

of the patient's mind and gain her confidence. In this way a nurse may better help her patient and can act as a mother or a sister or a relative or a teacher. What other profession in the world can do all these? What a blessed opportunity for nurses. I have heard many nurses ask "Why did I take up nursing when public opinion of the profession is so low?" Miss Florence Nightingale has said that nursing is the finest of fine arts, because nurses deal with human life, with the flesh and blood of the patients rather than with inanimate objects. A nurse needs high ideals of service. As we are nurses it is our duty to advise others to come forward to take up this noble profession. For that we have to show an ideal life and remember Florence Nightingale's pledge "to pass my life in purity and to practise my profession faithfully."

A Study Case in the Nursing Care of a Patient

By Mr. Swami Dhas, Student Nurse, London Mission Hospital, Neyyoor

(Continued from previous issue)

Before being taken to the anaesthetic room he passed urine. At 9 a.m. he was taken to the anaesthetic room when a pre anaesthetic subcutaneous injection 0.75 cc of Morph. hydrochlor. gr. $\frac{1}{2}$ Atropine Sulph. gr. $\frac{1}{100}$ Hyoscine hydrobromide gr. $\frac{1}{150}$ in 1 cc was given.

9.30 a.m. spinal Novocain 4 p.c. 3cc was injected into the spinal canal and the operation began.

On opening the abdomen an intussusception was found, the doctor tried to reduce it but was unsuccessful. $1\frac{1}{2}$ ft. of the small intestine was invaginated into the colon from the caecum, the appendix and 9 inches of the colon from the caecum were much inflamed. A complete resection of $2\frac{1}{2}$ ft. of both colon and jejunum was done. The healthy guts were connected by lateral anastomosis, adhesions were set free, and the abdomen closed at 11.45 a.m. and the patient brought to the ward. During the operation his pulse rate varied from 80 to 100.

The patient was placed on an operation bed warmed with hot water bottles and blankets, the foot of the bed was raised to prevent shock because his pulse rate went up to 120 and was feeble. Started rectal salines, pulse and respiration taken hourly and charted. At 12 noon he became restless, Tinct. Opii mx was ordered to be given intra-muscularly. He slept for $3\frac{1}{2}$ hours then again became restless. Tinct. Opii mviii was injected intramuscularly at 4 p.m. with good effect. Late in the evening he came to himself, and was gasping for air. He had slight haematemesis so was given calcium lactate, 2 tablets 4th hourly from 10 p.m. altogether 36 tablets. Injections of 3 kepalin ampules (Vitamin K) were given 4 hourly from 10 p.m., 20 cc I.V. calcium chloride 10% 10 cc a dose and I.V. calcium gluconate 10 cc ampules 3 8 hourly from 2. a.m. and 4 a.m. respectively Temp. 100 F pulse 144, respiration 40. Sips of boiled water were given.

At 10 p.m. the patient's general condition became worse. Penicillin 25,000 units 3 hourly from 10 p.m. was ordered, altogether 700,000 units were injected. He was also having some abdominal distension which was relieved by suction apparatus and by an injection of acetyl-colon, 2 tube.

On April 13th at 2 p.m. he became extremely restless, temp. 102 F, pulse imperceptible, resp. 48. Three tubes of coramine and A.S.A. 2 injections to be given 4 hourly from 2 p.m. and 3 p.m. were prescribed. Tinct. Opii mviii was injected with good effect. Oxygen was administered. The patient became steadily worse. An injection of Camphor in oil 1 cc was given at 8 p.m.

The nurses in the ward, apart from the routine care done for him, were very zealous on his behalf although they, together with the doctors almost gave up hope for it seemed as though the patient was travelling on the path of death; but the devoted efforts of the staff were rewarded and with the help of God the patient survived and brought happiness to both the hospital staff and his relatives.

On the 14th he showed signs of improvement, temp. 100 F, pulse 140, resp. 38. As he showed signs of chest trouble. Sulphadiazine 2 table 4 hourly were given (18 tablets in all) and I.V. Alcohol 20½ 10 cc injections.

Before the break of the 15th all injections were stopped and he made a steady progress in recovery. For the first three days rectal salines 6 ozs were given 4 hourly, boiled water by mouth.

He was unable to pass urine and after the usual procedures to induce this failed, catheterization 8 hourly was ordered. An injection of Carbocal I ampoule was given which acted successfully.

Diet given was diluted milk and congee water 2 ozs 2 hourly. On April 20th he was given broken rice congee and on the 25th rice and curry.

On the 20th the stitches were removed showing that the wound healed up in the first intention. He was discharged on May 2nd 1947 and advised to have complete rest for one month and a further period of three months semi-routine occupation.

G. Swami Dhas.

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