



Training of Nurses in Tuberculosis Hospitals with Special Emphasis on Preventive and Health Education Aspects of Hospital Nursing

By

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IN this Public Health Panel Discussion/Seminar different participants are discussing various aspects of preventive and health education on Tuberculosis both in hospital and in domiciliary treatment. For my part I intend to confine myself to training of nurses in Tuberculosis Hospitals with special emphasis on preventive and health education aspects of hospital nursing. And what I present here has a greater bearing on my experience in a T.B. Hospital where I am working for the last 13 years.

In recent years, the advances in knowledge about Tuberculosis and its control have so changed that the traditional role of nurses needs to be re-oriented. The training too, which a nurse requires in Tuberculosis nursing, is different from what it had been 10-15 years before. About 15 years back majority of the patients in a Tuberculosis Hospital were admitted in an advanced and acute stage with high fever and complications etc; but the general condition of patients admitted to Tuberculosis Hospitals in the present days is very much different from what it was a few years back. With the discovery of new drugs for treatment of tuberculosis; the line of treatment for Tuberculosis too is changing rapidly.

In our hospital (when started in 1953 with 100 beds) there used to be on an average 5 patients for A.P. and 8-10 for P.P. daily. But at present P.P.s. are very rare and

A.P.s. nearly nil for the 360 beds. These days complications too are very rare. Recovery of patients is very much quicker. Majority of patients admitted to Tuberculosis hospitals in recent years are cases for Surgery needing lung resection Thorocoplasty, emergencies such as Haemoptysis, spontaneous pneumothorax etc.

Hence, the training we have to give for a nurse in Tuberculosis should fit in with these changes. Compared to a general hospital, the nursing care required for a Tuberculosis patient is much less. It should be kept in mind that the psychology of a Tuberculosis patient is different from other patients because, he is not an acutely ill patient, but is a chronic patient and is highly emotional on account of the social set back which he is always conscious of. Also a Tuberculosis patient is often found to be of a complaining nature—complaining about diet, medicine, treatment etc. Patients are not by nature medicine-takers and therefore they tend to neglect or forget the regimen of treatment. This is a very common experience in a T.B. Hospital. So it is for the nurse to see that the patient takes the medicine and treatment properly, and the nurses have also got to maintain discipline among these patients while in hospital. The nurses should also have a correct knowledge of the disease such as its complications, line of treatment, drug reactions, preventive and

health education aspects of the diseases etc.

There is no danger in working in a Tuberculosis Hospital if a nurse understands and keeps up the following points on preventive and health education :

1. The first and foremost is the careful collection and disposal of the sputum. Sputum must be collected only in covered receptacles or cups of cardboard boxes and disposed off after boiling or burning. Patients should be strictly instructed to spit only in the receptacles provided for the purpose. They should be instructed to cover their face while coughing. Flies or other insects should not have any access to the sputum. Wire netting doors and windows for the wards are advisable. Only wet dusting and mopping to be done inside the hospital wards. Absolute cleanliness of the wards and Hospital premises should be maintained.

2. Periodical medical check up (every 3 months) especially X-ray and other examinations, if indicated, is necessary for the staff.

3. Any mild illnesses as cough, cold, fever, pain in the chest, loss of appetite etc. should be reported immediately.

4. Regular meals are essential.

5. Adequate rest and sleep are necessary.

6. Privilege leave meant for rest and mental relief should be taken annually.

7. Daily change of uniforms and uniforms should be protected by apron or coat.

8. 8 hours duty and a weekly day off.

9. Hands should be washed properly after attending the patients.

10. No meals should be taken in the wards.

11. Proper education of the patients and their relatives regarding the care of sputum.

12. Restrict children.

13. Medical check up including tuberculin test of patients' relations and B.C.G. vaccinations, if indicated.

14. Follow up of cases.

The following is the suggested schedule of lectures and practical training for nursing students in Tuberculosis Nursing, so as to prepare them for duties in a Tuberculosis institution :

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Schedule of Lectures and Practical Training of Nursing Students in Tuberculosis Nursing

Duration of the course : 1 month

Total No. of Lectures : 29

Lectures

1. Orientation
2. Historical Outline, Prevalence of TB, Character of Tubercle Bacilli, Mode of infection, Mode of entry—2 lectures
3. Pulmonary TB
4. Complications of Pulmonary TB Haemoptysis, Spontaneous Pneumothorax, Pleurisy with effusion etc. and their management—2 lectures
5. Diagnosis of TB, Tuberculin tests, X-ray, Lab. Exams. etc.—2 lectures
6. Principle of treatment, Modern Anti TB Drugs

7. Principles of Surgical treatment—2 lectures

8. Pre and post O.P. care—2 lectures

9. Tuberculosis in Children and Non-pulmonary TB—2 lectures

10. Domiciliary Management

11. Prevention of the spread of TB—B.C.G. Vaccination

12. Miscellaneous problems, rehabilitation, pregnancy, diabetes etc.—2 lectures

13. Revision.

Practical Training

Adult wards ... 1 week

Children wards ... 1 week

Post O.P. wards and OR 1 week

O.P.D. Domiciliary 1 week

Care of sputum

Observation of Tubercle Bacilli under microscope.

NEWS

Dr. K.N. Rao Elected Chairman of WHO Executive Board

Dr. K.N. Rao, Director General of Health Services, India, has been elected chairman during the first meeting of the 40th session of the Executive Board of the World Health Organisation in Geneva.

The WHO Executive Board convened following the closure of the meetings of the World Health Assembly to give effect to the latter's decisions. Eight retiring Member States were replaced, with the newly elected Member States entitled to designate a person to serve on the Executive Board for

the three following years. The newly elected States are Australia, Federal Republic of Germany, Ivory Coast, Pakistan, Panama, Romania, Sweden and the U.A.R. In addition to these countries, the present Executive Board is composed of sixteen persons designated by the following countries; Argentina, Burma, Czechoslovakia, Dahomey, France, Guinea, India, Mexico, Morocco, Nigeria, Peru, Philippines, Somalia, United States of America, Union of Soviet Socialist Republics and Yemen. The Assembly had decided to amend

the WHO Constitution to permit the enlargement of the Executive Board from its present membership of 24 to 30. The reason for the increase is the large growth in WHO's membership and the consequent need to bring the make-up of the Board into line with the principle of geographical representation. The decision requires ratification by a two-thirds majority of the Member States in accordance with their respective constitutional processes.

(WHO)