FIGHT

'What did you save her for ?

'That was a question I have never asked myself, Ought I ?

By Clare Marc Wallace

NURSES ARE NOT DOCTORS'. How often had I heard that from my tutors ? Countless times, and I followed this rule to the letter until I began work at X psychogeriatric nursing home.

The owner was a very old doctor, deaf, short-sighted, tremulous, and with only a limited interest in the patients—his chief hobby being his garden. Dr. Y was nominally in charge of our 27 patients but in fact he could rarely be bothered to do more than pay a daily visit and trust to Providence that things ran smoothly. I soon discovered that any treatment more active than keeping the patients clean and fed was up to the matron or myself as sister.

'Oh Dear, Oh Dear'

One morning I was called by one of the auxiliaries to see a patient who had refused her breakfast and didn't look so well. Miss S. was 82, painfully thin, and quite senile. Her dementia caused her vocabulary to be limited to 'Oh dear, Oh dear' said over and over again. She was almost blind from bilateral contract ; and an old fractured femur, which, despite pinning and plating six months before, would not allow weight-bearing for more than a few minutes. She had atrial fibrillation, was doubly incontinent and had to be fed. She had been at the home for 18 months and her nephew was reluctantly paying the bills.

I felt Daisy's pulse and brought a thermometer and stethoscope. Her temperature was 103°F., her pulse 110 and her respirations 36. With the help of an aide I recorded her apex beat which was 132/110, then inexpertly ran the stethoscope over her chest and percussed her lungs.

Tentatively, I diagnosed lobar pneumonia at the right base. During the examination, Daisy had to have her arms restrained. Pinching the dry skin over her abdomen I thought that she was fairly dehydrated. She screamed and muttered the usual 'Oh dear'.

'Nurses are not doctors', I told myself, and half-dragged Dr. Y to see Daisy. He looked at her and agreed that she had pneumonia, then he turned to go. I asked him about treatment. He smiled briefly. 'She's going to die you know. What's the point ?'

'Penicillin ?' I said desperately.

'If you like. Give her what you think. I'll get Matron to 'phone the nephew to come : she hasn't got long.'

'Shall we start her on 1 mega unit stat. and 500,000 units six hourly ?' I persevered.

'If you like, but it's waste of time...'

I spoke to Matron and we carried Daisy from her room to the observation dormitory where I knew she would get the intensive care she needed. I began to *will* Daisy to live. I explained to the nurses that she must have six pints of fluid a day—three pints of Complan and three pints of orange squash. I gave a young nurse special responsibility for this and she, too, began to feel that Daisy mustn't die. I got the doctor's signature of the penicillin, then explained about her pulse and suggested increasing her digoxin from 0·25 mg. to 0.5 mg· twice a day. He agreed and sighed.

Too Weak to Swallow

I left instructions for Daisy to be turned and her pressure areas and mouth treated two-hourly. The 'special' did her best with the fluids but even resorting to a teaspoon didn't help as Daisy was too weak to swallow. When I went off duty that night I remembered how the nephew had called and was making arrangements for the funeral.

I saw her in *extremis* and doubted if she would get through the night, but next morning Daisy was still clinging to life. I checked the fluid chart and found a pitifully small intake. Her eyes were sunken and her tongue dry and furred ; she *had* to have fluid.

A nasogastric tube ; I spoke to Dr. Y and he sighed again. With difficulty we passed the tube and taped it to her cheek but Daisy pulled it up. She was very restless so now needed a safe sedative. Into the office I went and got Dr. Y's signature for 25-50 mg. of chlorpromazine syrup, three times a day.

Her fever had risen and I asked Dr. Y if we could also put Daisy on tetracycline.

He grumbled about her already being on an antibiotic but I pointed out that the latter was more specific—so Daisy started on tetracycline and she was calmer after the chlorpromazine so the gastric tube stayed sown and in went the fluids. I tested her urine and found much acetone so I added plenty of glucose to the feeds and a little salt. I taught the auxiliaries how to feed Daisy and they were good about feeding her hourly.

Yet More Trouble

Unfortunately Daisy's sacrum began to get very red from pressure and her incontinence. She also later began to have fluid diarrhoea.

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