

# SICKNESS AT YOUR HOUSE?

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METROPOLITAN LIFE INSURANCE COMPANY

Canadian Head Office: Ottawa







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## SICKNESS AT YOUR HOUSE?

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### **A Message to the Family**

Sickness in the home often requires planning and readjustments. For some time the Metropolitan Life Insurance Company, through the Nursing Bureau of its Health and Welfare Division, has published a series of separate leaflets on various nursing procedures which can be carried out in the home by a member of the family. The essential information in these leaflets has been brought up to date and combined with other material in this reference book on home nursing. *Sickness at Your House?* is intended as a guide for the family, especially that member of the family who, with the physician's advice, has the main responsibility for home nursing care. Keep it in a handy place where you can refer to it as you need to.

If the sick person needs a surgical operation or some special type of diagnostic service or treatment, the physician will probably recommend hospital care. If, however, institutional service is not needed and if the family can give nursing care, it is sometimes better for the patient to be at home.

A sick person may feel more comfortable and secure at home where he can have the warm personal attention of those who know and love him. Being with his family may give him an added incentive to try to get well or to learn to live with a handicap. It may also be a source of satisfaction to the members of the family to be able to take care of the patient themselves. There is, therefore, a growing tendency to keep sick people at home, when circumstances permit, and to shorten the period of hospitalization for those who need such care in the beginning.

In recognition of these and other factors, a few hospitals have established home-care programs by means of which the patient may receive many of the facilities of the hospital at home. Home-care programs usually offer medical care; the services of the public health nurse, who either gives nursing care or teaches some member of the family how to give it; and the help of the medical social worker, who can assist the family with various problems. Physical therapy, occupational therapy, and other special services are also sometimes available for home patients.





## WHEN SICKNESS COMES

The normal routine of family life is bound to be more or less upset when someone is sick. Very often it means not only added duties for each one but also going without some accustomed comforts and conveniences. The adjustment can be made more easily if one member of the family, with the approval of the physician and the help of the public health nurse, takes the main responsibility for the nursing care of the sick person. Often the mother is the one who does this, but it may be some other member of the household, a relative, or a friend.

It is not an easy responsibility; it takes patience, tact, and understanding, especially during long illness. Good nursing care often plays an indispensable part in recovery and in preventing complications and lasting aftereffects.

Even though one person shoulders the main load, the family will naturally want to lend a hand in every possible way. The home nurse needs the help, confidence, and cooperation of each one during such a trying experience.

## UNDERSTANDING THE PATIENT'S NEEDS

Since no two persons are alike, *your* patient, and *his* reactions to his illness will be different from other people's. But it may help you to understand your individual problem better if you keep certain general things in mind.

## **SAFETY AND COMFORT**

It is important for you to consider the patient's safety in buying equipment, in arranging the sickroom, and in giving nursing care and treatments. The physician and nurse can give you helpful advice.

You will also want to be careful to avoid disturbing or irritating the patient unnecessarily. Little things taken in stride by a well person may be very wearing to one who is sick. Aged or very sick people need quiet. Even small noises can tire a patient and make him irritable—the radio, the rustle of paper, a flapping window shade, a squeaking door, or the click of heels on bare floors. It is better to talk in normally low tones—whispering or loud tones are annoying. It may also bother the patient if people sit on his bed or bump into it.

## **FEARS AND ANXIETIES**

A sick person is often fearful and anxious—worried at the trouble he is causing, afraid of what may be in store for him. You can do much to put his mind at rest. A calm and untroubled manner will, in itself, be reassuring. It may help him, also, to talk over his fears and problems with you or a close friend, the physician, nurse, or other advisor. Try to observe symptoms without the patient's knowledge, and avoid discussing them within his hearing. Also try not to let your expression betray concern.

Remember, too, to praise or compliment him now and then, perhaps for something you have always loved and admired in his nature or appearance, for his attitude in illness, or for some helpful thing he has done.

## **STILL ONE OF THE FAMILY**

A well person spends a large part of the time with other people in work and play. Sickness usually deprives a person of normal companionship. That is often a necessary part of severe illness; but some patients—the aged, the physically handicapped, and others undergoing a long convalescence—need companionship. This is particularly true of children. Being with others is a source of comfort. Fears and anxieties lose some of their importance when other people are around.



If possible, the sick person should join the family at mealtime. Or members of the family can take turns having their meals with him. They can also drop in to tell him an interesting or amusing bit of news, or to leave a clipping or an article or book that might be enjoyed. Reading aloud, or playing quiet games if they are not tiring, is another way of taking part in the family's fun.

Small surprises and celebrations are always welcome. The patient also likes to share the family pleasure in birthdays or other occasions, as much as he is able to. And, if the doctor permits, it does him good to see people whom he likes, although it is usually wise to keep visits short.

### **THE PHYSICALLY HANDICAPPED PERSON**

Nowadays many thousands of physically handicapped persons are overcoming invalidism and learning to live normally within their limitations. The first step towards the goal of self-sufficiency is to be able to take care of oneself. It has been found that self-care involves about 100 motions—for dressing; getting in and out of bed; going to the toilet; putting on and removing appliances, if they are worn; and in performing other ordinary daily activities. A person who has lost some or all of his powers of movement may have to undergo a long period of training to regain mastery of joints and muscles. Once he can handle himself, he can think again of employment and economic independence.

Fortunately this is becoming possible for many today through improved methods of treating inflamed and crippled joints and paralyzed nerves or muscles. Remarkable results are being accomplished with massage, corrective exercises, electrical treatments (diathermy) and light, heat, water, and air

New mechanical aids (crutches, braces, artificial limbs) have also been invented to substitute to some extent for amputated arms or legs and injured nerves and muscles. Hearing aids and special types of glasses to improve vision are also available.

All such devices must be selected and fitted with care by an experienced person. The physician, nurse, or technician will teach the patient how to use them. You, however, as the home



nurse, have the responsibility for helping him to use them properly and for seeing that they are kept in good condition. You must also watch the patient to see if there are any signs of irritation or injury and report them to the physician.

#### **Let the Patient Do It**

Once a patient has learned to live according to a new pattern, set by his limitations, he must keep in practice. When he returns home from the hospital, let him do everything he can for himself instead of doing it for him. You can find out from the doctor or nurse at the hospital just what his limitations are. Unless he continues to use all the powers restored to him through treatment and his own efforts, he will fall back into a helpless condition. Even though he cannot complete an action without help, it is good for him to do as much of it as he can. For example, encourage him to wash his face even though he hasn't strength enough to dry it. Every motion completed independently is a step in his physical rehabilitation and serves to build up his confidence and self-respect.

### **THE AGING PERSON**

Many old persons need nursing care even if they do not have a chronic disease. In the nursing care of old people it is wise to be especially careful about:

*The Skin*—The skin of old people is usually dry and thin and can be burned or otherwise injured easily. Special care is needed when applying heat.



In giving a massage, be careful not to rub the skin vigorously. It is helpful to use a skin softener, such as mineral oil or a lanolin product. Alcohol is drying.

Protection against bed sores is particularly important in old people. (See pages 24, 25.)

*Chilling*—Older people feel the cold more than young ones do, and they need protection from drafts and chilling. The room should be kept warm enough, and good ventilation should be maintained. An old person may want extra clothing, such as socks and a bedjacket, especially at night.

*Safety*—Protection from accidents is a special need of old people. They do not always see and hear clearly. Their bones are brittle. They tire easily, and their reactions are slower.

Furniture used by the older person should be as sturdy as possible. Scatter rugs should be securely anchored, if used at all, and floors should not be waxed. Shoes with rubber heels will help to prevent tripping and falling.

Some suitable form of light will help to prevent accidents when getting up during the night. A bedside light, a flashlight, or a light in the hall or bathroom may be desirable.

### **Little Things Count**

Little things count a great deal with old people, especially when they are sick. It is helpful to bear in mind that they often become unduly hurt or depressed over what to others may seem trifles.

Most old people want to be independent. They usually don't want to stay in bed—they want to be up and doing things for themselves and they should be allowed to, if the physician thinks it will do no harm. They also want to do something useful—it removes part of the feeling of being a burden and unwanted.

Changes are generally hard for old people to accept. They usually want their possessions to be where they have always been and their surroundings what they have been used to. Many of them like privacy. Consideration for little whims will do much to keep them happy.

## CHILDREN

A child who has a chronic disease or physical handicap should be helped to live as other children do as much as possible. Naturally, he is cut off—temporarily, at least—from the active life of the normal child, but he can often keep up with other children or even excel them. Children with a chronic illness particularly need well selected occupations. (See pages 14-16.)

The sick child needs much sleep, rest, and protection from overexcitement, but he should not be left alone too much during his waking hours. Probably a friendly association with his physician has already been established if he has always had regular medical check-ups. If so, it will be easier for the physician and other medical workers to win his cooperation. The child should understand what to expect when treatments are to be given, and if the treatment will hurt, he should be prepared for it. The assurance that one of his parents will stay with him is often all he needs.

## THE SICKROOM

In planning the sickroom, especially for one who may be in bed for an indefinite period, you will want to consider your own convenience as well as the patient's comfort. Ideal conditions are rarely to be found, but it is desirable, if possible, to have a room near the bath, quiet, privacy, sunshine, and good ventilation.

The room should always be kept clean and reasonably orderly. Cleanliness is a protection for the patient and the rest of the family, and orderliness is not only pleasant but a time-saver. Even if the room is not sunny, it can be made cheerful and attractive by using soft colors. Striking colors or large wallpaper patterns may have a disturbing effect. Flowers, sprouting bulbs, growing plants—perhaps a bird or a bowl of goldfish or tropical fish—may be enjoyed.

The bed should be placed to shield the patient from drafts and a direct light. A high bed is preferable, if the patient is bedridden, so that you can avoid straining the muscles of your back and neck while giving care. In a long illness it may be advisable to rent or purchase a hospital bed from a hospital



or supply company. Or the ordinary bed can be raised by removing the casters and supporting it on wooden blocks. Cinder blocks with a broad base, or a can weighted with sand, gravel, or pebbles, may be used also.

However, an elderly patient or one who is paralyzed or otherwise handicapped, but who is able to move from the bed to a wheel chair without help, needs a low bed. It should be sturdy so that it will not slip out from under him. If it is impossible to get a low bed, a strong, broad footstool will help.

Protection for the mattress is necessary in case of vomiting or some body discharge, or when giving treatment or the bedpan. A rubber sheet, oilcloth, pliofilm, or a plastic tablecloth is useful for this purpose. Whatever is used may be covered with a folded sheet (drawsheet) which is easily replaced and which is useful in moving a patient. Try to keep the drawsheet tight, smooth, and as dry as possible.

A bedside table, or some substitute, and a light are needed. Some of the things which should be within reach are drinking water (unless prohibited); tissues and a bag for their disposal; a bell or other device, such as a glass and spoon, a tin can and stick, or a mouth organ, for calling the nurse; a tray or basket containing articles that provide diversion, if the patient is not too sick for this—toys for children, books, magazines, writing supplies, or handicraft material.

## **A PLAN FOR EVERYBODY**

The home nurse is often the one who cooks, does the housework, and gets the children off to school and others to work. In addition to these responsibilities, you need to take care of yourself—have enough sleep (outside the patient's room, if possible, but within call), regular meals, and some time for personal care. It is desirable for you to get out of doors each day and to have a time in the week for recreation and complete freedom from home and nursing duties.

You will find it easier to accomplish all this smoothly if you write out a plan or time schedule. By doing so you will be sure that your patient receives medicines and treatments, according to the physician's orders, and that family and personal needs are being met.





### THE PATIENT'S DAY

The hour at which the patient's day starts is an individual matter and depends on such things as the length and seriousness of the illness, the medicines and treatments required, your household tasks, and the time the day starts for others in the home. Usually the daily nursing needs include:

1. Early morning care, including the use of the bedpan, washing the face and hands, brushing the hair, the care of the mouth before breakfast, and ventilation of the room.
2. Temperature, pulse, and respiration, as ordered by the doctor.
3. Meals and other nourishment on time.
4. A bath and treatments as ordered.
5. Medications given at the time ordered by the physician.
6. Rest periods or naps during the day.
7. Opportunity to use the bedpan at regular intervals and at the same time each day.
8. Visitors (friends and relatives or those who come in to give service).
9. Recreational activities as approved by the physician.
10. Evening care, including:
  - (a) Giving medicines and nourishment, if ordered.
  - (b) Taking temperature, if ordered.
  - (c) Washing the hands and face, helping to brush the teeth.
  - (d) Giving the bedpan.
  - (e) Giving a back rub.
  - (f) Arranging the bed and pillows to give proper support.
  - (g) Placing needed articles within reach—light, call device, fresh drinking water, bedpan or urinal if the patient can help himself.
  - (h) Arranging for proper ventilation.
11. Care during the night, as ordered by the doctor.

## THE PATIENT'S DIET

The diet of a sick person is an important part of nursing care. The physician orders the diet, but you will want to do your best to see that the patient receives it, properly prepared, at regular times. If a full diet is permitted, he may be able to eat some of the same foods that the rest of the family has. Ordinarily, rich or highly seasoned foods should be avoided. (You will find the Metropolitan booklet *Food for the Family* helpful in planning and serving meals.)

If a special diet is ordered, it is best to ask the physician to give you a written list of the foods which are permitted. Or if the patient has come home from the hospital where he has had a special diet, the dietitian may give you a list. If you need help in carrying out the doctor's orders, the public health nurse or a nutritionist, if available, will be glad to help you.

Meals that look, smell, and taste good are important at any time, but especially so when one is sick. They look more tempting if the foods are selected to give a variety of color and if they are served on a tray that is spotless and attractive.

The cloth and napkin may be of paper, which is inexpensive and easily replaced. A change of colors and patterns is pleasing. Pretty dishes help, too, and a flower or small decoration are pleasant added touches.

The patient should have a chance to use the bedpan before eating, if he wishes to, and his hands should be washed. Before serving his food you will want to remember to adjust the back rest or pillows so that he is sitting comfortably.

Most patients prefer to feed themselves, if they can, but very young children or helpless patients have to be fed. If you feed the patient, place the tray so that he can see the food. Give him small mouthfuls, alternating the various foods as you would in feeding yourself. Be careful to see that the food is not so hot that it will burn him.

If the patient is too ill to sit up, you can raise his head slightly by putting one hand under the pillow and holding the glass or spoon to his lips. It may be easier to swallow if the head is turned to the side, especially if he is flat on his back. Liquids may be given through a straw or glass tube, either of which can be bought at the drugstore. Children particularly

enjoy drinking through a straw. If the patient has to be fed from a spoon, feed him slowly. After filling the spoon, remove the fluid from the under side. Place the side lip of the spoon against the patient's lips and tip it up.

## SOME OTHER POINTS TO KEEP IN MIND

It is a good idea to have the names and telephone numbers of the physician and public health nurse in a convenient place where everyone in the family can find them easily.

Try to have everything in readiness for the physician's visit and also for the public health nurse or any other professional workers who are giving services to your patient. Doing so saves their time and leaves you free to give them your full attention if needed. Or perhaps you can use the time that the professional worker spends with your patient to get away from home for awhile.

### **Records**

It is best to ask the physician to write down all of his orders instead of trying to remember them, since you have so many things to see to. You will be expected to keep a record, for the physician, of the daily care of the patient and how he feels and behaves. This is called a chart. Information which should be reported with the date and hour includes:

- Temperature, pulse, and respiration.
- Urine—color and amount.
- Bowel movements—color, consistency, and frequency.
- Diet—what was eaten and patient's reaction.
- Medicine—kind and amount.
- Treatments—kind and the patient's reaction.
- Sleep and rest—amount and nature of.
- Signs and symptoms.
- Other remarks.

This record is of great value and should be kept carefully and accurately. Every symptom, even if it seems small or unimportant, should be mentioned. It may have much more significance to the doctor than it does to you. A nurse's observations of the patient, reported to the doctor, may be the means of preventing a serious complication or even of saving the patient's life.



## GADGETS FOR THE SICKROOM

The equipment required for the care and comfort of the patient can usually be purchased or rented from hospitals, hospital supply houses, and other sources. But often it can be made just as satisfactorily out of simple things on hand in almost any home. The public health nurse usually has many good ideas for making equipment out of things at hand. Or some member of the family—perhaps the patient—may have the knack of putting things together. You can also find suggestions in some of the pamphlets or other sources mentioned on page 16.

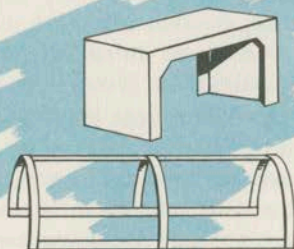
### DEVICES TO RELIEVE PRESSURE

The bed patient should be protected from (1) the pressure of bedclothes, which restricts movements and (2) the pressure of his body on the bed.

Devices for relieving pressure are usually used in combinations of two or more.

*Pillows*—Pillows have so many uses in improving the patient's posture and ensuring his comfort that it is advisable to have a variety of them—large and small, hard and soft.

*Bed cradle*—A bed cradle is used to keep the weight of the bedclothes off the toes, the knees, or some part of the body that has been injured. Any of the following may be used to hold the weight of the top bedding, depending on the part of the body to be protected.



1. Pillows rolled up and placed under the upper sheet at the foot of the bed to protect the toes. Pillows can also be placed beside the injured part, for example, the thigh or abdomen.
2. A light wooden box or carton from which the bottom and two sides have been removed.
3. Barrel hoops, cut in half, and joined by thin pieces of wood.



### *Other gadgets for relieving pressure—*

1. A rubber ring or air cushion placed under the buttocks.
2. "Donuts," or small cushions, placed under the ears, heels, elbows, the end of the spine, or any other place where they are needed. To make these: (1) Stuff an old stocking with cotton and tie the ends together, or (2) roll a stocking down from the top to the bottom to make a ring.



### **BACK REST**

A prop when sitting up in bed adds to comfort and helps to prevent slipping. Use a washboard or pastry board, covered with a towel or pillowcase, tied firmly to the head of the bed. Place pillows against this—a hard pillow first and then a soft one. A suitcase, a carton, or a straight chair, turned upside down, back of the mattress also make satisfactory props. A canvas back rest, such as the kind used at the beach, is comfortable and inexpensive.

### **PROTECTION FOR THE BED**

Sometimes aged or paralyzed persons lose control of the bladder or bowels. In such cases the bed should have extra protection with a drawsheet and rubber sheet. (See page 8.) Under these conditions it is necessary to keep the patient clean and dry in order to keep him comfortable and to prevent bed sores. An air cushion may be covered with cellophane, or a small rubber sheet may be needed. Probably the most satisfactory protection is a diaper into which a piece of absorbent cotton or cellucotton has been folded. In addition it may be necessary to wear a light-weight rubber protector.

### **A PULLEY**

A pulley, or trapeze, is helpful for a bedridden patient in rising from the bed or in changing his position. One simple type of pulley can be made by tying a stout rope to the foot of the bed with a loop for the patient to grasp at the other end. Sometimes it is possible to suspend a rope or strap from

a frame with crossbars erected over the bed. The frame should rest on the floor and be anchored to the four legs of the bed.

### BED TABLE

A bed table is a great convenience when the patient is able to sit up to write, read, or do handwork. Special tables for this purpose can be bought, or a simple one can be made out of a light wooden box or a carton. Painted or covered with cloth or wallpaper, they can be attractive, too. A bed table should be high enough to fit over the knees but low enough to work on easily.

### MISCELLANEOUS ARTICLES

*Rubber mats*—to prevent slipping, especially for the aged and physically handicapped.

*Forceps*—A snap clothespin or general utility tongs can be used in place of a forceps.

*Bed tray*—A shallow pan, painted or covered with an attractive cloth, make acceptable substitutes.

### SOMETHING TO DO

During convalescence or prolonged illness the patient needs something to do which he enjoys and feels is worth doing. An occupational therapist—that is, one who has had special training and experience in teaching pastimes to the sick and handicapped—or the public health nurse can make helpful suggestions. (See also *Rehabilitation Centers* and *Books and Pamphlets*, page 16.)

Some diversions are selected just for the fun they provide; others are a form of treatment as well as entertainment. They have the purpose of providing the kind of exercises the patient needs for his physical restoration or to train him in gainful employment. Of course, whatever occupation is chosen should be suited to the patient's condition, age, and tastes.

Some of the diversions which may be enjoyed are weaving, beadwork, ceramics, photo painting, or raising vegetables or flowers in a window box or porch box. Most people, especially older ones, also like to do some such light household chores as

paring potatoes, shelling peas, or helping with the dishes. It is best for them to begin with simple tasks that can be carried to completion. A sense of satisfaction comes from finishing a job.

## **SPECIAL SERVICES**

In all large cities and in some small communities various special services are available to help families maintain health and safety and handle the problems of illness. Your physician can tell you about these services, or you can inquire about them from your health department, hospital, or visiting nurse organization if there is one in your community.

### ***The Public Health Nurse***

The public health nurse is a professional, registered nurse who will visit the home during the day to give health counsel and guidance or to carry out the doctor's orders, or show you how to, in time of illness.

Public health nurses are usually employed by visiting nurse organizations, health departments, schools, or industries.

### ***Practical Nurses***

A practical nurse can carry out simple nursing duties. Under the supervision of the physician or professional nurse, she can do many things to make the patient comfortable. Among other services, she can prepare the patient's meals and perform certain household tasks in his behalf.

Some Provinces have a school of practical nursing which gives several months' training. Men and women who take this training and pass the Provincial examination are licensed to practice nursing. Such nurses are very helpful in the care of patients who are not critically ill, even though they cannot perform the complicated nursing procedures that the professional nurse can.

If you live in a Province that does not license practical nurses, your physician will tell you how to find someone who is qualified to help you.



### ***Nursing Classes***

The St. John Ambulance and Canadian Red Cross conduct a course in home nursing where simple nursing procedures are taught. This is valuable training to have since the need for nursing care may arise unexpectedly in any home. It is especially valuable for the home nurse who is already taking care of a sick person. You can find out about these classes from your local representatives of these organizations.

### ***Rehabilitation Centers***

These have been established in some places in connection with hospitals or health departments where equipment and services are available to help the physically handicapped. Most Provincial health departments have services to help the physically handicapped with employment problems. The staff usually includes physicians, nurses, and one or more of the following: medical social workers, psychologist, vocational counselor, physical therapist, and professional workers who teach games, handicrafts, or curative occupations. Sometimes these workers go into the home to counsel or teach.

### ***Books and Pamphlets***

Librarians can often make helpful suggestions and provide material about various matters. The Metropolitan has pamphlets on health and disease, first aid, safety, and nutrition which can be kept for reference. They may be obtained at the District Offices of the Company or by writing to the Head Office.



## NURSING PROCEDURES

### HOW TO WASH YOUR HANDS



Soap and a gentle stream of running water



Lots of friction, adding water in small amounts, to work up lather



Careful rinsing

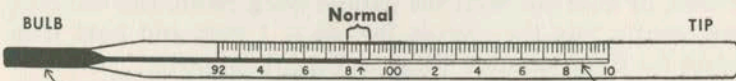
Thorough handwashing is important in preventing the spread of infection. Wash and rinse your hands before and after giving care to the patient. Do it twice if your hands are very dirty or if you know or suspect that the disease is contagious. Dry your hands thoroughly.

### HOW TO TAKE THE TEMPERATURE

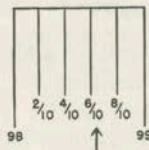
A fever or clinical thermometer must be handled carefully, since it is delicate and breaks easily. Always hold it at the tip, and never put it into hot water. Keep it in the case when not in use.

*What You Need:* Clinical thermometer    Soap    Waste Container  
Cotton    Cool, clean water

### HOW TO READ THE THERMOMETER



The mercury rises in the tube to record the temperature.



ONE DEGREE

To read, find where the silver ribbon of mercury is by looking straight into the ridge of the center canal. The degree of temperature is recorded where the ribbon ends. Note the line and number.

### ***Cleaning the Thermometer***

The thermometer should be cleaned before and after taking the temperature. To clean: (1) Moisten a piece of cotton with soap and water. Work from the tip down twisting the cotton rapidly back and forth around the thermometer so that the entire surface is cleaned. (2) Rinse under cool running water. If you know or suspect that the disease is contagious, rinse in addition with cotton moistened in water. (3) Wash with soap and rinse again. (4) Dry with a fresh piece of cotton and replace the thermometer, bulb end first, in its case. (Never put an unclean thermometer into its case.)

### ***Taking the Temperature by Mouth***

The normal mouth temperature is 98.6°F. To take: (1) Shake the mercury down, standing away from the furniture. (2) Hold the thermometer firmly at the tip, keep the wrist loose, and shake the thermometer with a quick flip until it registers 95°F. or lower. (3) Insert the bulb under the tongue, slightly to one side, and leave it there for three minutes. (4) Instruct the patient to keep his mouth closed, breathe through his nose, and avoid biting on the thermometer. (5) Remove. Wipe off the saliva with a piece of dry cotton and read under a bright light. Clean as described above.

### ***Taking the Temperature by Rectum***

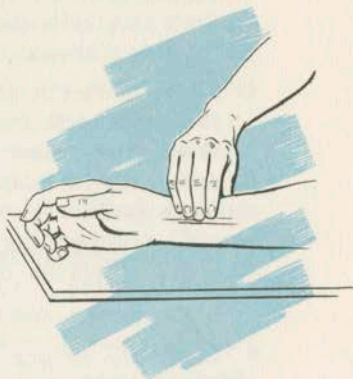
The normal rectal temperature is about 99.6°F. Only a thermometer with a stubby bulb should be used. Shake down the thermometer. Lubricate the bulb with petrolatum, cold cream, or mild oil. With the patient lying down, slip the bulb end gently into the rectum for about 1 inch and hold it in place for three minutes. Clean as described above.

### ***Taking the Temperature by Armpit***

The temperature by armpit is about 97.5°F. Shake down the thermometer. Do not moisten it. Dry the armpit, place the bulb of the thermometer under the arm, and have the patient hold his arm firmly against his body for 10 minutes. Clean as described above.

## HOW TO TAKE THE PULSE AND RESPIRATION

*Pulse*—The pulse registers the heart beat. The pulse rate varies greatly among individuals and in men and women. Usually, the rate for men is about 65 to 70 beats a minute; for women about 75 to 80 beats a minute. Have the patient lie down or sit down with his arm and hand, thumb up, resting on the bed or table. Place your first and second finger lightly on the wrist, directly under the thumb, and count the pulse beats for one minute. Check by repeating. Do not use your thumb. The pulse in the thumb interferes with the count.



*Respiration (Breathing)*—The manner of breathing may give helpful clues to the patient's condition. Respiration is noted by counting the rise and fall of the chest. The count should be made without the patient's knowledge, if possible, since the rate of breathing may vary if the patient realizes he is being observed. To avoid this, it is best to count the respiration immediately after counting the pulse, with the fingers still on the pulse. Or hold the patient's arm over his chest, if it doesn't cause discomfort. In this way it is easier to see the movements of the chest. Sometimes it is easier to count breathing by noting the rise and fall of the abdomen. Count for 1 minute. Note also the nature of the breathing—for example, whether it is regular or irregular, deep or shallow.

## HOW TO CLEAN THE TEETH AND MOUTH

*What you need:* Tooth brush, dentifrice, glass or cup. (Swabs, toothpick, and a mouth wash for a very sick patient.)

The patient may be able to take care of his teeth and mouth himself. If not: *What you do:*

1. Turn the patient's head toward you.
2. Place a towel under the chin and across the chest.



3. Examine the teeth, gums, and mouth carefully, using a tongue blade or the handle of a spoon to separate the lips from the teeth and to hold the tongue down. (If a spoon is used, it should be washed after each meal.)
4. Clean the teeth and gums, thoroughly but gently. Brush the upper teeth from above the gums downward, the lower teeth, from below the gums upward. Brush both the back and front surfaces of the teeth, using the toothbrush or large swabs.
5. If necessary, remove particles from between the teeth, gently using a toothpick swab. Place the used tongue blade, swabs, and tissues in a paper bag.
6. Clean the tongue.  
Caution: The mucous membrane is delicate, and you must be careful not to injure it in cleaning.
7. Let the patient rinse his mouth frequently with water. Hold the basin close under the side of his face and lift his head slightly.
8. If necessary, using a cotton swab, apply petrolatum or cold cream to the lips to prevent chapping. Only clean swabs should be dipped into the jar of petrolatum. Place the used swabs in a paper bag to be burned after care is completed.

If dentures are worn, ask the patient to remove them. Clean the mouth and gums as described above, using swabs. Using a tooth brush, clean the dentures with mild soap under running water. Return the dentures to the patient. When they are not in the patient's mouth, keep them in a container of water with a pinch of salt or baking soda, or as the dentist orders.

### HOW TO GIVE A BED BATH

*What you need:* Wash basin, water, washcloths, towels, soap, toilet articles, rubbing alcohol (mineral oil or a lanolin product for an aged person), and an extra blanket if one is available.

*What you do:* Remove all the top bed clothes. Cover the patient with a blanket, exposing only the part that is being



washed. Place a bath towel under each part as you wash it, dry thoroughly, and cover it as soon as it is dried. Use plenty of soap and water, and be careful to rinse off all the soap. Change the water several times, and do not allow it to get cool. If the patient is paralyzed, see that his arms and legs are supported during the bath.

Wash from the top down—face, arms, and trunk to the hips. Turn the patient over and wash the back and thighs. Put on the nightgown and fold it back over the hips. Wash the legs and feet, putting the feet one at a time into the basin. Change the water, and allow the patient to wash the genitals if he is able to do so. Follow with a back rub.

*Back rub*—This stimulates the circulation and relieves irritation. Warm the alcohol by placing it in a basin of warm water, unless the doctor has given other orders. Have the patient lie on his side. Start at the neck, move with long, firm, gentle strokes down to the lower spine and buttocks and up again to the neck. Finish by dusting lightly with powder.

#### **HOW TO HELP THE PATIENT MAINTAIN GOOD POSTURE**

Posture, or body alignment, is the way in which each part of the body is lined up in relation to other parts. In good posture, the head, shoulders, and trunk should be in the same relation to one another when lying down or sitting up as they are in standing. When lying in bed, the spine should be straight, the head and shoulders supported but not thrust forward, the knees slightly flexed, and the feet supported at a right angle to the body as they are in standing.

Good posture helps to promote circulation; to prevent deformities and pressure, which may lead to bed sores; and to preserve muscle strength and flexibility. Try to see that the patient's posture is correct at all times and that his position is changed frequently. After the doctor and visiting nurse have made a few visits, you will understand how to do this and how often the position should be changed.

Devices for maintaining good posture are described and illustrated on pages 12-14, and 23.



Note how the nurse bends her hips and knees as she draws the patient to the side of the bed.

### **Your Posture**

You can do much to lessen the fatigue of nursing care by maintaining good posture in reaching, stooping, lifting, and carrying.

## **HOW TO GIVE MEDICINES**

The physician prescribes the medicines to be taken. They should be given *exactly at the time and in the amount ordered*. No other medicines should be taken. Keep all medicines out of the reach of children.

The druggist who fills the prescription puts a label on the container which gives instructions for taking. Do not give medicine from a bottle without a label. Read the label twice—when you pick up the container and before giving the medicine to the patient.

### **By Mouth**

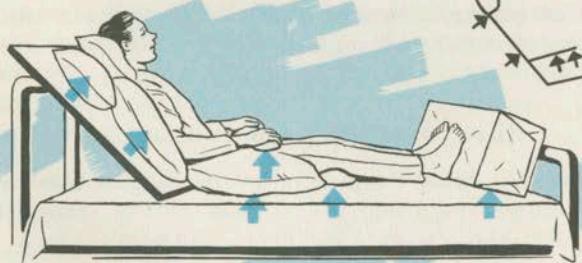
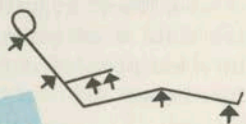
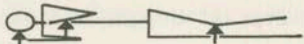
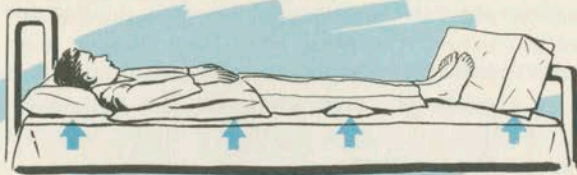
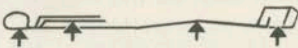
*Liquids*—Shake the bottle well before measuring. Whenever possible, use a medicine glass to measure a liquid prescription. Hold the glass at the level of the eyes so that the measurement will be accurate. (A spoon or a dropper may be used if the physician permits.)

Pour the medicine into a medicine glass or a spoon.

Pour from the side of the bottle opposite the label to avoid soiling and blurring the directions.

Do not allow the end of the cork that goes into the bottle to touch anything.

Recork after using.



The arrows show where the supports should be placed.



*Pills and capsules*—Give to the patient in a spoon. Place well back on the tongue. Follow with cool, fresh water. Sometimes it helps to tip the head back.

*Powders*—Give as you do pills and capsules or dissolve in water.

If the doctor permits, a disagreeable medicine may be followed with a cracker or some fruit. Or the taste can be deadened by holding a piece of ice in the mouth before and after swallowing the medicine.

### **Other Methods**

Medicines can be given in other ways—by injection or inhalation or by rectum. The home nurse should not attempt these other methods unless the physician or public health nurse, at the physician's order, teaches her the proper way.

### **Medicine for Children**

You may have to think up ways of getting a child to take his medicine. It may help to distract his attention as you put the spoon in his mouth—remind him of a game or story he likes, perhaps, or of something that he is looking forward to. Sometimes you can appeal to the child by offering the medicine in an attractive or amusing container or allowing him to take it through a tube or straw.

A pill or tablet can be crushed or dissolved in a little water or swallowed in jelly or a little applesauce if it tastes bad or the child is too young to swallow it whole. Or you can mix it in a teaspoon of water and sugar or some other sweet food, like honey.

## **HOW TO PREVENT BED SORES**

Bedsore develop most frequently on the parts of the body which are subject to pressure—the end of the spine, the shoulder blades, the elbows, hips, heels, and toes. Elderly or helpless patients or those who must be in bed for a long time are especially susceptible to bed sores. To prevent them:

1. Keep the sheets dry, clean, smooth, and free from crumbs.
2. Keep the patient and his clothing dry.

3. When the skin is dry or chafed rub it gently with cold cream, lanolin, or a sweet oil. This should be done morning and evening and more often if it seems necessary.
4. In giving the bedpan, slip it under the buttocks easily, raising the patient with the hand nearest the head of the bed. If the skin is moist, shake some powder on the bedpan. Put a soft pad between the back and the pan to avoid irritating the skin.
5. Change the position frequently. (See pages 21, 23.)
6. Provide support to helpless limbs and remove the weight of the bedcovers from the body. (See pages 12-14, and 23.)

### HOW TO GIVE HOT APPLICATIONS

Hot applications are sometimes ordered by the physician, usually for the relief of an inflammatory condition. A hot-water bag may be used for comfort when some part of the body is cold. Unless the doctor has given other directions, the home nurse may apply it for this purpose.

*Hot-water bag (rubber)*—Examine the bag for leaks and weak spots. See that the stopper has a rubber washer. Prepare the water to 115°-130°F. in a pitcher. Test it with your wrist or clenched fist to see that it is not hot enough to burn the patient should the bag leak. Fill the bag from one third to one half full of water. Expel the air by twisting the top of the bag before screwing on the cap. Screw it tight.

Cover the bag with some soft material and place it on the desired area, with the cap away from the patient.

*Electric pad*—If an electric pad is used, try to get an approved make. Follow the accompanying directions carefully for using and taking care of it. Always be sure that (1) the cord is in good condition; (2) the pad is protected from moisture to prevent the possibility of a short circuit; (3) the pad does not overheat.

### Hot Moist Compresses

*What you need:* A heavy towel; two heavy sticks—about the diameter of a broomstick—12 inches long; two pieces of flannel which, when folded, will be large enough to cover the area; a basin; boiling water; petrolatum; a rubber sheet, waxed paper, or oilcloth; and a small warm blanket or blanket material, or a large, thick bath towel.



*What you do:*

1. Make a 2-inch hem in each end of the towel. Insert the sticks.
2. Arrange one piece of flannel, folded to the right size, in the towel and place it in a basin, allowing the ends of the towel to hang over the sides. This arrangement will enable you to wring out the compresses without burning your hands.
3. Pour boiling water over the compress until it is well soaked.
4. Wring the compress dry by twisting the sticks in opposite directions. Empty the basin, place the compress (still folded in the towel) back in the basin, cover it, and take it to the bedside. (Sometimes you need to change the compress every two or three minutes. If so, place the basin of water near the bedside. *Be careful* not to spill it on yourself or the patient.)
5. Put petrolatum on the part of the body to which the compress is to be applied and cover that area with a piece of flannel to prevent chilling.
6. Shake the compress once or twice to remove the steam.
7. Hold the compress to your face to make sure that it will not burn. Apply it carefully to the skin. Then cover it with waxed paper, or a substitute, and a dry woolen cloth to keep the heat in. (Over this place a small, warm blanket, or a piece of blanket material, or a large, thick, bath towel.)
8. Prepare a second compress in the same way, just before removing the first one, so that it will be ready to apply immediately after removing the first. Keep the water hot and continue to prepare and change the compresses as ordered by the physician. Stop immediately if the skin becomes irritated, and do not apply any more until the skin is normal.
9. When the treatment is finished, dry the skin thoroughly, and if it is very red or tender, apply petrolatum.
10. Cover the area with warm, dry flannel.

#### HOW TO GIVE AN ENEMA

*What you need:* Warm water, or a solution ordered by the physician; an enema bag or enamel can; some rubber tubing; a clamp; an enema tube or hard rubber tip (a soft rubber rectal tube is better than the hard rubber tip usually supplied with enema bags, because it reaches farther into the bowel and cannot injure the membrane); a bedpan (if the patient is unable to go to the bathroom); a newspaper for a cover; toilet paper; a lubricant which dissolves in water; a blanket; and a small rubber sheet or a newspaper pad or oilcloth, covered by a piece of old sheeting, to protect the mattress.



*What you do:* Let the patient void, if able to do so.

1. Test the enema bag. Connect the tubing, if necessary. See that the clamp is in working condition. Take the bedpan to the bedside.
2. Turn the bedclothes back to the foot of the bed. Have the patient lie down, on either side or his back. Cover him with a blanket.
3. Put a rubber sheet or a substitute pad under the patient's hips.
4. Prepare the solution according to the physician's orders. If orders have not been given, use about  $\frac{1}{2}$  pint of warm water for a child, 1 pint for an adult. The solution should be warm enough to feel comfortable to the inner side of the wrist.
5. Clamp the tube. Fill the bag with the solution and cover the tip of the enema tube with the lubricant. Take it to the bedside.
6. Hang the bag so that the surface of the water is about 12 inches above the anus for a child and 18 inches for an adult.
7. Allow a small amount of water to run through the tube out into the pan, to expel the air and to run off any cold fluid in the tubing. Clamp the tube.
8. Insert the tip gently into the rectum, taking care not to use force. Insert from about 2 to 3 inches for a child, from 3 to 4 inches for an adult. Hold the tip in place, or let the patient do so, if possible. Allow the water to flow slowly and do not let the bag get empty. An enema should be retained for about 10 minutes, if possible. Give the patient the warm bedpan and toilet tissue. Place the bell or call device within reach.

#### **Aftercare of Equipment**

1. Observe the contents of the bedpan and note anything unusual which should be reported to the physician.
2. Empty and clean the bedpan.
3. Rinse the bag and tubing with clear water. Hang them up to dry.
4. Scrub the tube with hot soapy water; rinse. Place it in a separate container (a tin can will do) and boil for 5 minutes. If any soiled matter remains, boil the tube for 30 minutes.
5. Replace the bag, tubing, and tube in the box when dry, or wrap them in a clean cloth.

#### **HOW TO APPLY SIMPLE DRY STERILE DRESSINGS**

A sterile dressing is one free of germs. Dry sterile dressings are applied to protect a wound from injury or infection or to absorb a discharge. The method of applying a simple dressing

is described here. The home nurse should not do a complicated dressing unless the physician or the public health nurse shows her how to do it.

*What you need:* A sterile dressing in the wrapping (it can be bought at the drugstore); a bandage; adhesive tape (or cellophane tape if the patient is sensitive to adhesive); a container for waste (a paper bag will do); scissors; medication, if ordered; a round-edged silver knife, or a spoon, or a wooden tongue depressor (if medication has been ordered).

*What you do:*

1. Boil the knife, spoon, or wooden blade if the physician has ordered medication.
2. Arrange these and the other equipment listed above on a bedside table or chair beside the patient.
3. Have the patient lie down or sit down. Support the part where the dressing is to be applied.
4. Cut strips of tape to the required length.
5. Wash your hands thoroughly with soap and water, rinse, dry.
6. Remove the soiled dressing, handling only at the extreme edge. Drop it into the waste bag.
7. Remove the sterile dressing from the package, handling only the edges. Avoid touching any other part of the dressing, because you might infect the wound.
8. Apply the medication, if it has been ordered, on the inside of the dressing with the sterile knife, spoon, or wooden blade.
9. Place the inside surface of the dressing on the wound.
10. Secure the dressing with a bandage or tape.
11. Burn the soiled dressing, if possible.

### HOW TO GIVE STEAM INHALATIONS

Steam inhalations are often prescribed for those who have a cold, bronchitis, or some other respiratory condition. They are particularly beneficial for a child who has croup. Breathing in warm, moist air relieves the pain and reduces the swelling in the tissues of the nose, the throat, and the bronchial tubes. Commercial inhalators can be purchased, or you can make one from home equipment.

### **For the Bed Patient**

*What you need:* An umbrella or a large carton with the top and one side removed; a kettle or other container of steaming water; a long funnel of tin, cardboard, or rolled newspapers, long enough to reach from the tea kettle to the rim of the umbrella; medicine, if ordered; two towels; and tissues.

*What you do:*

1. Arrange a canopy over the patient's head and shoulders. This can be done by draping a blanket over an open umbrella or carton. Tuck one end of the blanket under and around the patient and the umbrella. Let the other end fall down over them; leaving an opening about 15 inches wide.
2. Cover the patient's hair with a towel or scarf.
3. Place the kettle (containing the medicine, if any) on a chair or table near the bed. Adjust the funnel so that the steam is directed toward the side and top of the canopy, and away from the patient's face or the condensed steam falling on his face might scald him.
4. Keep the water steaming for as long as the treatment continues. You can do this by changing the water in the kettle as needed.
5. Dry the patient's face with tissues if he is not able to do it himself.
6. Protect the patient from drafts during and after the treatment.
7. Keep him in a warm room for at least one hour afterwards.

*Precautions*—Be sure that the kettle is out of reach of the patient. Protect him from scalds and burns. Stay with him until the treatment is finished. Take special care with a child.

### **For a Patient Who Is Up**

*What you need:* A pitcher or substitute containing steaming water; a basin in which to place the pitcher; medication, if ordered; a paper bag with a hole cut out to let the steam escape; a towel to place over the shoulders; and a towel or scarf to cover the hair.

*What you do:* Tie the scarf or towel over the head. Cover the shoulders. Invert the paper bag over the pitcher. Seat the patient in front of it comfortably so that the warm steam can be inhaled.

*Precaution*—Make sure that the pitcher and container are placed where they will not tip over and scald the patient.



