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TEXTBOOK OF NURSING PROCEDURES
BELLEVUE SCHOOL OF NURSING



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CARRIE J. BRINK, R.N.,
1864-1920.
Superintendent of Bellevue School of Nursing.
1907-1920.,

✓
TEXTBOOK
OF
NURSING PROCEDURES

Bellevue School of Nursing

COMPILED BY

DOROTHY DIX HILL, R.N.

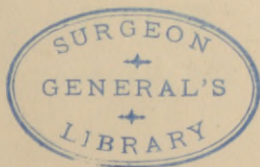
Graduate of Bellevue School of Nursing, 1921; Instructor of Nursing Procedures, Bellevue School of Nursing, New York City

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TO THE MEMORY
OF
CARRIE J. BRINK, R.N.,

loyal friend, faithful and devoted nurse, untiring and courageous worker for the cause of suffering humanity; inspiring teacher and skillful exponent of the principles and practice of nursing

PREFACE

FOR many years Miss Brink taught the principles and practice of nursing to the students of the Bellevue Training School for Nurses. During those years a technique of procedure was evolved which gradually became known and described as the "Bellevue method."

Notes of these procedures have been handed down from class to class, and some additions and revisions have been made from time to time. In order to preserve them, as well as make them more easily available to a constantly increasing number of students, they have now been brought together and arranged for publication.

Following the accepted method of instruction, these procedures are first demonstrated in one classroom and practiced under the supervision of the instructor. The underlying principles are explained and emphasized. With each demonstration or class the student is given references for study in the various nursing texts, which not only further emphasize the principles evolved, but which also give a method of procedure which may differ in some particulars from that which has been taught and demonstrated, but which will produce equally successful results either of ther-

apy or of bringing ease and comfort to the patient.

These procedures cover the elementary nursing measures as well as the more advanced nursing procedures usually included in the nursing care and treatment of medical and surgical patients, and those used in the diseases of the eye, ear, nose, and throat.

Grateful acknowledgment is made to Miss Maude C. Kelley, R.N., Mrs. Ruth Burkett, R.N., Miss Sadie Sweeney, R.N., and Miss Mae Knowlton, R.N., for assistance in the compilation of these notes.

DOROTHY DIX HILL, R.N.

New York City.

TEXTBOOK OF NURSING PROCEDURES

BELLEVUE SCHOOL OF NURSING

TEXTBOOK OF NURSING PROCEDURES

ADMISSION OF PATIENTS

I. Method of admission.

1. Through gate office.
2. In admitting office.
 1. History of patient taken.
 2. Admission slip given containing:
 1. Patient's name.
 2. Date.
 3. Hour of entry.
 4. Number of ward to which assigned.
 5. Division to which assigned.
3. In admitting baths.
 1. Non-urgent cases.
 1. Searched for money and valuables.
 2. List of patient's clothing taken, and entered in admission book. Patient signs book to verify list and it is witnessed by two nurses.
 3. List of patient's property taken and entered in admission book—signed as before.

ADMISSION OF PATIENTS

4. Temperature, pulse, and respiration taken by nurse.
 5. Clothing removed.
 6. Bath given (tub or sponge as condition permits).
 7. Hair is washed (treated for pediculi if necessary).
 8. Gown, bath robe, and slippers given patient.
2. Urgent cases.
 1. Entered in separate book.
 2. Taken directly to ward by messenger, and accompanied by nurse in charge.
 3. List of clothing obtained on ward and entered in admission book (signed as before).
 4. List of property obtained and entered in admission book.
 5. Duties of ward nurse if patient is serious.
 1. Notify priest or chaplain (if religion is unknown she must send for both of them).
 2. Have bedside card signed by priest or chaplain.
 4. Taken to ward by messenger.
 1. On stretcher.
 2. In wheel-chair.
 5. Put to bed and temperature, pulse, and respiration taken by the ward nurse.

2. Care of clothing.

1. Placed in clothes bag and marked.
 1. Yellow tag—Infectious cases—clothes fumigated.
 2. Red tag—Vermin present.
 1. All leather goods as shoes, belts, hats, etc., are fumigated in separate bag.
 2. All other clothing are steam sterilized.
 3. White tag—Clean clothing.
2. Clothes bags sent to clerk of clothes room once a day.
 1. Tags numbered. Numbers are sent to admitting baths and entered on admission book.

3. Care of property.

1. Placed in large envelope. Articles listed on outside.
2. Envelopes given to property clerk.
 1. Articles examined and property slips made out.
3. Property slip filed in admission baths with number of clothes tag on back,

DISCHARGE OF PATIENTS

1. Bedside card signed by ward doctor.
2. Bedside card taken to and signed by assistant superintendent.
3. Property slip and clothes number obtained from admission baths.
4. Clothes obtained from clothes house and signed for by nurse.
5. Nurse dresses patient in ward.
6. Nurse takes patient and property slip to property office.
7. Property received, examined, and signed for by patient and nurse.
8. Taken to gate office.
 1. Bedside card is left.
 2. Patient dismissed.

NOTE. If patient leaves against physician's advice:

1. Nurse obtains an A. O. R. (at own risk) slip from supervisor's office.
2. Patient signs slip.

TRANSFER OF PATIENT

1. From one department to another.
 1. Bedside card signed by ward doctor, and assistant superintendent.
 2. Gate office changes number of ward on bedside card.
 3. Messenger and stretcher are sent from admitting office to the ward if called for.
 4. Nurse must accompany every woman, alcoholic, insane, and prison patient.
 5. If from pavilion A and B to main building or surgical pavilion.
 1. Transfer property slip and clothes number from A and B to main admitting baths by transfer book.
 6. If from main building or surgical pavilion to pavilion A and B transfer property slip and clothes number without transfer book.
2. Method of transferring patients from Bellevue to the hospitals of the Department of Public Charities on Blackwell's Island.
 1. Bedside card and form of request for notification of relatives of patient, concerning transfer sent to registrar's office before 4 P.M., any day except Sunday.
 2. Patient must be held forty-eight hours after notice to relatives is sent out.

TRANSFER OF PATIENT

3. On day of transfer.
 1. Obtain permission to have transfer from assistant medical superintendent between 8.30 and 10.30 A.M.
 2. Bedside card signed as for discharge of patient.
 3. Duplicate transfer slips made out and signed by the senior house officer.
 4. Assistant medical superintendent calls at the ward and signs bedside card and transfer slip (if transfer is given).
4. Bedside card, transfer slips, copy of history, and physical examination sheets are sent to registrar's office by 11.30 on day of transfer.

BED-MAKING

To strip a used bed.

1. Place chair at foot of bed.
2. Place pillows neatly on chair, open end of case down with soft pillow next to back of chair.
3. Loosen all bed clothing at foot and sides of bed.
4. Fold spread over from top to foot of mattress. Grasp in center, folding in four. Place folded edge over back of chair.
5. Remove each blanket separately in same manner and place over chair.
6. Remove top sheet in the same manner.
7. Fold cotton draw sheet from side to side and place folded edge over the chair.
8. Fold rubber draw sheet in two and place over chair.
9. Remove bottom sheet, fold in same manner and place over chair.
10. Turn mattress from head to foot.
11. If bed is to stand before being made up place pillows and folded bedding on springs at head of bed. Replace chair.

MAKING A STANDING BED

Articles necessary.

1. Two large sheets.
2. Rubber draw sheet.
3. Cotton draw sheet.
4. Two bed blankets.
5. Spread.
6. Two pillow cases.
7. Bedside chair.

Procedure.

1. Turn mattress toward foot of bed.
2. Place first sheet on mattress. Tuck ten or twelve inches securely under head. Bring down tightly over mattress and tuck surplus under foot. Make square, tight corners, and tuck smoothly under side of mattress.
3. Place rubber draw sheet, upper edge thirteen inches from top of mattress.
4. Place cotton draw sheet eleven inches from top of mattress. Let it extend two inches below rubber sheet. Tuck securely under side of mattress.
5. Go to other side of bed. Follow the same procedure.

6. Place upper sheet at top of mattress. Right side of hem down. Draw down over foot.
7. Place blanket nine inches from top of mattress. Make two two-inch tucks in sheet and blanket at foot, five inches from each side of center rod. Tuck under foot of mattress. Make a square corner.
8. Place second blanket nine inches from top of mattress. Fold under itself at foot, tuck under mattress at side.
9. Turn upper sheet nine inches over blankets at top. Tuck under at side.
10. Go to the other side and follow same procedure.
11. Place spread with upper hem even with top of mattress. Tuck surplus in at foot. Make square corners.
12. Place soft pillow on bed. Open end away from door. Stand hard pillow upright on soft pillow.
13. Straighten bedside table, replace chair, and line bed with the preceding one.

REFERENCE READINGS:

Harmer, pages 34-36.

Hampton-Robb, pages 104-105.

Maxwell and Pope, pages 48-56.

TO OPEN A BED

Articles necessary.

1. Two safety pins.

Procedure.

1. Remove pillows to bedside chair.
2. Turn spread under blankets at top.
Turn top sheet nine inches over blankets and spread.
Pin with a safety pin at edge of mattress.
3. Lay hard pillow on mattress with open end away from door.
4. Lay soft pillow on top of hard pillow.
5. Straighten bedside table, replace chair, and line bed with preceding one.

EMERGENCY BED

Articles necessary.

1. Rubber pillow case.
2. Long rubber sheet.
3. Cotton sheet.
4. Bath blanket.
5. Night gown.
6. Extension light for night service.
7. Two safety pins.

Procedure.

1. Select a bed which has a long rubber next to the mattress.
2. Remove pillows and place on bedside chair.
3. Turn edge of spread under blankets. Fold top sheet nine inches over spread. Fan covers twice, fold over once, and place fold neatly on rod at foot.
4. Cover soft pillow with rubber case. Place on bed.
5. Over entire bed and pillow place long rubber sheet. Lower edge even with mattress.
6. Place a cotton sheet over rubber sheet. Fold its edges under the rubber sheet at top and bottom. Tuck under mattress at sides.

EMERGENCY BED

7. Place fanned bath blanket at foot of bed.
8. Place night gown in stand.
9. Place extension light beside head of bed.
10. Place bed in most accessible location from main entrance of ward so as not to disturb other patients and may be readily observed.

Procedure after patient is admitted.

1. Screen with two screens.
2. Cover with bath blanket and undress.
3. Care for property and clothing according to regulations.
4. Give patient a cleansing sponge bath and put on night gown.
5. Give any necessary treatment.
6. Turn patient toward you, go to other side, loosen cotton and rubber sheet, roll to center of bed. Turn patient toward you.
7. Go to first side and remove cotton and rubber sheets from under the patient.
8. Draw upper clothes over patient. Remove blanket. Arrange bedding neatly.
9. If no scalp or face wounds, or vomiting, remove rubber pillow case.
10. See that necessary articles are in bedside table in place.

ETHER BED

Articles necessary.

1. Ether rubber.
2. Cotton draw sheet.
3. Isolation blanket.
4. Towel and two safety pins.
5. Night gown.
6. Two hot water bottles and covers.
7. Rubber pillow case.
8. Gauze bandage.
9. Isolation blanket (to be placed in table).

Bedside table articles.

1. Emesis basin.
2. Tooth cup with three ounces boric acid solution, 2%.
3. Paper bag.
4. Two narrow strips of adhesive.
5. Gauze mouth wipes.
6. Artery clamp.
7. Two tongue depressors.
8. Towel.

Procedure.

1. Put on long rubber if case requires it.
2. Make up foundation of bed as usual.

ETHER BED

3. Place the ether rubber at the head of the mattress, over it place draw sheet, folding lower edge of sheet under edge of rubber and tuck surplus under head of mattress, make square corners and tuck under mattress at sides.
4. Place an isolation blanket nine inches from head of mattress and turn up at foot. On side farthest from door turn under itself even with mattress.
5. Place cotton sheet on as usual, but do not tuck in at foot or make box plaits.
6. Over this place blankets. Do not tuck in at foot.
7. Turn top sheet over blankets at head. Fold blankets and sheet under themselves at foot even with foot of mattress.
8. Put on spread, turning upper edge under itself for nine inches and lower edge under itself, even with other bedding.
9. Place folded towel as a protection for upper bed clothing and pin securely at each end with a safety pin.
10. Tuck all of top covers, excepting spread, under side of mattress farthest from door.
11. On side nearer door fold top covers, including isolation blanket, under in eight inch folds to edge of mattress.
12. Place hot water bottles in bed—one in folds of gown where patient's shoulders would come, the other at foot of bed.

13. Place hard pillow, protected with rubber pillow case, upright at head of bed and tie in position to rods of bed with two pieces of three inch gauze bandage.
14. Place isolation blanket in lower part of bedside table.
15. Place towel wrong side up—half over top of table, the other half hanging loosely at back.
16. Turn down edges of paper bag. Fasten to front of table with adhesive.
17. On towel place tongue depressors, mouth wipes, emesis basin, artery clamp, and tooth cup with three ounces boric acid solution, 2%.
18. Place free end of towel over these articles while not in use.

NOTES.

1. When patient returns from operating room fan bedding neatly in two folds toward side of bed away from door.
2. Remove hot water bottles and place in bedside table.
3. Remove blankets, which are wrapped around patient, under the bed covers.
4. Wrap isolation blanket around patient.
5. Laparotomy jacket and leggings are not removed until patient is out of ether.
6. When patient is in shock, he is placed upon warm blankets.
7. Put extra blanket from bedside table over patient.

8. All of bedding except spread may be tucked in at sides to restrain patient. Side boards may be used.

REFERENCE READINGS:

Harmer, pages 136-138.

Hampton-Robb, pages 108-109.

Maxwell and Pope, pages 56-62.

BALCONY BED

Articles necessary.

1. Three single dark blankets.
2. Hot water bottle and cover.
3. Two isolation blankets.
4. Long rubber sheet.
5. Three safety pins.
6. Gauze folded 4 x 8
7. Ordinary bedding except spread.
8. Underwear for patient.
9. Stockings and bed slippers.
10. Night gown and bath robe.
11. Nightingale with hood.

Procedure.

1. Place blanket on springs, turning back upper corners for additional warmth.
2. Place rubber sheet on blanket turning under itself to fit springs. (On very cold weather three rubber sheets may be used).
3. Make foundation of bed in usual way.
4. Place isolation blanket eleven inches from top of bed, tucking it under mattress at foot and sides.
5. Dress patient with required clothing and have her lie on blanket.

BALCONY BED

6. Place another isolation blanket over patient, and tuck in around shoulders, sides of body, and feet.
7. Place hot water bottle at feet, having blanket between hot water bottle and patient's feet.
8. Put on upper sheet and two blankets in usual way.
9. Bring up foot and sides of under brown blanket and make square corners at foot.
10. Put on upper dark blanket, fold under twelve inches at top, and turn sheet nine inches over it.
11. Tuck in at bottom, make square corners, and tuck in at sides under mattress.

To arrange the wind shield.

1. Place blanket lengthwise evenly over head of bed.
2. Fold back front edge about two inches and fit about face and head to form hood. Pin under chin.
3. Bring corners out on bed to edge of mattress.
4. Bring other edge of blanket neatly and tightly about head of bed and pin to mattress on each side.
5. Arrange surplus blanket in three folds on each side, one fold toward head, two toward foot, making first fold twelve inches from head of bed.

6. Place gauze under patient's chin to protect face and chin from blankets.

REFERENCE READING:

Harmer, page 499.

"L" BED

Articles necessary.

1. "L."
2. Eight safety pins, eight common pins.
3. Nightingale (in cold weather).

Procedure.

1. Make up foundation of bed in usual way.
2. Place "L" in position at foot.
3. Place top sheet and first blanket on in usual way at head of mattress. Bring down over the "L" and pin tightly around "L" at foot.
4. Draw ends of sheet and blanket across themselves and tuck under mattress at foot and sides.
Pin blanket with safety pin.
5. Place second blanket over "L" and foot of bed, tuck under springs at sides. Tuck in surplus even with foot of bed.
6. Place on spread in same way, only pin to springs at sides.
Pin with four common pins on each side of "L."
7. Make two *two*-inch tucks, *ten* inches apart in spread at head of bed. Fold down

cuff of sheet and pin through tucks, pin
at edge of mattress.

8. Place nightingale around patient's
shoulders.

CRADLE BED

Articles necessary.

1. Cradle.
2. Six safety pins, four common pins.
3. Nightingale. (In cold weather.)

Procedure.

1. Make up foundation of bed in usual way.
2. Place cradle even with foot of mattress and pin securely at four corners.
3. Place top clothing, except spread, over cradle, tucking all in under mattress at foot. Make square corners and tuck in at sides.
4. Place on spread. Tuck under at foot. Make square corners and pin to foot of cradle with two pins at each side.
5. Turn back cuff at head and pin in usual way.
6. Place nightingale around patient's shoulders.

BALKAN FRAME BED

Articles necessary.

1. Extra draw sheet.

Procedure.

1. Make up foundation of bed in usual way.
2. Place extra draw sheet on lower half of bed with nine inch cuff at the top. Pull well up under suspended thigh. Tuck under mattress at foot, and make square corners.
3. Place one blanket folded on foot of bed. Tuck surplus under foot of mattress. Make square corners. Turn cuff of draw sheet over blanket at top.
4. Place spread on separately. Fold to fit space at foot.
5. Place large sheet even with head of mattress.
6. Place blanket nine inches from head of mattress.
7. Fold blanket and sheet over themselves so as to meet the covering on lower half of the bed. Pin upper and lower coverings together with four safety pins.
8. Turn down cuff of sheet nine inches over covers and pin with two safety pins.

CARE OF BED AFTER PATIENT HAS BEEN DISCHARGED

To carbolize a bed.

Follow the same procedure as for caring for bed after patient has been discharged. In addition wash bed with 1% cresol solution. Dip whisk broom in carbolic solution, 40% before brushing springs and mattress.

Articles necessary.

1. Basin of warm water.
2. Two cleaning cloths.
3. Soap and scouring soap in soap dish.
4. Old toothbrush.
5. Whisk broom.
6. Floor rubber.
7. Clean bed linen.
8. Two bedside chairs.

Procedure.

1. Place two chairs on balcony back to back.
2. Bring foot tub to bedside. Place in it bed linen and rubber draw sheet.
3. Place pillows and blankets on bedside chair.
4. Fold mattress from each end toward center. Place over chairs on balcony.

5. Place blankets over mattress. Pin pillows to each side of mattress through hem.
6. Remove foot tub. Disinfect rubber sheet with 1% cresol solution. Wash off with warm water and soap.
7. Bring to bedside cleaning articles. Place floor rubber under head of bed.
8. Brush springs with whisk broom.
9. Wash head of bed with brown soap and warm water. Dry.
10. Place floor rubber under foot of bed.
11. Wash foot and sides. (Use scouring soap for marks and stains.)
12. Remove articles from bedside table and wash table inside and out.
13. Clean articles belonging to table and replace.
14. Remove cleaning utensils. Bring in fresh linen and rubber draw sheet.
15. Brush blankets and pillows, and place on bedside chair.
16. Brush mattress. Place on bed.
17. Make up bed in usual way.

REFERENCE READINGS:

Harmer, pages 35-36.

Maxwell and Pope, pages 49-50.

MORNING TOILET

Articles necessary.

1. Basin half full of water at temperature 105° F.
2. Necessary bed linen.
3. Bath tray containing:
 1. Alcohol, 50%.
 2. Boric acid solution, 2%.
 3. Talcum powder.
 4. White mineral oil.
 5. Large enamel jar or paper bag for waste.
 6. Small jar containing mouth compresses.
 7. Tongue depressors and applicators.
 8. Whisk broom.
 9. Small tray containing one pint 1% cresol solution.
 1. Hair brush, comb, fine tooth comb.
 2. Hand brush, orange wood stick.

Procedure.

1. Screen patient with two screens.
2. Bring equipment to bedside.
3. Place bedside chair at foot of bed.

4. Place towel under chin. If patient is able have him brush his teeth before removing pillows. If helpless remove pillows to bedside chair. Turn head toward you. Place towel under chin, brush the teeth, clean the mouth, and lubricate the lips of the patient.
5. Loosen upper bed clothing at foot and sides.
6. Fold spread and one blanket and place over pillows on chair.
7. Remove gown.
8. Protect chest with towel. Before soap is placed on the wash cloth wash about eyes.
9. Place soap on wash cloth and wash face, neck, and ears. Rinse cloth and go over surface. Dry thoroughly.
10. Place towel on bed at patient's side, rest basin on it, and have patient place his hands in it. Wash hands thoroughly, using hand brush. Dry carefully. Cut and trim nails. Leave them short, even, and clean.
11. Protect bed with towel and comb patient's hair.
12. Place gown on patient. Nurse puts her hand through lower end of sleeve, grasps patient's hand, and draws the arm through.
13. Turn patient toward you, rub back with alcohol (circular motion, using small amount of alcohol on palm of hand), and

lightly powder. Examine prominences for redness. If they do not disappear upon massage, report to head nurse. If back is in unclean condition, wash with soap and water before rubbing with alcohol.

14. Take draw sheet, large sheet, and whisk broom to other side of bed, loosen foundation sheets, whisk crumbs from beneath sheets, replace with fresh sheets. Make square corners and tighten. Bring gown toward middle of back. Turn patient toward you.
15. Go to first side of bed. Remove soiled sheets and place in hamper. Draw fresh sheets into place and tighten.
16. Draw gown down over back and fasten.
17. Fold blanket and place on chair.
18. Put on fresh top sheet, remove soiled sheet, and make up bed in usual way.

REFERENCE READINGS:

Harmer, pages 77-78.

Hampton-Robb, pages 105-108.

Maxwell and Pope, pages 62-73.

EVENING TOILET

Articles necessary.

1. Complete bath tray except cresol solution.
2. Necessary bed linen.

Procedure.

1. Pass basins at four o'clock and wash patient's face and hands.
2. Screen patient with two screens.
3. Bring articles to bedside.
4. Remove pillows, brush patient's teeth, and clean the mouth.
5. Turn back top covers in form of triangle.
6. Turn patient toward you, rub back with alcohol, and lightly powder. Examine prominences on back for red spots. If redness does not disappear upon massage report condition to charge nurse.
7. Take whisk broom and necessary linen to other side. Loosen cotton and rubber sheets. Brush out crumbs, using hand near the patient. If necessary, change linen; if not, tighten under sheet and draw sheet. Turn patient toward you.
8. Go to first side of bed. Loosen draw sheets and follow same procedure.
9. Replace pillows.

10. Straighten upper bed clothing over patient.
11. Leave patient comfortable and everything in perfect order.

REFERENCE READINGS:

Harmer, pages 75-76.

Maxwell and Pope, pages 152-153.

HOW TO GIVE AND REMOVE A BED PAN

Articles Necessary.

1. Bedpan.
2. Bedpan cover.
3. Toilet paper.

Procedure.

1. Screen patient with two screens.
2. Warm bedpan by holding under hot water.
Dry sides and bottom. Cover with bedpan cover and take to patient.
3. Flex patient's knees.
4. Pass one hand under and raise hips.
5. Place pan in position.
6. To remove, raise hips in same manner. Do not allow pan to scrape against patient.
7. Cleanse patient with toilet paper.
8. Cover pan and remove at once.
9. Examine contents.

CARE OF TEETH, MOUTH, NOSTRILS, AND NAILS

I. Care of teeth.

Articles necessary.

1. Tooth cup with solution.
2. Toothbrush.
3. Emesis basin or sputum cup.
4. Towel.

Procedure.

1. Have patient brush teeth, if able, protecting bed with towel; if unable, remove one pillow, place towel under side of head and chin.
2. Turn head toward you.
3. Pour some mouth wash on brush or place paste on brush.
4. Ask patient to open mouth and brush both surfaces of teeth from gums toward edge. (Never brush teeth across, or allow patient to do so.)
5. Cleanse crevices of teeth with tooth-picks wrapped with cotton.
6. Have patient rinse mouth with solution, then with water, and expectorate into emesis basin or sputum cup.

7. Rinse brush with clean water, and put in place in bedside stand.
8. Fold towel and put in place.

2. Care of sensitive gums.

Articles necessary.

Tray containing:

1. Mouth wash in tooth cup.
2. Artery clamp or tongue blade.
3. Mouth wipes.
4. Emesis basin or sputum cup.
5. Paper bag.
6. Glass or cup of drinking water.
7. Lubricant—albolene or mineral oil

Procedure.

1. Split tongue blade lengthwise in two, wrap about one end one or two thicknesses of gauze, or if clamp is used, *clamp gauze securely*.
2. Pour small amount of solution over gauze and wash mouth thoroughly—roof, sides, about and under tongue, inner and outer surfaces of teeth.
3. Place waste gauze in paper bag.
4. Rinse mouth with solution, then with water.
5. Have patient expectorate into sputum cup or emesis basin.
6. Wipe lips and, if they are dry, place a few drops of albolene or mineral oil on gauze and wipe off lips.

34 CARE OF TEETH, MOUTH, NOSTRILS

3. Care of mouth of unconscious patients.

Articles necessary.

1. Tooth cup with solution.
2. One dozen mouth wipes.
3. Two tongue depressors.
4. Artery clamp.
5. Paper bag with two strips of adhesive.
6. Mineral oil or albolene.
7. Towel.

Procedure.

1. Place one end of towel on bedside table and arrange necessary articles on towel.
2. Attach paper bag to back of stand with adhesive.
3. Split tongue depressor lengthwise; wrap with two or three thicknesses of gauze; if clamp is used, clamp gauze securely.
4. Pour small amount of solution over gauze and cleanse mouth carefully—roof, sides, about and under tongue, and inner and outer surfaces of teeth.
5. Place waste gauze in paper bag and continue No. 4 until thoroughly cleansed.
6. When mouth is clean, place loose end of towel over articles.

REFERENCE READINGS:

Harmer, pages 168-174.

Hampton-Robb, page 127.

Maxwell and Pope, pages 144-150.

4. Care of the nostrils.

Articles necessary.

1. Applicator.
2. Small bowl containing warm water.
3. Olive oil.

Procedure.

1. Dip applicator in warm water and cleanse each nostril.
2. Use olive oil instead of water if secretions have become hardened.

5. Care of nails.

Articles necessary.

1. Scissors.
2. Orange wood stick.
3. Towel.

Procedure.

1. Arrange towel on bed and place patient's hands or feet on towel.
2. Trim nails short. Clean with orange wood stick.

FEEDING PATIENTS

1. Articles necessary.

1. Feeding cup on plate or saucer.
2. Or glass drinking tube and drinking glass on plate; or ideal drinking glass on plate or saucer; or cup on saucer or plate and spoon.

Procedure.

1. Have cuffs on sleeves, hands, and nails perfectly clean.
 2. If drinking glass and tube, or ideal drinking glass is used, bring to bedside on plate, not more than three-fourths full.
 3. Support patient's head by placing hand and forearm under pillow.
 4. Grasp glass at bottom and allow patient to drink.
2. To provide constant supply of water: essential for force fluids

Articles necessary.

1. Pitcher containing ice water.
2. Drinking tube.
3. Large piece of gauze and narrow gauze bandage.

Procedure.

1. Fill pitcher with ice water, cover with gauze, and tie neatly in place with bandage.
2. Insert short end of drinking tube through mesh in gauze.
3. Encourage patient to drink water freely, six ounces per hour.
4. Fresh water must be given to patient at
 - 9 A.M.
 - 3 P.M.
 - 6 P.M.
 - 9 P.M.
 - 6 A.M.
5. Drinking tubes should be washed with soap and water and boiled once a day.

3. Feeding solids.**Articles necessary.**

1. Serving tray.
2. Necessary dishes and silver.
3. Napkin.

Procedure.

1. If condition permits, prop patient up in bed ten minutes before serving tray.
2. Prepare tray and bring to bedside.
3. Arrange napkin in place.

FEEDING PATIENTS

4. Place tray before patient on bed and arrange articles in position most convenient for patient.
5. If helpless patient, place tray on bedside table—feed in small quantities and give patient time to masticate.

REFERENCE READINGS:

Harmer, pages 86-93.

Hampton-Robb, pages 238-252.

LIFTING AND TURNING PATIENTS

1. To lift a patient up in bed.

1. Remove pillows.
2. Instruct the patient to flex her knees and press heels against mattress.
3. The nurse places one arm under patient's shoulders and the other under knees. Brace knees or thighs against side of bed. Take a deep inspiration, hold abdominal muscles taut, and in lifting allow the weight to come on the muscles of the chest and shoulders.
4. Instruct patient to lift her hips and help move up in bed. At the same moment nurse lifts her.

2. To lift a helpless patient.

Two nurses required.

1. Both nurses stand on same side of bed.
2. One nurse places one arm under patient's shoulder and the other arm under patient's hips. The second nurse places one arm under patient's back and the other under patient's knees.
3. Lift simultaneously.

3. To arrange a patient on side in bed.

Articles necessary.

1. Two soft pillows.
2. Small pillow with rubber pillow case.
3. Rubber pillow case, if necessary.

Procedure.

1. Flatten on edge of a feather pillow and place close to patient's body.
 2. Turn patient on pillow by grasping shoulder with one hand and hips with the other.
 3. Flex the knees, the upper more than lower.
 4. Place small pillow covered with rubber pillow case between the knees, as this helps to relax abdominal muscles.
 5. Place soft pillow (covered with rubber pillow case, if patient is incontinent) at patient's back. Arrange one edge well under the patient and fold other edge underneath for additional support.
4. To place patient in a steamer chair or wheel chair.

Articles necessary.

1. Underwear, stockings, slippers, wrapper, and bath robe.
2. Double gray blanket.

3. Single gray blanket.
4. Footstool.
5. Eight safety pins.

Procedure.

1. Dress patient with underwear, stockings, slippers, wrapper, and bath robe.
2. Place steamer chair at foot of bed and arrange double blanket crosswise over seat of chair.
3. Raise patient to a sitting position, support back with one arm, place other arm under knees, and draw the patient's limbs over the edge of bed.
4. Stand in front of patient, place hands under each axilla, and assist patient on to a footstool. Have patient take one step and place comfortably in the steamer chair.
5. Fold blanket snugly about patient's body. Tuck upper edge of blanket under feet and bring up lower edge, pin in form of semicircle, using three safety pins at foot and two up side of blanket.
6. Fold single blanket lengthwise, place about patient's shoulders, fold back edge to form collar and pin.
7. Arrange blanket about wrists, kimono fashion, and pin.

5. To draw mattress up with patient in bed.

1. Remove pillows.
2. Nurse stands at head of bed and grasps mattress at each side.
3. Instruct patient to grasp rod at head of bed with both hands and pull. At same time nurse pulls mattress to head of bed.

REFERENCE READINGS :

Harmer, pages 56-64.

Hampton-Robb, pages 116-119.

Maxwell and Pope, pages 78-90, 707.

CLEANSING SPONGE BATH

Articles necessary.

1. Complete bath tray.
2. Two bath blankets.
3. Necessary bed linen.
4. Two towels and wash cloth.
5. Basin half full water, at temperature of 105° F.
6. Foot tub half full of water, temperature 115°-118° F.

Procedure.

1. Screen patient and offer bedpan.
2. Prepare articles and bring to bedside.
3. Arrange basin and tray on top of bedside table and place foot tub on lower shelf of bedside table.
4. Remove bedpan.
5. Place chair at side of bed, near foot.
6. Remove one pillow and place with open end downward on chair.
7. Protect bed clothing with towel and brush teeth.
8. Loosen upper bed clothing at foot and sides, remove spread and blankets—folding each separately and place on chair.

CLEANSING SPONGE BATH

9. Place tanned bath blanket across patient's chest, tuck upper edge securely under the shoulders, and, by grasping lower edge of blanket and top end of upper sheet, bring blanket to foot of bed, at same time removing the upper sheet.
10. Turn patient toward you, take second bath blanket to other side of bed.
11. Place one-half lengthwise smoothly over bed close to patient's back.
12. Turn patient toward you, go to other side of bed and draw blanket under patient.
13. Turn patient on his back and remove gown.
14. Note condition of feet, and if necessary prepare and apply a soap poultice—protecting bed with dressing rubber—allow poultices to remain on feet until feet are bathed.
15. Protect patient's chest with towel and bathe face, neck, and ears. Dry thoroughly.
16. Uncover arm on farther side and bathe arm and axilla and lightly powder.
17. Wrap arm in under bath blanket.
18. Uncover other arm and bathe in same manner.
19. Always support a limb while bathing any part.
20. Place towel on side of bed, rest basin on it, and put patient's hands in basin.
21. Wash thoroughly—scrub nails with nail brush.

22. Rest hands on towel and place basin on top shelf of bedside table.
23. Dry hands carefully, paying special attention to space between fingers.
24. Place foot tub on top of bedside table and use for rest of bath.
25. Bathe chest and abdomen, under cover of upper bath blanket. Expose, if necessary, by lifting blanket from side as required.
26. Turn patient toward you, bathe back from neck to end of spine.
27. Dry carefully and examine for red spots.
28. Rub with alcohol, if redness does not disappear upon massage, report matter to head nurse.
29. Powder lightly.
30. Turn patient on his back and drape thighs with blanket.
31. Bathe the farther side from hip to below knee.
32. Bathe other limb in same manner.
33. Place towel under upper bath blanket at foot of bed.
34. Place foot tub lengthwise on towel, flex patient's knees and place feet in tub.
35. Wash feet and legs to knees thoroughly.
36. Lift feet from tub with left hand, by grasping under knees, withdraw tub with right hand, allowing feet to rest on towel.
37. Place foot tub on bedside table.
38. Dry feet thoroughly.

CLEANSING SPONGE BATH

39. Put soap on wash cloth and give to patient with instructions to complete bath.
40. Place towel under patient's head and comb the hair.
41. Remove pillow.
42. Turn patient toward you, take fresh sheet, draw sheet, whisk broom, and go to other side of bed.
43. Fold under bath blanket close to patient's back.
44. Loosen cotton and rubber sheets and whisk crumbs from beneath.
45. Change bed linen, if necessary.
46. Turn patient toward you, go to other side of bed, remove bath blanket, follow same procedure as to whisking of crumbs, changing or tightening sheets.
47. Put on night gown.
48. Place upper sheet over patient at same time removing bath blanket.
49. Fold bath blanket properly and place on lower shelf of bedside table.
50. Proceed with making of bed in usual way.
51. Put soiled linen in hamper *immediately* and remove bath blanket, foot tub, basin, and tray.
52. Place chair in position and leave bedside table in order.

REFERENCE READINGS :

- Harmer, pages 78-94.
Hampton-Robb, pages 138-143.
Maxwell and Pope, pages 125-132.

MECHANICAL APPLIANCES

1. "L" (see "L" bed, page 20).
2. Cradle (see cradle bed, page 22).
3. Elevator and shock blocks.
 1. Articles necessary.
 1. Elevator or shock blocks.
 2. Muslin bandage.
 2. Procedure.
 1. Remove castors from end of bed that is not to be elevated.
 2. Remove castors from end of bed to be elevated and place elevator in place.
 3. Tie castors together and tie to head of bed.
4. Cranes.
 1. Place at head of bed and tie in place with muslin bandage.
5. Fracture boards.
 1. Place under springs on side rounds of bed.
6. Side boards.
 1. Articles necessary.
 1. Two side boards.

2. Muslin bandage.
 3. Two safety pins, four common pins.
2. Procedure.
1. Remove spread.
 2. Tuck blankets and top sheets under mattress at sides.
 3. Place side board along side of mattress, fitting into rod at head of bed.
 4. Tie to head and foot with muslin bandage.
 5. Place spread over all, pinning bottom to springs at sides. Fold surplus under and pin with two common pins at each side.

NOTE. When finished using, clean all appliances and return to splint room.

CARE OF HAIR AND TREATMENT FOR PEDICULOSIS

1. Articles necessary for the daily care.

1. Bath tray.
2. Towel.

Procedure.

(In Bellevue the hair must be combed each day during the morning toilet. Twice a day is advisable. For men and children twice a day.)

1. Remove pillows and place towel under patient's head.
2. Part the hair evenly in the center and examine for pediculi, courteously and without the patient's knowledge, if possible.
3. Separate the hair into small strands.
4. Twist the hair near scalp around the fingers. Begin at the end and brush and comb each strand. (If the hair is tangled badly use vaselin, olive oil, or alcohol 50% to dissolve the substance which causes the tangle.)
5. Comb hair well up back of the ears, braid in two braids, and tie with gauze bandage.

CARE OF HAIR

In order to cut tangled hair we must obtain:

1. Written consent of patient or written permission of nearest relative or friend.
2. Permission from the superintendent of the hospital.
3. Permission from the superintendent of nurses.

2. Articles necessary for the treatment of pediculosis.

Tray containing:

1. Comb, brush, and fine tooth comb in 1% cresol solution.
2. Small bowl containing four or five ounces of Tincture of Delphinium.
3. Small pieces of gauze.
4. Small squares of paper on which to wipe the fine tooth comb.
5. Paper bag for waste.
6. Towel.
7. Rubber and cotton draw sheets.
8. Rubber pillow case.
9. Triangle.

Procedure.

1. Screen patient with two screens. Bring tray to bedside.
2. Cover soft pillow with rubber pillow case.
3. Apply Tincture of Delphinium to scalp and hair. Put on triangle bandage. Leave for two hours.

4. Place bedside chair at foot of bed and remove pillows.
5. Fold covers back in form of triangle and protect with towel.
6. Unfasten patient's gown and put down over shoulders.
7. Place rubber and cotton draw sheet under patient's head and roll the edges of cotton draw sheet at head and sides to fit the mattress.
8. Remove triangle. Separate hair into strands. Comb until free from tangles.
9. Dip the fine tooth comb in the Tincture of Delphinium, begin at scalp and comb each strand.
10. Wipe the comb on a small square of paper. Redip in Tincture of Delphinium and repeat until hair is combed.
11. Apply Tincture of Delphinium to scalp with piece of gauze.
12. Apply hot vinegar for nits.
13. Braid hair in two braids.
14. Fold the cotton draw sheet from each side toward center. Let the head rest on a fresh portion, and apply triangle bandage.
15. Roll rubber draw sheet over the cotton sheet. Remove.
16. Place the pillow protected with rubber pillow case under the patient's head.
17. Shampoo the hair after two or three hours.
18. Disinfect rubber sheet with 1% cresol

solution. Boil cotton draw sheet and towel.

3. Articles for treatment of body pediculi.

1. Articles same as for complete bath.
2. Cresol solution 1:100 in foot tub, or bichlorid 1:2000.
3. Mercurial ointment.

Procedure.

1. Proceed as for bed bath. Using first the cresol solution 1:100, then soap and water.
2. Apply mercurial Ung. to pubic and axillary hairs.

REFERENCE READINGS:

Harmer, page 42.

Hampton-Robb, pages 126-127.

Maxwell and Pope, pages 142-144.

BED SHAMPOO

Articles necessary.

1. Foot tub and stool.
2. Tray containing:
 1. Small pitcher to pour.
 2. Large pitcher of water, temperature 110° F.
 3. Small pitcher of cold water.
 4. Small paper bag.
 5. Liquid castile soap.
 6. Two small cotton pledgets.
 7. Comb and brush.
 8. Two safety pins.
 9. Wash cloth and face towel.
10. Dressing rubber.
11. Bath towel.
12. Cotton draw sheet.
13. Rubber pillow case.

Procedure.

1. Screen the patient and guard against possibility of draughts.
2. Arrange articles on tray in order in which they are to be used.
3. Bring articles to bedside, placing tray on bedside table, and foot tub on stool at side of bed near the head.

BED SHAMPOO

4. Place chair at side of bed near foot.
5. Remove soft pillow, put on rubber pillow case, cover with cotton pillow case, and place under patient's head at same time removing hair pillow which is placed on chair.
6. Unfasten gown at neck and bring it well under the patient's shoulders.
7. Place cotton draw sheet smoothly over the pillow.
8. Fold bath towel lengthwise and turn back upper edge three inches. Place about patient's neck snugly, and pin it at the front.
9. Spread rubber sheet over pillow and pin around the patient's neck. Roll edges to form trough, through which water will flow into tub.
10. Place face towel over shoulders, tucking lower edge under edge of upper sheet.
11. Place small piece of cotton in each ear.
12. Unbraid the hair, separate it into strands, and brush each strand.
13. Dampen wash cloth and wrap around fingers. Pour on some liquid soap and apply to scalp.
14. Shampoo one side of scalp, then the other. Pour the water from small pitcher by holding pitcher close to head, at same time massaging the scalp with the other hand.
15. Place small amount of soap on end of hair and wash thoroughly.

16. Rinse with warm water, gradually adding cold water to water in pitcher.
17. Continue to add the cold water and to spray until scalp and hair have been thoroughly rinsed.
18. Squeeze hair to remove as much water as possible.
19. Unpin rubber and drop it into foot tub.
20. Unpin bath towel and spread it over the sheet.
21. Replace the foot tub and stool under side of bed and remove cotton from patient's ears.
22. Dry hair with bath towel, rubbing scalp until hair is dry. Support head with one hand while massaging it with the other.
23. When partly dry, brush hair, taking small strands at a time.
24. Spread the hair over draw sheet until dry.
25. Brush, comb, and braid it.
26. Remove draw sheet and rubber pillow case and leave bed in order.
27. Remove foot tub, stool, tray, and screens.

Cleansing of scalp of very weak patient.

Articles necessary.

Tray containing:

1. Small bowl with two ounces alcohol, 50%.
2. Squares of gauze or old muslin.
3. Paper bag.
4. Brush, comb, and fine comb.
5. Draw sheet.

Procedure.

1. Prepare tray, screen patient, and bring articles to bedside.
2. Remove hard pillow and place folded draw sheet over feather pillow.
3. Separate hair into strands and brush each strand.
4. Wrap gauze about fingers, dip into alcohol, and apply lightly to scalp.
5. Fine comb hair to remove dandruff.
6. Brush and comb hair and arrange in usual way.

REFERENCE READINGS:

Harmer, pages 84-85.

Hampton-Robb, pages 126-127.

Maxwell and Pope, pages 136-141.

RUBBER GOODS

1. To fill hot water bottle.

Articles necessary.

1. Hot water bottle and cover.
2. Pitcher.
3. Bath thermometer.

Procedure.

1. Take chill off bag by pouring a little hot water into it from pitcher and empty.
2. Test water in pitcher having temperature of 125° F., never higher.
3. Fill bottle half full, expel air, and put on cap.
4. Turn upside down and test for leaks.
5. Cover with hot water bottle cover and place between blankets.
6. Put away dry and containing small amount of air.

2. To fill ice cap and collar.

Articles necessary.

1. Canvas bag and mallet.
2. Spoon.
3. Ice bag and cover.
4. Small piece of nonabsorbent cotton.

Procedure.

1. Place ice in canvas bag and crush fine with mallet.
2. Fill ice cap half full of ice with a spoon.
3. Expel air, place nonabsorbent cotton on top, and put on cap.
4. Cover before applying.
5. Put away dry and containing small amount of air.

3. Ice coil.**Articles necessary.**

1. Ice coil and cover.
2. Funnel covered with gauze.
3. Pail or large basin for ice and water.
4. Pail or foot tub for drainage.
5. Carrier for tubing.
6. Abdominal binder.

Procedure.

1. Place abdominal binder under patient.
2. Elevate basin containing ice and water on stand above patient's head.
3. Connect inner tube of coil to funnel and let out tube drain into foot tub on floor.
4. Cover coil and place in position.
5. Start water flowing by filling funnel and tipping it quickly into basin.
6. Place carrier over edge of basin and see that there are no kinks in tubing.

7. Water must be kept ice cold and sufficient to cover funnel.
8. Fasten binder in place.
9. Put away dry.

4. Rubber sheets.

1. Rubber sheets are always laced to mattress with muslin bandage.
2. After using, disinfect, wash, dry, and roll.

5. Rubber cushions.

1. Always cover before giving to patient.
2. Put away containing small amount of air.

6. Rubber rings.

1. Fill half full of air.
2. Cover with gauze bandage.
3. After using, disinfect and put away containing small amount of air.

7. Air and water beds.

1. Place over bed mattress and always cover with rubber sheet. Have valve at foot of bed.
2. Protect bed with side boards.
3. Put away containing small amount of air.

8. Catheters and rectal tubes.

1. Boil before using.
2. After using wash in warm soapy water, boil and hang up to dry.

9. Stomach pumps.

1. Place in ice water ten minutes before using.
2. After using, wash in warm soapy water, disinfect, and hang up to dry.

10. Rubber gloves.

1. Before using, gloves must be sterile.
2. After using, disinfect, wash in warm water and soap, and dry.
3. Powder and put in cases, having cuff turned down at top and both thumbs toward center of case.
4. Send to surgical supply for sterilization.

REFERENCE READINGS:

- Harmer, pages 34-36, 63, 115-116, 119-200, 219-220, 258-284, 383-384, 411, 535-538.
Hampton-Robb, pages 192, 193, 202, 203.
Maxwell and Pope, pages 42-47, 508-509.

RESTRAINTS

Varieties.

1. Cribs.
2. Side boards.
3. Sheets.
4. Jacket restraint for children.
5. Wrist or ankle restraint.
6. Elbow restraints.
7. Body restraints.

1. Wrist restraint.

Articles necessary.

1. Two wrist restraints.

Procedure.

1. Roll each end of wrist restraint to within 18 inches of padded portion and pin securely.
2. Fold back covers in form of triangle, place arm in comfortable position, extended and not too near edge of bed.
3. Make clove hitch knot in padded portion and slip it over patient's hand.
4. Tie a single knot on outer side of wrist.

RESTRAINTS

5. Test by slipping two fingers under restraint to see that it is not too tight.
6. Twist ends tightly, make a single knot, and tie around rod at side of bed with double knot.
7. Unpin ends, fasten short end to head of bed and long end to foot of bed. Tuck surplus under mattress.

2. Ankle restraints.

Articles necessary.

1. Ankle restraint.
2. Four safety pins and four common pins.

Procedure.

1. Turn back covers neatly at foot of bed.
2. Straighten lower limbs.
3. Place center of the restraint over ankles, cross ends underneath, draw up between ankles, and tie in a double knot.
4. Twist the ends, make a single knot, tie to upper rod at foot of bed and twist the ends down the upright rod.
5. Tie to center of horizontal rod with double knot and tuck surplus under mattress.

6. Place covers over foot of bed and pin to springs at sides with safety pins. Fold over surplus and pin in place with common pins.

3. Shoulder restraint.

Article necessary.

1. Large cotton sheet.

Procedure.

1. Fold large sheet diagonally into folds five inches wide, and fold ends toward center.
2. Turn top covers back in form of triangle, remove pillows and place restraint under shoulders.
3. Bring each end under axilla, up over shoulder, cross ends underneath restraint at back, and tie securely to upright rods where they join the horizontal rod at head of bed.
4. Place soft pillow under head to prevent head from resting on restraint.

4. Body restraints.

Articles necessary.

1. Large cotton sheet.
2. Basin with water.
3. Whisk broom.

Procedure.

1. Fold large sheet lengthwise in three.
2. Place folded sheet over patient's

RESTRAINTS

body, extending from axilla to below hips.

3. Dip whisk broom in basin of water and dampen ends of sheet.
4. Roll ends of sheet around rods at sides of bed and be sure they are secure.

NOTE. If applying to women with large pendulous breasts, place soft rings around each breast.

5. Jacket restraint for children.

Article necessary.

Restraining jacket.

Procedure.

1. Slip arms through jacket and button jacket in back.
2. Tie shoulder straps to head of bed.
3. Pass side straps under bed, cross them, and tie to rod on each side of bed.

6. To restrain child for examination of ears, nose or throat.

Article necessary.

1. Draw sheet.

Procedure.

1. Fold draw sheet diagonally.
2. Place under child's body with double edge close to neck.

3. Bring point up over child's feet, place arms at side, and bring sides of sheet around body, thus holding arms securely.
4. The nurse then places child's feet between her knees, place left arm around body and use right hand for holding head.

7. Elbow restraints.

Articles necessary.

1. Two elbow restraints.

Procedure.

1. Fold surplus muslin under upper edge, extend child's arm and tie around elbow, thus preventing child from bending arms and scratching face or removing dressing.

REFERENCE READINGS:

Maxwell and Pope, pages 156-164, 330.

FOWLER'S POSITION

Articles necessary.

1. Back rest.
2. Knee roll.
3. Four soft pillows.
4. One small pillow.
5. Sheet folded on bias.
6. Narrow gauze bandage.
7. Muslin bandage.
8. Rubber ring.
9. Side boards.
10. Shock blocks.
11. Nightingale.
12. Five safety pins.
13. Rubber pillow case.

Procedure.

1. Place hard and soft pillow on back rest with gauze bandage, hard pillow at top, soft at bottom.
2. Fold large sheet on bias.
3. Bring articles to bedside and screen patient, remove spread.
4. Raise patient to sitting position and pin nightingale around shoulders.
5. Place back rest in position and tie securely

to rod at head of bed with muslin bandage.

6. Place soft pillow, covered with rubber and cotton pillow cases, well down under small of back, another soft pillow under shoulders and small pillow under patient's head.
7. Place rubber ring in position, flex knees and place roll under knees, fastening with tapes to head of bed.
8. Place folded sheet around soles of feet and pin to sides of spring.
9. Place a soft pillow under each elbow.
10. Put side boards on and arrange spread.
11. Elevate head of bed on shock blocks.
12. Tie castors to head of bed with muslin bandage.

REFERENCE READINGS:

Harmer, pages 574-577.

Maxwell and Pope, pages 91-94.

COLLECTION OF SPECIMENS

1. Urine specimen.

Articles required.

1. Urine glass or bottle.
2. Label.
3. Bedpan and cover, or urinal.

Procedure.

1. Obtain early morning specimen, if possible.
2. Have bedpan, or urinal and urinal glass or bottle perfectly clean.
3. Examine vulvæ of female patient and, if necessary, wash to prevent epithelium and hair from getting into specimen.
4. Pour urine into bottle or glass carefully.
5. Write plainly on label—
 1. Patient's name.
 2. Ward.
 3. Date.
 4. What it is to be examined for.
6. Attach label securely and take to laboratory.

2. Twenty-four hour specimen of urine.

Articles necessary.

1. Large glass bottle (containing five pints, if possible.)

2. Funnel.
3. Label and adhesive.
4. Bedpan or urinal and cover.

Procedure.

1. Bottle, funnel, bedpans or urinals must be perfectly clean.
2. Always start specimen at 7 A.M.
3. Have patient void at 7 A.M. and destroy this specimen.
4. Save all other voidings until 7 A.M. next morning.
5. Write plainly on label—
 1. Name.
 2. Ward.
 3. Hour started and date.
 4. Hour finished and date.
 5. Amount and time of each voiding.
 6. Total amount.
6. Attach label to bottle with adhesive and take to laboratory immediately.

NOTE. Twenty-four hour specimens must be kept in cool place.

3. Specimens of feces.

Articles necessary.

1. Wide-necked bottle and cork.
2. Tongue depressor.
3. Label.
4. Bedpan and cover.

Procedure.

1. Specimen bottle and bedpan must be perfectly clean.

COLLECTION OF SPECIMENS

2. Obtain specimen and half fill bottle with feces by using tongue depressor.
3. Label specimen, writing—
 1. Name.
 2. Ward.
 3. Date.
 4. What specimen is to be examined for.
4. Take to laboratory immediately.

4. Specimen of sputum.

Articles necessary.

1. Sputum specimen bottle and cover.
2. Label.

Procedure.

1. Obtain specimen early in morning.
2. Patient's mouth and teeth must be carefully cleaned.
3. Give patient specimen bottle and instruct patient to expectorate into bottle, filling only half full, no more.
4. Label bottle plainly with—
 1. Patient's name.
 2. Date.
 3. Ward.

REFERENCE READINGS:

Harmer, pages 107-108.

Hampton-Robb, page 277.

Maxwell and Pope, pages 357-363.

5. Mosenthal test—collecting of specimens.

Articles necessary.

1. Bedpan or urinal and cover.
2. Seven bottles.
3. Seven labels.

Procedure.

1. Urine is to be collected for twenty-four hours as follows.
 2. Start test at 8 A.M. Throw away 8 A.M. voiding.
 3. Collect specimens every two hours until 8 P.M., i.e., 10 A.M., 12 noon, 2 P.M., 4 P.M., 6 P.M., and 8 P.M. Put each specimen in separate bottle.
 4. Collect from 8 P.M. to 8 A.M., in one specimen.
 5. Put label containing, on each bottle—
 1. Mosenthal test.
 2. Patient's name.
 3. Hour and date.
 4. Ward numbers.
 6. Send to laboratory when all collected.
6. Phenolsulphonephthalein or "Red Test"—collecting of specimens.

Articles necessary.

1. Hypodermic syringe with intramuscular needle.
2. One ampule (1 c.c.) of phenolsulphonephthalein.

COLLECTION OF SPECIMENS

3. Two bottles.
4. Two labels.
5. Two glasses of water.

Procedure.

1. Have patient void before giving test.
2. Doctor then gives 15 minims of phenolsulphonephthalein. Nurse notes exact time.
3. Encourage patient to drink two glasses of water.
4. Collect first specimen *one hour and ten minutes* after phthalein injection. Send entire amount to laboratory, marked "first specimen and time of collecting."
5. Collect second specimen *one hour* after first specimen has been obtained. Send entire amount to laboratory marked "second specimen and time of collecting."
6. Write on each label in addition:
 1. Phenolsulphonephthalein test.
 2. Patient's name.
 3. Ward number.
 4. Date.

REFERENCE READING:
Harmer, page 449.

ENEMATA

Soapsuds enema.

Articles required.

1. Isolation blanket.
2. Irrigating standard.
3. Bedpan and cover.
4. Toilet paper.
5. Tray containing:
 1. Irrigating can with tubing, clamp and glass connecting tube.
 2. Basin containing rectal tube.
 3. Pus basin.
 4. Sterile lubricant.
 5. Rubber sheet.
 6. Cotton draw sheet.

Procedure.

1. Boil rectal tube two minutes, remove and place in basin on tray.
2. Prepare two quarts of solution in pitcher, with castile soap and water at temperature of 105° F., and remove froth.
3. Pour solution into can and carry equipment to bedside.
4. Screen patient with two screens.

ENEMATA

5. Cover patient with isolation blanket and fan down covers to foot of bed.
6. Place rubber sheet covered with draw sheet under patient.
7. Remove one pillow and have patient on left side near edge of bed with knees flexed.
8. Hang irrigating can on standard, not more than one and a half feet above patient's hips.
9. Connect rectal tube to tubing, lubricate, and expel air and cold water.
10. Separate buttocks and gently insert tube from 6 inches to 8 inches following natural curve of rectum, backward, upward, and slightly to left side.
11. Unclamp tubing and let water run very easily at first by pressing tube between fingers.
12. Shut off flow for short time if patient complains of pain.
13. Shut off flow before can is empty.
14. Remove rectal tube and place in pus basin.
15. Encourage patient to retain enema ten to fifteen minutes after removal of rectal tube.
16. Take tray to utility room, rinse rectal tube in cold water, wash in hot soapy water and boil two minutes. Clean other articles and place on tray.

17. Remove rubber and cotton sheet from under patient, after enema has been expelled. Clean rubber and fold in clean draw sheet and put on tray.
18. Remove isolation blanket and leave patient comfortable.
19. Note result of enema and chart.

REFERENCE READINGS:

Harmer, pages 108-116.

Hampton-Robb, pages 156-160.

Maxwell and Pope, pages 370-386.

ENEMATA OF SMALL AMOUNT

Articles necessary.

Tray containing:

1. Rectal tube in basin.
2. Funnel.
3. Graduate containing solution.
4. Pus basin.
5. Lubricant and toilet paper.
6. Towel.

Procedure.

1. Boil rectal tube two minutes.
2. Prepare solution.
3. Carry articles to bedside and screen patient with two screens.
4. Have patient on left side.
5. Fold back covers in form of triangle.
6. Protect bed with towel.
7. Attach and lubricate tube, expel air and insert about eight inches.
8. Allow solution to run very slowly, holding funnel eight inches above hips.
9. Shut off flow before funnel empties, remove tube.
10. Pinch tube when removing to prevent drops falling on bed, place in pus basin.
11. Tidy bed and make patient comfortable.

12. Remove screens and carry tray to utility room.
13. Boil rectal tube and leave tray in perfect order.
14. Chart solution and amount given.

REFERENCE READINGS:

Harmer, pages 110-112, 528-531.

Hampton-Robb, pages 160-164.

Maxwell and Pope, pages 376-381.

ENTEROCLYSIS OR HIGH HOT COLON

Articles necessary.

1. Isolation blanket.
2. Kelly pad.
3. Irrigating standard.
4. Floor rubber.
5. Foot tub.
6. Tray containing:
 1. Irrigating can, tubing, clamp, and glass connecting tube.
 2. Two pitchers—normal saline, temperature 115° to 120° F.
 3. Two rectal tubes in basin.
 4. Pus basin.
 5. Lubricant.
 6. Toilet paper.

Procedure.

1. Boil rectal tube two minutes.
2. Prepare solution—usually two gallons.
3. Bring articles to bedside and screen patient.
4. Place chair at foot of bed and remove one pillow.
5. Cover patient with blanket and fan covers to foot of bed.

6. Place Kelly pad under patient, have her on left side with buttocks well over to side of bed—knees flexed.
7. Protect floor with floor rubber and place foot tub on rubber.
8. Hang irrigating can on standard, connect rectal tube, lubricate both tubes at once and expel air and cold water from connected tube.
9. Insert both tubes at once, having inflow inserted 6 to 7 inches and outflow 3 inches.
10. Unclamp tubing and let water run, having outflow tube drain into foot tub.
11. Shut off flow before can is empty.
12. Remove rectal tubes and place in pus basin.
13. Remove Kelly pad and straighten out bed.
14. Remove articles and cleanse, leaving everything in perfect condition.
15. Note return flow and chart.

REFERENCE READINGS:

Harmer, pages 519-525.

Maxwell and Pope, pages 366-370, 380-388.

MURPHY DRIP

Articles necessary.

1. Murphy drip with complete tubing and clamp.
2. Small rubber catheter.
3. Graduated glass connecting tube.
4. Lubricant on toilet paper.
5. Pitcher.
6. Bath thermometer.
7. Gray basin.
8. Floor rubber.
9. Irrigating standard.
10. Safety pin.

Procedure.

1. Fill pitcher with water of temperature 125° to 130° F.
2. Pour small amount in thermos bottle to warm it. Empty out.
3. Fill thermos bottle with water temperature 125° to 130° F.
4. Carry to bedside with other articles.
5. Place floor rubber on floor beside bed.
6. Place standard on floor rubber.
7. Hang thermos bottle on top of standard and arrange gray basin to catch any drops.

8. Connect catheter to tubing and lubricate.
9. Open clamp gradually and regulate drops thirty-five to forty per minute.
10. Insert catheter six to eight inches.
11. Fasten tubing in place on side of bed with safety pin.

REFERENCE READINGS:

Harmer, pages 525-528.

Maxwell and Pope, pages 523-524.

DOUCHE—VAGINAL

Articles necessary.

1. Irrigating standard.
2. Douche pan and cover.
3. Isolation blanket.
4. Rubber and cotton draw sheet.
5. Large sheet.
6. Tray containing:
 1. Irrigating can with tubing and clamp.
 2. Douche point in boiling basin.
 3. Pus basin.
 4. Small bowl with $\frac{1}{2}\%$ cresol solution and six cotton pledgets.
 5. Towel.

Procedure.

1. Boil douche point wrapped in gauze for three minutes.
2. Prepare solution ordered in pitcher and pour into irrigating can (temperature 110° to 120° F. as ordered.)
3. Place articles on tray, cover with towel.
4. Carry tray and other articles to bedside.
5. Screen patient.
6. Cover patient with isolation blanket and fan covers to foot of bed.

7. Place rubber and cotton draw sheet under patient.
8. Drape lower limbs with sheet. Have knees flexed with the patient in dorsal position.
9. Remove pillows and place warm douche pan under patient.
10. Hang can on standard one foot above patient's hips.
11. Go to utility room and wash hands thoroughly.
12. Separate labia and cleanse by wiping downward—first on one side, then other side, and then in center using separate pledget for each movement.
13. Connect douche point to tubing and expel air.
14. Insert nozzle downward and backward, allowing it to follow the curve of vagina.
15. Unclamp tubing and let solution flow.
16. Clamp tubing before can is empty.
17. Remove douche point and place in pus basin.
18. Place irrigating can on tray.
19. Remove douche pan and note return.
20. Remove large sheet, rubber and cotton draw sheets, and isolation blanket.
21. Straighten the bed covers and leave in order.
22. Remove screens and carry tray and other articles from bedside—clean and put away dry.
23. Rinse douche point in cold water and boil.
24. Chart result of treatment.

REFERENCE READINGS:

Harmer, pages 238-243.

Hampton-Robb, pages 165-167.

Maxwell and Pope, pages 392-398.

IRRIGATIONS

1. Ear irrigation.

Articles necessary.

Tray containing:

1. Sterile basin with irrigating solution.
2. Syringe in disinfecting solution.
3. Sterile cotton applicators.
4. Kidney basin.
5. Towel.
6. Waste cup.

Procedure.

1. Have patient sitting up, if possible.
2. Protect shoulder with towel and have patient hold kidney basin close to ear. If a discharge is present wipe out with sterile applicator.
3. Draw the fluid into the syringe, hold upright and expel the air.
4. For adult draw tip of ear upward and backward to straighten out canal. For children draw tip downward and backward.
5. Inject fluid slowly into auditory canal, being careful not to place point of syringe too far into ear.

6. Wipe out carefully with sterile applicator.
7. Leave the tray in order.

NOTE. If irrigating can is used it should be placed not more than three or four inches above the level of the patient's ear. A glass connecting point is attached to rubber tubing and used for injection of fluid into the ear.

If patient is unable to sit up, remove pillow, protect the bed with dressing rubber and towel and follow same procedure.

REFERENCE READINGS:

Harmer, pages 658-663.

Hampton-Robb, page 527.

Maxwell and Pope, pages 407-411.

2. Nasal irrigation.

Articles necessary.

1. Irrigating standard.
2. Tray containing:
 1. Irrigating can with tubing, clamp and solution.
 2. Nasal douche point.
 3. Emesis basin.
 4. Dressing rubber and towel.

Procedure.

1. Have patient sitting up, if possible.
2. Cover dressing rubber with towel and place across the patient's chest.
3. Hang irrigating can on standard

- three or four inches above patient's head.
4. Keep patient's head tilted forward so that Eustachian tubes are higher than the nose.
 5. Have patient hold the emesis basin in position.
 6. Instruct patient to breathe through mouth.
 7. Irrigate one nostril then the other, using two or three ounces at a time. One pint is sufficient for irrigation.
 8. Leave tray in order.

NOTE. If one nostril is obstructed, solution should be injected into that nostril first.

REFERENCE READINGS :

Harmer, pages 669-670.

Maxwell and Pope, 402-405.

3. Throat irrigation.

Articles necessary.

1. Irrigating standard.
2. Tray containing:
 1. Irrigating can, with tubing, clamp and solution.
 2. Drinking tube.
 3. Dressing rubber and towel.
 4. Basin.

Procedure.

1. Patient can be either sitting or in recumbent position, head bent forward.

2. Place dressing rubber covered with towel in such a way that it will protect the patient and bed.
3. Place irrigating can on standard two feet above patient's head.
4. Put basin in place to catch solution.
5. Connect glass drinking tube to rubber tubing.
6. Move glass tube from side to side so that the solution will reach all parts of the pharynx.
7. Remove articles, boil tube.

REFERENCE READINGS:

Harmer, pages 666-668.

Maxwell and Pope, pages 406-407.

3. Eye irrigation.

Articles necessary.

1. Bowl or bottle of solution for irrigation.
2. Sterile eye dropper fitted with rubber bulb.
3. Jar sterile cotton pledgets.
4. Sterile thumb forceps.
5. Kidney basin or cellulose cotton.
6. Waste cup or paper bag.
7. Towel.
8. Dressing rubber, if necessary.

Procedure.

1. Have patient sitting up in chair with head bent back, if possible.

2. Wipe eye carefully with cotton pledget, from inner to outer canthus.
3. Have patient hold the kidney basin close against cheek.
4. Hold lids open with left hand and irrigate with right hand.
5. Dry the eye with cotton pledget.
6. Leave tray in order.

NOTE: If patient is too ill to sit up, remove pillows, cover dressing rubber with towel and place so as to protect patient's chest and bed. Place kidney basin under side of head and proceed in the same way.

REFERENCE READINGS:

Harmer, pages 651-653.

Maxwell and Pope, pages 411-415.

INSTILLATION OF DROPS

Articles necessary.

1. Eye dropper.
2. Sterile cotton pledgets.
3. Waste cup.

Procedure.

1. Have patient tilt his head backward.
2. Draw down the lower lid with thumb of left hand.
3. Instruct patient to look up.
4. Hold dropper in right hand at least an inch from patient's eye and let drop fall in pocket formed by lower lid.
5. Press cotton pledget at inner canthus for a moment.

REFERENCE READINGS:

Harmer, pages 647-648.

Maxwell and Pope, pages 477-478.

PREPARATION FOR OPERATION.

Articles necessary.

1. Tray containing:
 1. Basin antiseptic solution.
 2. Basin green soap.
 3. Basin sterile water.
 4. Sterile gauze wipes.
 5. Kidney basin.
 6. Dressing rubber and cover.
 7. Razor and small squares of toilet paper.
 8. Towel.
 9. Binder or bandage.
 10. Clinic blanket and draping sheet.
 11. Sterile 4 x 8 for dressing.

Procedure.

1. Place dressing rubber and cover under part to be prepared.
2. Protect shoulders with clinic blanket and fold down covers. (Drape lower limbs with sheet if necessary.) Protect with towel. Expose part to be prepared.
3. Soap area well with green soap.
4. Hold the razor flat against the surface and draw it while held in that position. Shave clean.

PREPARATION FOR OPERATION

5. Scrub thoroughly with green soap and water.
6. Wash off with disinfecting solution.
7. Apply sterile dressing. Hold in place with bandage or binder.

Rules for general preparation.

1. Cleansing sponge bath day before.
2. Cathartic the night before. S. S. Enema in eight hours.
3. No breakfast. No fluids for at least three hours before.
4. Have hospital patient sign "Permission for Operation Book." Have patient attended by Priest or Minister.
5. Put on fresh laparotomy suit. Put triangle on head.
6. See that patient voids. Chart amount.
7. Remove false teeth or any foreign object in mouth. Also wedding ring.
8. Place folded draw sheet on stretcher under patient's buttocks. Cover well with blankets.
9. Send chart with patient completely filled out with Medication and notes.
10. Destroy all Medication Tickets and treatments.

REFERENCE READINGS:

Harmer, pages 501-518

Maxwell and Pope, pages 641-648.

TEMPERATURE

Thermometer tray.

1. Thermometers in jar with 1-40 carbolic solution.
2. Jar clear water to rinse thermometers.
3. Small enamel bowl with paper wipes.
4. Waste cup or small paper bag.
5. Rectal thermometer in small tray with 1-40 carbolic solution.
6. Tube sterile lubricant.

Procedure by mouth.

1. Rinse thermometer in clear water and wipe dry.
2. Shake mercury down to 95° F.
3. See that patient has not had anything hot or cold in his mouth just before.
4. Have patient moisten lips.
5. Place thermometer under tongue.
6. Keep lips closed for three minutes.
7. Remove thermometer, wipe off, read and record temperature.

Procedure by rectum.

1. Turn patient on side, if possible.
2. Shake mercury down to 95° F.

TEMPERATURE

3. Oil bulb, and insert in rectum 1-1½ inches.
4. Let it remain three minutes.
5. Remove, wipe end of thermometer with toilet paper, read and record temperature.

Procedure by axilla.

1. Wipe the axilla dry.
2. Shake mercury down to 95° F.
3. Place bulb in hollow of armpit.
4. Have patient place arm across chest with hand on opposite shoulder.
5. Leave thermometer in 8-10 minutes.
6. Remove, record.

PULSE

Article necessary.

1. Watch with second hand.

Procedure.

1. Have patient lying down, arm at rest.
2. Nurse places index and middle finger over artery, making slight pressure.
3. Count for one minute, dividing the minute into halves or quarters and record.

Locations where pulse may be felt.

1. Radial artery—wrist.
2. Temporal artery—temple.
3. Facial artery—jaw.
4. Femoral artery—pelvic bone.
5. Dorsalis pedis—foot.
6. Carotid artery—throat.

RESPIRATION

Article necessary.

1. Watch with second hand.

Procedure.

1. Take immediately after the pulse is counted and while fingers are still on wrist so the patient will not know you are counting the respirations.
2. Watch rise and fall of chest wall.
3. Count for one minute and record.

REFERENCE READINGS:

- Harmer, Chapters XIII, XIV, XV.
Hampton-Robb, Chapter IX.
Maxwell and Pope, Chapter VII.

MEDICATIONS

Articles necessary.

Tray containing:

1. Medicine glasses.
2. Drinking glass.
3. Pitcher of water.
4. Minim glass.
5. Measuring cup.
6. Medicine dropper.
7. Stirring rod.
8. Teaspoon.
9. Bowl for medication tickets.
10. Gauze for wiping bottles.

Procedure.

1. Read medication ticket.
2. Take required medicine from cabinet.
3. Read medication ticket and label on bottle.
4. Calculate dose.
5. Remove cork, holding it in little finger of right hand.
6. Pour required dose into medicine glass, holding glass on level with eye.
7. Wipe bottle with gauze.
8. Replace cork.
9. Read medication ticket and label on bottle.
10. Place ticket in glass and put on tray.

11. Replace bottle in cabinet.
12. Dilute medication, if necessary.
13. Give to patient.
14. Wash medicine glasses, place ticket in bowl and leave tray in order.

Preparation of dose of castor oil.

1. Pour one dram lemon and orange juice in glass and wet sides of glass with juice.
2. Pour required dose of oil in glass and add another dram of lemon juice.
3. Place medicine glass on plate, and arrange a few pieces of lemon or orange on plate.
4. Take to patient, instruct patient to open mouth wide and take in one swallow.
5. Wipe lips immediately and give patient piece of lemon or orange.

Medicine tickets.

q. 3. h.	Pink.	q. 1. h. 1 corner off.
q. 4. h.	Red.	q. 2. h. 1 corner off.
A. C. T. I. D.	Blue.	q. 6. h. 1 corner off.
P. C. T. I. D.	Yellow.	B. I. D. 1 corner off.
O. D.	White.	O. N. 1 corner off.
	Green.	
	Irregular Orders.	

REFERENCE READINGS:

Harmer, pages 419-430.

Hampton-Robb, pages 218-225.

Maxwell and Pope, pages 451-454.

HYPODERMIC INJECTION

Articles necessary.

1. Glass jar with gauze in bottom containing needles and wires.
2. Enamel jar containing small sterile cotton pledgets.
3. Enamel jar with gauze in bottom containing syringe and forceps in 95% alcohol.
4. Enamel cup for waste.
5. Bottle alcohol.
6. Bottle of water for boiling needle.
7. Alcohol lamp and box of matches.
8. Spoon.

Procedure. Preparing medication.

1. Remove wire from needle and place needle in spoon containing water.
2. Light alcohol lamp and boil needle for *one* minute.
3. Support handle of spoon on box of matches.
4. Figure out dose to be given, remove cork from bottle, take a cotton pledget on the forceps, pour on it a few drops of alcohol and clean mouth of bottle.
5. Put syringe together with forceps, rinse out barrel with sterile water, place end

of barrel in mouth of bottle. Turn bottle upside down and draw up two or three minims more than required dose.

6. Cork bottle.
7. Adjust needle on syringe with forceps, turn syringe upwards and expel air, and see that quantity of dose is correct.
8. Pour few drops of alcohol on cotton pledget, wrap around needle, and take to bedside.

Procedure when nurse reaches patient.

9. Take up flesh between finger and thumb of left hand and rub surface with cotton pledget, which is around needle.
10. Insert needle quickly, deeply and with an upward slant.
11. Draw out needle a little, loosen fingers of left hand and press piston, injecting fluid slowly.
12. Press same cotton pledget where needle is inserted, withdraw needle quickly and rub upward to prevent losing any of the medication.
13. Rinse syringe, replace in jar containing alcohol.
14. Boil and wire needle.
15. Leave tray in good order and replenish supplies.

REFERENCE READINGS:

Harmer, pages 431-433.

Maxwell and Pope, pages 454-463.

CATHETERIZATION

Articles necessary.

1. Isolation blanket.
2. Large sheet.
3. Towel.
4. Tray containing:
 1. Unsterile kidney basin, for soiled catheters.
 2. Paper bag.
 3. Sterile kidney basin for urine.
 4. Two rubber catheters in small bowl, wrapped in gauze in small amount sterile water.
 5. Bowl containing cresol 1% for nurses' hands.
 6. Bowl containing cresol $\frac{1}{2}$ % and six sterile cotton pledgets.
 7. Sterile thumb forceps in basin with cotton pledgets.
 8. Sterile towel.

Preparation of tray.

1. Place the three bowls, thumb forceps, kidney basin and two catheters wrapped in gauze, in sterilizer and boil for five minutes.

2. Cover one end of tray with sterile towel, and on it by means of sterile forceps, place small bowl containing catheters in sterile water, kidney basin, thumb forceps, and two bowls.
3. In one bowl pour one half pint of cresol 1%, in the other, pour one half pint cresol $\frac{1}{2}\%$ and in it place six sterile cotton pledgets.
4. Cover with the other half of sterile towel.
5. Place unsterile kidney basin and paper bag on uncovered portion of tray.

Preliminary preparation of patient.

1. Screen patient with two screens.
2. Carry tray, isolation blanket, large sheet and towel to bedside.
3. Mention to patient just what you intend to do and reassure her mind.
4. Place isolation blanket over patient's shoulders and fold down covers to foot of bed.
5. Drape lower limbs with sheet, fold sheet over abdomen and protect pubic region with towel.
6. Remove bedside table to lower third of bed.

Preparation of nurse.

1. Return to lavatory, roll sleeves to elbow.
2. Scrub hands and arms to elbows, with green soap under running water.

3. Use orange-wood stick for cleaning nails and scrub with hand brush for five minutes.
4. Return to bedside, being careful not to contaminate the hands by touching anything.

Further preparation of patient and procedure.

1. Uncover tray, immerse hands in hand solution for one minute.
2. Remove gauze from catheters.
3. Remove folded towel from pubic region with elbow, allowing towel to fall on bed.
4. Wrap thumb and first finger of left hand with cotton pledget from the sponging solution.
5. Separate labia, with the right hand, take sterile forceps from bowl, catch in same a sterile pledget; squeeze surplus fluid against side of bowl.
6. Cleanse folds of vulva, from above downward, discard pledget into paper bag.
7. Take another on forceps, cleanse other side, and use a third for meatus urinarius.
8. Place sterile cotton pledget in vaginal opening to prevent catheter from slipping into same.
9. Place sterile kidney basin in position under pubes to catch the flow of urine.
10. Hold labia separated with wrapped thumb and finger of left hand.

11. With right hand take catheter—3 inches away from eye—insert into meatus downward, very gently—2½ to 3 inches.
12. Hold catheter in position and direct flow of urine into kidney basin.
13. When flow appears to be diminishing, pinch catheter and remove slowly and gently, allow fluid to run into kidney basin and place catheter in unsterile kidney basin.
14. Take sterile pledget on forceps and cleanse parts, discard pledget and wipe parts dry with towel.
15. Remove towel, bring blanket down, at same time removing the drape sheet.
16. Replace upper bed clothing and remove blanket.
17. Replace bedside table and remove articles.
18. Put tray away with all basins on it. Not sterile.
19. Measure and chart the amount of urine obtained.

NOTE: If sterile specimen of urine is desired place about 15 c. c. in sterile test tube and label with name, date and ward.

REFERENCE READINGS:

Harmer, pages 531-542.

Hampton-Robb, pages 167-169.

Maxwell and Pope, pages 432-438.

BLADDER IRRIGATION

Articles necessary.

1. Same as for catheterization.
2. Sterile funnel.
3. Sterile pitcher of sterile solution 100° F.

Procedure.

1. Catheterize patient first.
2. With catheter still inserted connect funnel and pour in three or four ounces (or as much as patient can take) of solution.
3. Drain off in pus basin.
4. Repeat three times.
5. Remove catheter as in catheterization and cleanse parts.
6. Clean tray and put away as in catheterization.

REFERENCE READINGS:

- Harmer, pages 539-541.
Hampton-Robb, pages 169-170.
Maxwell and Pope, pages 439-442.

CHARTING

On every patient's bed are—

1. Admission card in holder:
(blue for women, white for men).
2. Chart, consisting of the following sheets:
 1. Standing orders, on which the physician's orders for diet, medication and treatment are kept.
 2. Plain card board for the purpose of
 1. Keeping the chart clean.
 2. Keeping the edges from curling.
 3. Temperature sheet.
 4. Treatment and nurse's notes, on which are recorded
 1. Diet, medication, and treatment given.
 2. Remarks concerning patient's condition, dressings, wound and any unusual or important observations made by nurse.
 5. History sheet on which the physician records the patient's history.
 6. Continuation history sheet.
 7. Physical examination record.
 8. Pathological sheet.
 9. Progress record.

Rules for charting.

1. All nurse's charting must be *printed* not written.
2. The temperature chart starts with the patient's admission to the hospital, and the words "on admission" are printed in the spaces above and at right angles to the temperature and pulse.
3. The temperature is taken and recorded 8-12-4 (depending upon the division).
4. The hours are charted in black during the day and in red during the night.
5. At 12 M., a red line is drawn perpendicularly to separate the days on a q. 4 h. or q. 2 h. chart.
6. The temperature is recorded in black dots, light lines connecting.
7. The pulse is recorded in red dots, light lines connecting.
8. The respiration is recorded in figures and in spaces, except when a curve is specified in special cases.
9. Urine which is not measured is recorded "L" (lost).
10. Defecation is recorded by Roman Numerals (I, II, etc.)
11. Urine and feces are recorded in black during the day, in red ink during the night.
12. The stool resulting from a simple enema is marked S. S. E.

Record on nurse's sheets.

1. Date and hour of admission.
2. Manner of admission, walked, wheel chair, stretcher.
3. Condition of body—Pediculi observed.
4. T.P.R.
5. Patient's complaints.
6. Nurse's observation on admission.
 1. Bed sores, location, size, character, whether superficial or sloughing.
 2. Peculiarities of speech or gait.
 3. Any indication of mental disturbance.
7. By whom seen (physician's name).

Nurses' daily observations for charting.

Digestive System.

1. Nausea.
 1. Time and severity—slight, or extreme with retching, etc.
 2. Cause of nausea if it can be ascertained.
2. Vomiting.
 1. Time.
 2. Amount.
 3. Color.
 4. Consistency.
 5. Constituents—food remains, bile, fluid, blood, etc.
 6. Odor.
 7. Reaction to Congo paper.
 8. Cause of vomiting, if known, viz., after medicine, after eating

CHARTING

fruit, etc. Reasons patient may give for it.

3. Stools.

1. Preserve all stools containing blood or anything unusual or suspicious.
 2. Note any change of color.
 3. In jaundiced patients state whether or not stools are clay colored.
4. Distention of the Abdomen.
1. Time and degree of distention, slight, much, marked, etc., discomfort, pain, etc.
 2. Measures applied for relief and results.

Respiratory System

1. Breathing—note any change, such as
 1. Dyspnoea.
 2. Orthopnoea.
 3. Cheyne-Stokes.
2. Cough.
 1. Time—morning, afternoon, all day.
 2. Severity.
3. Expectoration.
 1. Color—rusty, etc.
 2. Constituents—blood, etc.
 3. Consistency—froth, heavy, tenacious, etc.
 4. Odor.

5. Quantity (estimate fairly accurately).

Nervous System.

1. Restlessness.
2. Irrational.
3. Delirium.
 1. Coma vigil.
 2. Picking at bed clothes, busy, occupational, etc.
 3. Subsultus tendinum.
 4. Active—noisy. Patient trying to get out of bed.
 5. Measures taken to relieve, restraint, etc., and effects.
4. Stupor.
5. Coma.
6. Convulsions.
 1. Onset, how, where, aura.
 2. General, or only partial, and parts involved.
 3. Duration.
 4. Clonic or tonic.
7. Hiccough.
8. Eyes.
 1. Unequal pupils.
 2. Markedly contracted or dilated pupils.

General Symptoms.

1. Pain.
 1. Location.
 2. Time.

CHARTING

3. Duration.
 4. Character—sharp, dull, darting, shooting, knife-like, etc.
 5. Measures applied for relief and results.
2. Chills.
 1. Duration.
 2. Severity.
 3. Skin.
 1. Rash—character, etc.
 2. Marked sweating or dryness.
 3. Jaundice.
 4. Bed sores.

Chart any red areas on back or over body prominences.

Chart if getting larger.
 4. Medication.
 1. Result, for example, if codein is given for cough, chart if it relieves it.
 2. Refusal to take medicine prescribed.

The following symptoms are to be reported to the House Physician as well as charted:

1. Any sudden rise in temperature, or a very high temperature.
2. Any marked change in the rate and character of the pulse, weakness, irregularity or difficulty in counting.
3. Any marked change in rate or character of respiration.

4. Vomiting of blood.
5. Hemorrhage of the bowels.
6. Abdominal distention.
7. Retention or suppression of urine.
8. Unusual or severe pain.
9. Twitchings and convulsions.
10. Drowsiness and coma.

CARE OF BODY AFTER DEATH

Articles necessary.

1. Absorbent cotton.
2. Non-absorbent cotton.
3. Gauze bandage, 3 inches.
4. Packer (nozzle, glass rod, tongue depressors).
5. Comb.
6. Shroud, morgue pad, and morgue tag.
7. Foot tub warm water.
8. Soap.
9. Towel and wash cloth.

Procedure.

1. See that patient is screened with two screens.
2. Notify the doctor that the patient has apparently ceased breathing. (Doctor must pronounce the patient dead.)
3. Straighten the limbs, close the eyes, and mouth, put in false teeth if patient has them, while waiting for the doctor. Remove wedding ring.
4. After the doctor pronounces patient dead,
 1. Place few shreds of cotton or tissue paper under eye lids.

2. Pack nose, ears, and mouth with absorbent cotton.
3. Pack rectum and vagina with non-absorbent cotton.
4. Bathe body thoroughly with soap and water.
5. Apply clean dressing to bed sores and wounds.
6. Cover external genitals and rectum with morgue pad. Pin with safety pin.
7. Comb hair and braid in two braids.
8. Close mouth and apply chin support. Place the tip of chin in opening. Bring the two lower ends up and tie on top of head. Bring upper ends back and tie back of head. Tie together.
9. Put on shroud and fasten in back. The hood of the shroud covers the face and head. Lap shroud in back, bring ends around and tie (if the patient is very large two shrouds should be used).
10. Cross hands on breast and tie together.
11. Attach morgue tag and cover body with sheet.

REFERENCE READINGS:

Harmer, pages 302-304.

Hampton-Robb, page 136.

Maxwell and Pope, pages 164-167.

COUNTERIRRITANTS

1. Abdominal turpentine stupes.

Articles required

1. Two pieces of flannel.
2. Towel and protector.
3. Basin of hot water.
4. Turpentine and oil (1 in 4).
5. Swab for applying turpentine and oil.
6. Stupe wringer.
7. Electric stove (if possible).
8. Alcohol and powder.
9. Clinic blanket.

Procedure.

1. Collect articles and bring to bedside.
2. Protect chest and abdomen with blanket, turning down covers to edge of blanket.
3. Protect bed covers with towel.
4. Apply turpentine and oil to abdomen with swab.
5. Wring flannel out of hot water in stupe wringer.
6. Shake flannel quickly to incorporate air, arrange in loose folds and cover with stupe protector.

7. Have fresh stupe ready before removing old one, and never allow stupe to become cold.
8. Change every 2-4 minutes.
9. Apply turpentine and oil every third or fourth time.

To discontinue stupes

1. Remove oil and turpentine with alcohol.
2. Powder lightly and cover part with flannel.

REFERENCE READINGS:

Harmer, pages 203-207.

Hampton Robb, pages 198-201.

Maxwell and Pope, pages 495-499.

2. Flaxseed poultice.

Articles necessary.

1. Flaxseed meal.
2. Saucepan and boiling water.
3. Large spoon.
4. Poultice board.
5. Old muslin and piece of thin flannel.
6. Bandage or binder.
7. Towel and protector.

Procedure.

1. To one and one half cups of boiling water gradually add one cup of flaxseed meal.

2. Stir mixture thoroughly.
3. Boil two minutes, or until mixture drops readily from the spoon.
4. Beat well to incorporate air.
5. Spread half inch thick on old muslin and fold envelope fashion.
6. Carry to bedside wrapped in poultice cover and towel.
7. Place binder under patient.
8. Cover area to which poultice is to be applied with a thin flannel.
9. Test temperature on arm and apply poultice slowly.
10. Cover with protector and hold all in place with bandage or binder.
11. Change every 1-2 hours.

NOTE. Add dissolved mustard (1-6) to poultice for mustard poultice.

To discontinue poultice.

1. Remove poultice, and dry part.
2. Powder lightly and cover part with flannel for two or three hours.

REFERENCE READINGS:

- Harmer, pages 207-211.
- Hampton-Robb, pages 195-198.
- Maxwell and Pope, pages 489-491.

3. Mustard paste.

Articles necessary.

1. Mustard and flour.
2. Small bowl and spoon.

3. Poultice board.
4. Old muslin.
5. Towel and stupe cover.
6. Olive oil and swab.
7. Bandage or binder.
8. Powder.

Procedure.

1. Spread towel on poultice board, then stupe cover, and muslin of desired size.
2. Measure mustard and flour and thoroughly mix, using one part mustard to four parts flour (for children use 1-6).
3. Add water sufficient to make paste (white of egg may be added to prevent blistering).
4. Spread paste about half an inch thick on muslin and fold envelope fashion.
5. Roll in towel and carry it to bedside.
6. Oil the skin with olive oil, apply paste and cover with stupe cover.
7. Hold in place with binder.
8. Remove when skin is sufficiently reddened.
9. Dry moisture on skin by patting.
10. Powder lightly and cover with piece of soft muslin.

REFERENCE READINGS:

Harmer, pages 338-341.

Hampton-Robb, pages 206-207.

Maxwell and Pope, page 494.

4. Cupping.

Articles necessary.

Tray containing:

1. Alcohol lamp.
2. Steel rod and cotton.
3. Five or six cupping glasses.
4. Small dish for alcohol.
5. Glass of water.
6. Waste cup.
7. Box of matches.
8. Blanket.

Procedure.

1. Place folded blanket under patient's shoulders open end at top.
2. Turn half of it down over head and shoulders to protect hair.
3. Turn down spread and sheet leaving patient completely surrounded by blankets.
4. Remove gown.
5. Arrange tray—alcohol at far end, cups in center and lamp nearest bed.
6. Ignite swab—place in glass and hold open end of glass down.
7. Place quickly on surface and leave cup until skin becomes red or until cup drops off.
8. Insert fingers under rim to remove cup.

REFERENCE READINGS:

- Harmer, pages 334-336, 341-345.
Hampton-Robb, page 210.
Maxwell and Pope, pages 510-515.

Typhoid screen.

Articles necessary.

1. Typhoid frame.
2. Mosquito netting.
3. Gauze bandage.
4. Pins.
5. Needle and thread.

Procedure.

1. Place frame around bed and secure to bed posts, above castors, with bandage.
2. Place unhemmed netting on top and tighten around frame.
3. Place side netting on sides, tucking in fulness (one inch tucks, one inch apart). The shorter piece around the head overlaps the longer piece around the foot for six inches, twenty-five inches from head of bed.
4. Sew netting securely in place.

REFERENCE READINGS:

- Harmer, pages 488-497.
Hampton-Robb, pages 437-443.
Maxwell and Pope, pages 743-751.

Croup tent.**Articles necessary.**

1. Wooden frame.
2. Croup tent blanket (obtain from office).
3. Linen covering (obtain from office).
4. Electric plate.
5. Croup kettle.

Procedure.

1. Place wooden frame around head of bed.
2. Cover with croup tent cover. Leave side near bedside table open.
3. Place linen covering on in same manner.
4. Connect electric plate to socket.
5. Put water and medication in croup kettle and place on plate. Have spout of kettle extend into opening at side.
6. Leave in position, as ordered.

REFERENCE READINGS:

Harmer, pages 668-669.

Hampton-Robb, page 228.

Maxwell and Pope, pages 472-476.

Burn tent.**Articles necessary.**

1. Wooden frame.
2. Burn tent blanket (obtain from office).

3. Linen covering (obtain from office).
4. Carbon light.
5. Muslin bandage.

Procedure.

1. Place frame in position around bed and secure to bed posts above castors with muslin bandage.
2. Place carbon light in position and secure with muslin bandage.
3. Cover with burn tent blanket, leaving side near bedside table open.
4. Place linen covering on in same manner.

REFERENCE READINGS:

- Harmer, pages 617-618.
Hampton-Robb, pages 367-369.
Maxwell and Pope, pages 710-713.

INSTRUMENTS, CARE OF

Needles:

1. Draw water through them immediately after use.
2. Wash in cold water, then hot soapy water.
3. Dry on inside by running wire through them. Wipe wire off each time.
4. Put away containing wire that has been dipped in white mineral oil.
5. Boil before using.

Syringes:

1. Rinse out with cold water immediately after use. Remove piston.
2. Wash in warm soapy water.
3. Put away dry with piston removed.
4. Boil before using.

Scissors, probes, applicators, clamps, and forceps:

1. Wash in cold water, then hot soapy water.
2. Scour with scouring soap if necessary.
3. Boil for ten minutes.
4. Dry with sterile towel.
5. Wrap in sterile towel and place in sterile basin.

Scalpels:

1. Wash in cold water. Then hot soapy water.
2. Wrap blade in absorbent cotton and put away dry.
3. Soak in 95% alcohol twenty minutes before using.

REFERENCE READING:

Maxwell and Pope, pages 537-590.

Clean-up tray for skin.**Articles necessary.**

1. Alcohol and iodine.
2. Sterile applicators or gauze wipes.
3. Sterile towel and dressing rubber.
4. Sterile gloves.

5. Sterile gauze dressing with adhesive, or collodion.
6. Waste cup or paper bag.

Procedure.

1. Pour iodine over applicator holding mouth of bottle one inch or more from applicator.
2. Begin in center of area and work to outer edges cleaning skin.
3. Wash off with alcohol in same manner.
4. Drape with sterile towel.

1. Wassermann's test.

Articles necessary (tray kept set up on wards).

1. Clean-up tray.
2. Sterile test tubes in holder.
3. Tourniquet.

Procedure.

1. Doctor takes the Wassermann test.
2. Nurse cleans and replenishes tray.

REFERENCE READINGS:

Maxwell and Pope, page 245.

2. Lumbar puncture.

Articles necessary.

1. Clean-up tray.
2. Sterile hypodermic syringe with cocaine or ethyl chlorid.

COUNTERIRRITANTS

3. Sterile test tube in holder.
4. Sterile lumbar puncture needles (two).

Procedure.

1. Have patient on side near edge of bed with knees drawn up and head bent forward.
2. Fan covers back in form of triangle.
3. Clean skin and drape with towel.
4. Assist the doctor as he may desire.
5. Clean tray and needles as soon as procedure is finished.

REFERENCE READINGS:

Harmer, pages 346-351.

Maxwell and Pope, pages 554-560.

3. Intravenous infusion.**Articles necessary.**

1. Clean-up tray.
2. Sterile hypodermic syringe with cocaine.
3. Sterile infusion set.
4. Flask sterile saline in basin hot water.
5. Tourniquet.
6. Irrigating standard.
7. Extra bedside table.

Procedure.

1. Have patient lie on back near one side of bed with arm resting on bedside table.

2. Fold covers back in form of triangle.
3. The arm and forearm several inches from the bend of the elbow must be cleansed and disinfected.
4. Pass a dressing rubber with a sterile towel under the arm.
5. Cover the hand and part of the forearm not disinfected with a sterile towel.
6. Place tourniquet around upper part of arm. Be sure that the ends do not touch sterile field.
7. After needles are inserted remove tourniquet.
8. When finished clean, and equip infusion set.

REFERENCE READINGS:

Harmer, pages 560-561.

Hampton-Robb, pages 225-226.

Maxwell and Pope, pages 529-538.

4. Phlebotomy or venesection.

Articles necessary.

1. Clean-up tray.
2. Sterile phlebotomy set.
3. Sterile hypodermic syringe with cocaine.
4. Tourniquet.
5. Glass graduate (one quart if possible).
6. Extra bedside table.
7. Floor rubber.
8. Rubber apron for doctor.

Procedure.

1. Follow same procedure as for intravenous infusion.
2. Assist the doctor as he may desire.
3. Clean up tray and set. Return set completely replenished.

REFERENCE READINGS:

Harmer, page 359.

Hampton-Robb, page 315.

Maxwell and Pope, pages 563-565.

5. Hypodermoclysis.**Articles necessary.**

1. Sterile hypodermoclysis set.
2. Clean-up tray.
3. Flask of sterile saline in basin hot water.
4. Sterile hypodermic syringe with cocaine.
5. Irrigating standard.

Procedure.

1. Place patient comfortably on back.
2. Fan bedclothes below breasts—draw up night gown to expose both breasts.
3. Cleanse and disinfect lower portion of each breast.
4. Place sterile towel in place.
5. Place flask of sterile saline in basin hot water on irrigating standard.

6. Assist the doctor as he may desire.
7. When procedure is finished clean and replenish hypodermoclysis set. Return to office.

REFERENCE READINGS:

Harmer, pages 560-561.

Hampton-Robb, pages 225-226.

Maxwell and Pope, pages 525-529.

6. Paracentesis.

Articles necessary.

1. Clean-up tray.
2. Sterile paracentesis set.
3. Sterile hypodermic syringe with cocaine or ethyl chlorid.
4. Foot tub and floor rubber.
5. Isolation blanket to protect patient's shoulders.
6. Stimulants as ordered.

Procedure.

1. If necessary shave abdomen where puncture is to be made.
2. See that patient voids just before the operation.
3. Put laparotomy stockings on patient.
4. Have patient sit on edge of bed near the head with feet resting on a chair or stool.
5. Cover shoulders with blanket.
6. Support the back well with pillows or back rest.

7. Paint skin of abdomen with iodine.
8. After operation is finished, dress wound with sterile dressing.
9. Return patient to lying position.
10. Apply binder tightly.
11. Clean and replenish paracentesis set.

REFERENCE READINGS:

Harmer, pages 356-358.

Hampton-Robb, page 314.

Maxwell and Pope, pages 554-558.

7. Chest aspiration or thoracentesis.**Articles necessary.**

1. Clean-up tray.
2. Sterile aspirating set.
3. Hypodermic syringe with cocaine or ethyl chlorid.
4. Sterile water to test apparatus.

Procedure.

1. Have patient lie on sound side in a semi-recumbent position, arm of affected side raised above his head.
2. Fold back covers in form of triangle.
3. Prepare skin with iodine and alcohol.
4. Drape part below with sterile towel.
5. When finished wash apparatus, under cold running water.

REFERENCE READINGS:

Harmer, pages 351-354.

Hampton-Robb, page 314.

Maxwell and Pope, pages 558-563.

PACKS

1. Cold chest pack.

Articles necessary.

1. Two isolation blankets.
2. Cotton draw sheet.
3. Rubber pillow case.
4. Small rubber sheet.
5. Ice cap and cover.
6. Towel.
7. Foot tub.
8. Alcohol and powder.

Procedure.

1. Fold an isolation blanket crosswise in three, place a rubber draw sheet between the folds and fan each end toward the center.
2. Fold the cotton draw sheet, lengthwise in quarters and fan each end toward center.
3. Wring draw sheet out of water at temperature of 65° or 70° F. Open blanket at center and place wet sheet in center of blanket.
4. Carry equipment to bedside. Place chair at foot of bed.

PACKS

5. Put rubber pillow case on soft pillow, place under patient's head and remove hard pillow.
6. Place a folded isolation blanket across patient's chest and fold back bed clothing to waist line.
7. Remove gown, turn patient toward you and place folded blanket and sheet under patient.
8. Place ice cap on head.
9. Bring each end of wet sheet under the arms and across to opposite shoulder.
10. Bring ends of upper isolation blanket underneath the arms and wrap around each arm.
11. Draw up bed clothing and leave in pack for twenty minutes.

To remove from pack.

1. Fold covers down to waist line.
2. Unwrap the arms.
3. Loosen wet sheet and remove sheet lower blanket.
4. Dry patient with towel.
5. Rub back and chest with alcohol and lightly powder.
6. Put on gown.
7. Remove isolation blanket and rubber pillow case.
8. Take temperature, pulse and respiration and record.

REFERENCE READING:

Maxwell and Pope, pages 374-388.

2. Cold pack.

Articles necessary.

1. Two bath blankets.
2. One long rubber sheet.
3. Three cotton sheets.
4. One bath towel.
5. Ice cap and cover.
6. Hot water bottle and cover.
7. Bath thermometer.
8. Hot fluids and feeding cup.
9. Foot tub containing water temperature 70° to 80° F.
10. Alcohol and powder.

Procedure.

1. Roll rubber sheet between cotton sheet and bath blanket.
2. Fan bath blanket crosswise.
3. Fan one cotton sheet lengthwise and one crosswise and place in foot tub.
4. Carry equipment to bedside.
5. Place bath blanket over chest. Tuck well in around shoulders and fan clothing to foot of bed.
6. Adjust bath towel over loins, and remove gown.
7. Place roll made of blanket, rubber sheet and cotton sheet under patient with blanket next to bed.

8. Wring out sheets from water of required temperature.
9. Place the sheet, folded, lengthwise under patient, bring up and tuck well around patient.
10. Wring out second sheet, place across chest, make secure at neck and shoulders, bring down over patient and tuck well around patient.
11. Bring up top covers and leave in pack from 20 minutes to one hour.

To remove from pack.

1. Fold down covers to foot of bed.
2. Remove blanket and upper sheet, then under wet sheet and rubber.
3. Dry patient with towel, wrap lower blanket around patient.
4. Bring up bed clothing and leave for twenty minutes.
5. Give hot milk or broth and friction if patient is chilly.
6. At the end of 20 minutes, remove blankets, rub with alcohol and put on gown.
7. Take T. P. R., and record.

REFERENCE READINGS:

Harmer, pages 276-282.

Hampton-Robb, pages 147-201.

Maxwell and Pope, pages 388-393.

Hot pack.

Articles necessary.

1. Seven isolation blankets.
2. Two long rubber sheets.
3. Ice cap and cover.
4. Rubber pillow case.
5. Towel.
6. Stupe wringer and two stupe sticks.
7. Feeding cup and fluids.
8. Alcohol and powder.
9. Foot tub.

Procedure.

1. Roll together lengthwise rubber sheet between three blankets (thin blanket on top to wrap around patient).
2. Fan one isolation blanket crosswise.
3. Fan rubber sheet and blanket crosswise.
4. Fan two isolation blankets lengthwise, separately.
5. Carry articles to bedside. Screen patient.
6. Cover patient with blanket at same time fanning down covers to foot of bed.
7. Remove gown.
8. Turn patient on side, place roll of blankets and rubber sheet under patient.

PACKS

9. Tuck sides of under blanket under sides of mattress.
10. Bring up sides of thin blanket which is under patient and tuck well in around arms and legs, so that no skin surfaces touch.
11. Fan blanket which covers patient to foot of bed.
12. Apply ice cap to head.
13. Wring dry blankets in sterilizer, bring to bedside in stupe wringer in foot tub.
14. Turn patient on side and after shaking blanket quickly place under patient and tuck well around arms and legs.
15. Shake second blanket and place over patient, tuck well around body.
16. Bring up dry blanket at foot of bed and tuck in around patient.
17. Bring up blanket and rubber sheet on each side.
18. Place second rubber sheet and blanket over all and tuck in at sides.
19. Place folded towel over blankets where they come in contact with patient's face.
20. Draw up upper bed clothing and leave in pack 20 to 30 minutes as ordered.
21. Give fluids while in pack.
22. Avoid drafts and watch pulse.

To remove from pack.

1. Fold outer clothing to foot of bed.
2. Remove top rubber sheet and wet blankets.
3. Remove under wet blankets and rubber sheet, leaving patient between blankets for one hour.
4. At end of one hour rub patient with hot towels, give a hot alcohol rub and put on gown.
5. Remove blankets.

REFERENCE READINGS:

Harmer, pages 369-371.

Maxwell and Pope, pages 291-295.

Cold sponge bath.**Articles necessary.**

1. Two basins (one with ice water, one with tepid water).
2. Bath blanket.
3. Long rubber sheet.
4. Two cotton sheets.
5. Two wash cloths.
6. Ice cap and cover.
7. Hot water bottle and cover.

Procedure.

1. Make a roll of blanket, rubber sheet and cotton sheet. Bring to bedside all articles.

COLD SPONGE BATH

2. Cover patient with sheet and fold down clothing to foot of bed.
3. Place roll of blanket, rubber sheet and cotton sheet under patient with blanket next to bed.
4. Remove gown and pillows.
5. Place hot water bottle at feet.
6. Bathe face and apply ice cap.
7. Sponge first with tepid water, then with ice water, beginning with arm farthest away, then near arm, chest, back, and lower limbs.
8. Apply friction to each part while sponging and sponge each part from three to five minutes.

When finished.

1. Remove rubber and cotton sheet from under patient.
2. Draw up top covers and remove sheet which has been covering patient.
3. If patient is very ill, the bed may be protected by placing bath towel or draw sheet under each part while sponging.
4. Take temperature, pulse, respiration, one hour after bath and record.

Alcohol sponge.

1. Proceed as for cold sponge.
2. Use alcohol and water, equal parts, instead of ice water. Evaporation

of alcohol and water, cools the surface of the skin, thus reducing temperature.

REFERENCE READINGS:

Harmer, pages 396-397.

Hampton-Robb, pages 148-150.

Maxwell and Pope, pages 264-269.

Hot air bath.

Articles necessary.

1. Five isolation blankets.
2. Two long rubber sheets.
3. One short rubber sheet.
4. One rubber pillow case.
5. Two bed cradles (tied together).
6. One electric heater.
7. One bath thermometer.
8. One ankle restraint.
9. Six safety pins.
10. Two towels.
11. Ice cap and cover.
12. Feeding cup and fluids.
13. Alcohol and powder.

Procedure.

1. Fold long rubber fan shape.
2. Fold two blankets fan shape.
3. Roll long rubber between two blankets lengthwise.
4. Fan single blanket and carry equipment to bedside.

HOT AIR BATH

5. Cover soft pillow with rubber pillow case and place under patient's head at same time removing hard pillow.
6. Loosen bed clothes at foot and sides of bed.
7. Place single blanket across patient's chest, tuck upper edge well under patient's shoulders, grasp lower edge and draw down over patient at same time folding down covers to foot of bed.
8. Remove covers and place on chair.
9. Remove gown—turn patient on side and place rolled rubber, sheet and blankets under patient, tucking lower blanket under mattress at sides.
10. Tuck the blanket covering patient well around arms and legs so that no skin surfaces touch.
11. Place towel under patient's head and place ice cap on head.
12. Place restraint lightly around ankles and tuck ends under mattress.
13. Place cradle in position and attach electric heater.
14. Suspend bath thermometer from cradle by long tape.
15. Bring up blanket and rubber sheet and pin to bars of cradle at each side with three safety pins.
16. Place folded blankets on cradle, tuck

in around neck and shoulders and under cradle at sides.

17. Place rubber over the blankets and tuck in under shoulders and under sides of cradle.
18. Place short rubber at the foot and tuck in under mattress.
19. Put the regular bed covers in place, tuck in under the mattress at the foot.
20. Put a folded towel under patient's chin and tuck ends under patient's shoulders.
21. Give fluids while in bath, and watch color of patient's face.
22. Take pulse frequently.
23. Leave in bath from one half to one hour as ordered.

To discontinue.

1. Fold down top covers, remove and place on chair.
2. Loosen rubber sheets and blankets at foot and sides of bed—remove top rubbers.
3. Disconnect electric heater and remove heater and bath thermometer.
4. Remove cradle from the side allowing the warm blankets on top to cover the patient.
5. Turn patient on side, remove blanket and rubber sheet, leaving the patient between blankets.

HOT AIR BATH

6. Place top covers in position.
7. At the end of one hour rub patient with hot towels and give hot alcohol rub.
8. Put on night gown and remove blankets.

REFERENCE READINGS:

Harmer, pages 363-369.

Hampton-Robb, pages 144, 192-193.

Maxwell and Pope, pages 289-303.

Modified tub or slush bath.

Purpose—to reduce body temperature.

Articles required.

1. Two double blankets.
2. One single blanket.
3. Long rubber sheet.
4. Short rubber sheet.
5. Rubber pillow case.
6. Two bath blankets.
7. Two cotton draw sheets.
8. Two towels and a wash cloth.
9. Ice cap and cover.
10. Hot water bottle and cover.
11. Large pail or foot tub of water.
12. Long piece of rubber tubing with funnel and bath spray attached.
13. Pitcher.
14. Carrier.
15. Ice coil standard.
16. Bath thermometer.

17. Foot tub.
18. Two floor rubbers.
19. Shock blocks.
20. Fluid and feeding cup.
21. Alcohol and powder.

Procedure.

1. Roll single blanket and two double blankets crosswise and tie at each end and in the center with bandage. Fold cotton draw sheet lengthwise in thirds and roll together with a bath blanket and long rubber sheet. Carry equipment to the bedside. Screen patient. Place large pail or foot tub of water, required temperature, on top of ice coil standard. Fill tube and funnel with water to remove air and establish siphonage from pail or pitcher held at level of patient. Put carrier over edge of pail to prevent kinking of tubing. Loosen top covers at sides and foot of bed. Place folded bath blanket across patient's chest, tucking upper edge under shoulders. Fold top covers to foot of bed, replacing them with the blanket. Place top covers on chair. Protect hard pillow with rubber pillow case. Replace soft pillow by hard one. Place bath blanket, rubber sheet and draw

SLUSH BATH

sheet under patient. Remove gown. Place the rolled double blankets under the rubber sheet on either side, and the rolled single blanket under the rubber at the foot of the bed. Place the short rubber under the long rubber at the foot of the bed. Roll the sides to form a trough and let it drain into the foot tub. Protect the floor under the tub with a floor rubber. Apply ice cap to the head and hot water bottle to the feet. Protect patient's loins with a towel. Remove top blanket. Bathe patient's face with clear water. Spray body with one hand, giving friction with the other hand. Pass the hand under the patient's back occasionally and rub it. The usual duration of the bath is 10 to 20 minutes.

To remove from bath.

1. Remove the single rolled blanket from the foot of the bed. Raise the head of the bed on shock blocks. Allow the water to drain into the foot tub. Cover the patient with a draw sheet and remove loin cloth. Remove the rolled blankets from under the rubber at the sides of the bed. Dry the patient with the draw sheet over

her, turn her on her side, dry her back, roll the rubber sheet and draw sheet to the center of the bed, roll patient to other side over these, dry other side and remove rubber sheet and draw sheet. Place bath blanket over patient and remove draw sheet. Place covers on the bed and leave patient between the blankets for one hour. At end of one hour take temperature and record. Rub patient with alcohol, put on gown and and remove blankets.

Lavage for baby.

Definition—Lavage is the washing out of the stomach.

Purpose—

1. To remove poison.
2. To cleanse stomach of remnants of former feeding which have not been digested.
3. To cleanse lining of stomach of irritating substances.

Articles required.

1. Rubber catheter, size 16 French.
2. Basin of ice water.
3. 18 inches of rubber tubing.
4. Glass funnel.
5. Glass graduate of solution.
6. Rubber bib.

7. Sheet for restraining.
8. Solution basin.
9. Emesis basin.
10. Floor rubber.

Procedure.

Measure catheter and mark off a distance equal to that from the bridge of the baby's nose to a point three fourths of the distance from the baby's nipples to the umbilicus. Wash your hands. Turn down the baby's clothing around the neck. Restrain and apply bib. Expel air from the tube. Insert the tube until the marker is at the lips. Keep tube pinched and wait to see if baby can breathe naturally. Raise funnel five or six inches above the child's mouth. Pour in the required amount of fluid. Do not let the funnel become empty. When it is still half full invert quickly into a basin which is as far below the level of the child's stomach as the length of the tubing will allow.

When the fluid begins to come back slowly, raise the funnel and again pour in the required amount. Repeat this process until the return is clear. The amount of fluid given each time should be a little less than

the child's stomach capacity. The child's feeding usually approximates his stomach capacity.

Chart the amount of fluid used before the return was clear and the character of the return.

Gavage.

Definition.—Gavage is the introduction of fluid food or medication into the stomach through a stomach tube.

Articles necessary.

1. Stomach tube with funnel.
2. Dressing rubber or bib.
3. Prepared food in glass graduate.
4. Basin of ice water.
5. Sheet for restraining.

Procedure.

1. Introduce tube as for lavage.
2. Pinch the tube and wait a few seconds, pour the liquid slowly into the funnel and do not hold the funnel more than two or three inches above the patient's mouth.
3. Pinch the tube before it empties and remove gently and quickly.

Mustard bath for a baby.

Articles required.

1. Foot tub or stationary tub.
2. Bath thermometers.

MUSTARD BATH FOR BABY

3. Pitcher.
4. Ice cap and cover.
5. Hot water bottle and cover.
6. Basin of ice water.
7. Compresses for head.
8. Mustard in bags of gauze (one ounce in each bag).
9. Warm blanket.
10. Alcohol and powder.

Procedure.

Test water in tub, temperature 105 degrees. Put in one ounce of mustard to each gallon of water. Amount of water used must be sufficient to cover the child. Place the child in the bath entirely submerged, except the head. Place fingers of left hand in child's further axilla and support head and back with your left hand and arm. Rub the body briskly. Allow the child to remain in the bath 10 minutes, or until the skin is well reddened. Apply cold compresses to the head while in the bath. When removing the child from the bath, roll in a warm blanket. Do not dry his body except partially by patting through the blanket.

Put in bed with an ice cap to his head and hot-water bottle at his

feet. Leave for one hour. At end of hour, remove ice cap and water bottle, rub body with alcohol and powder, remove blankets and put on usual clothing.

Mustard pack for child.

Articles required.

1. Pitcher.
2. Foot tub.
3. Bath thermometer.
4. Mustard in gauze (one ounce in each bag).
5. Two thin blankets.
6. Two pack blankets.
7. One heavy blanket.
8. Bath thermometer.
9. Ice cap and cover.
10. Hot water bottle and cover.

Procedure.

Take water temperature 105 degrees to saturate the pack blankets, add mustard balls sufficient to give one half ounce of mustard to a quart of water. Wrap the child in the thin dry blanket, tucking it in around the limbs. Saturate and wring out of the mustard water the pack blankets. Wrap around the child tucking in between arms and body and between legs so that it comes in

contact with all parts of the body. Roll in the thick dry blanket and allow to remain in this until the skin is pink which will usually be 15 to 20 minutes. Watch the skin closely. While in the pack apply ice cap to the head and hot-water bottle to the feet. When you remove from the pack roll in a warm blanket and leave for one hour.

Ear irrigations for babies.

Articles required.

1. Irrigating can and tubing.
2. Clamp.
3. Emesis basin.
4. Restraining sheet.
5. Kelly pad.
6. Rubber bib.
7. Dressing pail.
8. Return-flow ear tip (Luca's).
9. Solution.
10. Cotton wipes and swabs.
11. Irrigating pole.

Procedure.

Place can with fluid not more than 12 inches above child's head. Temperature of fluid, if for cleansing, 100 to 105 degrees, if to relieve inflammation 110 degrees. Turn down clothing around neck, restrain,

adjust bib, wipe out any discharge of outer ear. Lay baby with head on covered rim of the Kelly pad, place pus basin so as to receive return flow. Allow a little fluid to run through tip until warm. Insert snugly in the ear. Pull downwards and backwards on the lobe of the ear to straighten out the canal if the child is under two years of age. For children over two years of age pull upwards and backwards. Syringe until the return flow is clear.

Nasal irrigations for babies.

Articles required.

1. Same as above except that a small hard rubber tip is used instead of an ear tip.

Procedure.

Place the irrigating can of fluid not more than two inches above the child's head. Restrain the child as above. Place child with his head on the covered rim of the Kelly pad. Allow a little fluid to run until warm. Have the nostril to be irrigated uppermost. Insert tip in upper nostril. Return flow should come back through the lower nostril. If neces-

sary turn the child over and irrigate the other nostril.

Throat irrigations for babies.

Articles required.

Same as for nasal irrigation except that a long hard rubber tip is placed in the upper angle of the mouth, well back but not touching the back of the throat. The fluid should flow across the throat and out the lower angle of the mouth.

If the child is inclined to swallow the fluid, hold with his chin pressed down on his chest while irrigating, or, sometimes, turning on his stomach and holding his head over the edge of the basin or the Kelly pad will prevent his swallowing the fluid.

TEST-MEAL, EWALD.

Articles necessary.

1. Bread 50 gm. (one slice).
2. Water 400 c.c. (two glasses).

Procedure.

1. Give test-meal in A.M. on an empty stomach.
2. Prepare following articles to remove content one hour later.
 1. Duodenal tube with politzer bag or 20 c.c. syringe.
 2. Basin for content.
 3. Dressing rubber and towel.
3. When finished wash articles thoroughly, boil and put away dry.

REFERENCE READINGS:

Harmer, page 417.

Maxwell and Pope, pages 390-391.

BANDAGING

1. Definition.

A bandage is a strip of muslin or other fabric rolled in the form of a cylinder, making a compact roll, so as to be in a convenient shape.

2. Names of various bandages.

Bandages are named according to (1) form, (2) method of applying, (3) construction, and (4) purpose.

- | | |
|-----------------|-----------------------|
| 1. Roller. | 9. Recurrent. |
| 2. Triangular. | 10. Spiral. |
| 3. Four tailed. | 11. Spica. |
| 4. Many tailed. | 12. Plaster of Paris. |
| 5. T. Bandage. | 13. Chalk. |
| 6. Circular. | 14. Starch, silica. |
| 7. Oblique. | 15. Martin. |
| 8. Pressure. | 16. Martin. |
| 17. Velpeau. | |

NOTE. Special care in use of Martin or rubber bandage.

1. Do not apply turns with too much pressure.
2. Stretch but slightly.
3. Remove each night, clean and dry thoroughly.

4. Reapply each morning.
 5. Do not apply over oily surface.
 6. To put away after use.
 1. Disinfect, then wash with soap and water.
 2. Dry and powder lightly.
 3. Reroll, and put in cool place.
3. To apply a bandage.
1. Select a bandage of suitable width and material.
 2. Stand in front of part to be bandaged.
 3. Place external surface of the initial extremity to the part to be bandaged.
 4. Anchor bandage by one or two circular turns around the point of least diameter.
4. Rules to observe in bandaging.
1. Have your bandage tightly rolled before applying. Never attempt to reapply a bandage without first rerolling it.
 2. The bandage should be moulded to the part, never unroll more than three or four inches of the bandage while you bandage.
 3. A bandage should exert even pressure everywhere. There should be no tight bands.
 4. Skin surfaces should never lie in contact. At the fold of the groin, at the bend of the elbow and knee, between the fingers or between the arm and the side,

- padding should be placed to keep skin surfaces apart.
5. An arm or leg when a bandage includes one or more of its joints should always be bandaged in the position it is to remain in afterwards.
 6. A bandage should cover the entire dressing and extend a short distance beyond it on every side.
 7. Fingers and toes, particularly the former should always be left free in applying bandages to a limb, unless, of course, they are, themselves the injured members. Especially in a fracture of the arm the fingers become stiff if they are included.
 8. Bandage from below upward.
 9. Apply the bandage smoothly and firmly, but never too tightly or too loosely. If a bandage is applied too tightly there is danger of the circulation being interfered with. One should always note the character of the circulation after applying a bandage to an extremity. If the tips of the fingers or toes are cyanotic, cold or painful the bandage should be removed or reapplied.
 10. Do not end a bandage over an injured part. If the terminal should come at that point turn the end under to shorten it. Neither should you end it over a prominence.
 11. To secure a bandage—the terminal ex-

tremity should be secured by a pin or safety pin, applied transversely to the bandage, and if the pin is used its point should be buried in the folds of the bandage. The end of the bandage may be split in two parts and the tails secured round the part by tying—adhesive strips may be used.

12. In removing a bandage the folds should be carefully gathered up in a loose mass as the bandage is unwound, the mass transferred rapidly from one hand to the other. This prevents entanglements of the bandage.
13. Never drop bandage when applying.

REFERENCE READINGS:

Harmer, pages 257-270.

Hampton-Robb, pages 340-355.

Maxwell and Pope, pages 569-575.

Ascending spica of thumb.

1. Place the initial extremity at the wrist.
2. Anchor by two circular turns, bandaging from ulnar to radial side.
3. Carry bandage across the back of the hand to the base of the thumb.
4. Make rapid spiral turns to the base of the thumb nail.
5. Make one circular turn and two spiral turns around thumb.
6. Carry bandage to the wrist and make one circular turn.

7. Alternate thumb and wrist turns, ascending to the base of the thumb, each turn overlapping one-half the width of the preceding turn.
8. Terminate bandage by a circular turn, cut bandage into two ends and tie on dorsum side of wrist.

NOTE: See that spica is made over dorsum of the thumb.

Descending spica of the thumb.

1. Anchor the bandage with two circular turns around the wrist, going from ulnar to radial side.
2. Carry the bandage to the metacarpal phalangeal joint of the thumb and make a circular turn.
3. Return to the wrist.
4. Alternate thumb and wrist turns overlapping two-thirds width of the bandage descending toward tip of thumb.

NOTE: See that spica is made over dorsum of thumb.

5. Terminate by cutting bandage into two ends and tie on dorsum side of the wrist.

Demi-gauntlet.

1. Anchor the bandage by two circular turns around the wrist bandaging from ulnar to radial side.

2. Carry bandage across dorsum of the hand and loop around the base of the thumb.
3. Carry back to wrist and across palmar side to dorsum side.
4. Carry across dorsum side of hand and loop around the base of index finger.
5. Carry back to the wrist.
6. Continue with similar turns around each successive finger until dorsum of the hand is covered.
7. Terminate same as in spica of the thumb.

Gauntlet bandage.

1. Anchor by two circular turns around the wrist, bandaging from ulnar to radial side.
2. Carry bandage obliquely across dorsum of hand to the base of fingers to be bandaged.
3. Make oblique turns to the matrix of the nail.
4. Make one circular turn around the finger.
5. Make ascending spiral turns until web of finger is reached.
6. Carry bandage obliquely across the dorsum of the hand to the radial side.
7. Terminate by two circular turns around the wrist, split into two ends and tie on dorsum side of the wrist.
When each finger is bandaged it is called a gauntlet.

Mitt or recurrent bandage of the hand.

1. Anchor the bandage by two circular turns around the wrist, bandaging from the ulnar to the radial side.
2. Miter the bandage at the dorsum side of the wrist.
3. Take recurrent turns back and forth across the tips of the fingers.
4. Make the center and first recurrent overlap itself.
5. Make the next recurrent turn overlap the center turn by one-half its width.
6. Make the next recurrent so that the two on either side meet.
7. Make one more recurrent turn on either side, overlapping one-half its width.
8. Hold the recurrent turns in place with the thumb and first finger of the left hand.
9. Miter the bandage at the wrist after the sixth recurrent turn.
10. Anchor the recurrent turns by two circular turns around the wrist, bandaging from ulnar to radial side.
11. Carry the bandage across the dorsum of the hand to the tip of index finger.
12. Make a complete circular turn bandaging from ulnar to radial side.
13. Carry to ulnar side.
14. Carry bandage obliquely downward to the metacarpal phalangeal joint of the thumb.
15. Carry across the palm to the ulnar side.

16. Carry obliquely across the dorsum of the hand to the circular turn around the tips of the fingers intersecting the other oblique at the center of the circular turn.
17. Repeat these figure-of-eight turns to the wrist, split the bandage into two ends and tie on dorsum side of the wrist.

Figure-of-eight of elbow.

NOTE: Bandage from within outward.

1. Anchor by two circular turns over joint of elbow.
2. Carry the bandage upward so that the turn overlaps the anchor turns by two-thirds its width ascending.
3. Carry the bandage downward and overlap the anchor turn by two-thirds its width descending.
4. Alternate with above and below turns that overlap in front of the joint until four complete figure-of-eight turns have been made.
5. Terminate the same as in spica of the thumb.

Figure-of-eight of arm.

1. Anchor the initial extremity by placing obliquely on the wrist and making two circular turns, bandaging from ulnar to radial side.
2. Carry bandage obliquely across dorsum of

the hand to the web of thumb and index finger.

3. Carry to the outer side of the little finger, the lower edge of the bandage crossing the hand at the base of the little finger.
4. Make a circular turn.
5. Carry bandage obliquely upward across the dorsum of the hand to the metacarpophalangeal joint of the thumb.
6. Carry across the palmar side to the ulnar side.
7. Carry bandage obliquely across the dorsum of the hand to the base of index finger.
8. Carry bandage across palmar to ulnar side.
9. Make two figure-of-eight turns around the hand and below the thumb each overlapping the preceding turn one-half its width.

NOTE. Points of crossing should be near the middle of the hand and kept in a straight line.

10. Carry the bandage up the wrist by one or two spiral turns.
11. Make figure-of-eight turns to elbow.
12. Make one circular turn just below the elbow.
13. Slightly flex elbow and make two circular turns carrying the bandage with its center over joint.
14. Make figure-of-eight turns of elbow.

15. Carry bandage above elbow and make one circular turn.
16. Make one spiral turn.
17. Make figure-of-eight turns to the axilla.
18. Terminate by one circular turn, split the ends and tie on the ulnar side.

Ascending spica of the shoulder.

1. Anchor the initial extremity around the upper arm, from ulnar to radial side, with the upper border of bandage reaching axilla.
2. Carry bandage obliquely upward across the prominence of the shoulder around the chest, to the opposite axilla.
3. Carry bandage across the back to the shoulder crossing the previous turn over the shoulder at a point midway between chest and back.
4. Repeat figure-of-eight turns making four in number, each overlapping the preceding turn one-half the width ascending; but exactly covering the preceding turns under opposite axilla.

NOTE. Pad should be placed under axilla where bandage overlaps.

5. Terminate bandage at front of chest by safety pin or adhesive.

Descending spica of the shoulder.

1. Anchor the initial extremity of bandage under the axilla of the uninjured side.

2. Carry bandage obliquely across the back near the neck on the opposite shoulder.
3. Carry downward under the axilla of injured side.
4. Carry bandage up and across at the neck.
5. Carry bandage obliquely across front of chest to the axilla of uninjured side, exactly overlapping the initial extremity.
6. Repeat figure-of-eight turns, overlapping the preceding turns one-half width descending until the shoulder is covered.
7. Terminate as in ascending spica of the shoulder.

Figure-of-eight of head and neck.

1. Place the initial extremity behind the right ear.
2. Anchor by two circular turns around the head bandaging from right to left.
3. Carry to left ear.
4. Carry down to base of neck.
5. Make one circular turn around the neck.
6. Make one spiral turn to behind the left ear.
7. Carry bandage obliquely to the right ear.
8. Carry bandage behind left ear, exactly overlapping the preceding turns around the forehead.
9. Carry obliquely downward crossing opposite bandage at the median line touching semi-circular around the neck.
10. Carry bandage around the neck to the left ear.

11. Pass bandage obliquely upward to the right ear, and around forehead, overlapping preceding turns to the left ear.
12. Carry bandage obliquely to the oblique of right side crossing same at median line overlapping previous turn two-thirds.
13. Carry bandage around the neck.
14. Alternate turns around the neck and across forehead until circular turns are reached.
15. Make two circular turns around head.
16. Terminate in back of right ear and secure with adhesive.

Figure-of-eight of neck and axilla.

1. Place the initial extremity on left side of the neck.
2. Anchor by two circular turns, bandaging from *left to right*.
3. Carry bandage from the neck to the axilla on left side.

NOTE. Behind-forward.

4. Carry bandage to the neck.
5. Alternate turns around neck and axilla overlapping each turn three-fourths width of the preceding turn.
6. Repeat until dressing is covered.
7. Terminate bandage by circular turn around the neck and secure with adhesive.

The front scalp bandage.

1. Place the initial extremity behind the right ear.
2. Anchor by two circular turns around the head from right to left.
3. Carry bandage to left ear.
4. Carry downward around occiput overlapping one-half the circular turn at the median line.
5. Carry forward over right ear and cross the circular turn.
6. Carry over forehead, overlapping one-half of the circular turn, to left ear.
7. Cross circular turn at left ear.
8. Carry bandage below the occiput, overlapping one-half width of the preceding turn.
9. Cross circular turns at right ear.
10. Carry bandage upward across the head overlapping one-half width of the preceding turn, building toward vertex.
11. Carry down to left ear crossing the circular turn.
12. Reverse and make two circular turns.
13. Terminate over right ear, and secure with adhesive.

Recurrent of the head with a double roller.

NOTE. The left hand roller is called the Wanderer. The right hand roller is called the Traveler.

1. Place portion of the bandage between the two bodies of the roller upon the forehead.
2. Carry bandage around the head to the occiput.
3. Pass Wanderer under Traveler and reverse it.
4. Carry Wanderer over vertex along the median line to the root of the nose.
5. Carry Traveler around the head passing over Wanderer at the fixation joint on forehead.
6. Reverse the Wanderer and carry it directly over previous turn in median line to occiput.
7. Continue Traveler on around head passing over Wanderer at occiput and again at forehead, each time around.
8. Reverse Wanderer each time at occiput and forehead and make recurrent turns, alternately on each side of the scalp, overlapping two-thirds width of bandage until whole scalp is covered.
9. Cut Wanderer at the occiput.
10. Terminate Traveler by two circular turns. Secure over right ear with safety pin or adhesive.

The monocle bandage.

1. Place the initial extremity behind right ear.
2. Anchor two circular turns about the head, bandaging from right to left.

3. Carry bandage to the left ear.
4. Carry to occiput.
5. Pass bandage below right ear.
6. Carry obliquely up over right eye to tuberosity of the parietal bone on left side.

NOTE. Keep the lower border of the bandage at bridge of the nose.

7. Carry bandage down to the occiput.
8. Repeat these turns, overlapping the preceding turn one-half the width crossing at the bridge of the nose.
9. Terminate by one circular turn and secure behind the right ear with adhesive.

Binocle bandage.

1. Place the portion of the bandage between the rolls on the forehead.
2. Carry the rolls back to the occiput just over the ears.
3. Cross at the occiput.
4. Carry forward under ears.
5. Carry up over angle of jaw to summit of nose.
6. Cross at summit of nose.
7. Carry over tuberosity of parietal bone to occiput.
8. Cross at occiput.
9. Carry forward below ears covering one-half preceding turn.
10. Cross again at summit of the nose.

11. Carry over parietal protuberance one-half width of preceding turn to occiput.
12. Repeat previous turns covering one-half width of preceding turn.
13. Make sufficient turns to cover dressing and cut one bandage at occiput.
14. Complete bandage with two circular turns of other roll.
15. Secure bandage with adhesive over right ear.

Single oblique of the jaw.

1. Place initial extremity behind right ear.
2. Anchor bandage by two circular turns, bandaging from right to left.
3. Carry bandage to occiput.
4. Pass beneath right ear, under the chin to angle of mouth on opposite side.
5. Ascend to vertex.
6. Descend behind ear on the sound side to neck.
7. Carry up to vertex, overlapping preceding turn three-fourths width.
8. Carry behind ear and overlap exactly preceding turn.
9. Repeat turns until angle of injured jaw is covered.
10. Make right angle reverse over temple on right side.
11. Make circular turn around head.
12. Terminate bandage over right ear and secure with adhesive.

Double oblique of jaw.

1. Place the middle of bandage, between rolls on forehead.
2. Carry rolls to nape of neck.
3. Cross bandage at this point.
4. Bring forward under chin.
5. Cross and proceed up sides of the face.

NOTE. Anterior side of bandage coming as far forward as the external angle of the eye.

6. Cross bandage on the vertex of the head in the median line.
7. Bring to nape of neck.
8. Repeat the previous turns with each succeeding turn on the vertex of the head slightly behind the one in front.
9. Carry bandage to the ears.
10. Reverse bandage behind right ear and make one circular turn over bandage on left side.
11. Cut bandage behind left ear one inch below circular turn.
12. Turn back terminal end of cut bandage.
13. Make a circular turn about head securing terminal end of cut bandage.
14. Secure bandage with adhesive over right ear.

Single mastoid (left ear).

Dressing required.

1. Absorbent cotton six inches square and one inch thick.

2. Two pieces of shaken gauze, eighteen inches square.
3. A semi-circular patch of folded gauze to place behind ear over wound.

NOTE. Place dressing well over ear. The forward edge just back of the angle of the eye and extending below angle of jaw.

Mastoid bandage.

1. Place initial extremity behind right ear.
2. Anchor by two circular turns, bandaging from right to left.
3. Carry the bandage to the left side.
4. Descend obliquely across dressing below occipital protuberance.
5. Ascend to circular bandage over right ear.
6. Carry bandage over vertex then downward, outlining dressing to angle of jaw.
7. Follow lower border of dressing under occipital protuberance.
8. Carry bandage to circular turn over right ear.
9. Carry bandage over head overlapping two-thirds width the preceding turn at median line.
10. Carry to crossing over left ear.
11. Carry bandage around dressing, overlapping two-thirds width of outlining turn to crossing at right ear.
12. Repeat these turns until bandage which passes over forehead comes directly over circular around head.

13. Make two circular turns around head.
14. Terminate bandage behind right ear and secure with adhesive.

Double mastoid bandage.

Mastoid dressing required—two single dressings.

Mastoid bandage.

1. Place initial extremity behind right ear.
2. Anchor by two circular turns around head from right to left.
3. Carry bandage to left side.
4. Descend obliquely across dressing below occipital protuberance.
5. Ascend obliquely over dressing on right side to circular turns.
6. Carry bandage over vertex as in single mastoid bandage.
7. Carry down under occiput, outlining dressing over left ear.
8. Carry upward, outlining dressing over right ear.
9. Cross circular turn over right ear.
10. Carry over vertex and cross circular turn over left ear.
11. Carry the bandage around dressing overlapping two-thirds width of bandage which is outlining dressing.
12. Carry bandage up to the circular turns on right side.

13. Carry bandage over head, overlapping two-thirds width the preceding turn at median line.
14. Carry bandage over to the crossing at left ear.
15. Repeat these turns over the top of head anteriorly.
16. Make two circular turns around head when dressing has been covered.
17. Terminate bandage behind right ear and secure with adhesive.

Velpeau bandage.

1. Place hand of affected side on opposite shoulder with elbow in median line, thus pushing the shoulder upward, outward, and backward.

NOTE. Place small pad under axilla, elbow and palm of hand.

2. Place initial extremity of bandage in axilla of sound side.
3. Carry bandage obliquely upward across back, over shoulder of affected side close to the neck.
4. Pass down across middle of the upper arm at the insertion of the deltoid muscle, behind point of elbow to point of starting on unaffected side.
5. Repeat this turn.
6. Carry bandage transversely across back.
7. Pass over flexed elbow of affected arm to under axilla of unaffected side.

NOTE. Cover previous turns under axilla exactly.

8. Carry bandage obliquely across back, over shoulders on affected side, overlapping two-thirds of previous turn.
9. Pass down outer and posterior surface of arm, behind elbow, and across chest to axilla of sound side.
10. Carry bandage transversely across back, overlapping one-half preceding transverse turn.
11. Pass over point of the flexed elbow and to axilla of unaffected side.
12. Alternate oblique and transverse turns until arm and forearm are bound firmly to side and chest.

NOTE. Four or five oblique turns are made over the shoulder each turn overlapping two-thirds of preceding turn.

Transverse turns ascend toward shoulder until wrist of affected arm is covered, each turn overlapping one-half preceding turn.

13. Terminate at back by safety pin or strip of adhesive.

Barton bandage.

1. Place initial extremity behind the ear on sound side.
2. Carry bandage beneath occipital protuberance, to corresponding point behind ear on affected side.

3. Carry it to vertex and down unaffected side of face to chin.
4. Pass up affected side to vertex intersecting previous turn at median line.
5. Carry back to starting point.
6. Repeat these turns to anchor bandage.
7. Carry bandage to occiput.
8. Carry it along injured side of jaw to chin and back to occiput.
9. Pass up to vertex.
10. Make three complete turns covering each preceding one exactly.
11. Terminate bandage at vertex with small safety pin.
12. Insert safety pin at the crossing on each side of jaw.

Single suspensory of the breast (left breast).

1. Place initial extremity under axilla on right side.
2. Anchor by two circular turns around waist just below breast from right to left.
3. Carry bandage beneath left breast.
4. Incline bandage upward and carry it across lower portion of breast, to under left axilla.
5. Carry it up across back to right shoulder.
6. Descend between breasts and cross previous turn under most dependent portion of breast.
7. Continue bandage on around body.
8. Make alternate turns over opposite shoulder and around body, overlapping

each preceding turn two-thirds its width until four or five are made.

NOTE. The turns as they pass over the shoulder overlap more than when they cross under breast. The points of crossing under breast should be in same vertical line.

9. Terminate by safety pins or adhesive on right side.

Suspensory for both breasts.

1. Place initial extremity on right side of chest.
2. Anchor by two circular turns from right to left.
3. Carry bandage beneath left breast.
4. Incline bandage upward and carry it across lower portion of breast under left axilla.
5. Carry it up across back to right shoulder.
6. Descend between breasts crossing previous turn as in single suspensory.
7. Continue bandage around back to under right arm.
8. Incline bandage upward and carry it across lower portion of right breast, across chest to left shoulder crossing the bandage which goes to left breast from right shoulder in median line.
9. Carry the bandage downward across back, crossing bandage which goes over right shoulder in median line.

10. Pass under right arm and cross (under most dependent portion of breast), the bandage which ascended under right breast to left shoulder.
11. Carry bandage across chest to left breast.
12. Incline bandage upward and pass under left axilla.
13. Pass obliquely upward across back to the right shoulder.
14. Descend between breasts, crossing the previous turn under left breast.
15. Carry the bandage to left axilla and pass across back to under right axilla.
16. Alternate turns under left and right breasts until four or five turns are made.
17. Terminate bandage under right arm.

Spica of foot bandage.

1. Place the initial extremity across ankle joint.
2. Make one circular turn from fibula to tibia side.
3. Carry bandage obliquely downward under sole of foot.
4. Carry across dorsum of foot to root of toes.
5. Anchor by two circular turns around root of toes.
6. Carry bandage to outer side of foot.
7. Carry upward across instep.
8. Carry directly around point of heel to outer side of foot.

9. Carry across instep to root of large toe.
10. Carry around foot, overlapping two-thirds width of preceding turn.
11. Carry across instep.
12. Carry around heel so the lower edge of bandage just reaches border of heel.
13. Repeat these turns until five have been made around foot and back of heel.

Figure-of-eight of the heel.

1. Place initial extremity on outer side of heel.
2. Anchor by two circular turns around heel, having the point of heel in center of bandage, pass from fibula to tibia side.
3. Carry bandage upward around ankle, from point of heel to outer side of ankle.
4. Carry obliquely over dorsum of foot to heel.
5. Carry directly under heel overlapping one-third the width of circular turn.
6. Carry obliquely over dorsum of foot.
7. Repeat figure-of-eight turns overlapping two-thirds each preceding turn until three turns are made on each side of circular turn.

Figure-of-eight of the knee.

1. Place initial extremity on outer side of patella.
2. Anchor by two circular turns bandaging from fibula to tibia.

3. Carry to the popliteal space.
4. Carry bandage upwards so that turns overlap the circular turns two thirds ascending.
5. Carry to popliteal space.
6. Carry bandage downward so that turn overlaps the circular turn two-thirds descending.
7. Alternate these turns above and below joint diverging from patella but exactly overlapping at the popliteal space.

NOTE. Make four figure-of-eight turns.

8. Terminate bandage by splitting end and tying on the tibia side of leg just below knee.

Figure-of-eight of leg.

Bandage of the foot the same as for foot bandage.

1. Make as many spiral turns as diameter of ankle will permit.
2. Carry bandage obliquely upward above the greatest diameter of calf of leg.
3. Make a circular turn around leg just below knee and above the calf.
4. Descend to spiral turns at ankle, crossing ascending turn just outside crest of tibia.
5. Pass across dorsum of leg to fibula side.
6. Repeat these turns until six or eight are made.

7. Terminate by a circular turn above calf of leg, just below knee. Split ends of bandage and tie.

NOTE: If entire limb is to be bandaged proceed as follows:

8. From circular turn, carry bandage up and make two complete circular turns over knee.
9. Make figure-of-eight bandage of knee.
10. Make a circular turn above knee.
11. Make as many spiral turns as diameter of leg will permit above the knee.
12. Carry bandage obliquely upward above greatest diameter of thigh.
13. Make a circular turn directly around thigh near the groin.
14. Descend to spirals above knee crossing ascending turn just outside middle of thigh.
15. Pass across dorsum of the leg to fibula side.
16. Repeat these turns, overlapping one-half width of preceding turn, until area is covered.
17. Terminate by a circular turn below the groin. Split ends and tie.

Ascending spica of the groin.

1. Place initial extremity about upper part of thigh.
2. Anchor by two circular turns, bandaging from outer to inner side.

3. Carry bandage across the pubis to the crest of ilium on opposite side.
4. Carry around waist.
5. Return to circular turn.
6. Encircle thigh, overlapping two-thirds width, ascending.

NOTE. The lower border of bandage determines position of the spica. It should intersect directly in front of the thigh.

7. Cross pubis and overlap exactly preceding turn over the crest of ilium.
8. Repeat these turns until the dressing is covered.
9. Terminate at back and secure with adhesive or safety pin.

Descending spica of the groin.

1. Place initial extremity at the uppermost portion of thigh.
2. Anchor by two circular turns.
3. Carry bandage across highest part of abdomen which is to be covered.
4. Carry across back.
5. Carry around groin, overlapping circular turns two-thirds width, descending.
6. Carry bandage across abdomen, making it converge toward preceding turn so that it will overlap exactly turn at crest of ilium.
7. Carry across back to groin.
8. Carry around groin overlapping preceding turn two-thirds, descending.

9. Repeat these turns until dressing is covered.
10. Terminate in back and secure with adhesive or safety pin.

Double spica of the groin.

1. Place initial extremity upon right thigh well up to groin.
2. Anchor by two circular turns bandaging from right to left.
3. Carry bandage from thigh obliquely across pubes to a point low on the opposite side of waist.
4. Carry across back to same place on right side.
5. Carry downward obliquely to outer part of left thigh crossing previous turn in median line just below umbilicus.
6. Make a circular turn around left thigh well up to groin.
7. Carry to inner side of thigh.
8. Pass obliquely upward over the crest of ilium.
9. Carry around waist.
10. Carry down to right thigh, overlapping the previous turn one-half width and crossing in front of thigh at median line.
11. Carry across abdomen one-half width of preceding turn.
12. Carry around waist.
13. Carry down to right hip.

14. Carry bandage obliquely down over right groin.
15. Terminate over right side and secure with adhesive or safety pin.

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