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Helen Becker

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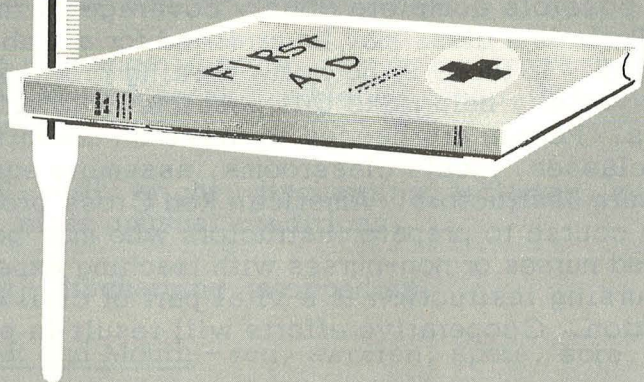
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when you are a HOME NURSE



UNIVERSITY OF NEBRASKA COLLEGE OF AGRICULTURE AND HOME ECONOMICS
EXTENSION SERVICE
AND U. S. DEPARTMENT OF AGRICULTURE COOPERATING
E. F. FROLIK, DEAN J. L. ADAMS, DIRECTOR

FOREWORD

This lesson in home nursing follows closely the principles and procedure of the American Red Cross Home Nursing Textbook. Acknowledgments are due, therefore, to the American Red Cross and especially to the Lancaster County Red Cross chapter for their cooperation and permission to use their subject matter. This lesson in no way attempts to substitute for the Red Cross Home Nursing course but rather attempts, in two lessons, to show what may be gained from the Red Cross Home Nursing course for homemakers who are able to take part in their community Red Cross program. You should consult your local Red Cross chapter about the kinds of training available. The cooperation of other community organizations is welcomed and is a great aid in making possible complete county coverage in this program. Perhaps a class may be arranged for a club in your community. If there is no home nursing program in the county, you may help make this possible by offering your services. People are needed to serve on committees to recruit classes, locate classrooms, assemble equipment and secure instructors. American Red Cross provides a training course to prepare instructors who may be either registered nurses or non-nurses with teaching experience. Home nursing instruction is a vital part of civil defense preparation. Cooperative efforts will result in prepared people.

When You Are a Home Nurse

by Helen Becker
Agricultural Extension Health Specialist

Your purpose is to give simple home nursing care safely, effectively, and easily.

YOU OBSERVE SYMPTOMS OF ILLNESS

The homemaker needs to be alert to changes in the health of the family, especially if there are children. Frequently, the earlier the symptoms are noticed, the more rapid will be the recovery of the patient.

Children and many adults who know that their physical condition is being carefully watched are likely to exaggerate every little ache or pain. Usually, they do not intend to mislead. Often such exaggeration is simply an unconscious attempt to get satisfaction from special attention. In any case, the home nurse should observe symptoms without the patient's knowledge as far as possible, and without too much obvious concern, so that his interest or anxiety may not be especially excited.

The symptoms listed emphasize the important, common signs of illness that are usually noted:

Skin - change in color, dry or moist, rash, moles, warts, unhealed sores, reddened areas, other unusual conditions.

Eyes - dull, bright, discharging, inflamed, sensitive to light, other unusual conditions.

Nose - discharging, stopped up.

Throat and Mouth - red, swollen, spots, sore, coated tongue.

General condition - fatigued, irritable, emotionally upset.

Digestion - no appetite, nausea, vomiting, diarrhea, constipation.

Temperature - the normal temperature may vary between 97.2 and 99.4 degrees Fahrenheit when taken by mouth. If other symptoms are present, 99.6 degrees by mouth may be called fever. The normal average mouth temperature is 98.6 F.

Pain - location, type, severity, onset.

Pulse and respiration - The pulse rate, even with persons in good health, varies with the individual. Age and sex account for some of these variations. A child's pulse rate, for example, is faster than that of an adult; a woman's pulse rate is usually faster than that of a man. While there are great variations, the rate for a man is about 70 beats each minute and for a woman from 75 to 80 beats each minute. The rate for children varies greatly. As a rule the pulse rate increases with a rise in temperature, although this is not always true.

The pulse may be felt most easily where a large artery is near the surface; this may be on the inside of the wrist, at the ankle, or at the temple. The inner side of the wrist below the thumb is the place most often used to record the pulse because it is usually the most convenient.

The pulse should be counted after the patient has been resting quietly, or in a child when asleep. The beat of the pulse is usually as regular as the ticking of a clock. Any irregularity should be called to the doctor's attention.

The procedure for taking the pulse.

1. Have the patient lie or sit down. Place his arm and hand in a relaxed position, thumb up, supported on a chair arm, table or bed.
2. Locate the pulse by placing the 3rd and 4th finger on the thumb side of the patient's wrist between the tendons and the wrist bone.
3. Count the pulse beats for one full minute; then check the rate by counting for another full minute.

4. Note on the daily record for the doctor the pulse rate per minute, time, date, and any irregularity noted.

The procedure for taking the respiration.

Respiration may be counted immediately following the counting of the pulse and while the fingers are still on the pulse, as the patient is less likely to be aware that the count is being made and change his breathing.

1. Observe the rise and fall of the chest. Count for one full minute each rise of chest.

2. Note on the daily record the rate and any unusual condition in breathing.

YOU SOMETIMES TAKE THE TEMPERATURE

Fever is an important symptom of illness and can be measured accurately. It is important for the homemaker to know how to take temperature so she will know whether the person is sick, whether and when to call a doctor, and what to tell the doctor.

A clinical thermometer is used for measuring the temperature of the body. It is sometimes called a fever thermometer. It differs from most other thermometers in that the mercury remains at the highest point registered until it is shaken down. It is fragile and must be handled with care, kept in a safe place when not in use, and protected from the heat. The temperature is usually taken by the mouth or rectum, but may also be taken at the armpit. For an accurate reading, keep the thermometer in place in the body for at least 3 minutes, except when the thermometer is placed at the armpit, in which case, leave it there for 10 minutes.

Some mouth thermometers have a slender bulb about $1/2$ inch in length. Others have a short stubby bulb. Only thermometers with stubby bulbs should be used to take rectal temperatures as there is less danger of their breaking and injuring the patient.

When reading the thermometer.

1. Make sure the light is adequate for accurate reading of the thermometer.

2. Hold the thermometer by the top, in line with the eye; turn the ridged side toward you.

3. Look for the thin column of mercury between the lines and numbers through the ridge. It may be necessary to roll the thermometer slowly back and forth to locate the mercury; the end of the mercury column indicates the temperature.

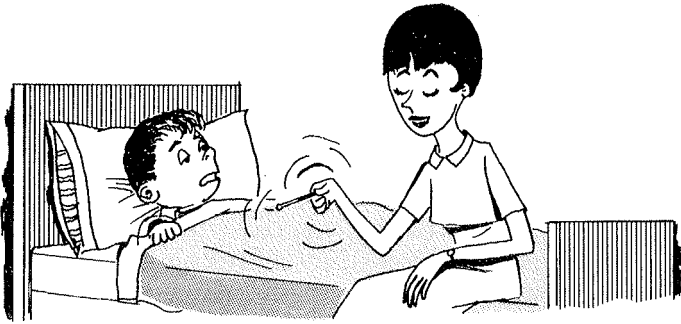
4. Read the scale to include the degree and nearest two-tenths of a degree.

Taking the mouth temperature.

1. Have the patient sit or lie down.

2. Hold the thermometer firmly by the top.

3. Shake the mercury down to 95 degrees or below.



4. Rinse the thermometer in clear, cool water to make it easier and more pleasant to hold in the mouth.

5. Place the bulb in the patient's mouth, well under the tongue and a little to one side.

6. Instruct the patient to keep his lips closed, to breathe through his nose, and not to bite down on the thermometer or to talk.

7. Leave the thermometer in place for 3 minutes to assure an accurate registering.

8. Remove by holding at the top and use a wipe to remove any saliva; use a rotary motion from the top toward the bulb and over the bulb. This makes it easier to read. Dispose of wipe in a waste container.

9. Take the thermometer to a good light, still holding the top, and read.

10. Cleanse the thermometer immediately.

a. Hold by the top, with the bulb down, over a waste container.

b. Moisten a wipe with cool water and soap well. Beginning at the top, rub down with a single rotary stroke with friction, getting well into the grooves of the tube and over the bulb. Discard the wipe.

c. Moisten a fresh wipe with clear, cool water and rinse the thermometer, using the same stroke as above.

d. Soap and rinse again--repeat procedures b and c.

e. Dry with a fresh wipe, using the same stroke, and put the thermometer away in its case, bulb end first.

It is necessary to take a temperature when the temperature of the mouth has not been affected by eating, drinking, or smoking.

The temperature of a sick person may be taken at regular hours, morning and evening, or not more often than every 4 hours unless ordered by the doctor.

YOU KEEP THE PATIENT'S DAILY RECORD

The patient's condition changes from day to day. The home nurse must not trust her memory. The doctor will be helped if the home nurse can give him certain facts about the patient. In all cases of illness a simple record such as the one following should be kept.

DAILY RECORD

Date & Hour	Temp.	Diet, Medicine and Treatment	U	BM	Remarks

YOU PREVENT THE SPREAD OF INFECTION

Putting on and taking off the cover-all apron

Purpose. To provide a means of helping prevent the spread of disease from the patient or to the patient.

The home nurse should wear some type of cover-all apron when entering the sickroom to give care to the patient, and should take it off when leaving the room, hanging it near the door of the sickroom in readiness for use.

Procedure.

1. Don the apron.

a. Slip the arms into the sleeves of the apron without touching the outside, which will be next to the patient.

b. Fasten at the neck and waist for ease in working.

2. Wash the hands after caring for the patient.

3. Remove the apron.

a. Unfasten.

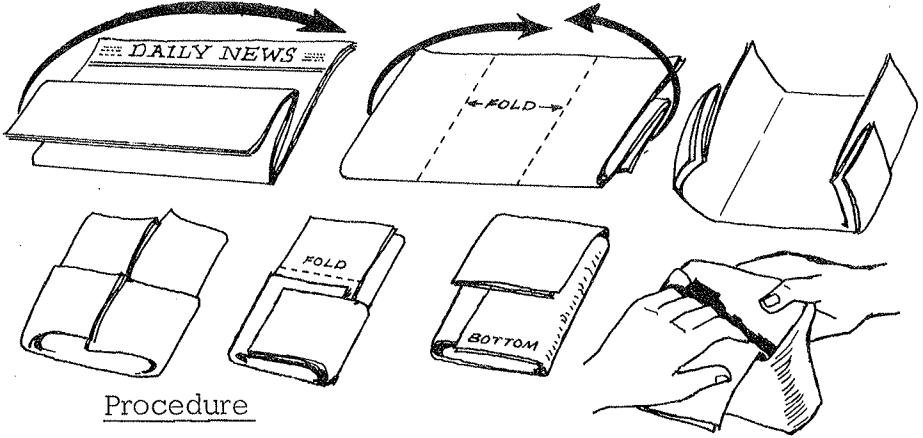
b. Slip the arms out of the sleeves.

c. Hang - Keep inside in and clean.

Making a newspaper bag.

Purpose. To provide a means of safe disposal of waste material.

Waste material from a sickroom may carry infection and therefore, must be disposed of properly. Paper bags may be used for disposing of many types of waste.



Procedure

1. Place the newspaper, folded in half, with the center fold toward the person making the bag.
2. Bring the top edge of the upper sheet of the paper down to the center fold. This makes a cuff.
3. Turn the paper over, smooth side up, keeping the center fold toward the person throughout the procedure.
4. Fold it in thirds from the sides; crease well to hold the fold.
5. Lock by tucking one whole side under the cuff of the other side.
6. Bring the flap over the locked cuff.
7. Place a hand in the opening at the top; stand the bag up; and shape.
8. Use the flap as a cover for the bag or as a means of fastening the bag to the side of the bed.

Washing the hands.

Purpose. The home nurse washes her hands before and after caring for the patient to help protect the patient, the home nurse, and others from infection.

Roll up the sleeves if wearing long ones. Remove the wrist watch, or push it up on the arm. Remove jewelry that is likely to hurt the patient or collect lint and other soil.

The hands should be washed under running water; where this is not available, pour water from the container.

Procedure.

1. Keep the hands lowered over the basin throughout the procedure.

2. Wet the hands so that the soap will lather.

3. Soap hands well, working up a lather.

4. Rinse the soap (if using a bar), leaving it clean for the next use.

5. Use friction, rubbing well between the fingers and around the nails, and be sure to wash the entire hand and wrist.

6. Rinse the hands to allow the first dirt to run off.

7. Soap again, being sure to work up a good lather, and using friction as before between the fingers and around the nails.

8. Rinse the soap.

9. Rinse the hands again, getting all the dirt off this time.

Essential points to remember.

1. Hold the hands down over the basin and wash under clean running water.

2. Use friction.

3. Dry well.

YOU CONSIDER THE COMFORT OF YOUR PATIENT

Resting in bed.

If the patient has symptoms that indicate illness, probably the first thing the homemaker will do, even before she calls the doctor, will be to put the patient to bed.

If the doctor orders bed rest, it is necessary that both the home nurse and the patient understand the meaning of bed rest and limited activity. Unless otherwise ordered, it is likely that the patient is supposed to be in bed throughout the 24 hours of the day.

The reasons for putting a person to bed when symptoms of illness occur and before the doctor is called are that:

a. Less energy is used for body functions and movements; therefore, more energy is reserved to repair damage caused by illness.

b. Relaxation of the patient may aid diagnosis by the doctor.

c. By getting the patient out of circulation, the possibility of spreading a communicable disease to others and further infection of the patient by others is lessened.

Conditions that contribute to the physical comfort of a bed patient are:

a. Provision for comfortable position in bed:

1. A bed long enough.

2. Adequate support.

3. Frequent change of position.

4. Freedom from wrinkles in sheets and pads.

5. Freedom of crumbs, and moisture.

b. Prevention of glare: adjustment of window shades and doors; a pleasant view if possible.

c. Avoidance of annoying noises: sudden, loud, or small repeated noises such as squeaking shoes, rattling windows and shades, and whispering.

d. Avoidance of body odors: perspiration, perfumes, and tobacco.

Making the Unoccupied Bed.

Purpose. To make a bed which provides for patient safety, comfort, warmth, a smooth, clean surface to lie on, and freedom of movement.

Procedure.

1. Assemble the fresh linen; place newspapers or a bag to receive the soiled linen.

2. Remove the spread, blankets, pillows, mattress pad, and linen. If the linen is soiled, place it at once on newspapers or in a laundry bag; hold the bedding away from the face and clothing to avoid contact.

3. Turn the mattress.

4. Place the mattress pad.

5. Center the bottom sheet lengthwise and place on the bed. To anchor the bottom sheet well, allow 18 inches to tuck smoothly under the head of the mattress. Make a corner at the head of the bed, as shown.

6. Tuck the sheet smoothly under the mattress all the way down the side of the bed. If a draw sheet is used, fold it end to end and place across the center of the bed, with the top fold high enough to come under the pillow and the open end toward the foot; tuck under well. If additional protection is needed for the mattress, place a rubber sheet or substitute under the draw sheet.

7. Center the top sheet lengthwise and place. Allow enough to fold back over the blanket at the head of the bed and to tuck under the mattress at the foot of the bed. Leave loose at the foot until the blanket is in place.

8. Center the blanket lengthwise and place it at shoulder height. Leave loose at the foot of the bed. If the blanket is not long enough, two may be used, placing one blanket as desired to cover the shoulders and the other to tuck well under the mattress at the foot.

9. Go to the other side of the bed.

10. Tuck the lower sheet smoothly under the head of the mattress. Anchor it well by making a corner. Grip the sheet near the head of the bed; pull diagonally and tuck securely under the mattress. Repeat this three or four times all the way down the second side of the bed.

11. Pull the draw sheet smooth and tuck under.

12. Provide toe space.

13. Tuck the sheet and blankets loosely under the mattress at the foot of the bed; retain the pleat; make loose corners.

14. Center and place the bedspread. If the patient is using the bed at once, fold the spread under the upper edge of the blanket and fold the top sheet back over both the blanket and spread; tuck the bedspread loosely under the mattress at the foot.

15. Put on the pillow case. Keep the pillow away from the face and clothes.

16. Arrange the bed for occupancy. Fold the top covers--sheet, blankets, spread--in thirds to the foot of the bed with the free edge toward the head of the bed so the covers may be pulled up easily.

17. Remove the soiled linen.

Making an occupied bed.

Procedure.

1. Assemble the fresh linen; place newspapers or a bag to receive the soiled linen.

2. Loosen the bedding all around from under the mattress. Use care to avoid tearing.

3. Remove the spread; fold and hang over a chair. Remove one blanket, if using two; fold and hang over a chair. For the comfort of the patient, work from the head to the foot of the bed.

4. Remove the top sheet, sliding it down under the blanket. The patient may be asked to hold the top edge of the blanket while this is done, or the blanket can be tucked under the shoulders. If the top sheet is to be used as the bottom sheet or draw sheet, fold and place on a chair.

5. Remove all but one pillow--or all pillows. Remove the soiled cases and place with the soiled linen.

6. Turn the patient toward the other side of the bed in order to change the bottom sheet; keep him covered. (See procedures for turning the patient in bed).

7. Change the bottom sheet.

- a. Gather the soiled bottom sheet lengthwise and roll it up close to the patient.

- b. Pull the mattress pad smooth under the patient.

- c. Center the clean sheet lengthwise; place and unfold, keeping about 18 inches to tuck under at the head to protect the mattress and to anchor the sheet.

- d. Gather the top half of the clean sheet and push in a flat roll under the soiled sheet, close up against the patient's back.

e. Tuck the clean sheet well under the mattress at the head and make a corner; tuck well under the mattress all along the side of the bed. If a draw sheet is used, place on the bed with the folded edge under the mattress.

f. Turn the patient back toward the home nurse. Tell the patient what is about to be done. Loosen the blanket. Lift his feet over the soiled and clean sheets. Place one hand on his upper shoulder, the other on the upper hip on top of the bedding, and, on signal (the count of 3), roll the patient all the way toward the home nurse. Continue giving support while the bunched sheets are pulled out. Roll the patient on his back. Adjust the position and covers.

g. Go to the side of the bed and remove the soiled sheet, handling as little as possible; place with the soiled linen.

h. Smooth out the mattress pad.

i. Adjust the clean bottom sheet. Tuck the sheet well under the mattress at the head of the bed; make a corner.

j. Tuck the sheet securely under the mattress all the way down the side of the bed, pulling the sheet diagonally.

k. Grasp and pull the draw sheet and tuck under the mattress.

8. Put on the clean pillow case and replace the pillow.

9. Place the top covers.

10. Make the patient comfortable; straighten the room and remove the soiled linen.

Essential points to remember.

1. The bottom sheet should be smooth and tight.

2. The top covers should be lightweight and suited to the temperature of the room, should provide for shoulder warmth and permit toe space, and should be held securely together.

3. Handle the soiled linen with care to prevent the spread of infection.

Moving the patient in bed.

Purpose. To relax the patient, improve the circulation, prevent continued pressure on any part of the body over too long a time, avoid strain on the joints, prevent deformities, and adjust the position for comfort or for the giving of treatments.

Helping the patient move to the near side of the bed.

1. Place the hands, palms up, under the pillow, supporting the head and shoulders, and on signal (count of 3) pull toward the home nurse.

2. Place the hands, palms up, all the way under the hips and on the signal pull toward the home nurse.

3. Place the hands under the knees and ankles, pull toward the home nurse, and adjust the body for position and comfort.

Helping the patient sit up and lie down.

1. Face the head of the bed.

2. Flex the patient's knees.

3. Lock the near arms - the arm of the home nurse under the patient's arm with the hand braced at his shoulder; the patient's arm under her arm with his hand braced at her shoulder.

4. On signal, help the patient to a sitting position and pause in case he feels weak or dizzy.

5. Help the patient support himself, if he is able - hands braced back of him on the bed.

Helping the patient move up and down in bed.

When the patient can assist.

1. Raise the patient to a sitting position as above.
2. Help the patient support himself - hands braced back of him on the bed.
3. Move toward the head of the bed - face the bed; place one hand low on the patient's back, the other, palm up, well under his thighs and on signal help the patient swing backward as he digs in and pushes with his hands as he swings forward.

When the patient is helpless.

If the patient is entirely helpless, two or even three people may be needed to lift him up or down in bed. For a single bed, two stand opposite each other and join hands under the patient's shoulders and thighs and move him as desired; for a double bed, two or three persons may work on the same side of the bed; one lifting the head and shoulders, one the hips, and one the legs and feet, supporting the knees and ankles. The drawsheet may also be used to help move or roll the patient.

Turning the patient on his side and away from the home nurse.

1. Free the covers; instruct or help the patient to bend his knees.
2. Face the side of the bed, with one foot forward and the knees bent.
3. Slip one hand, palm up, all the way under the patient's hips. Slip the other hand, palm up, all the way under the patient's shoulders. The home nurse bends at the hips and knees.
4. On signal, pull the patient toward the home nurse and roll him so that he is on his side.

5. Adjust the patient's hips, knees and ankles for security and comfort.

6. Adjust the covers.

Turning the patient back from side and toward the home nurse.

1. Tell the patient what is about to be done.

2. Loosen the blanket.

3. Place one hand on the upper shoulder, the other on the upper hip on top of the bedding.

4. On signal, roll the patient all the way toward the home nurse.

5. Adjust the hips, knees, and ankles for comfort.

Essential points to remember.

1. Observe good posture.

2. Guide the patient's movements rather than do all the lifting.

YOU USE OTHER AIDS TO MAINTAIN COMFORT
AND BED POSTURE

There are many ways to improvise articles that are used to make a patient comfortable in bed.

Factors to be considered when making improvised equipment should include:

1. Safety for patient and protection of household furnishings.

2. Cost and availability of materials.

3. Serviceability of design.

4. Comfort.