

Nurses' Role on a Patient with Fracture Neck of the Femur

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THE nurse plays a very important role in the management of fracture right from the time of the accident. An aged patient with fracture neck of the femur may have all the care and expert treatment from a surgeon but may die of hypostatic pneumonia, urinary complication or extensive bed sore if the nursing care is not of the efficiency.

Nurse in the Casualty

When a patient with fracture of neck of the femur is brought to the casualty department it is the duty of the nurse to alleviate the anxiety and fear of the patient and his attendant. They must be assured and kept calm. The patient must be put in a comfortable position immediately. She should note the condition of the patient whether conscious or unconscious and quickly send for the doctor. Meanwhile, she should attend to the immediate needs of the patient. If the patient is in shock indicated by palor with cold and clammy skin, fast and feeble pulse, the foot of the bed should be elevated. The patient should be kept warm by covering with blanket or by keeping hot water bottles underneath the bed covers. Intravenous dripset and other emergency drugs should be kept ready.

Nurse in the Ward

Preparation of bed : The bed should be prepared with fracture boards, sufficient pillows and blankets and divided mattress be used to prevent sagging. It is common knowledge that every patient leaves his family, his friends and his familiar habits of life and enters a strange place with strange customs. In such new conditions he is likely to be worried about his illness and therefore, he should be received cordially and put on a comfortable bed gently.

After receiving the patient attend to his immediate needs, administer

the medicine prescribed by the doctor to relieve pain and encourage and assure him.

Treatment. One of the following may be done according to the degree of the fracture. (i) applying skin traction ; (ii) checking by X-Ray the position of fracture to help the operation which involves open reduction by fixing the fragments by means of plates and screws or by inserting a smith peter-son pin ; (iii) Applying plaster with the limb abducted and inverted. The plaster should extend from toes to nipple line.

Nursing Care

When a patient is on skin traction the nurse should see that the weight is maintained properly. The ring of the splint might be pressing against the anterior superior illiac spine, so it must be well-padded with cotton. If the traction is being used, the apparatus should be inspected to see that the ropes are in wheel grove of the pulleys and that the weight hangs free from stand.

When plaster is applied the toes must be inspected frequently to note any signs of circulatory impairments. If there is any swelling and pain or any discomfort to the patient that should be reported to the doctor. Pressure areas must be inspected and attended when linen is changed. Two nurses must join and handle the patient gently.

Preparation For Operation

When open reduction of the fracture is decided upon the nurse must assure the patient and obtain his permission for operation and get his signature. The entire limb and hips should be first cleaned with soap and water and then by using anti-septic solutions. The dentures of the patient and jewels if any must be removed before sending the patient to the operation theatre. If the doctor has ordered any drugs like atropine, that should be given and entered with the cor-

rect time and dosage. Then take the patient on trolley without much disturbance. The nurse should accompany the patient with case sheet, x-ray and other documents.

Meanwhile, prepare the post-operative bed with all the requisites. Keep all the emergency drugs to meet the needs of the patient. After the operation constant observation is necessary like recording of temperature, pulse respiration, blood pressure etc. These should be handy when the patient becomes conscious if there is no nausea or vomiting the fluids can be given. Sedation can be given if the doctor has ordered.

General Nursing Care

Attend to the pressure areas regularly to prevent bed sore. Never attempt to roll the patient. He can help to lift using the uninjured limbs and this will be less painful. If the patient is elderly or if he has got any chest complaints prop him up in a comfortable upright position in order to prevent bypostatic pneumonia. Encourage him to take deep breathing exercise. While giving bed pan support must be given to the part affected ; the patient is to be helped to sit on the bed pan. Gentle handling will help the patient. While tidying the bed or changing the bed clothes great attention is to be given to support the part and also attention be given towards the balance of the traction, and regular excretory functions of bowels and urinator. Ensure that the kidneys are active by giving plenty of fluids. If there is any wound that should be dressed with aseptic precaution. If there is any rise in temperature that should be recorded 4-hourly and reported. See that foot is maintained at right angles with the limb and encourage passive and active moments to prevent foot drop. The patient should get liberal mixed diet with plenty of milk, meat and eggs and green vegetables to supply calcium and high protein.

Psychological Factors

In order to allay the fears of the patient in his present condition make sensible conversation with the patient. Ask about his family,

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