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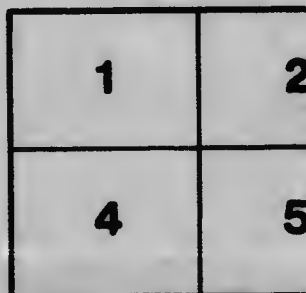
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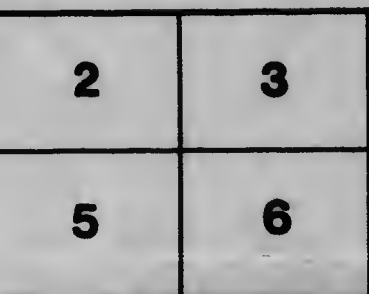
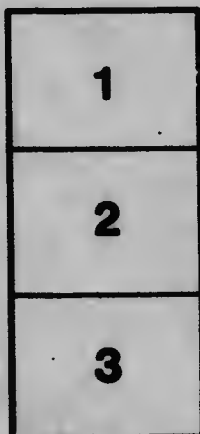
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# Government of the Province of Saskatchewan

## DEPARTMENT OF AGRICULTURE

# Hints on Home Nursing

### THE SICK ROOM.

1. The best medicines for any patient are cleanliness, air, and sunlight. To provide plenty of air the room should be spacious and easy of ventilation. A southern outlook will provide the greatest possible amount of sunshine: a western is next best. The sunlight is a healing agent and cheerfulness of surroundings makes for the recovery of the patient. Plenty of light acts in the same way. A sick room should not be kept dark except in cases of affections of the brain or eye.

It should be kept as free of dust as possible, the fittings and furnishings should therefore be of the simplest kind. If rugs are deemed necessary or desirable let them be of a kind that are easily taken out, shaken and exposed to the sun and air. Have no hangings; if curtains, let them be washable. White walls are very trying to the eyes. Painted a soft tint (neutral green or soft gray) is the best. If papered, plain paper of some soft shade is best. On no account have papers with strongly marked figures or patterns. These are very dazzling and annoying even to a well person if constantly with them. It is important to keep the room tidy and attractive-looking with as little furnishing as possible. The fittings should be of a kind that can be easily disinfected. Cut flowers or growing plants are desirable if not of too strong odour. The water on cut flowers should be changed every day. A screen is very convenient to cut off draughts or too strong bars of sunlight. Medicines, linen, food, etc., should be kept out of sight. Many sounds are irritating to the nerves of the sick, such as creaking doors, rattling windows or window-blinds, rocking-chairs, etc.

### BEDS AND BED-MAKING.

1. *The Bed.*—Avoid wooden beds, if possible. The best bed is of iron or brass, with good spring and mattress. The ordinary single size is best for width. Too wide a bed makes it awkward and difficult for the nurse. It should be from two to two and a half feet high for the convenience of the nurse. It should also be on castors for convenience in moving. A horse-hair mattress is the most comfortable and can be disinfected without injury. A felt mattress is also comfortable. If the mattress is in sections care must be taken that the parts are kept together so that there is not an uncomfortable space. A feather bed is most objectionable. It is too yielding, and the patient needs a good firm



support. It is so absorbent that it is likely to be damp, and it is difficult to keep in nice condition. It is also favourable to development of bed sores. Sheets are better to be of cotton than of linen, they are less chilly because they do not conduct the heat so rapidly from the body as linen does. It is no small matter that the bed should be most carefully made, when we consider that the patient spends all or most of his or her time there and becomes sensitive to every little imperfection. Wrinkles and inequalities in the surface are also favourable to bedsores.

#### DAILY CARE OF PATIENT.

Bed-linen and night-dress should be changed frequently and kept in nice condition. The bed-clothing, especially the under-sheet should be kept smooth, free of wrinkles, both for the comfort of the patient and to prevent bedsores. The night-gown should be frequently pulled down and straightened for the same reason. Pillows should be frequently smoothed and shaken. See that no crumbs or foreign particles of any kind be allowed to remain in the bed. Fresh handkerchiefs should be kept supplied. The hair should be combed at least morning and evening. It is preferable to have the hair braided in two braids instead of one, so that the head can rest more comfortably on the pillow. See that mouth and tongue are kept clean. If tongue is furred it should be washed with pieces of clean linen or muslin dipped in a mouth-wash. The mouth should be rinsed well twice a day at least. A good mouth wash is a boracic acid solution or a listerine solution. Both are antiseptic. Salt and water keeps mouth and throat in a healthy condition. In fever cases especial care has to be taken of mouth and throat. The teeth should be carefully brushed after eating and perhaps after medicines. If patient is unable to brush his own teeth, they should be cleaned with a small piece of linen or absorbent cotton made into a swab and dipped in some wash. The swab may be necessary in cleaning the mouth. Finger-nails and toe-nails should receive daily attention and be kept immaculate. For cleanliness, the body should be washed daily with soap and water followed by vigorous rubbing to keep the skin healthy and active, that it may perform its duty of helping to cast off poisonous materials, and so help to cast off disease. If the patient is likely to be bed-ridden for some time, precautions must be taken for the prevention of bedsores. The daily bath helps; it should be followed by rubbing with alcohol which serves to toughen the skin. Special attention should be given to the shoulder-blades, spine, hips, heels, knees, elbows, ears, in short wherever there is pressure. The patient should be encouraged to change his position frequently. If skin shows signs of irritation follow the alcohol rub with vaseline or ointment well rubbed in, then dust with a good powder—zinc oxide is good. Relieve the irritated part with a pad placed around it, leaving the part without any pressure. If the skin becomes broken, do not use alcohol—dress with zinc oxide ointment or iodoform. Before applying the ointment, wash with boracic acid solution or bichloride of mercury solution. Protect with a piece of soap-plaster.

Food should be given regularly according to the physician's directions. These should not be departed from either as to quantity or quality. The patient should be encouraged to drink much water either hot or cold, between meals. This serves to keep the digestive tract active and clean



and helps the skin to throw off waste matter. Medicines should be given strictly according to directions. Be sure to have all medicine bottles labelled and pour so that the medicine cannot run over the label. Keep all medicines out of reach of patient.

The nurse may be required to take the patient's pulse, respiration and temperature at stated intervals. The pulse is most conveniently taken at the wrist. It may be taken near the ear or at the neck. It is taken by placing two or three fingers along the course of the artery in any of those places. A watch that records the minutes is necessary. The pulse varies with the age, being quicker in children and slower in old people. It may also vary in health with the food, position, amount of exertion, mental state, etc. The normal pulse in an adult is 72 beats per minute, but it may vary in individuals from 68 to 80 without any cause for worry. In very young people it may go as high as 110 or 120 and in very old people as low as 68. Notice if the pulse beats regularly or not, if it is intermittent, that is, if it loses a beat now and then. An irregular pulse is more serious than an intermittent pulse. Notice if the pulse is full and bounding, jerking, thin or has any other peculiarities. Respiration includes both inspiration and expiration. There is a very intimate relationship between the circulation of the blood and the process of breathing. Normally there are usually four beats of the pulse to every respiration, that is, 18 respirations per minute. If possible take the respirations so that the patient is not aware of it, if he is aware of it, his breathing becomes unnatural. The respirations are slower during sleep. One can count by watching the rise and fall of the chest. Where strict accuracy is necessary place the hand flatly and lightly over the abdomen just below the breast-bone, there the motion is felt distinctly. Normal respirations may vary between 16 and 22; below 8 or above 40 may be considered dangerous. Men breathe more from the abdomen; women from the chest.

*Temperature.*—For taking temperature, physicians use a clinical thermometer. The body temperature in health is 98.6-10 degrees. It may vary a little from this during the course of the day. It is usually highest in the evening and lowest in the morning (between 2 and 6 a.m.) A difference of one degree, either above or below the normal, indicates disease. Above 108 degrees or below 93 degrees is most likely to prove fatal. Below the normal standard is much more dangerous than above it. The pulse usually varies with the temperature—a high temperature a quicker pulse. Each family should have a clinical thermometer and know how to use it. It is well to take a temperature for even what seem slight indispositions. It is a pretty sure index of whether or no a real sickness is brewing. A rise of temperature in children is not so serious as in an adult. If there is any departure from the normal, the temperature should be frequently taken to see if it persists, if so, the doctor should be called. The temperature may be taken under the tongue, in the armpits, the groin or the rectum. The interior cavities are more even and a little higher in heat than the surface so there may be a variation of half a degree in the taking. The mouth may be cooler than other interior cavities on account of being opened.

*Baths.*—May be (1) for remedial purposes, (2) for simple cleanliness. Remedial baths may be: (1) Cold—to reduce fever, (2) Hot—to bring heat to surface, (3) Soothing—warm water is used.



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**Giving the Bath.**—Place bath towel under the head and neck and face-towel across the chest. Wash the face and front part of the neck. If a child give special attention to eyes and ears. Dry with the face-towel. Wash the chest and dry with a bath towel. Wash all front of the body in sections and dry as washed. Wash the arm farthest from you, then the arm nearest. Give special attention to the arm-pits. Wash the lower extremity farthest from you, then the nearest—place the heel in the palm of the hand and use long strokes. Turn the patient face downward and wash the back of the body in sections. It is not necessary to have the patient uncovered during any part of the process. After the bath is over remove bath blankets; a little very light nourishment may be given if patient is very tired. Do not give bath for some time after a full meal. A hot foot bath is sometimes given to relieve the head. If the patient is able to sit up, see that he is warmly wrapped; cover patient and tub with a blanket, let the water reach the knees. Have the water as hot as can be stood. A dessert spoon of mustard added to the water will help. Let the feet soak from fifteen minutes to one-half hour. If patient cannot sit up, the tub may be placed in bed, the patient lies on his back and bends the knees. Bed clothes are loosened at the foot and protected.

**Feeding of Patients.**—The kind of food, the quantities and times to be administered are for the physician to decide, at least, to a very large extent.

**Diet May Be.**—(1) Liquid, (2) Semi Liquid, (3) Solid. Liquid diet is strictly maintained in all cases where fever is present. It may be gradually changed to semi-liquid when fever has abated, and still more gradually to solid when it is certain that the fevered condition has entirely departed.

Send to the University of Saskatchewan, Saskatoon, for free copy of the bulletin on Home Nursing, of which this is a summary.



