

COLOUR AS AN AID TO ACCURACY AND TIME ECONOMY

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There is nothing original in the suggestion of using colour for the above mentioned purposes—but for the benefit of those who have never adopted this means, it is hoped that the following instances may prove interesting and helpful.

We opened a biggish block in K, for dysenteric patients—for whom, as we all knew, the strict observance of diet is a very important part of the treatment.

Diet sheets in Military hospitals, though simple in their way, take quite a while to write up when patients' diets are constantly on the change, and in themselves do not indicate the finer distinctions in diet necessary to such cases. It helps tremendously, therefore, to have some easily discernible 'Sign' that is understood by patients and staff alike—literate and illiterate—that can prevent disappointment of the patient and delay in the revised course of dietary treatment.

We all know the man who has been on FLUIDS ONLY for the past 48 hours, who hears the M. O., say encouragingly to Sister on rounds, "Well, I think we can increase this man's diet a bit and give him a little bread and butter today"—and finds himself, not only the recipient of just another cup of marmite when lunches are served shortly afterwards, but of a good deal of well-meant chaff also to go with it—which doesn't go down too well—however nobly he accepts it. Or taking the bull by the horns will shout "Here, the M.O., said I could have something to eat to-day, Where is it?" Only to receive the well-worn sally, "Sorry, its not on your diet sheet." Though it is in the treatment book, stopping at this juncture to verify the fact in easy enough to do for ONE, but takes too long when you are hurrying out diets for 50 odd and complaints that the food is not served HOT are all too frequent. And so the poor chap has to wait for his bread and butter (never so dearly looked forward to before) until tea time.

We therefore adopted the Colour System, in the form of labels, which we tied to the Chart and Diet Boards, and found it not only a tremendous help towards accuracy and time economy but of great psychological value too. Promotions from one colour to the next being heralded by loud and prolonged cheers and degradings by an equal amount of witty though genuine sympathy. The patients taking a lively interest in not only their own, but also each other's progress.

The labels we made ourselves—at no expense—from the plain, inside portion of cigarette cartons. Printing the appropriate words on each—never letting colour and wording deviate from their distinction. So that anyone new coming to the ward very soon learnt what each represented.

- RED. (from 'du Maurier' packets) meant Fluids Only, without milk, including jelly.
- GREEN. ('Woodbine packets) meant Fluids with milk. Bread and butter.
- YELLOW. ('Gold Flake' packets) meant Fluids Bread and butter and Eggs—from egg flips, custard to soft boiled, poached or scrambled—but NOT fried.
- WHITE. ('Will's Navy Cut') meant Light Diet. Nothing fried. No roughage.
- BLUE. ('Ardath' packets) meant Ordinary diet.

Any Special Diets over and above these had white labels with Red Lines and special instructions written on them—such as FAT FREE—etc.

The box containing these labels was carried by Sister each morning when the M.O. made his round—and it was only the matter of seconds to change the existing label—and make an entry in the treatment book at the same time, as a cross check. Diet sheets and lists could then await a more propitious moment.

The success of this application appealed to the C. O., to such an extent that he had it carried into effect on a wider scale, in the general medical and surgical wards. Here, where the gradients in diet were not so fine, we adopted another set of labels (and these he provided—at quite a little expense, I should imagine).

RED.	Still stood for Fluids Only.
GREEN.	" " Milk diet, which includes bread, butter, eggs and fruit.
WHITE.	" " Light diet.
BROWN.	" " Ordinary diet.
GREY.	" " Dining Hall diet.

The same method can as easily be used in a Regimental M. I Room or Out-patient Department.

Where 200-250 men is the average daily sick parade, it stands to reason that Time Economy is an important factor. The large majority of these men have minor injuries—mild conjunctivitis— or running ears.

They first report to the M. O, who gives each patient a chit, relegating him either to hospital or to the adjoining dressing room for treatment. Minor injuries fall almost exclusively into four groups – and if simple, routine methods of treatment are adopted. Accuracy is the more easily assured. The following have been found beneficial and easy to manage.

1. *Abrasions.* Upper cuticle of skin has been peeled off. (The treatment employed will be the same for all abrasions under this M.O.)
Clean the wound and surrounding area.
Paint with Tinct. Iodine—and allow to dry.
Wipe off exudate.
Paint with Silver Nitrate Sol 2% and allow to dry.
Repeat this last process 3 more times, allowing it to dry between each application—until the wound is sealed.
A dressing will only be necessary if the "part" is liable to come in contact with clothing or be easily knocked.
The patient should not need to return for further treatment.
2. *Slightly Deeper Tissue involved in injury.*
Clean as for abrasion.
Paint with Iodine—allow to dry.
Apply Acriflavine dressing.
Sepsis (if any) will appear on the 3rd day.
3. *Deep Septic Wound or Ulcer.*
Cause. 1. Patient has neglected to report, or
2. Has received poor treatment,
Hot compresses of Mag. Sulph. Sol. or Saline.
Repeated 4 times at 5 minute intervals.
Followed by Eusol or Saline dressing.
Thick layer of gauze, Thin layer of wool.
Gauze being absorbent and wool, relatively, non-absorbent.
4. *Granulating Wounds.*
Granulations touched with copper sulphate or silver nitrate S.O.S.
Simple ointment dressing applied.
Sealed with adhesive plaster and left for 4 days.

Eyes and Ears must be treated separately—but routinely.

And here again our Colour comes into play for Accuracy and Time Economy and our staff works in Squads. If the M.I. Room is for Indian Troops only, they will not be able to read the hurriedly written instructions—and the Nursing Sappers to whom they hand them are often unable to do so either. This leads to:—

1. In waste of time—going to someone else who can, or
2. Guessing at what the wound received last time, thereby challenging Accuracy.

So 1. Abrasions are given a RED ticket by the M.O. The patient goes into the dressing room—sees a Red square on the wall and takes his seat on the bench beneath. They pour in.