Teaching the Patient & Family

Teaching the fundamentals of tuberculosis to a patient and his family is the primary responsibility of the Public Health Nurse and health visitors. The principles of teaching are the same as those used by other professional teachers. These principles include the following:

1. Find out what the patient and family knows about tuberculosis, its prevention, spread, symptoms, precautions, care of the patient and what the doctor said and ordered. Build on what the patient knows and is familiar with.

2. Observe what is being done.

3. Observe and find out all factors relating to the condition such as facilities for isolation, sanitation, fears, prejudices, etc.

4. Analyze your findings to determine what to teach. What you teach will depend on what the patient is ready to learn from you at the time of the visit.

5. Learn as much about the patient as possible before you visit by studying his record and the order sheet. Your scientific knowledge of tuberculosis increases your confidence in yourself and inspires patient’s confidence in you.

Every patient and his family should know:
(1) The nature of the disease
(2) Extent of the illness
(3) Infectious nature of the disease
(4) How the disease is spread
(5) How the germs enter the body
(6) How the germs leave the body
(7) How to destroy the germs as they leave the patient
(8) How to make and keep the patient comfortable.

**Key words**

4. How tuberculosis is spread

1. Saliva.
2. Sputum.
3. Spray from speaking, coughing and sneezing.
4. Pleural fluid.
5. Pus from lesions
6. Faeces, urine and vomitus

**Discussion**
2. Prevention of spread

2.1 Nature of bacilli

2.1.1 Tubercule bacilli is covered with wax capsules. The wax capsule must be melted by burning and boiling before the bacilli can be destroyed.

2.2 Methods of destroying the bacilli

2.2.1 Burning.
2.2.2 Boiling.
2.2.3 Chemical disinfection.
2.2.4 Sunlight, air-drying.

2.3 Procedure for destroying tubercule bacilli

2.3.1 Boiling

2.3.1.1 Provide patient with cigarette tin and a small sigare which, when filled with live charcoal, will produce enough heat to destroy the bacilli.
2.3.1.2 Demonstrate to the patient. Fill the cigarette tin half full of water and place on top of the live charcoal and boil for five minutes.

2.3.2 Burning

2.3.2.1 Demonstrate to the patient how to cough, sneeze and expectorate into a paper; collect papers in a bag and burn the bag and papers.
2.3.2.2 Advise the patient to expectorate (spit or deposit sputum) in the cigarette tin; pour a small amount of kerosene in the tin; take to an open area outside the house; drop a lighted match into the tin and burn. (This procedure is expensive and can be dangerous)

2.3.3 Flush toilet

2.3.3.1 Pour one teaspoonful of Dettol into the cigarette tin of sputum; allow to remain for one hour; flush into the toilet. This can be done only in cities that have closed sewers and sewage treatment plants.

2.3.4 Precautionary measures for spray

2.3.4.1 Tuberculosis is spread by droplets that come from the open infectious lesion of the patient.
2.3.4.2 The droplets travel as far as six feet when the patient coughs, sneezes, when he speaks.
2.3.4.3 Teach the patient to cover his mouth when he speaks, coughs or sneezes. The bacilli are caught in his handkerchief.
2.3.4.4 Teach the patient to wash his hands frequently as they are always contaminated.
2.3.4.5 Urge the patient to speak and laugh softly to save energy and to prevent spray.

2.3.5 Care of handkerchief

2.3.5.1 Use paper handkerchiefs or old pieces of cloth and change frequently.
2.3.5.2 Collect paper wipes in a bag made of newspaper and burn.
2.353 Place a pail of water near the bedside and have patient place used mouth handkerchiefs in the water. Boil the pail for 5 minutes before washing. Place in the sun to dry or iron with a hot iron.

2.36 **Care of dishes**

2.361 Keep all dishes and drinking vessels separate. Wash the patient's dishes with hot soapy water, rinse with boiling water and place in the sun to dry.

2.362 Keep the patient's dishes covered and in a clean area in or near the bed and urge him or her to supervise cleaning and care.

2.37 **Care of bed linen**

2.371 When the patient has copious positive sputum the bed linen should be taken from the bed and placed in boiling water before washing.

2.372 Other patients—Wash the bed clothes in hot soapy water and hang in the sun to dry and iron.

2.38 **Damp dusting**

2.381 Remove drapes and carpets from the room of the isolated patient.

2.382 Put wet sand or sawdust on the floor before sweeping to keep the dust from flying about in the air.

2.383 Use a damp cloth as a duster for furniture to keep the contaminated dust from the air.

(These precautions are your protection and for the protection of others as bacilli ride on dust particles and enter the nose, mouth and throat of susceptible persons).

3. **Isolation**

3.1 The degree of isolation depends on the condition of the patient and the stage of infection.

3.2 Isolation is dependent on home conditions and adoptions must be made accordingly. Select a separate room where possible.

3.3 Partition the room with a sheet or curtain when a room is not available.

3.4 A separate bed is essential for all tuberculosis patients as it is seldom known when the condition becomes communicable.

4. **The sick room**

4.1 When selection of a room is possible, urge the family to use the room where sun and air is best.

4.2 The area should be screened from flies and mosquitoes to prevent other infections and to insure better rest for the patient.

4.3 Select as cool an area as possible but free from drafts.

5. **Nurse attendant**

5.1 Select some person who is free to care for the bed patient, to enforce isolation and to prevent spread of the bacilli. The person should have BCG if she is tubercular negative.
5.2 Instruct the attendant to get proper rest, food and exercise. Instruct her to use personal precautions when caring for the patient, to wash her hands with soap and water each time she attends to the patient.

5.3 Help her plan for a screening test or X-ray every three months.

6. Daily schedule for the patient

6.1 Help plan a regular daily programme to include regular meals, rest, bathing, etc.

7. Nutrition

7.1 The diet should be a regular diet with increased protein. Protein is a body builder and repairs broken-down tissue. Milk is an essential part of the diet.

7.2 Vegetarian diet should include dal, cheese, nuts and curd to insure sufficient protein and calcium.

Assignment: Tuberculosis and pregnancy.

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**News & Notices from the States**

**Hyderabad**

Members kindly note that Miss La Rue will be absent from Hyderabad from April 11 to June 15. During this period railway concessions etc. will be attended to by Miss Grace John.

Her address:
Miss J. G. John,
Sister Tutor, K.E.M. Hospital,
Secunderabad, (Hyderabad-Dn.)

**Bihar**

Nominations for Bihar State Branch Officers

Kindly send in your votes for the following officers of the Bihar State Branch:

Vice President 1. Miss A. Xaviour,
Sister Tutor,
Lady Elgin Hospital, Gaya.

2. Sister Crescensia R.N.,
Practising as Pharmacist in
Narayanhospital,
Mokameh. (Bihar.)

Membership Chairman.

1. Miss A. Mathews,
Chief Public Health Nurse,
Tuberculosis Centre, Patna.

2. Mr. Bernard Singh,
Staff Nurse, Holy Family Hospital, Patna. (Bihar)

Closing date April 30, 1955.

This Nomination Form should be sent to:
Miss S. Joseph, Patna Medical College, Patna.

**Punjab**

Inter-Hospital Badminton Tournaments

Inter-hospital badminton tournaments will be held under the auspices of the Punjab State Branch INAIL. The tournaments will be held at three different places viz. Amritsar, Ludhiana and Simla, to enable the competitors to take part easily without leaving their districts except for the finals and semi-finals, which will be held at Amritsar during the 2nd week of May, 1955.

All intending competitors should send their entries to the Branch Secretary, Punjab State Branch, Civil Hospital Jullundur, by 15th April, 1955, together with their entry fee and the receipt obtained.

The rules for the competitors will be as follows:

1. Competitors may send in their entries through their institution for singles as well as for doubles.
2. Entry fee in case of singles will be Rs. 1/3/- per individual member.
3. Entry in case of doubles will be Rs. 3/-.
4. All students as well as trained nurses may take part.
5. The place and time of matches to be played will be intimated to the competitors through their Nursing Superintendents.

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