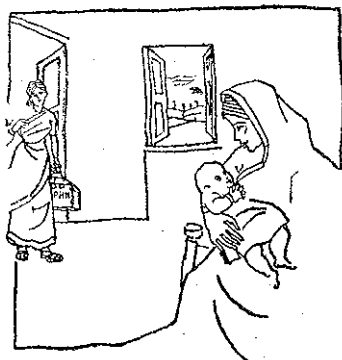




Role of Nursing Personnel in the National Tuberculosis Programme

III—Nursing Care of Tuberculosis Patients in Hospital and Sanatorium

By

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FROM a study of all patients admitted during a sample period into our institution, it was revealed that roughly about 10 per cent. of the cases were either very ill or were emergency cases requiring close nursing care; this also included cases with extrapulmonary tuberculosis like Orthopaedic tuberculosis cases among children. About 30 per cent. were drug failure cases requiring treatment with auxiliary drugs or and surgery and cases unlikely to respond to any form of treatment. 20 per cent. were moderately sick who required brief period of hospitalization and later followed up by treatment at home. 10 per cent. were admitted for the sake of investigations and observations to confirm diagnosis, and rest 25 per cent. who in retrospect after response to treatment, were considered ideal cases for domiciliary care.

Nursing care in general in our institution can be considered broadly under two main heads, namely care of adult patients and care of children. Our institution has provision for 350 adults and 76 children.

In general, treatment and nursing of children produced better results as there was no question of untoward psychology in children and our practice of sending away the parents in 2 or 3 days of admission of the children had produced the most effective co-operation of children to the staff, especially to the nursing staff.

Based on the analysis of patients

on "treatment category", I would like to deal with the "Nursing Care" along the following main sections :

1. General consideration including Sanatorium regime.
2. Specific treatment with standard anti-tuberculosis drugs.
3. Surgical treatment.
4. Care of extrapulmonary tuberculosis.
5. Care of very ill and emergency cases.

1. General Nursing care with reference to the Sanatorium regime.

A nurse, who is ordinarily busy with the routine duties in the ward management and also concerned professionally in nursing to the physical ailment of her patient, has most often disregarded the psychological background of the patient. In other words the principle of nursing the "whole patient" is much too often neglected and inadequately fulfilled, so that there is a lagging behind of response even to the best suitable therapy. In tuberculosis particularly, being a chronic malady, the mind of the patient is far too much disturbed because of obvious social and economic stigma. It is, therefore, very essential that the nurse who is the closest in the link of the treatment team develops a very keen, enquiring and sympathetic attitude to her patients. Once this intimate relationship is established the patient feels free to pour out all his mental obsessions without reservation. The first step in this is the cordial

welcome the nurse can extend to the patient on arrival. After the patient had been made to relax and his mind made receptive, the nurse has to explain and teach the normal ward routines, the principles underlying the sanatorium regime treatment. The patient is taught and guided into how essential the rest and graded exercise prescribed by the doctors are to be strictly followed. For full co-operation between patient and the medical staff and also for the benefit of other patients, all regulations and rules should be from time to time explained by the nurse to the patient. The importance of good ventilation, existing in the Sanatorium, should be stressed by the nurse to the patient so that the principle is carried by the patient to his own home and environment. The nurse has also the vital duty and responsibility to the patient regarding the diet, the restful recreation between strict rest periods which are essential to build up a physical fitness and promote general resistance to the disease.

Occupational therapy finds an important place during convalescence from prolonged illness. Any procedure which would take off the mind of the patient from his sickness and promote mental relaxation should be handled by the nurse according to requirement of the patient. Quiet reading of light material, writing, drawing, painting, quiet pleasant conversation, light indoor games, needle work or any such handicraft not entailing mental or physical strain are to be regular-

ly adopted. It is useful for the patient to take part in this therapy. For ambulant patients, the nurse should watch and warn her patients to fulfil the prescribed exercises, at the prescribed time. The nurse should bother herself if her patient is not making use of the entertainments and other programmes meant to uplift the patient not only to a higher social standard of thinking and living but to a higher spiritual outlook on life. The nurse is responsible to educate her patient with regard to sources of infection and teach all principles of personal hygiene regarding coughing, spitting, washing, bathing, care of bed-linen etc.

2. Specific Treatment

The nurse should very intelligently follow the use of the potent standard anti-tuberculosis drugs to her patient not only regarding timely administration but also watch, note and report any untoward signs and symptoms of allergy to the drugs. The nurse has to be always aware of the importance of giving drugs in combinations of two or three and therefore check the patient as to his taking the drugs. She should also warn her patient of the dangers of neglecting to take any one of the drugs of the combined treatment. These drugs being prescribed on scientific studies of laboratory researches regarding sensitivity or otherwise of the patients' bacilli to them, it is all the more vital that the nurse is very watchful and helpful in this regime. Administration of very expensive auxiliary drugs like Cycloserine, Ethionamide, Pyrazinamide have got to be personally administered and recorded by the nurse. The chances of recovery being slender for the drug resistant cases (resistant to Streptomycin, PAS and Isoniazid) the nurse is responsible to take a more personal interest and concern in such cases, so as to keep up a high standard of morale among such patients.

3. Surgery in the treatment of Pulmonary Tuberculosis.

This form of treatment, being considered as a supplementary

measure to varying periods of drug therapy, the nurse has to very intelligently support, comfort and prepare her patient to accept the proposal when it is made. With the surgical procedure in view, patients are treated conservatively by drugs and sanatorium regime and the nurse plays a vital part in this preparation of her patient. Anything untoward in this procedure, should be watched by the nurse, as surgery can be the last resort for the ultimate recovery of the patient and if missed due to the negligence of the nurse in any way, will be a great blame to answer. Surgical collapse of diseased portion of the lung through Thoracoplasty operations and resectional surgery of diseased part of a lung or one whole lung are the recognised methods available. The nursing care of surgical cases need to be stressed from the point of view of encouraging the patient to breathe freely, expectorate sufficiently to keep good ventilation through air passages, develop muscle function over the operated area, and above all prevent deformities. Placing of her post-surgery cases in particular posture and physiotherapy is an essential aspect of nursing.

4. Nursing care of extra-pulmonary tuberculosis patients.

One section in the children's hospital provides for the care of non-pulmonary tuberculosis patients of whom the majority are cases of Pott's disease. A few cases of hip joint disease and an occasional shoulder joint and elbow joint disease have been come across. All the cases of spinal tuberculosis are nursed in a modified bradford-frame on which the child is strapped with facility for bed-pan to be slipped in from below the frame. Children are regularly sponged, powdered, backs and bony prominences attended to. Any improvement in condition is judged by physical examinations, X-ray and blood tests. Active spinal muscle exercises are instituted and Rollier's regime of leaving the child on the face, to promote use of spinal muscles are adopted. With hip joint disease, the skin traction to

correct deformity and to keep the diseased parts apart to encourage healing are essential part of nursing care. Walking without weight bearing on crutches for healing hip cases is another procedure for the nurse to check and help. Gradual rehabilitation of the child to normal posture and progression are the vital parts of nursing care. These patients are systematically treated with anti-tuberculosis drugs and administration of it by mouth as well as by injections to the peevish and timid child is an intelligent and efficient nursing care.

5. Care of acutely ill-patients.

Care of cases with hyperpyrexia, heavy loss of weight, very poor appetite, troublesome cough and copious secretions are part of a very exacting duty of a nurse. The nurse has to spare no pains or time to look after such patients. Recognition of the onset of, or the presence of distressing complications like haemoptysis, spontaneous-pneumothorax, massive effusion in the chest etc. is an essential service of a tuberculosis nurse. Many a life has been saved from immediate danger from the watch-care of an intelligent nurse with regard to such symptoms.

In conclusion, the nurse in giving her life's devoted service in the nursing care of tuberculosis patient should be herself careful and take all hygienic precautions to avoid infection.

I am thankful to the UMT Sanatorium authorities for having chosen me to present this paper and also for having permitted me the use of the material from the institution in preparing this paper; at this juncture, I would like to make a reference to a publication "The Role of Hospitals and Sanatoria in the present day set-up of control of Tuberculosis" from U.M.T. Sanatorium, Arogyavaram — a paper that was originally read at the 18th Tuberculosis and Chest Diseases Workers' Conference held at Bangalore.

I would like to express my gratitude to TNAI for this opportunity accorded to me.