of ether on the kidney.

The twenty-four hour specimen.

Purpose:

To find the total amount of

urine secreted by the kidneys in twenty-four hours. It is possible to estimate not only what wastes the kidneys are eliminating but the quantity of each so an estimate is derived as to how the kidneys are working, how foods are utilized and other processes of metabolism.

Method of sending urine to the Laboratory.

For a single specimen.

- 1- At least send five to six oz.
- 2- Send in a clean bottle.
- 3- Cork securely.
- 4- The slip containing the name of the patient, Ward No., date of admission.
- 5- Name of doctor.

6- Single or twenty-four hour specimen.

7- Date and time collected.

How to take a twenty-four hour specimen.

1- Take a clean bed pan or urinal to the patient so she may void - but destroy this specimen.

2- Record the time of urination.

3- All urine voided from that time for the next twenty-four hours is collected in a large bottle and measured. The bottle is kept in a cool place the bathroom.

4- Label bottle with name of patient, and time twenty-four hour specimen was started.

5- Record the time and amount voided each time.

6- At the end of twenty-four hours

ask the patient to void
This ends the twenty-four hour
specimen.

Measure the entire amount.
Take about eight ozs of this
specimen to the Laboratory and
record time started and ended,
entire amount obtained, for
what to be examined for, etc.

Normal amount of urine
voided in one day should be from
40-50 oz.

By retention is meant that the
kidneys secrete urine but it is
not voided from the bladder.

By repression or suppression is
meant that the kidneys do not
secrete urine, the bladder is
empty. ✓

Lecture No. 16

Hot Stomentations.

They should be applied as hot as can be borne and care must be taken not to burn the patient. Moist heat is applied to relieve pain, to localize inflammation and to hasten suppuration.

Place the material folded, in the center of a towel. Twist each end in opposite directions until the cloth is wrung so dry that there is no possibility of its dripping. Spread smoothly over the part and cover with oiled tissues and pads. Fasten the binder and apply covering. A hot water bag or a Therapeutic light will help to retain the heat.

Articles Necessary

- 1- A bowl containing the hot water.
- 2- A tray.
- 3- Material to be soaked.
- 4- Towel.
- 5- Oiled tissue.
- 6- Pads.
- 7- Bender Safety pins.

Faultices.

Faultices are forms of moist heat applied externally to relieve pain, to localize supp, inflammation and hasten suppuration. They must be made light and applied hot being careful to avoid burns.

Flaxseed Faultice.

Into a kettle of fast boiling water stir gradually enough flaxseed meal to make a proper

consistency stirring constantly,
beat well then put between two
layers of soft muslin being careful
not to burn, surround with news-
paper, carry to patient's room.

Bran poultice may be made the
same way but it does not hold the
heat so well.

Bread and Milk Poultice
Soak the bread in hot milk, beat
together with a large fork until
proper consistency is produced.
Place between muslin layers,
wrap in newspaper and take to
patient's bedside.

✓

Lecture No 17.

Poultices (continued.)

Mustard plaster.

One part mustard to six parts of flour.
Add enough warm water to make a smooth paste, the white of an egg may be added to avoid burnness, you may oil the skin well before applying poultice.

Turpentine Stupes.

Purpose: to relieve tympanitis.
(distention of the abdomen with gas)

Procedure. Oil the skin with one part of mixture - eight parts of olive oil with one part of turpentine.
Bring a piece of flannel out of hot water & place on the abdomen.
Watch for systemic effects. The urine may come smoky, colored with blood or smell strong of turpentine.

If so discontinue the stripes for one hour.

Another method of Turpentine Stripes
Eight oz. of water and add thirty minimum
of turpentine, heat and wring flannel
out of that solution and apply to the
abdomen. Always oil skin first.

Nasal (nose) douche.

Articles Necessary.

1- A small rubber catheter.

2- Irrigating can.

3 Towel.

4- Water to the temperature of 110° .

Do not raise the can more than 18 in.
above the patient. Instruct the patient
not to breathe through his nose and
not to blow his nose. Keep his head
bent farward. If care is not observed
discharge may be washed into the

Gustachian tube.

Aural (Ear) Douche.

The ear may be washed out with a bulb or fountain syringe. A kidney basin held directly under the ear catches the drainage.

The Eye Douche.

In holding the eye open be careful not to put any pressure on the eyeball. Pull the eye lid up or down as the case may be, and hold it firmly against the orbit.

To turn the eye lid place a match on the lid, grasp the eyelashes and pull the lid out and down. Then roll the lid over the match. For irrigating use a medicine dropper, have it sterile, separate the lids

having pressure on the orbit of either side and have patient look upward then direct the stream into the eye. Direct the current from the inner part of eyeball outward, so the discharge will not be washed into the lachrymal sac and cause serious inflammation. For this same reason wipe from inner to outer side, when wiping off discharge.

✓

Dec. 8-1924

Lecture No. 18.

Catheterization

Catheterization is the removal of fluid from some cavity of the body, usually emptying the bladder.

Articles required.

1. Bowl with warm solution of Boric acid, 2% or Lyso.
2. A bowl containing two catheters rubber or glass, (depends upon what hospital uses)
3. One extra bowl for receiving urine.
4. Sterile Sponges.
5. Sterile gloves.
6. An irrigating tip and funnel or a Lusk syringe.
7. A small pitcher.

Procedure.

1. Sterilize all utensils by boiling them ten minutes.
2. Put 2% Boric solution in the bowl containing the sponges.
3. Surround the patient with a screen.
4. Place a blanket over the patient's chest.
5. Place patient on a bedpan with the knees flexed.
6. Anesthetize the patient.
7. Scrub your hands thoroughly for ten minutes and disinfect with alcohol.
8. Stand at patient's right side.
9. Place the sponge on the forefinger and thumb of the left hand.

10. Take a sponge in the right hand and sponge downward once.

11. Drag sponge into pass and repeat.

12. Leave the last sponge in the vaginal orifice.

13. Grasp the catheter at the open end.

14. Examine the catheter closely.

15. Insert with the curved tip pointing upward and direct upward and backward.

16. Now use force to insert catheter.

17. Insert gently and allow the fluid to escape.

18. Ask the patient to take a deep breath.

19. When bladder is emptied place the finger over the end of the catheter and withdraw.

20. Sponge off patient.

21- Record time; amount of urine,
color and sign your name.

22- Rearrange bed clothes and
clear away the utensils.

Cystitis, inflammation of the
bladder. It may be due to un-
clean hands or utensils, carelessness
in inserting the catheter.

Vesical irrigation.

It is given to cleanse the
bladder of all abnormal secretions
and to reduce inflammation.

Get everything ready as for a
catheterization, in addition have
the solution for irrigating the bladder.
After you have catheterized allow
the solution to fill the bladder,
then empty it and repeat until

the fluid returns clear. In
instillation the medicine is to
remain in the bladder.

In catheterization of a male
patient the Nurse's duty is simply
to get the articles ready for the
Doctor or Orderly. Rubber catheters
are always used for male patients.

✓

Dec. 9-1924.

Lecture No. 19.

Prevention and care of bedsores.

A bedsore is gangrene or death of the tissue. It is the result of defective nutrition of the part where it occurs, caused mostly by heat, moisture, pressure, wrinkles, crumbs and continuing too long in one position. Keep the draw sheet drawn tight, free from wrinkles, crumbs and moisture.

Bath and rub the affected parts with alcohol and powder. When the patient can be turned a change of position will do much to prevent bedsores. When the patient cannot be turned the affected part must be relieved from all pressure by use of rubber ring and the patient kept absolutely dry.

Vermin.

Pediculosis (Lice)

As soon as discovered saturate the head with **Tincture of Quassia**. Bandage firmly. Later shampoo the head and watch it closely.

The shampoo in bed.

Protect the bed and the patient from getting wet. Pin a towel around the patient's neck. Make a trough of rubber sheeting from the bed into a small sized bath tub on the floor. Bring the patient's head out over the edge of the bed. Pour water over the head and wash with Tincture of Green Soap, and rinse three to four times, massage the head well, wipe

thoroughly and firmly.
Prevent chilling and draught.

Dec. 20 1924

Lectures 20

Gastro Lavage.

Articles required.

- 1- Pail.
- 2- Piece of rubber or newspaper.
- 3- A large pitcher.
- 4- Stomach tube.
- 5- Funnel.
- 6- Basin of cold water.
- 7- Sheet.
- 8- Rubber apron.
- 9- Kidney basin.
- 10- Gargle to use as a handkerchief.

Uses of Gastro Lavage.

- 1- For cleansing.
- 2- In case of continuous vomiting.
- 3- Poisoning.
- 4- Distention.
- 5- In disease of the stomach it is used for diagnostic.

purposes also as a curative
6. Gastro Lavage should not be
given unless absolutely necessary.
7. The solution may be plain water
105°. Sometimes Soda Bicarbonate
is added.

Sterilize the tube and funnel and
use only clean utensils.

In introducing the tube do not
use lubricant. Sometimes sterile
glycerine may be the lubricant.
If there is an order for Gastro
Lavage to be given once daily,
give it before a meal or from
five to six hours after a meal.

Reassure the patient. If the
patient complains of choking
tell him to breathe with the
mouth open, to keep on saying

"ah".

Do not use force in inserting
the tube.

Introduce the tube empty.

Do not hold the funnel more
than three inches above the
patient's mouth.

Dec. 19-1924

Lecture No. 21.

Application of bandages.

Objects for using bandages are:-

- 1- For comfort of patient.
- 2- To keep dressings in place.
- 3- To give a neat appearance.
- 4- To make compression.
- 5- To control circulation.
- 6- To reduce swelling.
- 7- To limit motion.
- 8- To afford support.

Points to be remembered.

- 1- Apply bandage tightly enough to remain in place, but not so tight as to cause pain.
- 2- Have the pressure even.
- 3- In bandaging an extremity the toes and fingers are usually left uncovered. So that it can easily be seen if the bandage is too securely

applied.

4- Hold the bandage, roll side upward and bandage from left to right.

5- Always use safety pins for pinning bandages and be careful that the bandage pin is placed where it cannot come in contact with any part of the body.

Kinds of Bandages.

- 1- Abdominal binder, used to keep dressings in place.
- 2- A. I. binder is used to keep Peritoneal dressings in place.
- 3- Breast binders to support and protect the glands and to keep dressings in place.

4- Compression binder to dry up the breasts.

5- Flannel for firm elastic compression.

6- Soft rollers.

7- Hard rollers, sometimes used in bandaging extremities.

8- A skull cap.

9- Triangular bandage or shing.

Fumigation of rooms.

1- Close all windows, transoms and ventilators.

2- Close all crevices and cracks with cotton or paper.

3- Open all drawers and spread all linen and other articles out.

4- Stand on mattress on end.

5- Use Potassium Permanganate

$6\frac{3}{4}$ g and Formaldehyde 1 pint to every thousand cubic foot of space.

- 6- Have two containers one larger than the other.
- 7- Spread paper on the floor and under containers.
- 8- Put the Potassium Permanganate crystals into the larger smaller dish.
- 9- Place the smaller dish into the larger dish and surround the smaller dish with water.
- 10- Add the Formaldehyde to the Permanganate and leave the room quickly.
- 11- Leave one window unlocked.
- 12- Leave the room under fumigation at least eight hours.
- 13- Seal door from the outside.
- 14- Place a screen in front of the door and fasten the door securely.

Jan 5 1925

Local Baths:

Sitz bath

Sitting in a tub of water covering the hips. Given for delayed menstruation, retention of urine, pelvic pain and rectal trouble. The temperature of the water is from 100° - 120° . Duration from 3-10 minutes. May be given in an ordinary bath tub.

Foot Bath

Temperature of water from 108° - 112° . Used in case of cold, headache and restlessness.

Mustard foot bath

Use 1 tlb. mustard to 1 gal water. Dissolve mustard in a small quantity of water and add to water. It is given for headaches, insomnia to induce menstruation. In infants

paralysis it increases the blood supply in the legs.

The Doctor should specify the length of time and temperature of the water.

For a child the time duration is from 5-30 minutes. Watch the feet to see that they are not getting too red.

The articles needed for a foot bath

- 1- Foot tub.
- 2- Water
- 3- Blanket.
- 4- Bath towel.

Procedure.

Tear up one side of the bed. Fold the blanket, placing the bath towel on the fold of the blanket. Flex the knees, place the blanket under the patient, raise the feet and set the tub on the bath towel.

bringing one part of the blue ket
up over the knees. Leave the patient's
feet in the bath for 1/2 hour. If water gets
too cool add hot water from the
pitcher. After the bath has been
given remove the tub, dry the feet on
the towel. Leave the patient
between blanket for a time.

Baths are given for cleanliness,
medication, stimulation, reduction
of temperature, nervousness, insanity
and to induce perspiration.

For a hot bath have temperature
of water 100° - 120° . A warm bath 90° - 100° .
A tepid bath 80° - 90° . A cool bath 70° - 80° .
A cold bath below 70° down to 35° .
A sedative bath 90° - 95° .

A continuous bath.

The patient is left in a tub of

water for an indefinite length of time. Sometimes for days. It is used for burn cases. Temperature of water 98° . This keeps the patient warm, relieves pain, excludes air and prevents forming of hard crusts.

The sluff washes away leaving a clean area, it aids elimination and metabolism. Keep the temperature of the water even and change water at least once in 24 hours. Have an empty bed near the bath tub and remove the patient from the tub to bed when using the bed pan. Keep the heat in the tub by covering the tub with boards. The patient should be made comfortable by means of rubber rings, etc.

Hot pack.

The patient is covered with woolen blankets and hot water bags placed around her. Place an ice cap to head, warm water bag to feet. Give glass of hot lemonade to induce perspiration. Take pulse every five minutes and record pulse, time hot pack was started, time when hot pack was ended. Watch patient carefully. Pack should not be continued longer than twenty minutes. Wash off patient with tepid water.

Cold pack

Given as a sedative. To patients suffering from Chorea (St. Vitus dance) or alcoholism.

Articles needed.

- 1 - A foot tub full of water Temp. 70° - 80°.
- 2 - A rubber sheet.

3- Two cotton sheets.

4- Hot water bag.

5- Blankets & towels.

Procedure.

Fold the bedding down to foot of bed. Place the rubber sheet under the patient, then the blanket.

Place a blanket over the patient.

Surround the patient with the cold sheets and cover with the rubber sheet and blanket. Place an ice cap to the head, because the superficial vessels are contracted and the blood rushes to the viscera of the blood.

Place a hot water bag to the feet.

When the patient is surrounded with a wet sheet, rubber sheet and blankets, bring the covers up over

the patient.

When the patient has been in a pack for one hour or as long as the Doctor orders.

Flatten the bedding down, remove wet sheets, blankets and rubber sheets, leaving the patient between blankets if chilly.

Wipe gently all moist parts of the body, as axilla, groin, between the toes, etc. Do not apply alcohol. Put on night gown and leave the patient resting quietly.

The effect depends upon how long the patient is kept in the pack.

If the patient has been in the pack for an hour and you find her asleep, loosen the rubber and blankets and cover with the top bedding.

Jan. 6-1955

Pathology is a science
which deals with diseases.

Therapeutics is a treatment
of disease.

Hydrotherapy is the treatment
of disease by water.

Symptoms are any evidence
of a disease or the patient's condition.

Subjective symptoms are symptoms
which are told by the patient.

Objective symptoms are symptoms
which are observed by the doctor or nurse.

Etiology is that which treats with the
causes of disease.

Prognosis is the prediction
as to the outcome of disease.

Diagnosis is the determining
the nature of a disease.

Exacerbation means an increase
in the severity of symptoms.

Crisis is a sudden turning
point of a disease.

Lysis is the gradual decline of a
disease.

✓

Jan 12-1925.

Symptoms to be observed.
Expression

- 1- Puffiness under the eyes, often found in kidney disease.
- 2- Immobility of the side of the face. (Paralysis)
- 3- Of the skin, yellow in jaundice.
- 4- Pale in anemia.
- 5- Wax in kidney and heart disease.
- 6- Cyanosis in shock.
- 7- Desquamation (peeling off of skin) eruption and sore. The desquamation should be closely observed as in scarlet fever.
- 8- Diaphoresis (sweating) may be due to fever and sometimes due to weakness. Night sweats are unfavorable. In fever, moisture of the skin is favorable.

The expression of the eyes.

1. The eyes are sunken in wasting disease.

2. Protruding in Exophthalmic goiter.

3. The pupils are contracted in opium poisoning. They are dilated in Atropine poisoning.

* Meningitis (inflammation of the covering of brain and spinal column).

The tongue is coated in fever.

Ulcerated in stomach diseases and also Syphilis and in Mercury poisoning.

Strawberry tongue in Scarlet Fever.

The throat.

Patches are white on the surface of the tonsil in Tonsillitis.

In Diphtheria the patches are gray.

and sunken.

Position

1. Orthopnea, inability to breathe while lying down.

In pneumonia or pleurisy or asthma the patient is usually in an upright position or he lies on the infected side.

In colic lying on the stomach is often chosen.

In typhoid and other wasting diseases there is a tendency to slip down in the bed.

In meningitis the head is drawn back. We call this condition, Episthotonus.

Paraphrology means picking at the bed clothes.

There may be restlessness, hicough

and twitching. These are danger signals.

Epistaxis means hemorrhage of the nose.

Respiration

When the patient has difficulty in breathing note if there is a cough. Whether dry or loose.

Character Expectations

In whooping cough there is usually a peculiar whoop, during the inspiration. There is a hoarse or brassy sound in croup.

Kidney and heart diseases are usually accompanied by a cough.

✓

**KAPPA ALPHA THETA
HOLDS ITS ALUMNAE
BAZAAR NOVEMBER 29**

JUB

**THE
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The alumnae of Kappa Alpha Theta will hold their annual bazaar on Saturday, November 29, from 2:30 to 6:30, in the Guild hall, and the university and general public are most cordially invited to attend, according to Miss Anne Bowman. Tea and wafers will be served throughout the entire afternoon. A special entertainment feature, "The Cosmetic Comedy," an original little skit, will be staged by the active Thetas at regular intervals during the bazaar. This production will be characterized by dances and songs.

The booths themselves—seven in all—will be worthy of notice. Many novelties, and particularly choice and exquisite gifts for the discriminating will be displayed at the Arts and Craft booth, according to the committee in charge. That sweet tooth which has so long been aching for want of exercise can find ample cure for its ills in the individual pies, cup cakes, and candy to be found at the Delicatessen booth.

Jaundice

Cause

narrowing or complete occlusion
of bile ducts, due to catarrh, gall stone
or to cancer or tumor, ^{obstruction of} ~~duct~~ ^{interference}
with flow of bile & affects digestion
& absorption of fats.

The liver loses its power to store
glycogen

Dietetic treatment

Carbohydrates restricted.
Fats excluded.

Liberal supply of protein.
Cirrhosis of the liver.

Meaning

Destruction to a greater or lesser
extent of parenchymatous cells.

Cause

Overindulgence either in alcohol or
food, which causes chronic irritation

of the liver. Other causes as syphilis
metally poisoning & chronic malaria poisoning
Dietetic treatment

Aim to relieve irritation of liver &
putrefaction in the intestines.

Protein must be watched

Milk diet - diluted with lime water

Gall stones

Meaning

stones precipitated in the gall
bladder or gall ducts.

Cause -

results mostly from
catarrhal condition of the
stomach & intestines. Stones are
precipitated from bile when
there is stagnation, resulting from
catarrh or inflammatory stricture of duodenum

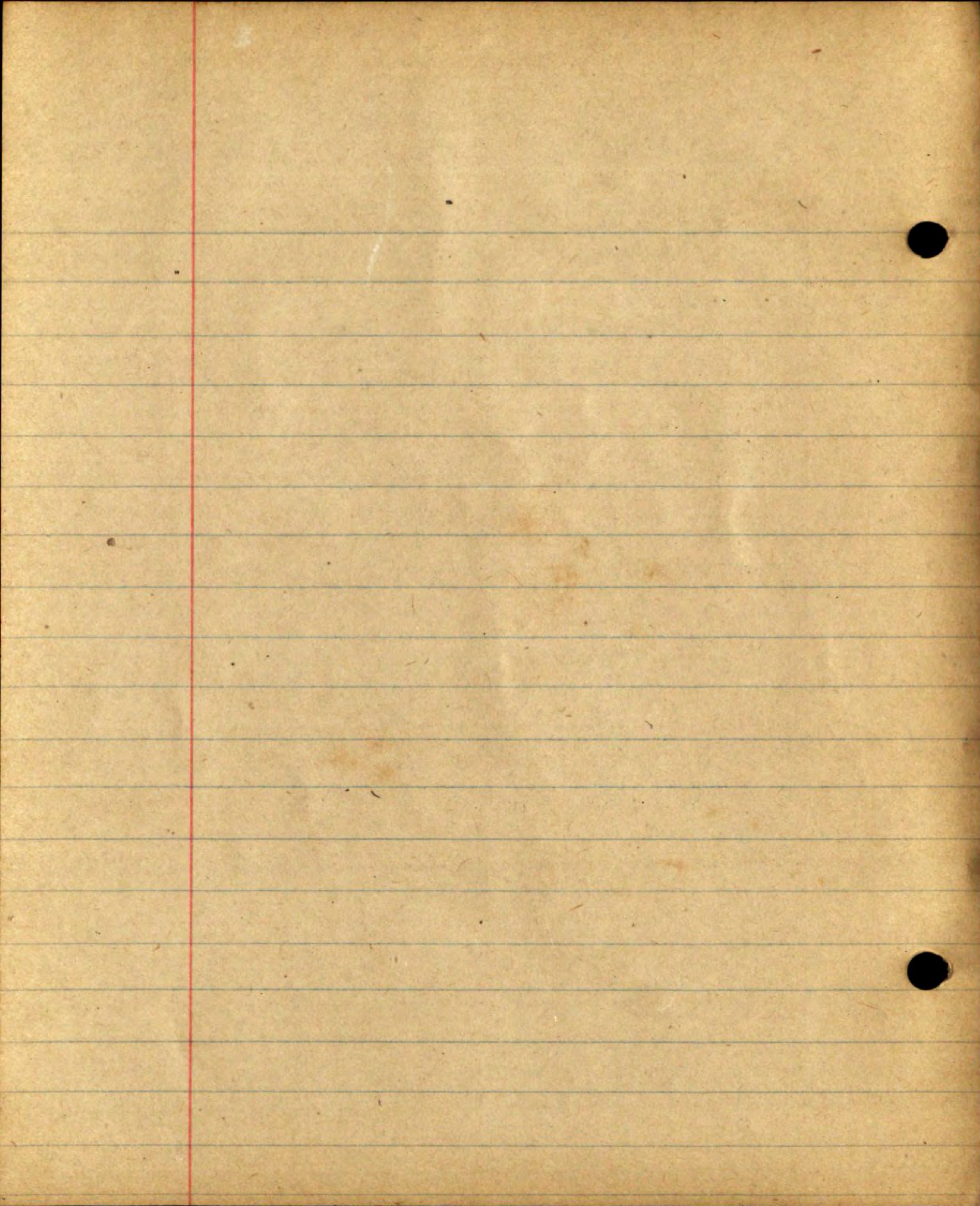
Dietetic treatment

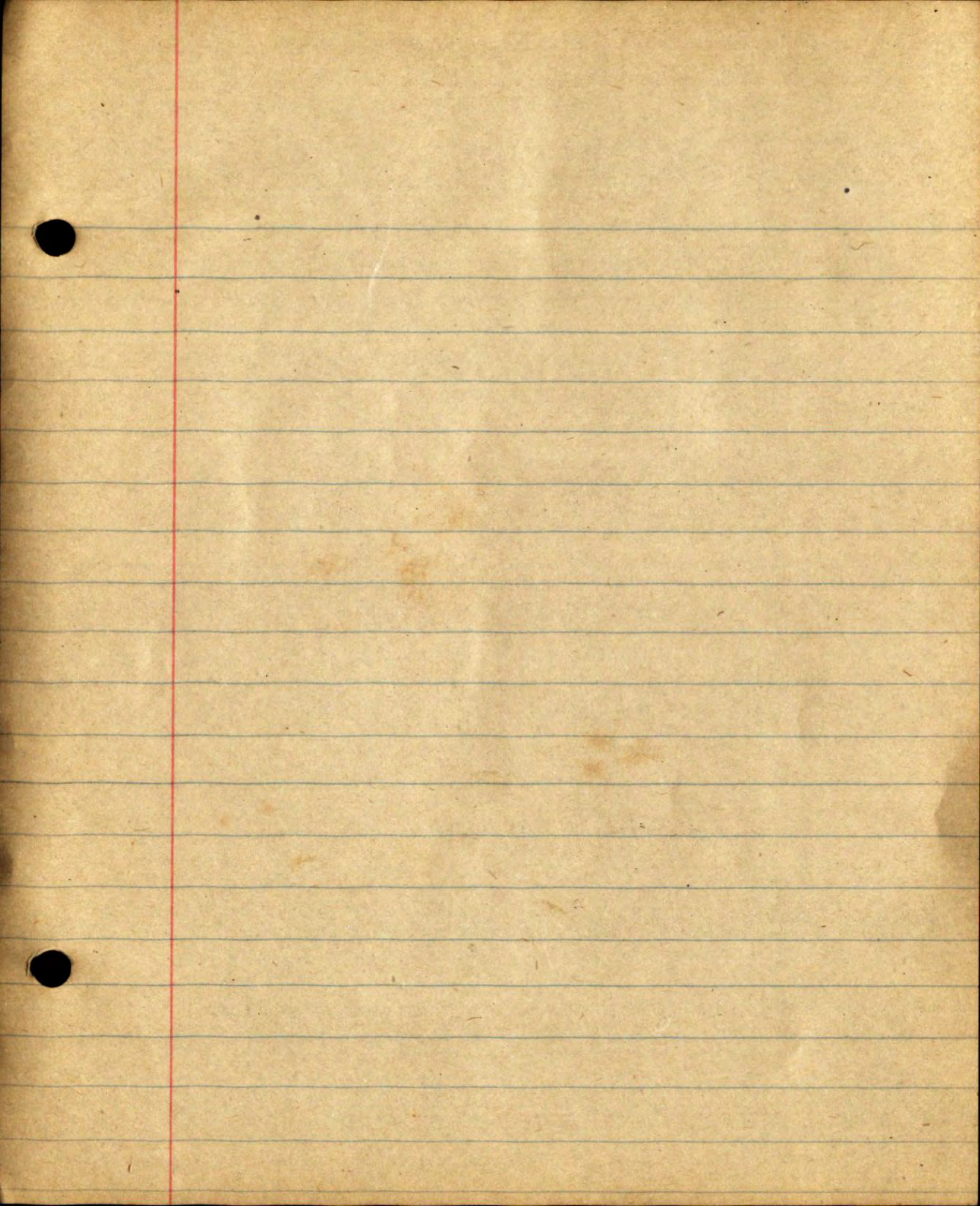
Avoid irritating foods as alcohol
condiments & spices rich & greasy
foods & concentrated sweets.

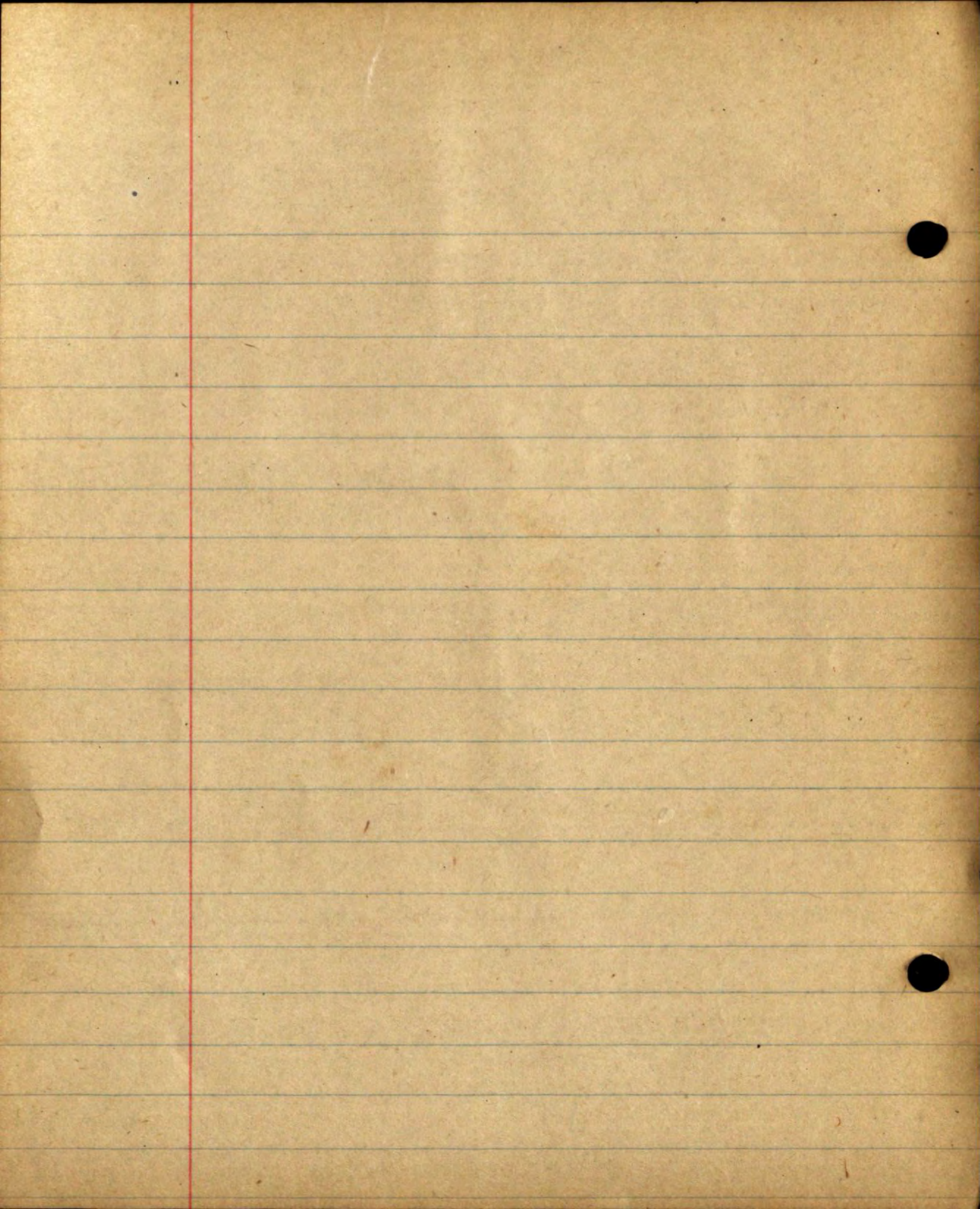
Do not overtax liver with fats & carbohydrates
beyond tolerance. Small
but frequent meals.

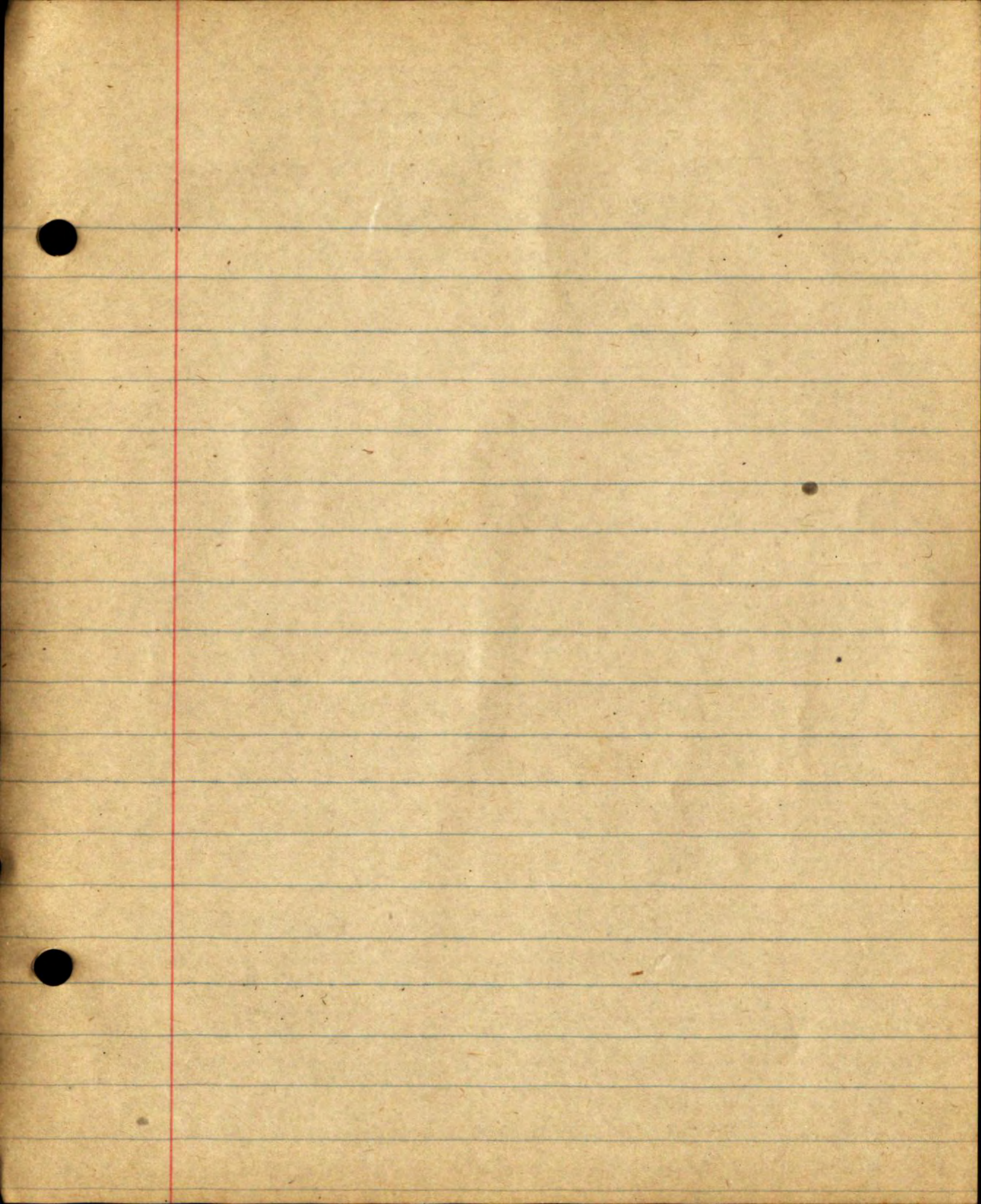
Milk fruits & vegetables to keep
bowels open.

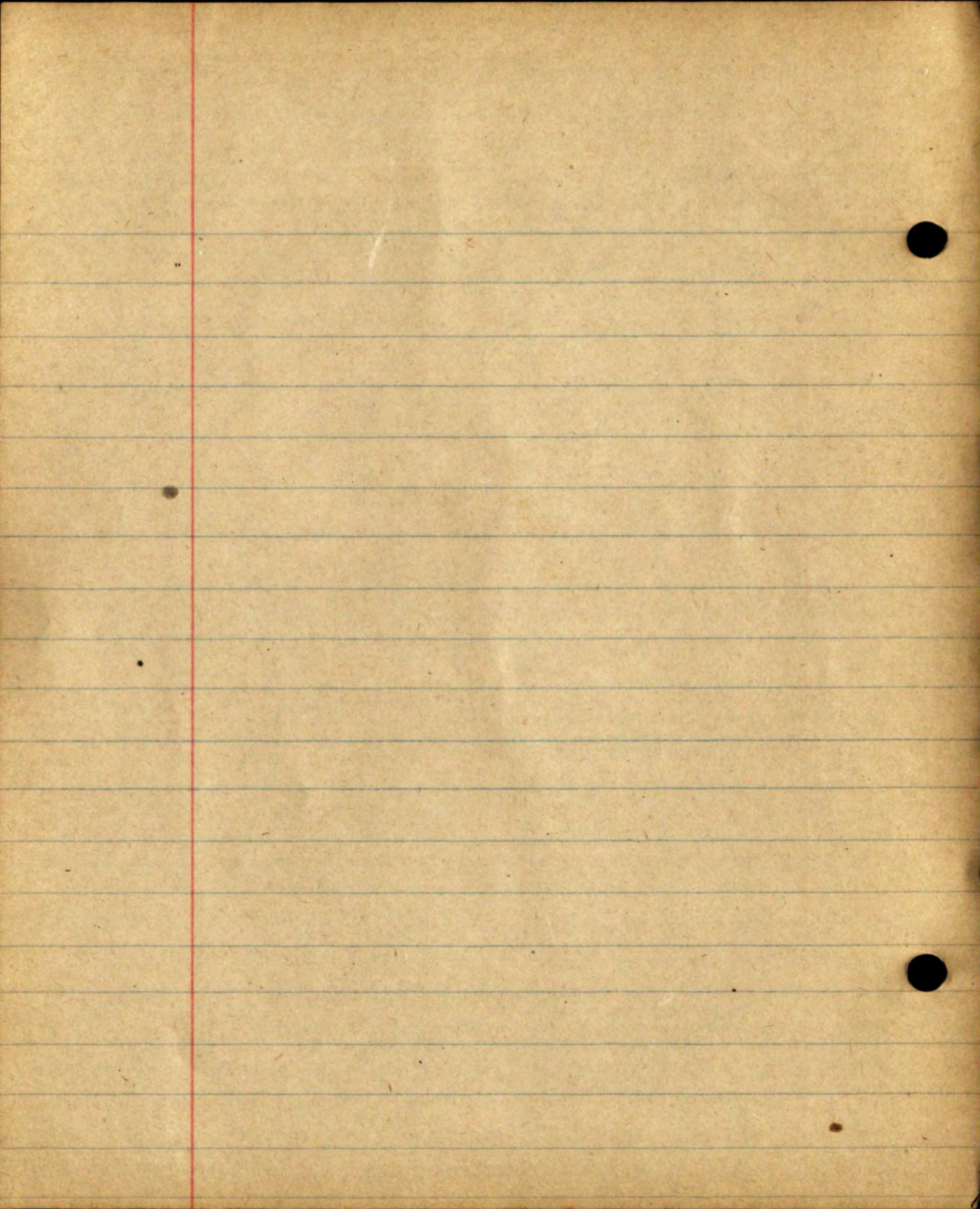
Nephritis.

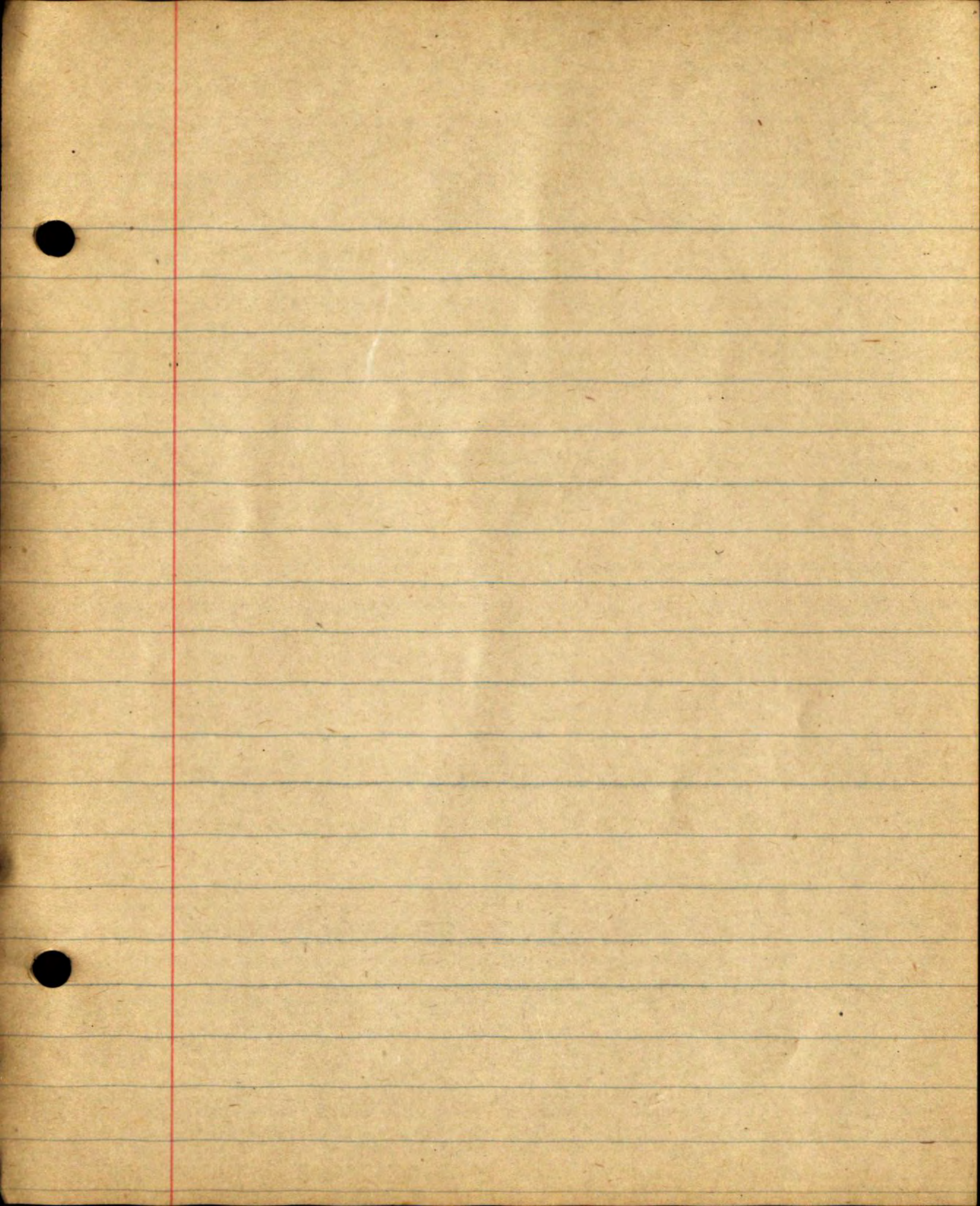












Drugs x Solutions
Caffeine

Origin.

~~In~~ Organic.

Physiological effect

Lessening of ^{mental} fatigue

i. Skin & Mouth

No action

iii. Stomach & Intestines.

readily absorbed

v. Excretion

Thru kidneys

vi. Therapeutic use.

Stimulate respiratory center

when depressed or when
breathing is difficult

To improve circulation in
shock or collapse

To prevent or overcome
excessive disease

as an antidote for poisoning
of drugs that effect nerve
centers.

IV. Toxicological effect

acute poisoning by caffeine
is rare because the drug
is not strongly toxic &
is rapidly excreted.

Symptoms of taken regularly for
an extended period.

Restlessness

Insomnia

Inability to concentrate the
attention.

Frequent pulse.

palpitation

profuse diuresis.

Followed by — delirium, convulsions
finally collapse due to the

Depression of the nerve centers.

Mode of administration

Caffeine

Mode of administration

Dosage - 1-5 grs. (0.06 - 0.3 gm)

Method. - by mouth

Caffeine citrate.

Dosage -

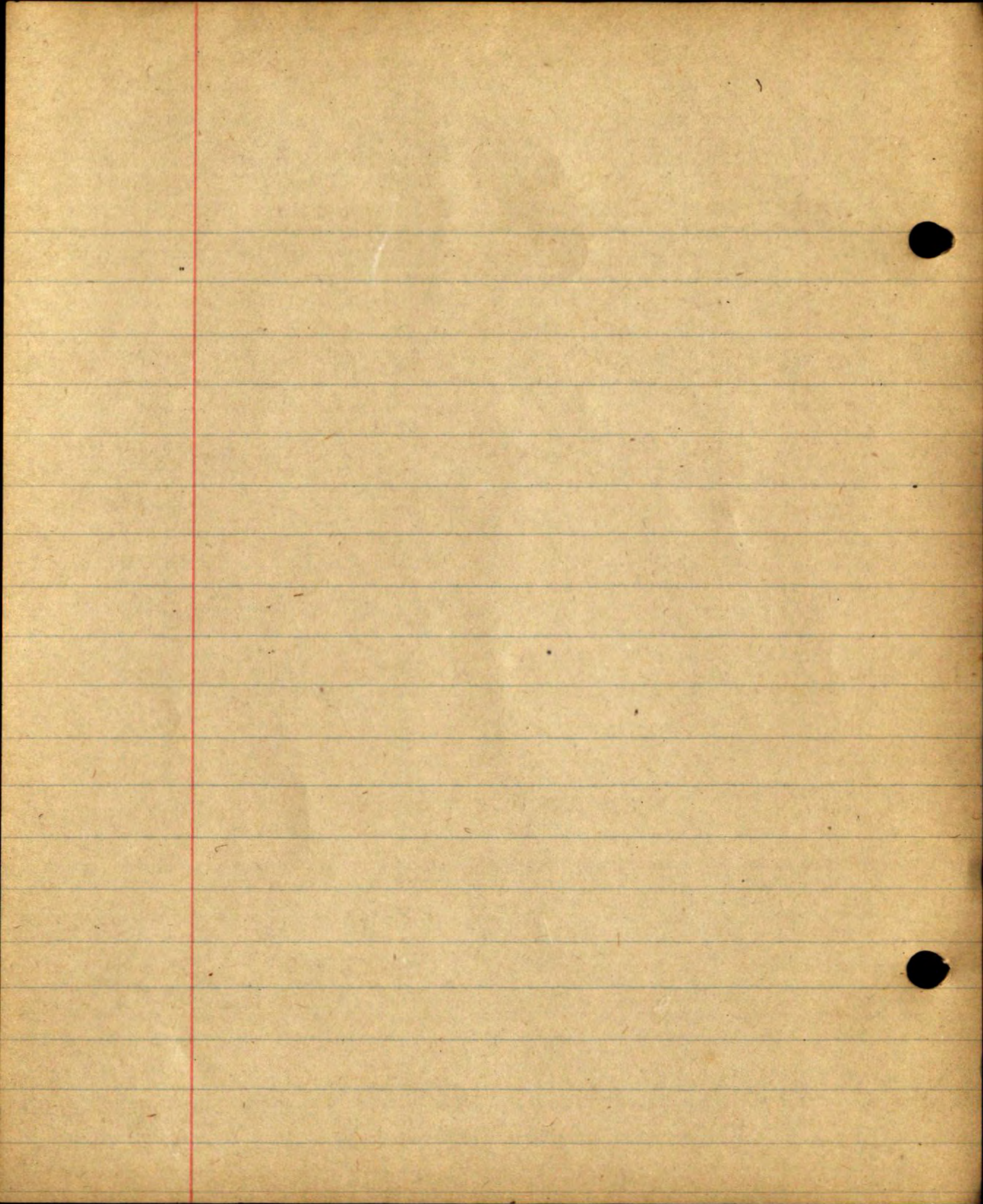
2-8 grs. (0.13 - 0.5 gm)

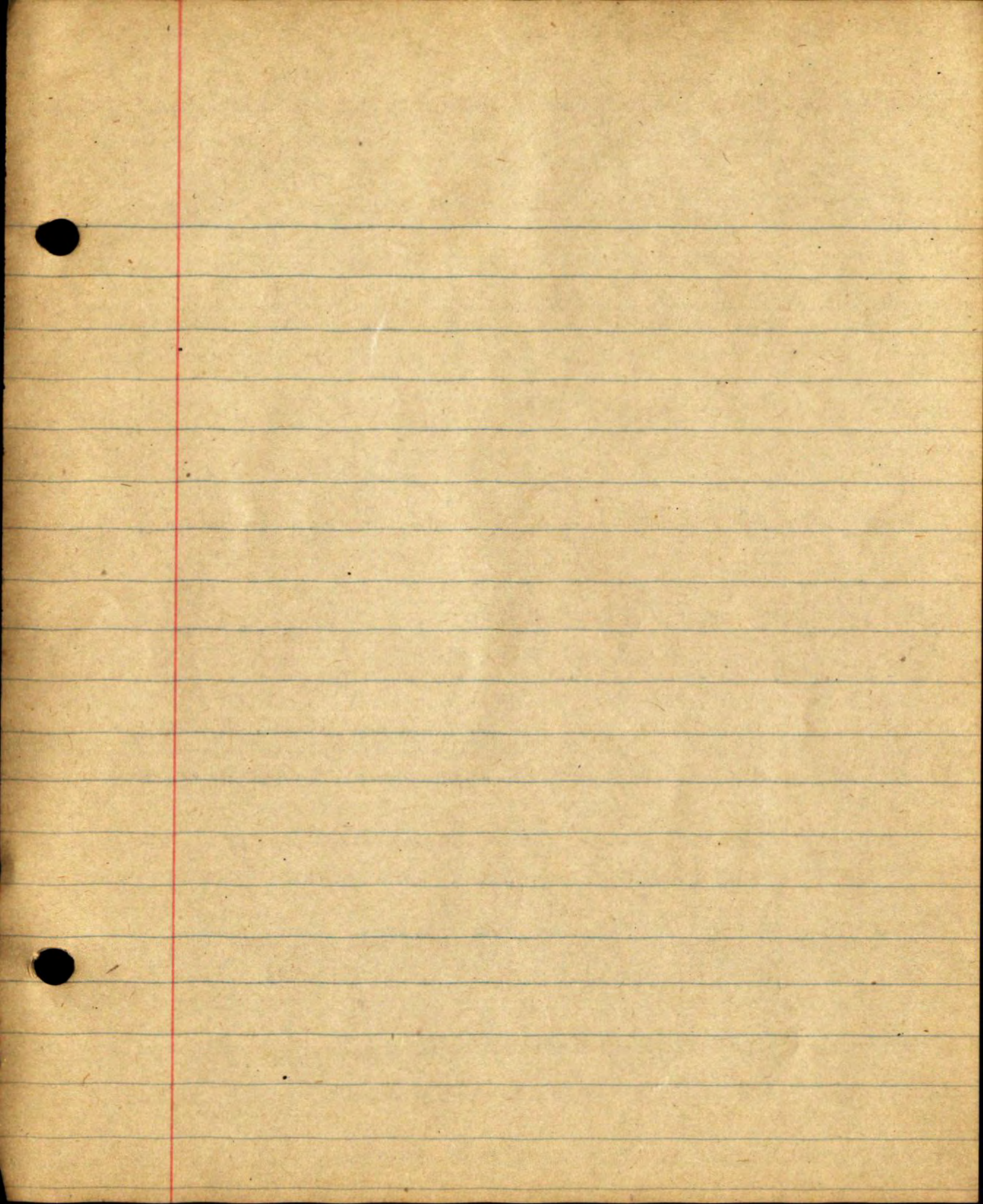
Method - by mouth - Hypodermically

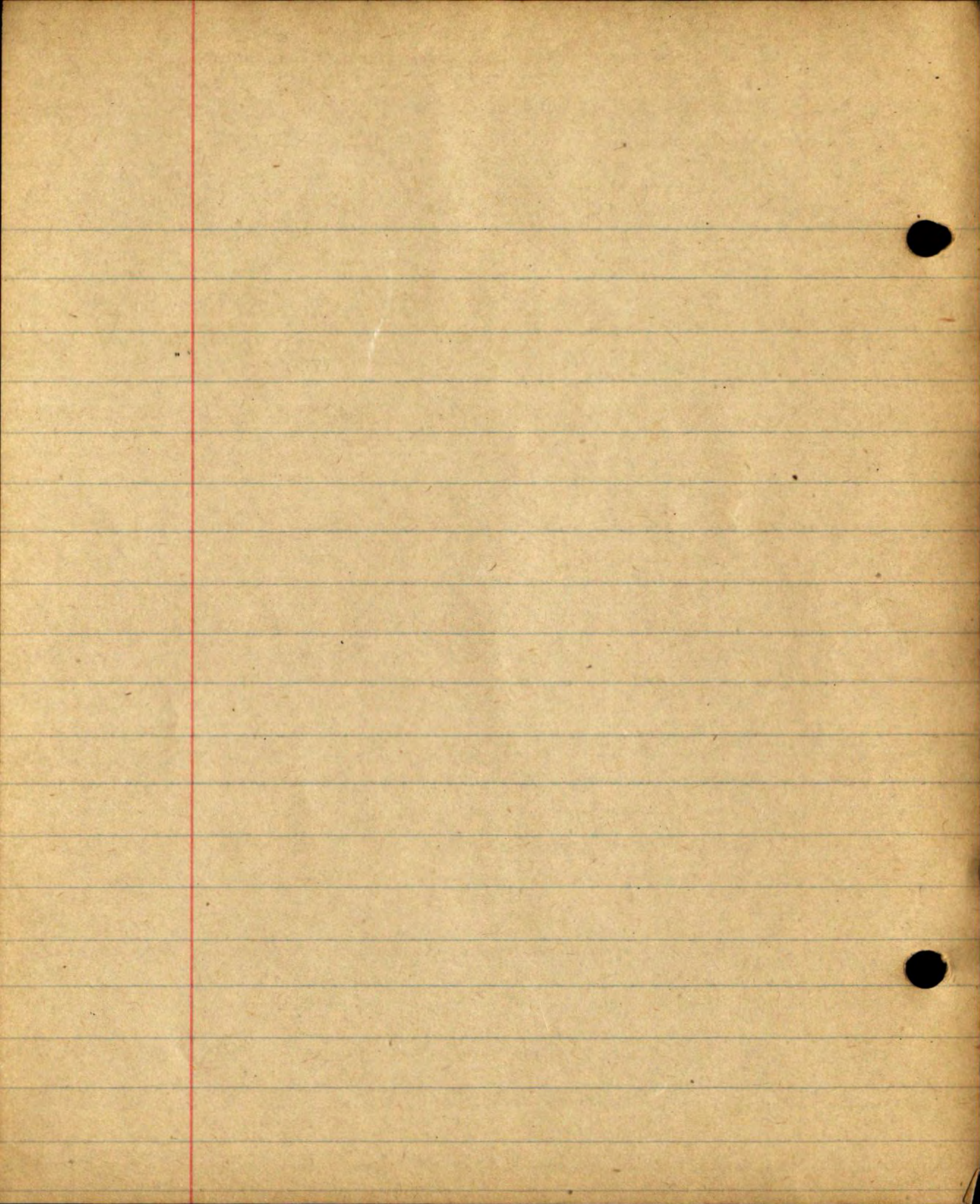
Caffeine sodium benzoate.

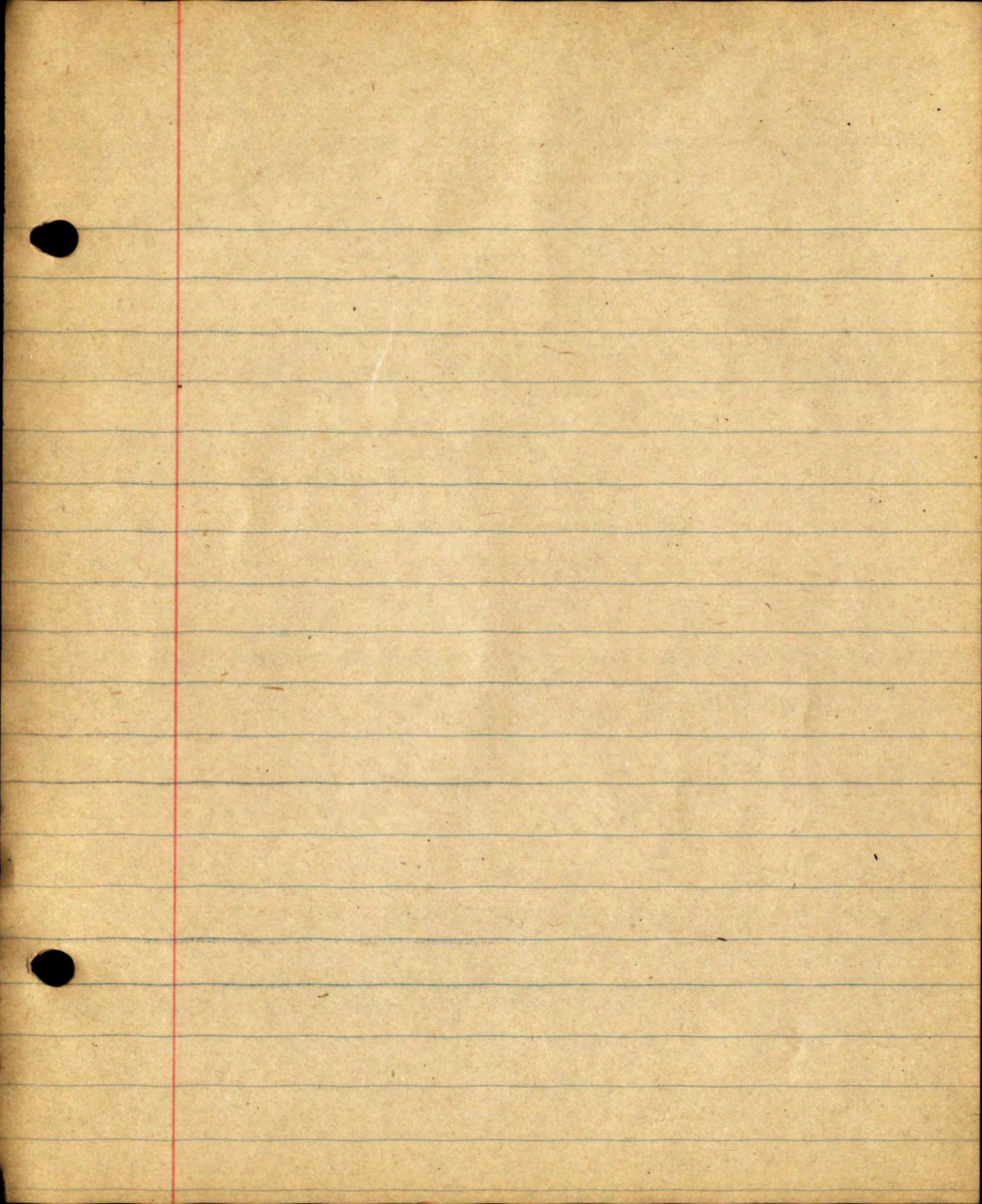
Dosage. (2-5 grs) (0.12 - 0.3 gm)

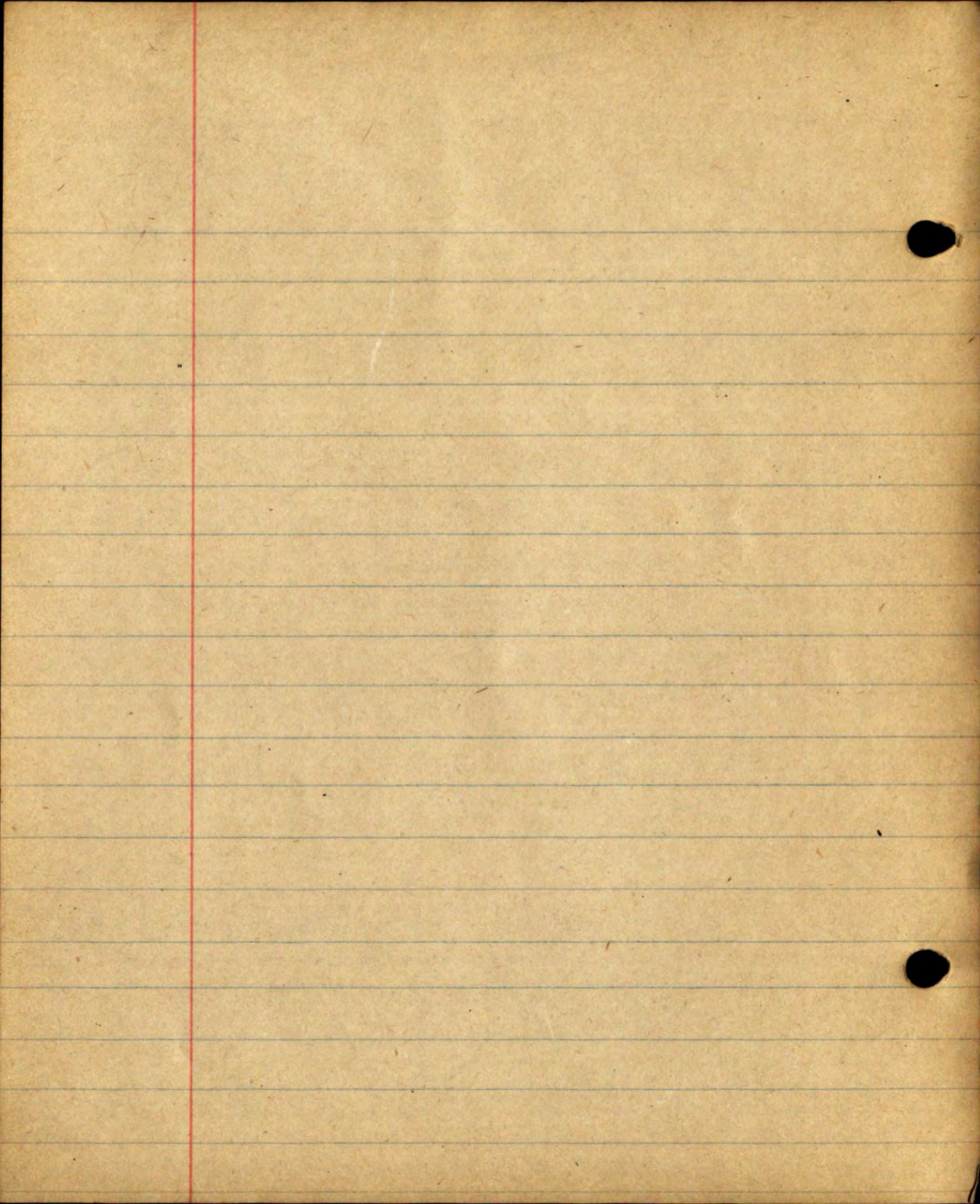
Skin no effect
Mucous- extracts water
Stomach -











Clavicle placed horizontally above the Thorax. Inner extremity articulates with the Sternum. Outer extremity articulates with Scapula.

Scapula large flat Δ , placed between the 2-8th rib on back part of Thorax. Unevenly divided on its dorsal surface by prominent ridge, the spine of scapula & terminates in large Δ projection called acromian process. Below the acromian process is shallow socket, the Glenoid cavity which receives head of humerus.

Humerus bone of upper arm. The head articulates with the Glenoid cavity of Scapula. Large & lesser ~~generosity~~ tubercles, also anatomical & surgical neck. Lower extremity articulates with flattened from front backwards called Trochlea ends in 2 Condyles.

which it articulates with Ulna & Radius.

Ulna 2 large curved processes & 2 concave cavities. Larger forms head of elbow. The head of Trochlea fits between 2 cavities. The lesser on outside & receives head of radius.

Lower end has 2 prominences the outer one (head) articulates with radius

Inner one (Styloid process) serves as attachment of ligaments from wrist
Radius upper articulates with humerus, prominent ridge above it by means of which it rotates joint. Lesser cavity of Ulna.

Lower end is large & forms chief part of wrist.

Carpus of Wrist composed of 8 small bones united by ligaments, arranged in 2 rows

Metacarpus each is formed by 5 bones. convex behind & concave in front.

Larger.
olecranon
↓
lesser
sigmoid
cavity

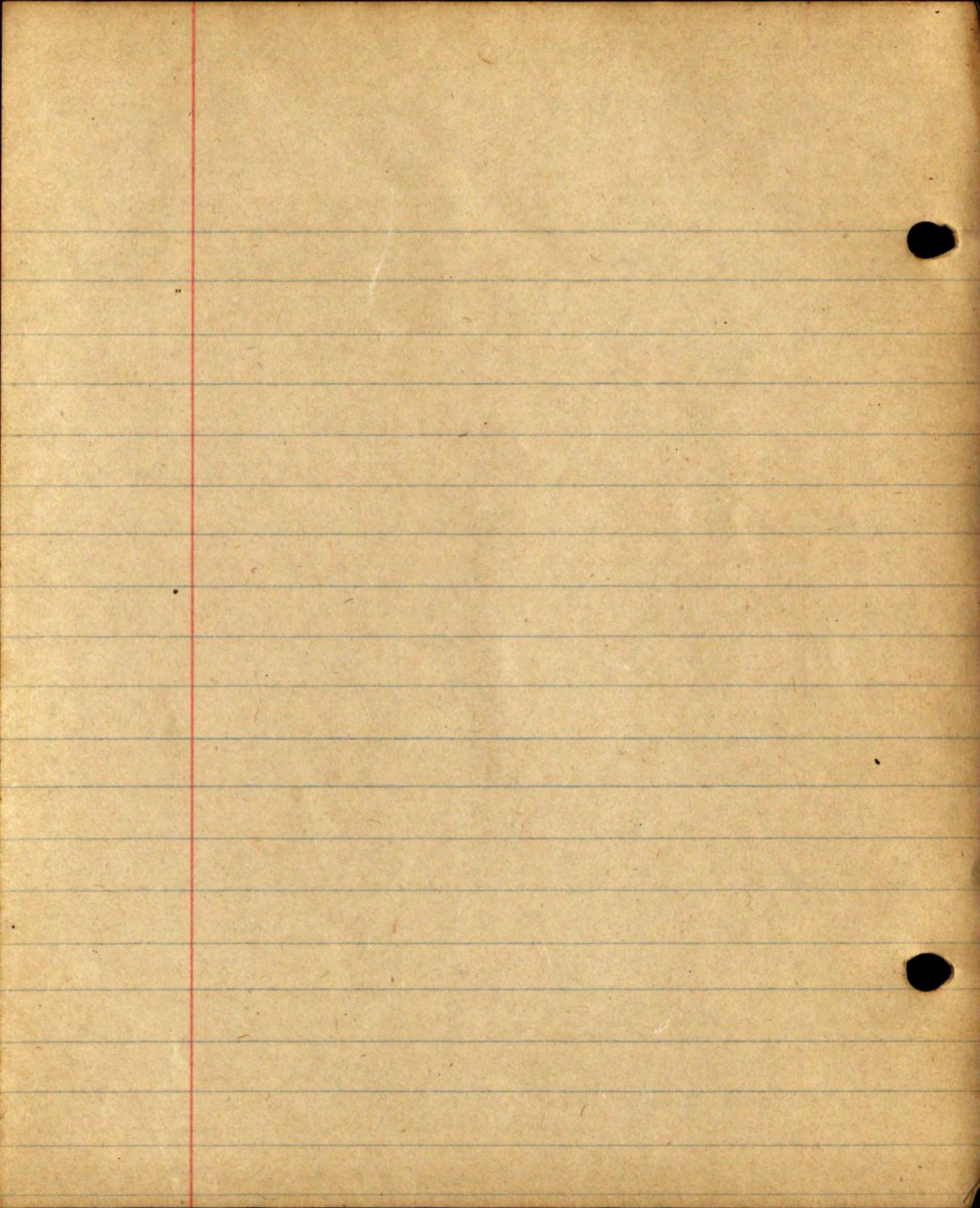
The heads of bones articulate with
the bases of the 1st row of phalanges.

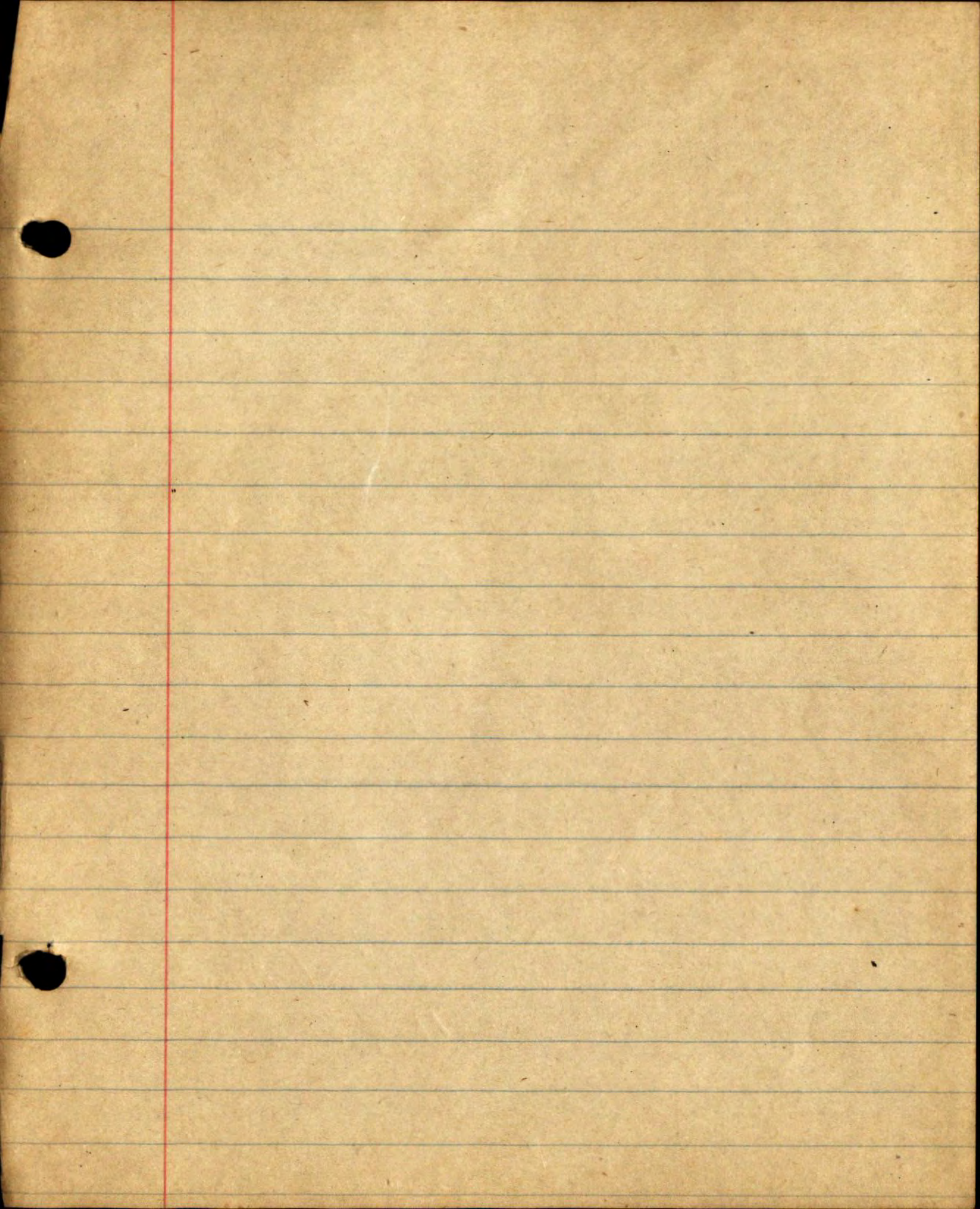
Phalanges of Digits are bones of fingers.

14 on ea. hand. 3 in ea. finger & 2 in thumb.

1st row articulates with Metacarpus

bones & 2nd row of phalanges; 2nd with
1st & 3rd & 3rd with the 2nd row.





- 1- Gen. care of a Ward.
- 2- Methods of proper ventilation of rooms.
- 3- How may odors in Hospital be prevented.
- 4- Discuss room temperature, also dusting and cleaning.
- 5- Care of bed pans, & urinals.
- 6- How to remove stains from linens.
- 7- How to clean instruments.
- 8- How to sterilize instruments.
- 9- How to clean rubber gloves.
- 10- How to clean irrigators.
- 11- How to dry ice caps.
- 12- How to dry hot water bags.

Thursday at 10⁰⁰ - A.M.

Tuesday at 11. A.M.

