
STUDENT NURSES' ASSOCIATION SECTION

Reports, Examination questions and Articles for this Section will be welcomed by the Hony. Organising Secretary, Miss Sharwood-Smith, Lady Hardinge Hospital, New Delhi.

AVERTIN ANAESTHESIA

By P. E. TOLLITT, Sister Tutor, Lady Curzon Hospital, Bangalore

Avertin is an anaesthetic that can be given to a patient in bed and therefore is of great comfort to the patient, as she does not have to suffer that last half hour's anxiety on a trolley before the operation, nor the emotional disturbance of leaving the ward and being taken into an anaesthetising room.

Its benefit to the patient cannot be overestimated, and the nurse need not tell her that it is an anaesthetic, as the patient will not suspect as she has probably already had an enema that day. It is better not to tell the patient to 'try to go to sleep'—the effort of doing so keeps the patient awake. Also, with Avertin, more latitude may be allowed with food before the operation; and not the usual strict starvation; this helps to combat shock—e.g. 2 cups of coffee may be allowed up to 2 hours before operation.

Avertin is said to be 16 times safer than chloroform as regards cardiac effect.

Avertin is given per rectum, through a glass funnel, rubber tubing and catheter, with clip.

Avertin is given according to body weight—usually 1 gramme to a kilogramme of body weight, made up in a 3 per cent solution of distilled water. About 4–8 oz. is amount injected.

(Only a qualified compounder should be trusted to make up the solution.)

Avertin must never be heated above a temperature of 104°F—as it decomposes within an hour.

To Test Avertin. Place 2 or 3 drops of Congo Red Solution 1:1000 in a test tube and drop in 5 c.c. of Avertin. If it changes colour at all to a purple or blue it is bad and NOT to be used. The bottle of Avertin should be kept corked and out of the strong light. A chart of instructions of dosage etc. accompanies each bottle and should be closely adhered to.

How to administer Avertin.

1. Weigh the patient accurately the day before operation, as Avertin is prescribed strictly according to weight.
2. Give an injection of Atropine grs. $\frac{1}{100}$ beforehand.
3. Take the pulse rate before, during and after the administration and record it.
4. Slightly heat the Avertin solution in a bowl of warm water, to blood-heat only.
5. Patient is to lie on the left side, in the left lateral position, either in bed—or on the theatre trolley if not too nervous.
6. Half an hour before the operation give the Avertin through a warmed funnel and tubing, taking not less than five minutes, and not more than ten minutes, according to the amount.
Insert the catheter 4" and give it at a low pressure.
7. If the patient becomes unconscious before all the dose is administered, the procedure should stop.
8. The patient should be in a darkened quiet corner of the ward, or room, and no sudden loud noises allowed.
9. A nurse may give the injection, but a doctor should be present until the patient has fallen asleep.

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10. The patient must never be left alone either before or after the operation, until the effects have completely worn off. The patient is usually asleep quickly and the sleep may extend to 1-2 hours after the operation.

11. On being returned from the theatre, restlessness may occur in the patient's sleep, which may readily be controlled by a small dose of Morphia, grs. $\frac{1}{8}$ - $\frac{1}{4}$, and the respirations carefully watched.

12. After administration the patient's face may become flushed, the pulse rate quickens but the volume should be good, the breathing becomes more shallow than normal and may be of an increased rate. The pupils contract and the muscles relax.

Caution. Take care to prevent obstruction to breathing by the tongue being swallowed. An overdose will produce irregular inspirations and expirations.

Avertin is a respiratory depressant; therefore an inhalation of oxygen and 5 per cent carbon-dioxide may be needed, and can always be given if there is any cyanosis. If the condition becomes worse the respiratory depression can be controlled by intravenous or intramuscular injection of 1 ampoule of Coramine—or more—which a nurse must have in readiness.

Antidote. Ephedrine Hydrochloride has the power of interrupting the narcotic effect of Avertin.

Avertin is being used most successfully for cases of appendicectomy, cholecystectomy, tonsillectomy, thyroidectomy and many other common operations, and the patient's recovery is rapid and uneventful, with no chest complications. If the operation has to be prolonged, a little gas and oxygen inhalation can be superimposed into the Avertin anaesthesia.

Reports for 1937

DEAR MISS PITMAN,

Thank you ever so much for your letter and for the forms. The number of student nurses in our unit were 31 in the beginning of the year.

Four of our student nurses have left the student nurses' association during the year and are ready to join in the trained nurses' association.

Now there are only 22 student nurses in the student nurses' association, and we hope many of the new probationers will join in Student Nurses' Association in October.

We have selected three committees. A nurse from each class was chosen for each committee. They are—games committee, sight seeing committee, and one set are general committee members. Games committee's business is to arrange games for the student nurses' and set up a date and time. We all gather and play many games and have a lot of fun.

I am afraid, I have nothing practically to report about sight-seeing committee. Its business is to find an interesting place and arrange for some of our nurses to go and see that place.

Once we have gone for a moonlight walk to the Marina beach. We played games and had a jolly time there.

In aid of the Church of Scotland Mission Centenary fund, we student nurses performed a play with the aid of Dr. Russell.

We go out to village dispensaries to Sholavaram and Arkonam to do social work. Our going out to villagers has made the villagers less afraid of coming into the hospital.

In one of our meetings Sister Hardy kindly gave us an interesting lantern lecture about her visit to Northern India.

We are extremely sorry to miss our Matron Miss Robson, who has been very enthusiastic in helping us in every way.

We are glad to say that all our models and drawings of previous years have been sent to Miss Robson who has Exhibited them at the Congress of Nursing which was held in July in London. In November they will be exhibited also at the Church of Scotland Foreign Mission Centenary meetings which are to be held in Edinburgh.

Some of our Student Nurses are working hard at the exhibits in preparation for the Conference in Delhi in November, and we hope to be able to raise enough money to send at least one delegate.

I remain, Yours sincerely,

N. V. RAMANUJAMMA, *Secretary, Rainy Hospital, Madras.*

Dear Miss Pitman,

I am sorry I have not sent you an account before this, but we have been going through a very anxious time lately with our Examinations.

We have eighteen Student Nurses in our Unit.

Four members have left the S. N. A. during the year. Four members have joined the T.N.A.I. having left the S.N.A.

Our activities during the last year :

I was on leave during the Christmas festivities last year and we have had a very busy season this year which has curtailed our activities. Anyhow during Christmas Week last year the nurses all have told me what a wonderfully happy time they had. It is too far back to dwell on it now, for, Christmas of this year looms on the horizon.

We have had some happy times this year—impromptu Picnics, Walks and several Cinemas and one Picnic on a bright Moonlight Night just before the Monsoons set in. We played games and sang songs and had a nice enjoyable time and returned back very tired dragging ourselves up the steep hill-sides.

Miss Hill very kindly visited the hospital and showed us several films taken on her Cinematograph—some films of Nursing, showing us scenes of Kashmir depicting the most wonderful beauty spots; Anatomical films, Blanket bathing, Applying poultices, etc. We found them all very interesting and were very grateful to Miss Hill for taking so much trouble and foregoing her own pleasure for our sakes.

On the 25th of August we had a Tennis at home and Badminton, and took the opportunity of asking the Medical Superintendent to be present and to present three of our nurses with their 3rd year certificates. The New Park which has been opened in Simla affords us many hours of delight for we thoroughly enjoy ourselves when we go for an after-dinner outing for, the Park remains open till 10 p.m. The Monsoons have now finished and we are hoping that these Saturday Night-outings to the Park will start again.

We are working hard with our Exhibits for the T. N. A. I. Conference Exhibition in November, and some of us hope to be present in Delhi for it.

The holidays will soon be starting for us, for, we are only allowed leave during the Winter Months. I conclude now as I think I have told you everything.

With our united good wishes for the welfare of the S. N. A.

Yours sincerely, (Miss) A. K. SIMON,
Secretary, Lady Reading Hospital.

The number on our list on 10th June, 1936 when the Student Nurses' Unit was formed was 22 and dwindled to 18 on 1st November, 1936—as 4 nurses had left to be married. We have, however, been able to add to our members and we will have 27 on the list on the 1st October 1937.

On the 4th and 5th August 1936 the Student Nurses were at Home to fellow students from the Lady Dufferin Hospital, where they enjoyed themselves thoroughly with Games and Refreshments, and were re-invited to a most enjoyable evening at the Lady Dufferin Hospital. It was sad for the Unit when they lost their capable Sister Tutor, Miss Turton, who took the keenest possible interest in the unit. In October 1936 four exhibits were sent to Madras and Nurse E. Gomes won the prize in the Drawing Section. We were exceedingly pleased at this.

The students had much pleasure in collecting and forwarding Rs. 70 and some needle work towards the T. N. A. I. Fund. They are busy at present on the exhibits they are getting together for the coming Conference in November and hope to send in 5 or 6 Exhibits.

We sincerely trust that with the advent of a new Sister Tutor on the 1st of October, the Student Nurses' Unit will take on a new lease of life.

D. E. MUNRO,
Lady Superintendent, Civil Hospital, Karachi.