

Mother Prepares To Take Over

By MARGARET C. FOLEY, R.N.

Home Nursing Instructor, Washington, D. C.

TEACHING HOME NURSING is a two-way proposition. We 19,000 nurses who during the past year have been acting as Red Cross home nursing instructors are far richer for the experience. Each of us has found a great satisfaction in doing a job for which we are particularly fitted, in teaching people how to keep well and how to help themselves. Although many of us are ineligible for military service, we feel we have a part in providing Uncle Sam with the nurses he needs by teaching the public to guard its own health.

When the Red Cross issued a call last year for 15,000 instructors 31,000 responded. More than half are teaching. Many are public health nurses and others are nurses from hospitals, institutions, or private duty who see in teaching home nursing a way to give something extra towards winning the war. More than 60 per cent of the classes are being taught by inactive nurses like myself. Teachers of home nursing must be registered professional nurses with at least a high school diploma. They should contact their local Red Cross Committee on Nursing Service for authorization blanks.

I retired when I was married. After that I was kept busy with my four children. Then came Pearl Harbor! Duties as an air raid warden, an ambulance driver, or any emergency worker were out. I didn't have the time and if an air raid came I felt my place was with my children. But like so many women I wanted to do my part. Fortunately, I didn't have to flounder about looking for something to do. I had the necessary qualifications to teach home nursing. It was something I could do at specified times and around which I could fit my

home schedules. Immediately I made arrangements to take the orientation course offered in Washington, D. C., for prospective home nursing instructors. I put on my cap, slipped into a uniform, and immediately found my niche in the war program.

No matter what our classification, every nurse-instructor to whom I talked felt that she had learned a great deal from her experience.

Teaching home nursing is stimulating to us retired nurses forced to catch up on new technics, as well as to those anxious to learn. In some places, students travel horseback over mountains, by snowshoe over frozen lakes, forego vacations, and make other sacrifices to obtain home nursing instruction. Last year only 8 per cent dropped out of classes once they had enrolled, a remarkable record since there are no truant officers to keep them in "school."

Active hospital nurses feel that teaching home nursing does much to develop them as human beings, to make them take into consideration the "unimportant" side issues of health which hitherto they may have ignored. Their experience is a good deal the same as mine when I was married. I had the knowledge, but I had to break it down for practical use, consider it in regard to the varying needs of different kinds of people.

Furthermore, it is decidedly healthy for the nurse, who is usually surrounded by sickness in her hours of work, to get the well person's point of view. She has a chance to absorb normal home background and to talk about sickness objectively. The psychology of the average housewife in regard to illness is of great value to her.

The home nursing instructor who heretofore has dealt with hospital cases learns a great deal from her students about the practical application of her knowledge in the home. In a well-equipped hospital, she takes bed tables and back rests for granted. The chapter on improvisation of sickroom equipment is apt to be as much of a revelation to her as to the students. Often she will find the student can improve on this chapter from experience. For instance, one teacher told me about a student who tried out bed blocks for his invalid mother-in-law. Jarring of the bed as people walked across the floor made her uncomfortable, so the student had conceived the idea of putting rubber pads in the holes of the bed blocks, to act as shock absorbers.

Although a nurse can talk blithely about equipment for the new baby, she's apt to be talking in theory only, never having tried out the equipment. In one class for fathers, a recent parent who had made a thorough investigation of the subject, gave the lecture on equipment for making the baby's formula. He knew what he was talking about and his advice was of as much value to the nurse as to the students.

The home nursing instructor finds herself developing a much broader viewpoint. In the hospital she is interested primarily in the immediate patient. In class she finds that the individual is only part of a much larger problem often involving home influences, community health, and the mental processes of more than the patient. She feels that next time she can be a more intelligent nurse.

For nurses who up to now have confined themselves to caring for hospital patients, the teaching of home nursing offers an excellent opportunity to feel part of the community. Many instructors have found themselves suddenly taking an interest in civic affairs completely unrelated to nursing.

Often in the home nursing classes are

members of hospital or other health boards. Where heretofore, in their eyes, nurses were often nothing more than automatons, the board members suddenly begin to feel a sympathetic bond. They have had a behind-the-scenes view of a few of the nursing problems and are apt to be considerably more sympathetic after their experiences in home nursing.

Indeed it is easy to see that teaching home nursing will have rewards for the whole nursing profession in making our jobs less difficult. We are teaching lay people to understand the reasons for treatment. Having tried to give nursing care themselves they will learn that nurses are only human and can't do three things at once. One of the most valuable lessons taught in home nursing is the care of patients with communicable diseases. Certainly in a home where one of the members has taken the course, there will be a more understanding household.

A home nursing instructor has still another chance to contribute materially to the nursing profession. In one class alone, the instructor reported that four students, all college graduates, became so interested in nursing they decided to enrol in nursing schools. Quite a number of students have gone on to take Red Cross nurse's aide training. Many of the nurses who have come out of retirement to teach have become so interested they have decided to return to active duty again. Others have decided to change their fields; occasionally a hospital nurse becomes so interested in home and community problems she decides to become a public health nurse.

As far as personal considerations go, we certainly find that giving home nursing instruction keeps us on our toes. One instructor told me she hadn't drunk a glass of milk in years, but a few hours teaching the nutrition lessons and she was back to her pint a day. You can't slouch before a class when talking about posture either.

Although it was the other way round in my case, I think teaching home nursing helps prepare many nurses for running homes of their own. I know from experience that after dealing exclusively with sick people, I was perplexed when faced with health problems in my own home. Now, however, I am able to bring to the classroom the practical experience I have gained with four children. I feel this makes me a better teacher.

But often in the classes I teach I wonder who is the teacher and who are the

students. I have learned so much from my students. It is an experience worth any inconvenience. No qualified nurse should fail to respond to the Red Cross's call for home nursing instructors. In spite of the splendid response to the first call, many more instructors are needed if home nursing instruction is to be given to all the nation.

Here is our chance, in this world of destruction, to do something constructive, not only for the immediate present but also for the future.

Preventing Infection in Wounds and Burns

ALL TOO FREQUENTLY, the ordinary practices which prevail in wards containing surgical patients are forgotten or neglected under the stress of emergency conditions. The following suggestions for the prevention of infection in wounds and burns are based upon practical experience and scientific information.

All burned patients should be segregated. In wards containing burned patients, no dressings should be done until one hour after the bed linens have been changed and the floor swept. In wards containing wounded patients, a like period of time should be allowed to elapse before wounds are dressed.

All soiled bed linen should be placed in a bag as it is removed from the bed. Under no circumstances should bed linen be thrown upon the floor.

During the dressing period, traffic in the ward should be reduced to a minimum. All patients should remain in bed and the ward doors and windows kept closed.

All dressers and assistants must be adequately masked and gowned. Dressers should scrub their hands for ten minutes before beginning the day's dressings. In every ward containing casualties regular dressing schedules should be made out and posted for each day of the week.

Dressers or their assistants who are suffering from upper respiratory tract infections such as common colds, gripe, sore

throats, or from any infection of the hands or fingers should be relieved of their duties as dressers until they have recovered.

Patients should be masked during the dressing period.

Soiled dressings should be placed in a covered container immediately after removal.

Containers, arm baths, urinals, bedpans, apparatus, blankets, linen, et cetera, should be sterilized immediately after they have been in contact with an infected patient.

If a plaster cast becomes contaminated with infectious material, it should be changed unless there is a serious surgical contraindication. The surface of a cast cannot be sterilized by antiseptic washes. Casts should be moistened along the line of division with a solution of vinegar at the time they are cut to keep down dust and prevent the spread of infection.

If a bandage must be removed in the x-ray or physical therapy departments, this procedure should be done by a surgical dresser. It is better to prepare the patient in the ward so that his dressing need not be removed in the x-ray or physical therapy department.

Crusts, pus, pieces of tan, extruded foreign bodies, bits of tissue or any other infected material should be placed immediately in a suitable covered container for disposition.—*Treatment of Burns and Prevention of Wound Infection*, Medical Division, U. S. OCD.