

Pre-Anaesthetic Nursing Care

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Anæsthesia demands skilful and efficient nursing care. The training of nurses, however, in this field is singularly disappointing in the prevalent conditions in this country. The number of deaths occurring during or after the operation might be prevented by efficient nursing care. Many complications in the post-anæsthetic period appear to be contributed by the lack of pre-anæsthetic and pre-operative preparation and care.

This article is devoted to the role the nursing staff can play in the best interests of the patient in the pre-anæsthetic period. A knowledge of the needs of the patient and the preparation required in the anæsthetic room or operation theatre, combined with skilful, intelligent, prompt, and alert post-anæsthetic and post-operative care will ensure the maximum safety for the patient needing surgical intervention.

The aim of good pre-anæsthetic nursing care is to prepare the patient in such a way as to make the administration and maintenance of anæsthesia safer, easier, and more pleasant for the patient, and to minimize the incidence of post-anæsthetic complications. The nursing staff will be of maximum value if they can see the relative importance of the events about them; and if they are alert and can anticipate likely emergencies in the Operating Theatre. An overall concept of the present position of anæsthesia should be of immense assistance in this respect.

Patients' Emotions and Anaesthesia

Anxiety, apprehension, fear and pain are important components of the reaction of the patient to an operation. Illness; injuries; separation from parents and familiar surroundings; confrontation with frightening, new, and unfamiliar things, persons and surroundings; enforced bed rest;

new diet and a series of personal indignities present un-imaginable trauma to the psychological, physical and pathological make-up of the individual.

Personnel working in the hospital become accustomed to the various hospital procedures as routines, are apt to lose sight of the fact that for the patient, they present a series of strange, terrifying experiences and expectations. Previous experiences of the patient's relatives or friends may paint an entirely different picture of the present environment.

Fear of Anaesthesia: It is a very threatening expectation of the prospect of being 'put to sleep' or narcotized especially in children who have recently acquired body control. Imagination of passive submission to external attack is common and actual experiences of having a mask put on the face suddenly is unpleasant and suffocating and should not be described as a pleasant procedure. The attendant nursing staff and the anæsthetist must explain to the patient in an explicit and realistic way, the procedure of anæsthesia. Let the patient react as directly as possible to the coming assault rather than be oppressed by the unexpected.

Prophylaxis, Management and Treatment

The nursing staff should know as much as possible about what the operation and anæsthesia will mean to the patient and his family. A few minutes of personal attentive listening to their reactions of anxiety and concern, may pay rich dividends in preparing the patient emotionally for anæsthesia and surgery.

It is best to face facts honestly and to tell the patient and his relatives what is to be done and the consequences thereof. This, however, must be done without apprehension, with tact and calmness. If time permits, the patient

will benefit from accepting and understanding the preparation little by little. Assurance, cooperation, avoidance of confusion and contradiction form the basis of the psychological approach. Dangerous half-revelations through inadvertent bed-side remarks mean obvious neglect in the preparation of the patient.

Pre-Anaesthetic Medication

This is designed to fulfil the following purposes:—

(i) To make the patients calm, tranquil, and quiet before their journey to the Operation Theatre. They must preferably be made amnesic so that they have absolutely no memory of their presence in the Operation Theatre; or drowsy or put to sleep. Morphine, pethidine, barbiturates, antihistaminics (because of their hypnotic action, oblivion etc.) are used for this purpose.

(ii) To diminish the secretions of saliva and mucus so that they do not interfere with smooth anæsthesia by getting into the trachea and blocking the air-passages. Mucus remaining in the lungs for some time increases the incidence of post-operative chest complications. Atropine, hyoscine, antrenyl and antihistaminics are used to achieve this effect.

(iii) To facilitate anæsthetization.

(iv) To obtund harmful reflexes.

Drugs exert their maximum effect after lapse of a variable period after their administration. Route of administration profoundly alters the onset of maximum effect of the drugs. These facts have to be borne in mind while administering these pre-anæsthetic medicants. The usual drugs given for this purpose are morphine, pethidine and atropine. Given subcutaneously, they take 90 minutes to exert their maximum effect. Given intramuscularly maximum effect comes after 45-60 minutes. At

most of the hospitals, it is customary to give these drugs, just before the patients are wheeled to the Operation Theatre. I strongly condemn this dangerous practice. It not only contradicts the very principles of pre-medication but also spoils what would otherwise have been a safe, straightforward anaesthetic. It even puts the patients' lives in danger.

Preparation in Emergency Cases

Two points of especial significance are :

1. To impress upon the patients and their attendants the importance of withholding all food and drinks.
2. Use of medication to reduce anxiety and discomfort. Many of these patients will be in a state of shock and will require requisite treatment. In shock, absorption of drugs given subcutaneously and intramuscularly, is slow. In such a state, depressant drugs—like morphia and pethidine—may be, preferably, given intravenously, in smaller doses, to achieve quick effects. Repeated subcutaneous or intramuscular injections of these drugs to shocked patients must not be given because after recovery from shock, cumulative effects from sudden absorption may take place.

When in doubt about premedication, morphine or pethidine may be omitted, to err on side of safety.

Fluid and Electrolyte Balance

Accurate daily measurement of the body weight, precise in-put and output records, are essential and must be sent with the patient to the theatre, so that appropriate fluids may be given to them in the theatre. A Ryle's tube must be put in all patients for operations on the gastro-intestinal tract.

Other Observations

The nursing staff must bring any peculiar feature noted in the patients to the notice of attending anaesthetist and surgeon *e.g.* cough, expectoration, dyspnoea, abnormal mental attitude, vomiting, diarrhoea, asthma, allergy and diabetes must be pointed out. History of cortisone administration is also important. Patients on cortisone therapy are prone to go into shock during operation and anaesthesia.

Consent of the patients regarding anaesthesia must be obtained in a proper form.

Patients must be taught coughing and deep breathing exercises in the pre-anaesthetic period, because these are to form an integral part of post-anaesthetic management.

Postural drainage will be necessary in cases having copious expectoration.

An enema is necessary only in operations on the gastro-intestinal tract and need not be given in all cases as a routine.

Preparation of the back in cases where spinal or epidural analgesia is to be given must be as aseptic as the part for surgery.

Quite often, I have observed young girls being sent to the Operation Theatre with very tight brassiers. These embarrass the patients' respiration under anaesthesia and must be removed. The patients should be sent to the operation theatre with loose, easily-removable, hospital clothes. In the unfortunate event of cardiac arrest, very valuable time will be lost in attempts to strip off the tight under-clothing while instituting emergency cardiac resuscitation by trans-thoracic cardiac massage.

All female patients should be accompanied by a female member of the nursing staff during the journey to and from the ward to the Operation Theatre.

The measure of the efficiency of the nursing staff will be reflected in the responsibility entrusted to them.

Rural Clinics in the Kangra Valley — (Contd. from page 156)

abound and often we get badly burned children—these mostly heal very well with careful dressings done at the clinics and a supply given for them to be changed at home. We use a tremendous lot of calcium and shark liver-oil for rickets and osteomalacia are very common in these parts. There are severe cases of anaemia, often due to hookworm, and sometimes really ill-patients are brought in breathless and oedematous. For those who need fuller investigations and treatment, we refer to the base hospital in Kangra. I keep a record of all such patients.

The Maple Leaf Hospital is well staffed and well equipped ; and though only about ten per cent of those advised to come into hospital do come, it is a tremendous help to know we can refer them or, in some cases, take them in the Van. While in hospital, whether it be for further investigations, a difficult delivery,

or surgical operations, we Clinic staff visit them and so the contact is maintained.

Occasionally some one stops us on the way and we visit a patient in his or her home, and thus get a further insight into their living conditions. We keep a First Aid box in the Van and have occasionally used it *en route* for an accident. Visiting these clinics weekly, where the attendance is very regular, we get to know and love those who come, and look forward to meeting each other. There is much kindness encountered as also often pitiful ignorance ; and some fear to come to the hospital. But once they have come, this attitude is altered. In the week-end we prepare and replenish our stocks at the Headquarters in Kangra, where all of the Team live. Saturdays and Mondays are busy with preparing fresh powders, refilling the bottles and tins, mounting the

posters, preparing dressings to be sterilized, filling in our registers, ordering fresh drugs, keeping accounts and so on.

Sunday is a day of rest and gladness for us all and we are thankful for this and for the opportunity to renew our spirits, and be thus prepared for all the demands of the week's service.

Perhaps some of you who read this may find your way to a like service in some other needy district. It is most interesting work for, though all of us have had our training in some large town hospital, it is the village folk who more than any, need the help we have to give, and who so often cannot come to a doctor or be admitted to hospital. We must go to them—and may we also hear the voice of the Lord Jesus, who said, "*In as much as ye have done it unto the least of these my brethern, ye have done it unto Me.*"