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GUIDE TO PUBLIC HEALTH NURSES

IN

HEALTH CENTERS

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Nursing Services in the Health Center

Introduction

Following is an explanation of the nursing service as it is functioning at Suginami Health Center. Naturally, there will be some revisions necessary in the nursing service of the health center in various areas because of a variance in conditions and local needs. However the nursing service at Suginami has been carefully reviewed and planned in an effort to make it a service which could be carried out by Public Health Nurses working in a Health Center in any area.

The Public Health Nurse has a responsibility in practically every phase of the Health Center's program. She renders a direct service in the Venereal Disease program the Tuberculosis program, the Dental program, the Communicable Disease program and the Maternal and Child Health program, giving nursing care and instruction in the home, district and clinic. Her functions in each of these Health Center services have been prepared in detail and are available to you in printed form.

The Suginami Health Center has a public health nursing staff of 18; one chief nurse, and 17 staff nurses, one of whom acts as nursing supervisor. The nurses spend part of their time working in the health center and part of their time in their districts. Suginami ward has a population of 320,000 people.

Suginami ward has been divided into 17 districts and one nurse has been assigned to each of these districts, she is responsible for all nursing activities within that district.

Each nurse has also been given a definite clinic assignment in the health center; for example some nurses have been assigned to work in the Tuberculosis clinics, some in the child care clinics, some in the Venereal Disease clinics, and some in the maternity clinics, etc. As a result of this work assignment each nurse spends 1/2 of her time in the clinic and 1/2 in the home visiting program in the district.

In all phases of the health center program the public health nurse is a co-worker with the doctor. Any nursing care which is given is done so with his direction or understanding. A good health program is dependent upon adequate medical service and adequate nursing service; for this reason the doctor is dependent upon the efficiency of the nurses assisting him in the health center program just as the nurse is dependent upon the efficiency and cooperation of the doctor.

The duties of the nurse within the health center have been very carefully reviewed in an effort to utilize her time and energy in nursing activities; she at present is carrying on only those functions which should be performed by a nurse; she has been relieved of non-nursing activities. In the clinics her services are utilized in the following ways:

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1. She is responsible for setting up the rooms to be used for her clinics sessions, preparing supplies and equipment, etc. and seeing that such supplies are in readiness throughout the clinic session; (a copy of the supplies used for each clinic shall be given to you).

2. She takes and records social and partial medical histories on all patients coming into her clinic;

3. She assists the doctor with examinations and treatments given at the health center;

4. She confers with the patient following the doctor's examination, interpreting to him information and instructions in order that the patient might have a complete understanding of the doctor's recommendations. As previously inferred, all of these activities are not carried on by one nurse but are shared by the number of nurses assigned to that particular clinic. At Suginami nurses are assigned to clinics for 3 months period; but her particular function in that clinic is changed every month.

In order to have the nurse carry out only nursing activities in the health center a number of changes had to be made in the clinic routine. Clerks are now used in the information desk instead of nurses; in order to make the change a nurse was assigned to work together with the clerks until they became familiar with their job. Nurses were taken out of the laboratory, X-ray room and pharmacy; they no longer do any laboratory tests or X-ray examinations or developing - laboratory and X-ray examinations are doing these jobs. Any necessary training of technicians for these jobs was done by the laboratory and X-ray doctors. A pharmacist takes care of all pharmacy activities. The nurses at Suginami do not take any blood specimens or give any immunization tests or inoculations; these are done by the clinic doctors assisted by the nurse. The nurses previously were doing all the janitorial work in the health center - now 2 janitors are employed to do this work. However, the nurse should remember that part of the housekeeping job is hers, such as keeping clean cupboards and clinic and office equipment.

In all phases of her work the public health nurse must be helped to realize that she is a health teacher and should therefore use every available opportunity to teach the principles of healthful living to those whom she comes into contact. Much of her teaching will best be done through individual conferences with patients and their families in the health center or in the district; a great deal of valuable teaching might also be given through group conferences at which time discussion should center around problems or needs which are common to group as a whole.

The nurses at Suginami are spending considerable time conferring with the patient at the time the history is taken and also in the conference following the doctors examination. In the history conference the nurse not only takes the patient's history but attempts to allay his fears through an attitude of understanding and friendliness and through explaining to him the procedure of the physical examination and what the doctor

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will do. The conference following the doctor's examination is for the purpose of helping the patient to understand the doctor's diagnosis and recommendation.

The activities of the public health nurse in the district are numerous and varied. As previously explained each nurse at Suginami has her own district for which she is responsible. ANY family in need of nursing care in that district becomes her responsibility. She will go into the home where there is a communicable disease to teach the patient and his family how to carry out isolation technics, and will endeavor to teach some member of the family how to give nursing care to the patient. She will give assistance to the parents of the home helping them to better understand how to adequately care for their infant or children. She will go into the homes of persons who are contacts of communicable diseases including tuberculosis and venereal diseases in an effort to place them under medical supervision when necessary. It is her responsibility to visit any family in her district which is in need of health supervision of any kind. These families become her "case load" or "patient load"; she will visit them not only once but as often as necessary in order to render an adequate nursing service. Cases for home visiting are selected according to the following plan.

A - Tuberculosis

1) All newly diagnosed cases of tuberculosis and their contacts.

2) All patients discharged from a TB Sanatorium.

3) All patients on whom the clinic doctor or private physician requests a home visit.

B - Venereal Diseases

1) All Syphilitic patients who have had less than 20 treatments and have missed two consecutive clinic appointments.

2) All Gonorrhea patients who fail to return to clinic for examination or treatment after 2 weeks have elapsed since their clinic appointment.

3) All named contacts who have not been brought under medical care by the original patient.

4) All patients on whom the clinic physician or private physician requests a home visit.

C - Infants and Preschool

The following infants are to be reported to the Health Center by the midwife for home visits by the public health nurse:

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1) The first baby in every home

2) All births in a home where there is a case of tuberculosis

3) All premature births

Home visits should also be made to all babies on whom the midwife, clinic physician or private physician requests a home visit.

D - Maternity

1) All patients on whom the midwife, clinic physician or private physician requests a home visit.

E - Communicable Diseases

1) All patients on whom the private physician health center director or clinic doctor requests a home visit.

The health center facilities are available to the schools or Suginami Ward. The alert public health nurse will interest herself in the schools in her district. If there is not a school nurse employed in a school in her district probably an arrangement could be made with the Department of Education and she could render a part time nursing service in that school, or if there is a nurse she might work together with the school nurse who is employed on a full time basis in a school. Her work with this nurse would be on a cooperative basis; never would the health center nurse assume any responsibility in the school health program beyond what the school nurse would give her.

Because some of the work to be done in the district will necessitate nurses traveling long distances, bicycles have been provided as a means of transportation. These have been of considerable help to the nurses in their home visiting program.

In order to give nursing care in the home the nurse will need a certain amount of equipment. Nursing bags have been provided each nurse. A list of the equipment and the procedure for using it is found in this guide-back.

A copy of records and reports used by the nurses is also included in this book.

In regard to home visiting an effort should be made to utilize the health insurance and village nurses employed by Village offices or by National Health Insurance Groups. These nurses may well be used to make home visits to give instruction and nursing care to patients in their districts who come to the health center or who are reported as ill to the health center. Every effort should be made to provide nursing service to the people of your health center district and prefecture; this

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will best be accomplished when all nurses employed in the area work together with the health center which legally now has the central authority for health administration in the area.

Always bear in mind that the procedures followed at Suginami have been planned around Suginami's program. The plans and technics at Suginami might not be the best plans and technics to be used in every health center. However, the basic plan of the nursing service at Suginami should be able to be put into effect in health centers everywhere; this would bring about a unified public health nursing service throughout Japan and certainly an improved nursing service to its people.

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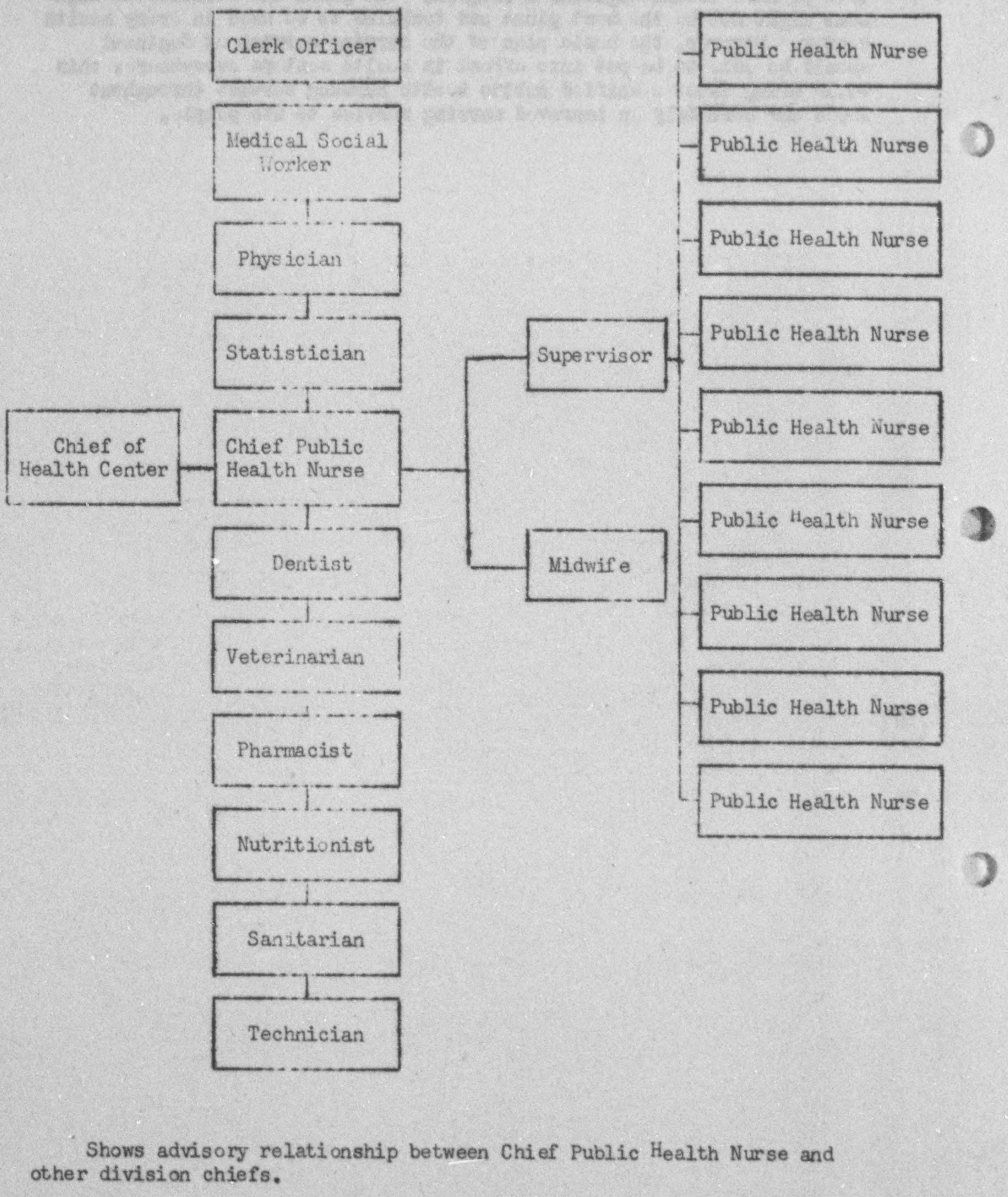
Relationship Between Public Health Nurse and Other Staff in the Health Center



Shows advisory relationship between Chief Public Health Nurse and other division chiefs.

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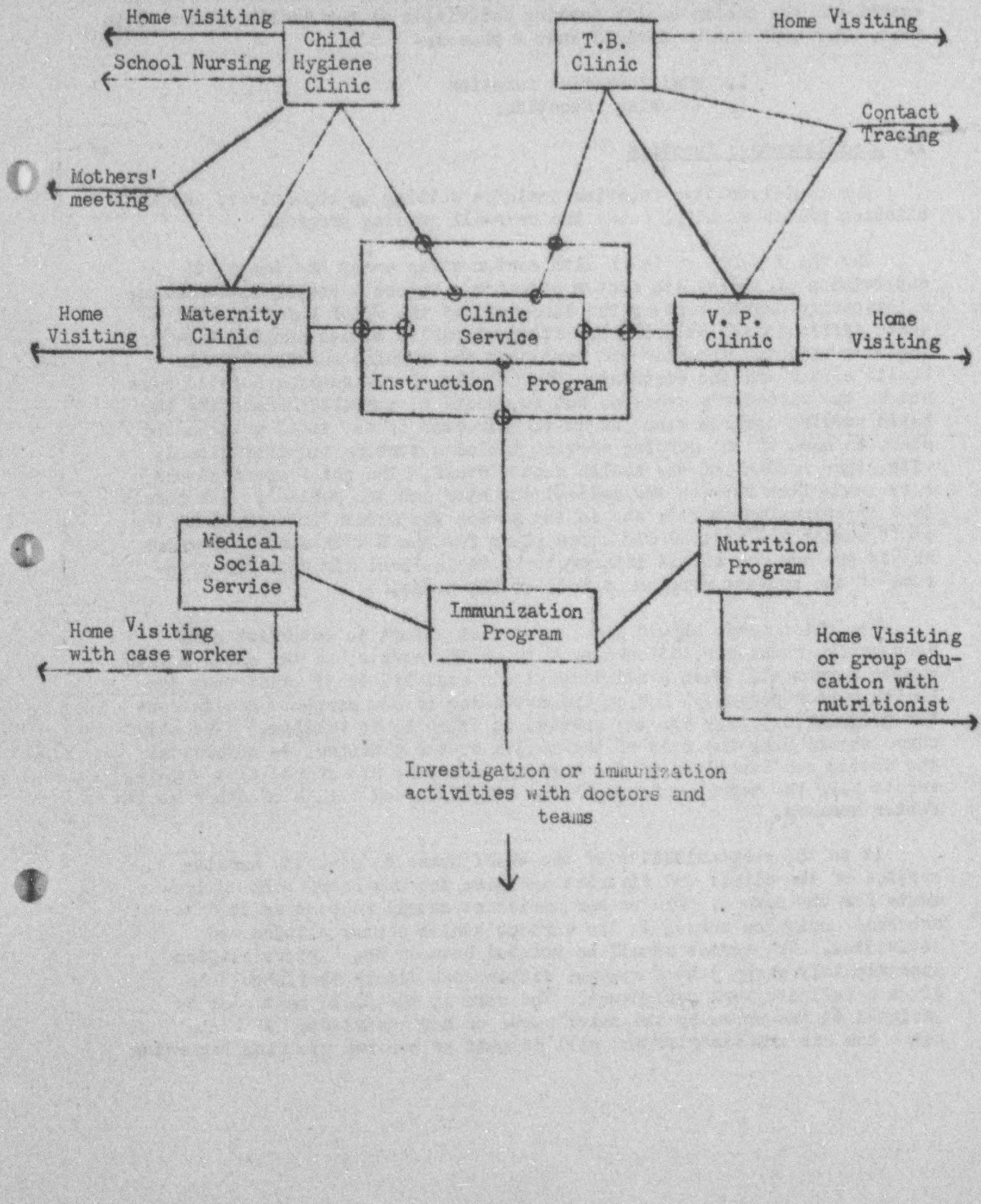
Public Health Nursing Activities



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Functions of the Chief Nurse in the Health Center

It is the responsibility of the chief nurse of the health center to coordinate the public health nursing activities in her health center district. Her work can be divided into 2 phases:

1. Administrative function
2. Teaching function.

1. Administrative function

Her administrative function includes setting up objectives, establishing policies and planning the over-all nursing program.

The Chief Nurse of the health center works under the immediate supervision of the health center director. Unless a cooperative working relationship exists between the director and the Chief Nurse it will be quite difficult to establish an efficient public health nursing service. Together with the director she must plan the nursing service for the health center and the district. The details of the nursing service cannot be the director's concern, but he should be consulted regarding the basic nursing program since he is the director of the total program and since so much of the nursing service includes working together closely with other members of the health center staff. The chief nurse should serve as a link between the medical director and the public health nurses (see organization chart); she is the person who should interprete to the staff nurses the medical directors plans for the health center program; she is the one who should interprete to the medical director the progress of the nursing program as well as its needs.

The chief nurse should make an earnest effort to establish good cooperative working relationships between the nurses and the other health center personnel. Such a relationship is most likely to exist when the health center personnel has an understanding of the complete health center program (not only the one service in which he is working.) The chief nurse should help the rest of the health center personnel to understand the duties and functions of the nursing division; she should also endeavor to help the nurses understand the functions and duties of other health center workers.

It is the responsibility of the chief nurse to plan the nursing service of the clinic and district and make the necessary work assignments for the nurses. She or her assistant should keep an up to date schedule assigning nurses to the various health center clinics and activities. The nurses should be rotated between the various clinics approximately every 3 to 4 months; within each clinic they should be given a definite work assignment. The work in the field must also be assigned to the nurse by the chief nurse or her assistant. If each nurse has her own district she will do most of her own planning regarding

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return visits into a home, school, etc; however new cases and special cases will need to be assigned to her by the chief nurse or her assistant. In dividing the health center district into nursing districts the chief nurse should take into consideration the distance the nurse will need to travel, transportation facilities, the population of the area and the economic needs of the people of that area: The size of the district she is given should be determined by these factors. If the health center district has already been divided into districts for some other administrative purpose it might be well to utilize these division as much as possible.

The selection of the cases for home visiting will be dependent upon the policy of home visiting adapted by the individual health center. (See selection of cases for home visiting - Suginami Health Center Nursing Services.) Usually the plan will be that for each of the clinic services (Tuberculosis, Venereal Disease, Maternal & Child Health) same amount of nursing follow-up visits will be necessary; which of the patients should be followed up in the home must be determined and adhered to as a health center policy. Besides these home visits nursing calls should be made to any patient on whom the health center director or doctor, private physician, hospital,sanitaria or dispensary requests a home visit. It is the Chief Nurse's responsibility to help the nurses understand how to choose her cases for home visiting and how frequently she should see them.

Everyone in the health center should be interested in making it a healthful place; but those who have positions of leadership have a definite responsibility of making it so. The chief nurse should be interested in the cleanliness and orderliness of the health center; it is not her responsibility to clean the health center but it is her responsibility to assist in seeing that it is kept clean. The chief nurse should see that the clinic is constantly equipped with the necessary medical and nursing supplies; she must either check this material herself or else appoint someone else to do so.

It is the Chief Nurse's responsibility to give sufficient supervision to the general management of the clinic in the health center to bring about an efficient, well organized service; the chief nurse has a responsibility of supervision in every phase of activity where the nurses are employed. It is her job to see that the clinic is functioning smoothly; that all clinics are supplied with the necessary nursing service; that all area in the health center district are supplied with nursing service, (in order to do this effectively she will have to utilize the services of other public health nurses in the health center district - see "Cooperative Working Relationships"); that necessary home visits are made; that nurses know what to do on these home visits; that adequate records are kept; that nurses are happy in their work; that nursing technics are understood and followed, and that nursing technics and standards are kept when adequate but changed as often as necessary to effectively meet the need.

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The chief nurse also has a responsibility of interpreting the nursing service to the public. This can most adequately be accomplished by providing for the health center and the health center district an adequate nursing service.. No other effort on the part of the Chief nurse or the staff nurses will be more successful in gaining public acceptance for public health nursing than good nursing service. Through the use of individual and group teaching programs, newspaper articles, posters, radio skits and exhibits the nursing service of the health center can also be brought before the public.

2. Teaching Function

The opportunities of the chief nurse in a teaching capacity are as great as she wants to make them. It is her job to give guidance to the staff nurses individually and in groups in all phases of the health center program. She must give guidance to the individual nurse in the planning of her work, daily weekly and monthly. She must take time to observe and evaluate the work of the individual nurse and help the nurse to evaluate her work herself. This evaluation can be done by observing the nurse in her work in the clinic as well as in the district and by studying her records and reports. The Chief Nurse will understand her nurses better, will become more aware of their potentialities and their needs if she takes time to have regular individual conferences with them; such conferences could well be begun with a discussion of the nurses records. If the chief nurse has carefully studied her records before this discussion she would be able to use them as teaching tools when talking to the staff nurses.

Nurses staff meetings should be a part of every health center program. The chief nurse has the responsibility of making such meetings available to her staff; this does not necessarily mean that she must plan these meetings herself; one of the staff nurses could be given this responsibility or a group of nurses could be appointed as a committee or the entire stuff could plan the meetings together. Other public health nurses in the health center district could be invited to attend and participate in these meetings. (See "Cooperative Working Relationships") The program of these meetings should be both educational and informational.

The chief nurse has the responsibility of orienting the new staff nurse to her job. She should feel it her responsibility to give the new nurse a general background of understanding of the health center program and the nursing service. The new nurse could then be assigned to work under the immediate supervision of one of the staff nurses who would make it her responsibility to acquaint the new nurse to every phase of the health center program.

If students of public health nursing are being assigned to the health center for field work there should be a definite program set up in the health center to take care of these students. Their field work at the health center should be planned in such a way that it will be a learning

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experience for the student. The chief nurse has the responsibility of planning and supervising this student program. While at the health center the student should be given an understanding of all phases of the nursing service of the health center; she also should be given an understanding of the health center program as a whole.

It is of value to the nursing staff to have one of the nurses working as Assistant Chief Nurse; the Chief Nurse should work closely with her assistant so that she might have a complete understanding of the nursing program. Many of the details of supervision could be assigned regularly to the assistant chief nurse. In the absence of the Chief Nurse the assistant should be able to take over the supervising responsibilities of the nursing service.

The chief nurse must always remember that the main purpose of supervision is the betterment of the public health nursing service; therefore all her activities should be directed toward this goal. No matter how great the love or respect the staff nurses have for their chief nurse unless the nursing service of the health center improves under her guidance the supervision she gives is of no value.

HEALTH CENTER CLINICS

Purpose

Health center clinics are operated for (1) examination and diagnosis, (2) treatment and (3) prevention of disease through diagnosis of early cases, immunization and health education. Diagnosis is probably the chief function of the health center clinics. Treatment for tuberculosis and venereal disease is given because they affect the health of the community. Health education is a part of every phase of public health work and it is done by all health workers.

In order to properly carry out these functions the health center must be planned to meet certain requirements. First, it must be conveniently located; second, it should have certain physical properties; and third, it must be properly administered.

Location

Many new health centers are being opened. Some are in new buildings that are available. Building materials are scarce and costly so we cannot expect every health center to be ideal. There are, however, a few requirements that are absolutely essential.

Since most of the patients who visit the health center are people who are in the lower income groups it is logical to have the health centers located in the densely populated areas, where these people usually live. It should be centrally located and there should be adequate

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transportation to the clinic.

The health center should not be in the dark, dreary basement of some other governmental building. The value of the service rendered by the health center is apt to be judged by the building it occupies. If the police department is in a nice building and the health center in a basement the residents of the community will very likely feel that the health center is of little importance in the community life. Actually, if it functions as it should function it is of great importance.

Since the functions and administration of the health centers are all new perhaps a large building will not be necessary at first. When the community becomes more aware of the services it offers and more people visit the health centers larger buildings will be needed. However, it seems extremely likely that health centers will be a permanent part of community life, and therefore buildings that will withstand years of wear should be constructed. It is foolish economy, to build poorly constructed buildings that will be falling apart in a few years. Considering all of these factors perhaps the most farsighted planning for now and the future would call for a small, well constructed building located on grounds that would allow for additional space when it is needed.

Physical Requirements of the Building

First, the health center should not be overcrowded. No one can work officiently in very crowded quarters.

The business office should be separate from the clinic rooms and it should be near the entrance.

There should be space for an X-ray room, a laboratory, and a room for vital statistics. There should be a place where drugs may be stored.

The nurses' room should be large enough to accomodate a desk for each nurse without too much crowding. The chief nurse should have a desk a little apart from the staff nurses so that she can discuss problems with a staff nurse in private.

There should be a room for staff conferences and staff education. If the nurses' room is large enough it may be used for this purpose.

Under the new health center law each health center should have at least six clinics. These are maternity, child hygiene, tuberculosis, pneumothorax, venereal disease and dental. For each clinic there should be a waiting room, a room where histories are taken, a place where patients can dress and undress in private (male and female separate), a room for examination and treatment and a place the patient can be interviewed after he has been seen by the doctor.

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This does not mean that there should be six complete clinics. One suite of clinic rooms can be used for all of these clinics by rearranging the furniture a little and by changing some of the equipment. For instance, these rooms could be used for Infant Hygiene clinic in the morning and for Maternity clinic in the afternoon. Because of the equipment used in dental clinic the treatment room would have to be used for dental treatments only. The set-up and equipment for a venereal disease treatment room is quite different than for other clinics so if there is enough space perhaps, that room should be separate. However, if the health center is small, the same rooms can be used if they are carefully planned. If all clinic rooms were merely numbered Clinic Room #1, Clinic Room #2, etc., instead of Tuberculosis Clinic, Venereal Disease Clinic, etc., the patient could be sent or called into a certain room for examination or treatment without everyone in the clinic knowing his diagnosis. The patient's diagnosis is his own personal affair.

Waiting Room

The same waiting room may be used for all clinics if the tuberculosis clinic is held when no other clinics are in session. Tuberculosis patients should never be in the waiting room when other patients are there. If the health center is small, one clinic should be scheduled at a time.

The waiting room should be furnished with simple but adequate furniture. There should be enough seats for all patients so that they do not have to stand while waiting for the doctor. There should be attractive educational posters on the wall and health literature and magazines for the patients to read while they are waiting. A flower arrangement will help to make the room more attractive. There should be some place for hanging wraps and a place for umbrellas.

History Room

If the waiting room is large, histories and temperatures may be taken there. If it is too small some other quiet place may be used. If two or more patients are having a history taken at the same time the desks should be far enough apart to insure privacy.

Examination Room

The examination room should be planned for efficiency and should provide privacy for the patient.

Dressing Rooms

Dressing rooms should be separate for male and female patients. These rooms should be near the examination room so that the patient does not have to walk around in front of other pa tients when he is only partially clothed. If there is no separate room for dressing and undressing, a part of the examining room can be well screened for this.

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Interviewing Room

After the doctor has examined the patient and made his recommendations a nurse should talk to the patient to be sure that he understands his illness and the treatment that has been prescribed. This is most important the first time the patient comes to clinic. In some clinics (Child Welfare, Maternity, Dental) this may be done in the examining room or the history room is it is not too crowded. The nurse's desk should be far enough away from the doctor's desk so that the nurse's discussion with the patient will not disturb the doctor while he is talking to the next patient. In the case of venereal disease clinics and tuberculosis clinics, a separate room where there is absolute privacy would be much better.

General Information

Every health center should have adequate toilet and handwashing facilities for staff and patients. There should be sanitary drinking fountains. There should be sinks and running water where it is most necessary, for instance in the examining and treatment room.

All the rooms of the health center should have adequate lighting and ventilation. Any room in which personnel or patients remain for a long period of time should be comfortably heated; especially is this true of the examinations. If necessary these rooms can be kept comfortably warm by the use of 'hibachi' and by keeping clinic doors closed.

There should be ample storage space for drug, clinic equipment, cleaning supplies and clerical supplies. If these things are sitting around on tables and desks they get very dusty and dirty and no matter how clean the healthcenter is, it will not look clean and orderly.

If a janiter or watchman lives in the health center his quarters should be in the back of the building -- he should not occupy the best room in the front of the building.

Whenever possible there should be a telephone in the health center. it will save much time and trouble for patients and staff. The patients can telephone to the health center when they want the nurse to visit them and the staff can telephone to private physicians and other health and welfare agencies instead of having to make a trip to talk with them.

Administration

Each worker should be doing his own type of work under the direction of the health officer. Only the nurses' work will be discussed here.

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Personnel

If the work is well planned, each job studied to decide how many people will be needed to do it efficiently, and if the personnel are well trained, the clinics can be managed efficiently with fewer nurses. If all of the nurses stay in the health center for each clinic there will be very little opportunity for follow up work in the homes.

The nurses should start to set up the clinic one half hour before the patients are scheduled to arrive. The patients should be asked to arrive one half hour before the doctor starts to work so that histories can be taken and some of the patients will be ready to see the doctor as soon as he starts.

The chief nurse should select and assign one nurse to be in charge of each clinic. This nurse will be responsible for efficiently managing her particular clinic. In addition to this, the chief nurse will assign as many more nurses as are necessary to assist her. The nurse in charge of the clinic should not be changed too frequently as there should be one nurse who is thoroughly familiar with the management of the clinic. If she is changed too frequently this would be impossible. Those assisting in the clinic should not be changed oftener than once a month and they should not all be changed at the same time because the nurse in charge will have too much difficulty teaching several of them the clinic routine. If the nurses are rotated too often they do not have time to become thoroughly acquainted with their duties. They may be kept in the clinic for a three months period but their assignments within the clinic could be charged every month. In the way they would become familiar with all of the nursing duties in each clinic.

Cleanliness

The health center building must be kept clean. Cleanliness is the first consideration when teaching health. Healthful living cannot be taught not a good example set to the people of the community if the health center is dirty. Then, too, patients with tuberculosis and other infectious diseases visit the health center daily. If it isn't kept clean it will be a place that will spread disease instead of preventing it. The janitor should clean floors, windows, walls and furniture but the nurses should clean the medicine cupboards, instruments and all other surgical equipment. The janitor's work should be closely supervised by the chief nurse. She should show him how to clean if necessary.

Clinic hours

If patients are expected to attend clinic regularly the clinic hours must be arranged to suit their convenience. A syphilitic patient who is working will not want to be absent from his work for a half day or a day every week. A contact of a tuberculosis patient, who feels perfectly well will not want to lose a day's wages to attend clinic. A busy mother cannot easily manage to attend a maternity or child health clinic at eight

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o'clock in the morning. All of these things must be considered when starting clinics. Perhaps a V.D. or tuberculosis clinic held once a week from 4 to 6 P.M. for people who are employed would make the task of case-holding much easier. Perhaps maternity and infant welfare clinics held in the afternoon would enable more patients to attend clinics.

Clinic hours should be thoughtfully considered and, one decided upon, should not changed unless absolutely necessary. When organizing a clinic, or when any change in hours is necessary, every effort should be made to inform the community, the practising physicians and other health and social agencies of the clinic hours. The day and hour should be posted in the clinic room, in the waiting room or corridor and in front of the health center so that it can easily be seen. A notice in the local newspapers will help to acquaint many people of the community with the hours. The patient who arrives at the clinic first should be the first one seen by the doctor.

The nurses should have a list of clinics and hours in their notebooks that they take into the district so that they will be sure to refer their patients at the proper time.

The Atmosphere of the Clinic

The atmosphere that prevails in the clinic is a major factor in case-holding. If the patient is not treated well be will not return for further examination and treatment.

Every patient should be treated as a guest regardless of his social or economic status. All patients should be treated with the same consideration. The clinic should have a friendly but business-like atomosphere. The health center personnel should never discuss their off-duty activities among themselves in the presence of patients. It is most annoying to people who are ill to feel that the ones who are supposed to help them have their minds on other things. The health center personnel should be pleasant and friendly but there should be no unnecessary giggling.

New patients especially should be made to feel at ease. The health center personnel remember that they are familiar with the health center but that the new patients are not. A few friendly words and a careful explanation of the clinic procedure and the nature of the examination will do much to make the new patient feel comfortable.

The patient should be treated as a person not as a pair of diseased lungs. If it is necessary for the patient to remove all or part of his clothing space should be provided that will afford him or her some privacy while be is undressing and dressing. A nurse must remain with a female patient while she is being examined if she is undressed at all.

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When interviewing a patient either before or after the examination a private place away from other patients should be selected. The patient will feel much more at ease and will give the health worker more information if these personal questions are asked where others cannot hear what is being said.

A friendly word when the patient departs will help to assure the patient's return. It also provides an opportunity to correct any misunderstanding that may have arisen during the patient's visit to the health center.

TRAYS USED IN HEALTH CENTER CLINICS

An attempt has been made to list the minimum amount of equipment needed on the various trays used for health center clinics. Some doctors will want more instruments; some will want different instruments. The equipment used will naturally vary some to suit the needs of the individual doctors, but these suggestions should serve as a guide in setting up trays that will be convenient and efficient.

If the solutions suggested here as disinfectants are substituted for other solutions five factors must be considered when choosing a disinfectant.

1. Availability
2. Strength of solution required to destroy pathogenic organisms.
3. Time required for a given strength of disinfectant to destroy organisms. For example, soaking an article for 5 minutes in a 5% phenol solution will disinfect it, whereas soaking it for one minute in a 5% solution or soaking it for 5 minutes in a 1% solution, will not be sufficient.
4. Method used for removing disinfectant before use in order to prevent burns or irritation to mucous membrane or skin.
5. The action of the disinfectant on the equipment. Some solutions rust or corrode the equipment.

The nurses should consult with a doctor or a bacteriologist before selecting a disinfectant and, if necessary, tests should be made to determine its efficacy before it is adopted for use.

All trays and equipment should be cleaned and put away in cupboards at the end of each clinic session. When they are put in the cupboard they should be well-covered with a lid or a clean towel to keep them from becoming dusty. Equipment that has to be sterile, such as needles, syringes,

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etc. must be boiled before each clinic.

The quantity of some equipment is not stated here, since this will depend upon the number of patients attending the clinics.

SOLUTIONS USED FOR CIEANING SKIN BEFORE IMMUNIZATION OR OTHER INJECTIONS

SMALLPOX -- One of the following may be used:

1. Acetone
2. Ether
3. Alcohol
4. Soap and water

Note: The skin must be thoroughly dry before applying the vaccine. Acetone or ether will dry very quickly so one of these would be preferable to alcohol or soap and water.

DIPHTHERIA
CHOLERA
TYPHOID
TYPHUS
WHOOPING COUGH

Cleanse skin with Tincture of Iodine, then Alcohol.

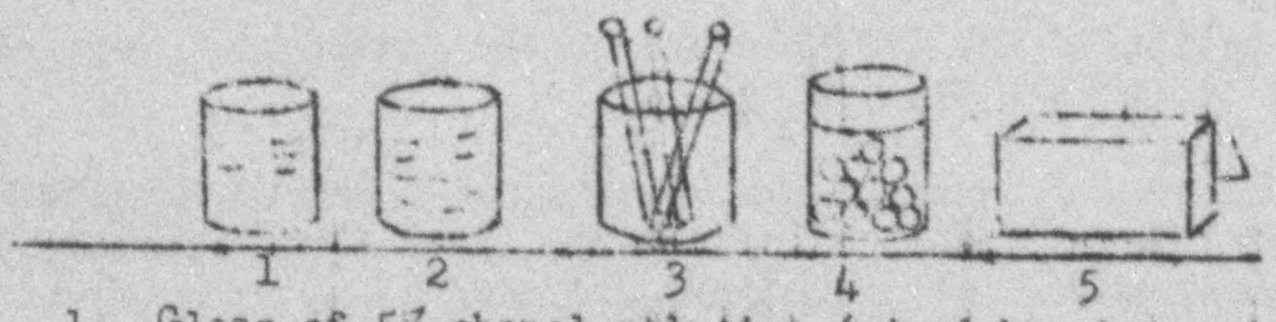
TAKING BLOOD SPECIMENS
PNEUMOTHORAX TREATMENTS
INTRAVENOUS AND INTRAMUSCULAR INJECTIONS

Clean skin with Tincture of Iodine, then alcohol.

Note: Do not cover an area which has been painted with iodine. If it is covered the iodine may burn the skin.

ORAL THERMOMENTER TRAY

Equipment



1. Glass of 5% phenol solution (mixed by pharmacists)
2. Glass of water
3. Thermometers in glass of water
4. Jar of cotton
5. Paper bag for used cotton

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Procedure

1. Shake mercury in thermometer down to 34 - 35 degree centigrade.

2. Wipe thermometer downward with clean cotton. (Do not discard this cotton but keep it for wiping thermometer after taking temperature.)

3. Place mercury end of thermometer under patient's tongue asking him to close his lips -- leave in mouth for 2 minutes.

4. With piece of cotton wipe thermometer using downward rotary motion -- holding it at bulb end with this piece of cotton -- read.

5. Place thermometer in glass of phenol solution -- leave there for 5 minutes.

6. Shake phenol from thermometer into glass of phenol solution and and place thermometer into first glass of water.

7. Shake water from thermometer and place it into second glass of water and leave it there until ready to take temperature.

NOTE: If water in glasses becomes slightly discolored by phenol solution, change for clear water. Be sure there is enough cotton in bottom of the glass to prevent breakage. Be sure glasses are full of solution. Cover phenol when tray is not being used.

RECTAL THERMOMETER TRAY

Equipment

1. 1 Small tray or box
2. 4 glass jars with covers for:
   a. 2% Lysol solution (1:50)
   b. Clear water
   c. Clean thermometers
   d. Clean cotton pledgets or paper squares
3. 1 Jar of lubricant

Procedure:

1. Shake thermometer down to 36° or less

2. Lubricate thermometer with cotton sponge. (Do not discard this cotton but keep it for wiping thermometer after taking temperature.)

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3. Insert into rectum approximately 1 inch. Hold it there for 3 minutes.

4. Remove, wipe well with downward rotary motion. Read and put in Lysol solution for at least 5 minutes.

5. Wipe, rinse well in clear water, wipe, dry and put in clean glass.

NOTE: If running water is available the thermometer can be washed with soap and water, as it is done in bag technique. If lysol solution is used, it must be remembered that lysol is irritating to the skin and mucous membrance, therfore the thermometer must be rinsed carefully.

PHYSICAL EXAMINATION TRAY

(This tray and equipment can be used in all clinics)

1 Tray (approximately 18" x 14")

1 Stethoscope

1 Blood pressure apparatus

Ear specular

Nasal specula

Tongue depressors in covered container

1 Tape measure

1 Flashlight

1 Percussion hammer

1 Covered jar of dry cotton pledgets

1 Basin for used instruments.

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VAGINAL TRAY
(To be used in Venereal Disease Clinic)

Equipment:

1. 1 Tray (Approximately 18" x 14")
2. Vaginal specula -- various sizes
3. Uterine forceps
4. Rubber gloves
5. Applicators
6. 1 Cover jar of cotton pledgets
7. Glass slides and labels
8. Powder in shaker
9. Lubricant
10. 1 Basin of lysol solution for used instruments before they have been washed and boiled
11. 1 Jar of lysol solution and transfer forceps

NOTE: It is suggested that this equipment be used only in the venereal disease clinic and that another tray of equipment be used in Maternity clinic if it is available. The same instruments could be used with safety in both clinics if great care was taken to sterilize it properly. However, for aesthetic reasons it seems better to have two separate trays of equipment.

VAGINAL TRAY

(To be used in Maternity Clinic)

Same as Vaginal tray used in Venereal Disease Clinic.
Add: 1 pelvimeter

IMMUNIZATION TRAY

This tray set-up can be used in:

1. Child Hygiene and Immunization clinics -- for giving immunization.
2. Maternity Clinic -- for taking blood specimens
3. Tuberculosis Clinic -- for giving BCG and tuberculin tests and for taking blood specimens.

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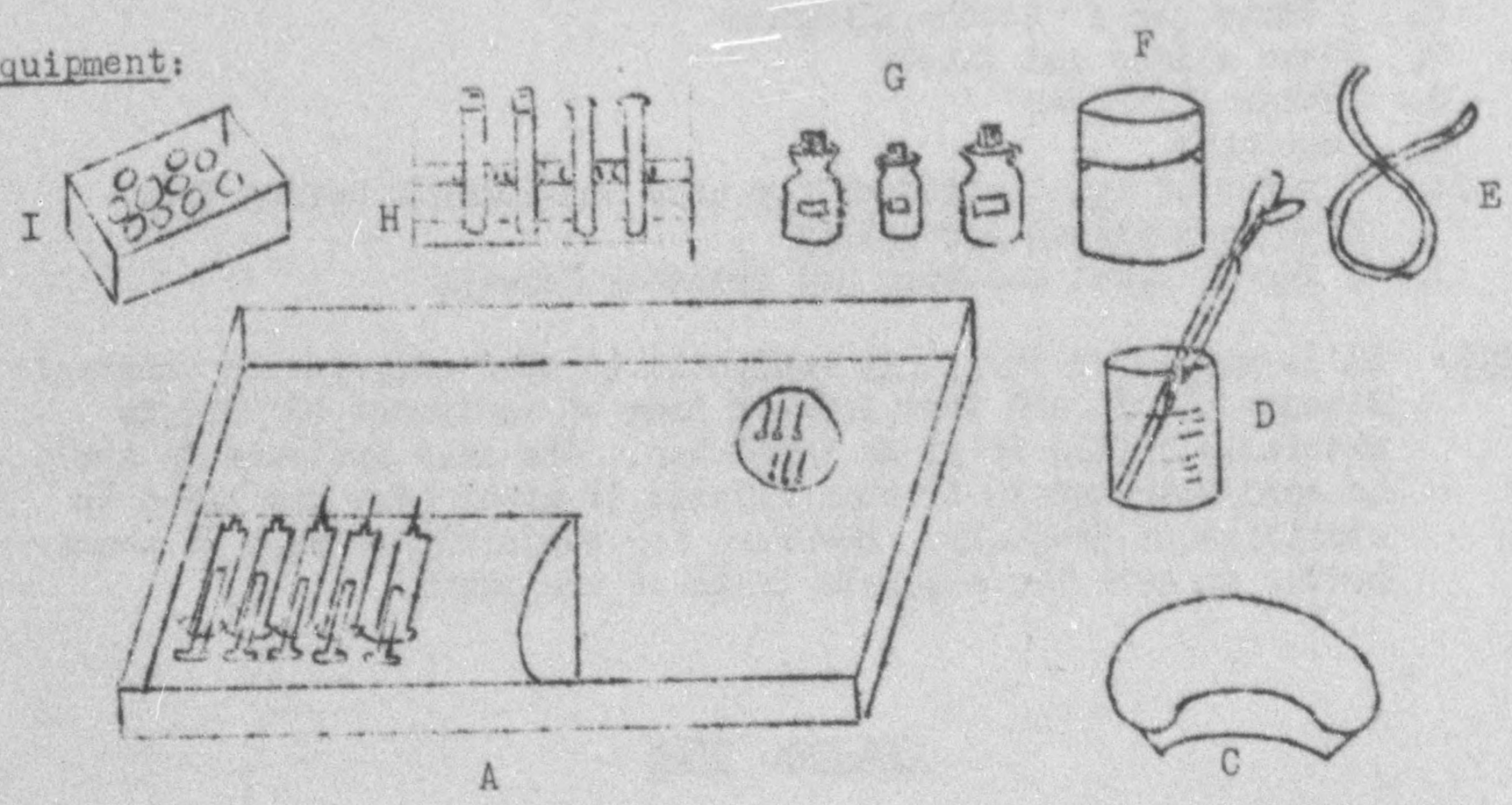
4. Venereal Disease Clinic -- for taking blood specimens and for giving injections. (Needles and syringes used for injections of bismuth and arsenicals should be kept separate and not used for anything else.)

5. Pneumothorax Clinic -- for taking blood specimens and for local anesthesia.

The size of the needles and syringes will vary according to the clinic in which the tray will be used.

Equipment:



A. Covered immunization tray

1. Sterile gauze
2. Clean folded towel
3. Syringes
4. Sterile needles in sterile petri dish

B. Basin filled with lysol solution -- for used syringes and needles

C. Basin for used cotton

D. Sterile forceps in jar of lysol solution

E. Tourniquet

F. Cotton

G. Applicators

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H. Solutions necessary to clean the skin

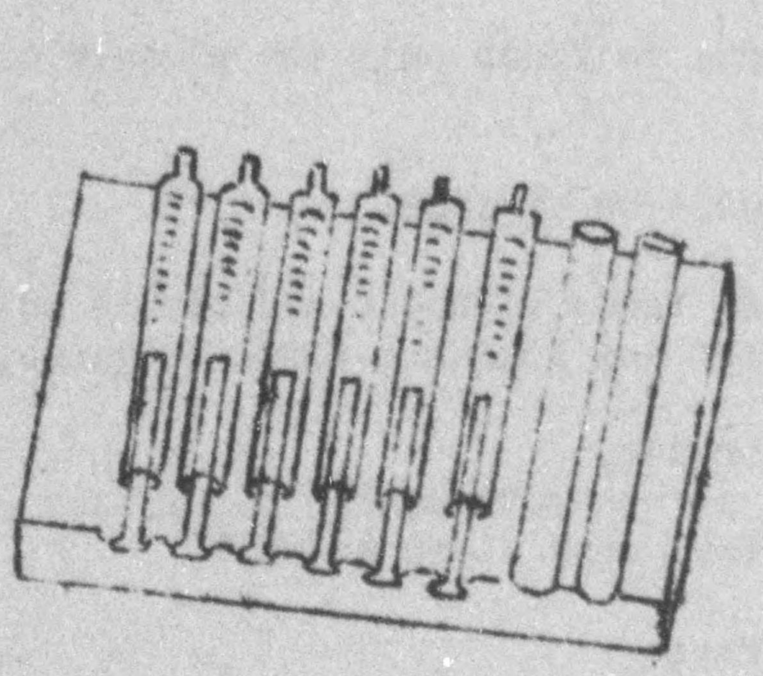
I. Vaccines -- Toxoid -- Tuberculin

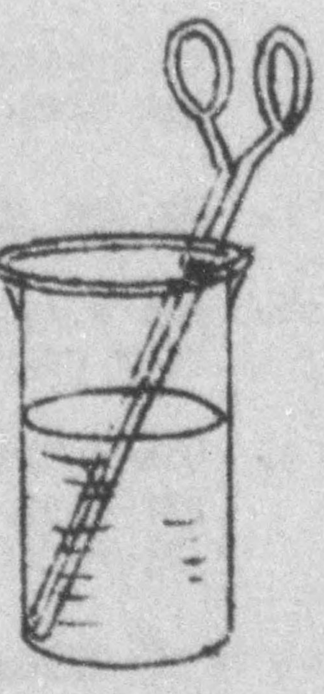
J. Blood tubes and rack

K. Corks

If towels are not available a piece of wood, one inch thick, might be used to hold syringes. Notches should be cut in the wood to hold syringe in place.

If a covered tray is not available needles should not be put on the syringe until the syringe is handed to the doctor.





Prccedure for Use of Immunization Tray

(Clinic)

Equipment to be sterilized before setting up immunization tray:

Syringes

Needless

Petri Dish

Fbrceps

Forceps Jar

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Procedure of <u>setting up</u> tray:

1. Thoroughly wash immunization tray and cover.

2. Place clean towel, folded to approximately 1/2 inch thickness, on lower end of tray.
(The purpose of this towel is to raise needle end of syringe in such a way that it will not touch any surface.)

3. With forceps place sterile gauze on upper end of tray.

4. Place sterile needles in sterile petri dish in tray.

5. Wipe lip of vaccine or toxoid bottle with alcohol sponge.
Clean bottles with rubber stoppers with iodine, then alcohol.

6. Fill syringes being careful to touch only the plunger end of the syringe.

7. <u>By use of forceps</u> put needle on syringe.

8. Lay syringe down on folded towel with tip and needle extending over edge of the towel (but not touching towel or gauze.)

9. Cover tray until ready for use.
(If tray has no cover -- do not put needles on syringe until ready for use -- cover tray with clean towel.)

Procedure of <u>using</u> immunization tray:

1. Uncover tray by touching only outside of cover -- lay cover down with open side up.

2. Pick up syringe with fingers being careful not to touch needle and give to doctor.

3. Intravenous injections

   a. Place pillow under patient's forearm.

   b. Place tourniquet around arm.

   c. With sponge or applicator cleanse arm at site of injection.

   d. Release tourniquet when sufficient blood has been drawn.

   e. Transfer blood specimen to blood tube-cork tube.

   f. Draw lysol solution up into syringe and place syringe into basin of lysol solution.

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g. Label specimen.

4. Subcutaneous tests and intramuscular injections.

a. With sponge or applicator cleanse arm at site of injection.

b. Assist doctor as necessary.

c. If syringe is not empty loosen used needle with fingers and discardneedle into basin of lysol solution -- pick up sterile needls with forceps and with forceps place it on syringe -- put syringe on towel in immunization tray.

d. If syringe is empty -- draw lysol solution up into syringe and place syringe into basin of lysol solution.

Do Not Put This Contaminated Syringe Back Into The Toxoid or Vaccine Bottle To Refill It!!

After clinic wash the syringes and needles: dry the needles and reinsert wires.

PNEUMOTHORAX DRUM

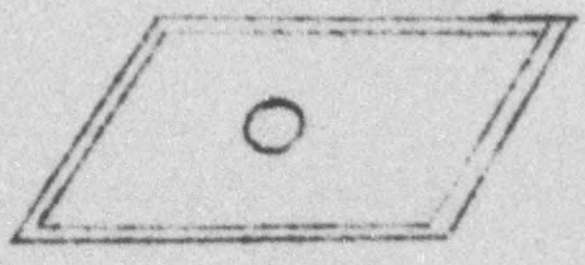
This drum should contain all the sterile equipment needed for giving pneumothorax treatments.

For each patient the following equipment will be needed:

1 - Something with which to drape the patient and provide a clean working area for the doctor.

a - towels could be used or

b - a small gauze or cotton square with an opening in the center; this drape should be about 12 inches square.



2 - 2 cotton applicators

3 - 1 pneumothorax needle

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Then to twenty such individual patient set-ups can be put into a drum. (depending on the size of the drum.)

It is very important that the needles used for pneumothorax treatments be dry sterilized because moisture in the needle makes an accurate pressure rending difficult to obtain.

EMERGENCY TRAY

(To be kept ready for use in all clinics)

Equipment:

1. 1 small tray
2. 1 Bottle of aromatic spirits of ammonia
3. 1 Covered jar of cotton pledgets
4. 2 ampules of digitalis
5. 2 ampules of camphor in oil
6. 2 ampules of adrenalin
7. 1 ampule file
8. Solution necessary to clean the skin

NOTE: Some doctors may wish to use other heart stimulats. The selection of drugs used should be discussed with the doctors. All drugs should be plainly labeled to avoid mistakes at a time of emergency.

The sterile syringes and needles on the immunization tray can be used for hypodermic injections. Hypodermic injections should be given only by the order of a physician.

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Supplies & Equipment for Health Center Clinics

History Room

1. Table - 4 Chairs
2. Pen and Ink
3. Large scale
4. Measuring board
5. Basket for patients clothes
6. Thermometers (oral)
7. Equipment for cleaning thermometer
   a. Container of dry cotton
   b. 3 glasses - 1 with 5% phenol solution, 2 with water
   c. Paper bag for used cotton

Immunization Room

1. Table for immunization supplies
   a. Immunization vaccines or toxoid
   b. Covered immunization tray, containing syringes and needles
   c. Sterile forceps - in a jar of lysol solution
      (This jar should be sterilized and refilled with lysol solution previous to each clinic)
   d. Cotton
   e. Cotton Applicators
   f. Solutions to cleanse the skin
   g. Receptable for used cotton
   h. Basin of lysol solution for used syringes and needles
   i. Pen and ink

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2. Sterilizer on small table - Sterile forceps in jar containing lysol solution

3. 2 chairs (for doctor and patient)

4. Basket for patient's clothes

Tuberculosis Clinic *

(Room #1 may be used for examination of new patients;
Room #2 may be used for return patients.)

1. Desk and Chair for Doctor

2. Chair for patient

3. Examining table - pad (Sheet over pad)

4. Blanket or sheet for covering patient

5. Basket for clothes

6. Waste paper basket

7. Supplies on Doctor's desk

   a. Pen and Ink

   b. Referral slips and prescription blanks
   (Referrals to X-ray, Laboratory - Charge Cards - Health Examination Forms)

   c. Tongue blades in container

   d. Receptacle for used tongue blades containing lysol solution if metal tongue blades are used.

   e. Stethoscope

   f. Flash light

   g. Ear speculum

   h. Nose speculum

   i. Jar of dry cotton

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j. Jar of applicators

8. Immunization table

a. Covered immunization tray, containing syringes and needles for taking venous blood and giving tuberculin tests - Tuberculin Material (Room #1) or
Covered immunization tray containing syringes and needles for taking venous blood and for giving B.C.G. Vaccine - B.C.G. Vaccine (Room #2)

b. Sterile forceps - in a jar of lysol solution
(This jar should be sterilized and refilled with lysol solution previous to each clinic.)

c. Cotton

d. Applicators

e. Solutions necessary to cleanse the skin

f. Basin for used cotton & applicators

g. Basin of lysol solution for used syringes and needles.

h. Tourniquet

i. Pad for arm

j. Blood tubes and stoppers

k. Rack for blood tubes

l. Laboratory list - for identifying blood specimens

9. Handwashing facilities for doctor and nurse.

10. Table and 2 Chairs for nurses conference (Room #2)

a. Pen and ink

b. Teaching aids

* The same equipment set up for Tuberculosis Clinic, Room #2, should be prepared for School Child Examination Clinic.

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The Tuberculosis Clinic

Purpose: The purposes of the chest clinic are:

1. For examination and diagnosis (Case finding).
2. For treatment (since Tuberculosis is a communicable disease and would spread in the community if not treated).
3. For prevention (by guarding the health of contacts to prevent development of active tuberculosis, by preventing relapses in quiescent and arrested cases; by promoting early diagnosis to check the spread of the disease in the community).
4. For health education (particularly in regard to the care and prevention of tuberculosis).

Location

The chest clinic should be separated from other clinics. Tuberculosis patients should never be in a waiting room when other patients are there, so unless they can have a separate waiting room, tuberculosis clinics should be held when no other clinics are in session.

Personnel

If there is only one doctor working in the clinic and there are only 15 or 20 patients, three nurses can efficiently manage the clinic. Another nurse will probably be needed if there are more patients or if there is more than one doctor.

Nurse #1 will take histories, temperatures, weights and heights. Nurse #2 will assist the doctor with examinations and treatments. Nurse #3 will interview patients, especially newly diagnosed patients, to explain the doctor's diagnosis and recommendations after they have been seen by him. (Nurse #2 and 3 can help take histories until the doctor starts working.)

Duties of the Nurse in the History Room

Before Clinic

1. Arrange furniture conveniently with the help of the Janitor.
2. Dust desks and tables.
3. Take thermometer tray from cupboard and get it ready for use. Fill water jars and put clean cotton in bottom. Be sure that phenol jar is full and the cotton clean. Replenish supply of

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cotton or paper wipes. Put tray where it will be convenient to all nurses.

4. Check scale to see that it is accurate.

5. Take clerical supplies from cupboard and arrange on desk.

6. Arrange pertinent health posters and displays in waiting room and examining room.

During Clinic

1. Greet patients and ask them to be seated until nurse has time to take history.

2. Call patient for history taking according to number. (Clerk at information desk should be careful to number records in the order in which patients arrive at the clinic.)

3. Take TPR; write them on record.

4. Ask patient to remove heavy outer clothing and shoes; weigh patient and record weight on chart.

5. Measure adult patients on first visit only. Measure children on each clinic visit.

6. Take as much history on new patient as doctor wants nurse to take. While doing this, pay particular attention to anything the patient says regarding the health of other members of the family. Use every opportunity for health teaching; (e. g., importance of covering nose and mouth when cougning; bringing other family members to health center for examination, etc.)

7. If any patients bring sputum specimens, see that they are properly labeled and put in a safe place until they can be taken to the laboratory.

8. Explain briefly to new patient what the doctor will do in the clinic examination.

After Clinic

1. Clean thermometer tray. Dispose of used cotton and paper wipes. Empty water jars, wash and dry them. Cover phenol jar. Put thermometers in box and put tray in cupboard.

2. Put clerical supplies in cupboard.

3. Take all laboratory specimens to the laboratory.

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4. Assist other clinic nurses in cleaning used equipment and instruments.

Duties of the Nurse Assisting the Doctor

Before Clinic

1. Fill sterilizer with water and heat.
2. Boil necessary equipment for immunization tray.
3. Arrange furniture conveniently with help of janitor.
4. Dust tables and desk.
5. Arrange sheet and pad on examining table.
6. Arrange clerical supplies, referral slips, etc., on doctor's desk. Be sure pen point is good and pencils sharpened.
7. Check physical examination tray for cleanliness and completeness. Put it on doctor's desk.
8. After syringes and needles have boiled for 10 minutes, set up immunization tray. Be sure to have sufficient blood tubes and labels for clinic use.
9. Clean stoppers of bottles of biologicals (BCG, Tuberculin, etc.) with iodine, then alcohol. Cover stopper with alcohol sponge.
10. Put squares of 'chiri-gami' on doctor's desk (for patient's use).
11. If there is no running water in the examining room, a basin of water and a bar of soap will be needed for hand washing. (If no soap is available, lysol solution will have to be used.)

During Clinic

1. Take patient's records into examining room when nurse in history room has completed them.
2. When doctor is ready to start examining patients, call one patient into examing room. If patient is a female over 12 years of age, take her behind screen and ask her to remove all clothing to waist. Cover patient with gown or sheeting. If gown or sheeting are not available, instruct patient to tie furoshiki around neck so that breasts are not exposed.

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If weather is cold, put jacket or coat over shoulders. If patient is a man, he can undress to the waist and put his coat over his shoulders.

3. Ask patient to sit at doctor's desk facing doctor. A revolving chair is better than an ordinary chair because it is easier for the patient to turn if he is on a stool.

4. Give patient one or two pieces of chirigami and instruct him to cover nose and mouth and to turn head aside (away from doctor and nurse) while being examined.

5. Instruct patient to hold furoshiki out of way, up around neck, when doctor is examing anterior chest.

6. If doctor wants nurse to fill syringes with BCG or Tuberculin, hand doctor filled syringe; clean site of injection with cotton pledget of alcohol. If doctor wishes to fill syringes himself, be sure that tray is complete and convenient for doctor's use.

7. Put used needles and empty syringes in basin of lysol solution until they can be cleaned and boiled. Never refill an empty syringe until it has been boiled.

8. When doctor has finished examining patient and is writing his findings, ask patient to dress.

9. When doctor has finished recording findings and recommendations, take patient to interviewing nurse and call next patient into the examining room.

After Clinic

1. Wash syringes and needles well. Sharpen needles as necessary.

2. Put biologicals in proper place.

3. Put immunization tray in order and replace tray in cupboard.

4. Clean and boil used instruments on examination tray. Put tray in order and replace in cupboard.

5. Fold pad on examining table and put it in cupboard.

6. Put clerical supplies away.

7. Drain and clean sterilizer if it will not be used again that day.

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8. Notify janitor that clinic is over so that he can clean floor, etc. before next clinic.

Duties of the Interviewing Nurse

Before Clinic

1. Arrange necessary clerical supplies and teaching material on interviewing desk.

2. Help arrange health posters and displays (suitable for tuberculosis) in waiting room and examining room.

3. Help other nurses set up clinic.

During Clinic

1. Help nurse #1 take histories and temperatures until first patient has been examined.

2. After doctor has finished examining patient, duscuss his findings and recommendations with patient. Be sure that the patient understands the doctor's recommendations. Make suggestions as to how be can follow recommendations.

3. Be sure that the patient understands that tuberculosis is a communicable disease and that he knows <u>how</u> it is spread.

4. If a home visit is necessary, get patient's address and specific instructions as to how to find the home. Tell him approximately when the nurse in his district will visit him. (For the information of the nurse making the home visit, write down doctor's findings and recommendations and the reason why home visit is to be made.)

5. If it is indicated refer patient to social worker or the nutritionist.

After Clinic

1. Be sure records are complete; return them to their proper place.

2. Put clerical supplies and teaching materials away.

3. Help other nurses clean instruments and equipment and put them away.

4. See that chief nurse gets address and reports of patients who need follow-up home visits so that they may be assigned to district nurses.

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Pneumothorax Clinic

1. Chairs for waiting patients.

2. Table - equipped with

   Temperature tray

   3 glasses - 1 with 5% phenol solution
   2 with water

   Container of dry cotton

   Paper bag for used cotton

   } may be set up in weighing room

3. Basket for patient's clothes

4. Examining table - pad (sheet over pad)

5. Blanket or sheet for covering patient

6. Pneumothorax apparatus

7. Desk and Chair for doctor

   Supplies on doctors desk -

   a. Pen and ink

   b. X-ray referral slips

   c. Sterile drum containing gauze squares, cotton applicators, and pneumothorax needles.

   d. Covered immunization tray (for local anesthesia injection) containing sterile syringes and needles.

   e. Procaine solution (sterile)

   f. Basin for used cotton and applicators.

   g. Sterile forceps - in a jar of lysol solution
   (This jar should be sterilised and refilled with lysol previous to each clinic).

   h. Basin of lysol solution for used syringes and needles

   i. Solutions to cleanse the skin

8. Handwashing facilities for doctors and nurses.

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THE PNEUMOTHORAX CLINIC

LOCATION

The room for giving pneumothorax treatments should be light and well ventilated. Patients waiting for their treatments should not be in a waiting room where other than tuberculosis patients are, so unless there can be a separate waiting room pneumothorax clinics should be held when no clinics other than tuberculosis clinics are in session.

General Instructions

Patients coming to pneumothorax clinics will already be registered in the health center through the tuberculosis clinic. After they have given their name to the clerk at the information desk they should be seated in their waiting room until they can be called by the nurse into the clinic room for weighing and taking of temperatures. For this clinic nurses will not be needed to take histories because histories have already been taken at the time the patient first came to the tuberculosis clinic. If many patients are coming to the clinic for pneumothorax treatments one nurse will need to be assigned to taking their TPR and weight measurement. Whether a nurse will be needed to confer with patients following the pneumothorax clinic will depend upon the individual clinic; usually this will not be necessary.

Duties of the Nurse in the Weight and Temperature Room

Before Clinic

1) Arrange furniture conveniently with help of janitor.

2) Dust top of tables and desks.

3) Take thermometer tray from cupboard; fill water jars and put clean cotton in bottom. Be sure that phenol jar is filled and the cotton clean. Replenish supply of cotton and paper wipes.

4) Check scale for accuracy.

5) Arrange clerical supplies on desk; pen, pencil, ink, etc.

6) Arrange pertinent health posters and displays in waiting room and examining room.

During Clinic

1) Greet patients and ask them to be seated until they can be called into the clinic room.

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2) Call patient to clinic room according to number. (Clerk at information desk should be careful to number records in the order in which patients arrive in the clinic).

3) Take TPR and write them on the patient's record.

4) Ask patient to remove heavy outer clothing and shoes; weight patient and record weight on chart.

5) If patient brings any sputum specimen see that it is properly labeled and put in a safe place until they can be taken to the la boratory.

6) If this is the first pneumothorax the patient has ever had explain the treatment briefly to him.

After Clinic

1) Clean thermometer tray. Dispose of used cotton and paper wipes. Empty water jars, wash and dry them. Cover phenol jar. Put thermometers in box. Put tray in cupboard.

2) Put clerical supplies away.

3) Take all laboratory specimens to the laboratory.

4) Assist other clinic nurses in cleaning used equipment.

Duties of the Nurse Assisting the Doctor

Before Clinic

1) Fill sterilizer with water and heat.

2) Boil necessary equipment for immunization tray. (This is to be used when local anesthesia is given).

3) Arrange furniture conveniently with the help of the janitor.

4) Dust desks and tables.

5) Arrange necessary clerical supplies on doctor's desk.

6) Arrange sheet and pad on examining table; have hard pillow handy to be used under patient's chest if he is to lie on his side for the treatment.

7) Check physical examination tray for cleanliness and completeness and place it on doctor's desk to be ready for use if necessary.

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8) Assemble skin preparation equipment and place it on doctor's desk or work table. The following equipment will be needed:

a. Basin for used applicators.

b. Sterile forceps in a jar of lysol solution.

c. Solutions for cleaning skin.

d. Adhesive.

9) After syringes and needles have boiled for ten minutes set up immunization tray for local anesthesia injections.

10) Put a file and a few ampoules of Precaine Hcl. solution 1% in a small basin of 2% lysol alongside immunization tray.

11) Put basin of lysol solution for used needles and syringes alongside immunization tray.

12) Check pneumothorax apparatus to see that it is clean and in working order. Check the water manometer, air valves, rubber tubing, all connections and the amount of water in the bottle before using. When one bottle is elevated be sure that the air valves are closed and not leaking. Otherwise water will displace air in the empty bottle.

13) Put squares of chiri-gami on doctors desk (for patient's use).

14) Put sterile drum containing necessary equipment for pneumothorax treatments on doctor's desk or work table. (See section on "Tray used in Health Center Clinics").

15) If there is no running water in the treatment room a basin of water and a bar of soap will be needed for hand washing. (If no soap is available lysol solution will have to be used.)

<u>During Clinic</u>

1) Take patients' record into treatment room when nurse has finished recording TPR and weight.

2) When doctor is ready to start giving treatments call one patient into the treatment room. If patient is a female over 12 years of age take her behind screen and ask her to remove all clothing to the waist. Cover patient with gown or sheeting. If gown or sheeting are not available instruct patient to tie furoshiki around neck so that breasts

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are not exposed.

3) Instruct patient to lie down on treatment table. Inquire of doctor as to the site of injection. If treatment is to be given into posterior chest wall instruct patient to lie on opposite side with pillow under his chest in an effort to widen the intercostal spaces.

4) Assist doctor to prepare the site of injection.

a. With a hezostat take one applicator from the sterile drum, dip one in iodine and another in alcohol.

b. After area is painted take towel or small drape from drum and hand to doctor.

c. If local anesthesia is to be given -- fill syrings with Procaine Hel Solution 1% and hand syringe to doctor. Clean site of injection with applicator of iodine, then alcohol.

d. Put used needles and empty syringe in basin of lysol solution until they can be cleaned and boiled. Never refill an empty syringe until it has been boiled.

5) With hemostat put needles on rubber tubing of pneumothorax apparatus. (If doctor has to make more than one injection to get into the pleural cavity a second needle should be used.)

6) When doctor ascertain the pleural space pressure and the amount of air to be injected record <u>them</u> on the patients chart.

7) Assist the doctor in changing the level of the bottles on the pneumothorax apparatus when necessary.

8) Put used needles in basin of lysol solution until they can be cleaned and boiled.

9) After treatment is completed hand an applicator with iodine and another with alcohol to the doctor. (To be used to paint the site of injection after the doctor withdraws the needle).

10) Make out X-ray requisition slip if doctor refers patient to X-ray.

<u>After Clinic</u>

1) Wash all syringes and needles well; sharpen needles as necessary.

2) Clean and boil any used instruments.

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3) Put various trays in order and replace in cupboard.

4) Put clerical supplies away.

5) Drain and clean sterilizer if it will not be used again that day.

6) Notify janitor that clinic is over so that he can clean floors, etc. before next clinic.

Notice: The bottles and rubber tubing of the pneumothorax apparatus must be cleaned regula rly depending on how frequently it is used. The pneumothorax bottles should be washed with soap and water and boiled, the rubber tubing should be washed with soap and water and socked; in a 5% phenol solution for 20 minutes. Discuss the cleaning of the rubber tubing with your laboratory technician; in some health centers probably this tubing could be authclaved instead of being soaked in phenol solution. Autoclaving should insure a dry inner surface to the tubing.

Child Health Clinic

1. Desk and Chair for Doctor
2. Chairs (2) for patient
3. Examining table - pad (sheet over Pad)
4. Table for undressing baby
5. Blanket or sheet for covering patient
6. Basket for clothes
7. Wastepaper basket
8. Infant scale
9. Infant measuring board
10. Supplies on Doctor's desk
    a. Pen and ink
    b. Referral slips and prescription blanks (Referrals to X-ray, Laboratory charge cards, Health Examination forms)

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c. Rectal thermometers (2) in glass clean water - Lubricant

d. Small glass lysol solution

e. Tongue blades in container

f. Receptacle for used tongue blades containing lysol solution if metal tongue blades are used

g. Stethoscope

h. Flash light

i. Ear Speculum

j. Nose Speculum

k. Jar of dry cotton

l. Cotton Applicators in jar

11. Immunization table

a. Covered immunization tray, containing syringes and needles for giving immunizations.

b. Immunization vaccines and toxoid

Smallpox Vaccine
Diphtheria Toxoid
Whooping Cough Vaccine
B.C.G. Vaccine

c. Sterile forceps in a jar of lysol solution
(This jar should be sterilized and refilled with lysol solution previous to each clinic).

d. Cotton - in a covered container

e. Applicators

f. Basin for used cotton and applicators

g. Solutions for cleansing the skin

h. Basin of lysol solution for used syringes and needles.

12. Handwashing facilities for doctor and nurses

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13. Table and 2 chairs for nurses conference

    a. Pen and ink

    b. Teaching aids.

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Child Welfare Conference

Purpose - To help parents understand good methods of child care and to help provide continuous health supervision for all infants and preschool children. Its primary purpose should be to keep the well child well.

Location

The welfare conference should, if possible, be on the first floor so that mothers will not have to carry heavy babies up the stairs.

Personnel

Three nurses will be necessary for the proper management of a clinic of about 25 patients or less. Four nurses may be needed if the clinic attendance is over 25.

Nurse #1 would work in the history room weighing and measuring babies and taking histories. Nurse #2 would assist the doctor with examinations and immunizations. Nurse #3 would explain the doctors recommendations to the mother after the baby has been seen by the doctor. Nurses #2 and 3 could weigh babies and take histories until the doctor arrives.

Duties of Nurse in History Room

Before clinic

1. Arrange furniture conveniently with help of janitor.
2. Dust top of tables and desks
3. Have janitor put scale and measuring board on table.
4. ash scale and measuring board.
5. Check and adjust scale
6. Take clerical supplies from cupboard and arrange conveniently on desks

During clinic

1. Greet patients. Show them where they can be seated until nurse has time to take history.
2. Call patients to history room according to number. (Clerk at information desk should be careful to number records in the order at which patients arrive at the clinic)
3. sk mother to undress baby and put it on scale.
4. hile baby is undressed and being weighed observe it for signs of rash, cold or illness which might be infectious. If anything is noticed the baby should be taken to another room to wait for the doctor so as to avoid exposing other children. ectal temperature should be taken by nurse on any baby showing signs of illness. The temperature should be recorded on the baby's record.

   In cold weather the scales should be adjusted to near the babies last known weight so that the correct weight can be calculated quickly before the baby becomes chilled. Record weight on baby's record.

   If it is the babies first visit, instruct the mother to wrap the baby and keep it warm, but not to dress it, since she will have to undress it again for the doctor.
5. Take as much of the history as the doctor asks the nurses to take. hile taking it use every opportunity to teach good health habits and the value of immunization to the mother. Be alert for anything the mother may say regarding the health of other members of the family.
6. hen history is taken ask mother to be seated near the door of the examining room so that nurse #2 can call

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her into the examining room without delaying the doctor.

7. If mother has brought any specimens for laboratory examination see that they are properly labeled and put in safe place until they can be taken to laboratory.

After clinic

1. Take all laboratory specimens from clinic rooms to laboratory.
2. Clean scales and measuring board. Replace in cupboard.
3. Replace clerical supplies in cupboard.
4. Wipe inkbottles and pens with damp cloth. Return to cupboard.
5. Assist other clinic nurses in cleaning used equipment and instruments.

Duties of the Nurse in the Examining Room

Before clinic

1. Fill sterilizer with water and heat it.
2. Take immunization tray from cupboard. Boil syringes, needles, petri dish and transfer forceps.
3. Arrange furniture conveniently with help of janitor.
4. Dust desk and tables.
5. Arrange pad for baby's examination on doctors desk or on examining table.
6. Be sure pen points are good and pencils sharpened.
7. Check physical examination tray - be sure it is clean and complete. Put it on doctor's desk.
8. Get up immunization tray after sterilizer has boiled for ten minutes. Place tray on doctors desk or on table near examining table. Be sure to have sufficient blood tubes and labels for marking blood specimens.
9. Clean stoppers of bottles of biologicals with iodine, then alcohol. Leave cotton pledget moistened with alcohol over them.
10. Place rectal thermometer tray on doctors desk or on equipment table. (Be sure tray is completely equipped)
11. If there is no running water in the examining room a basin of water and a bar of soap will be needed for handwashing. (If no soap is available lysol solution will have to be used.)

During clinic

1. Take records into examining room when nurse in history room has completed them.
2. When doctor is ready to work call the first baby and send mother with baby by doctors desk.
3. If baby is new help mother loosen clothing and instruct her how to hold baby on table by placing her arm along edge of the table to keep baby from falling. If necessary help hold baby while doctor is examining it.
4. If immunization is to be given put sterile needle on filled syringe. Give syringe and applicator or sponge to doctor. Put used needles and empty syringes in basin of lysol solution until they can be cleaned and boiled. Never refill an empty syringe until it has been boiled.
5. Assist doctor as much as possible.
6. Call next patient. While she is coming into room take first patient to nurses interviewing desk.
7. When not busy rinse used needles and syringes and boil them. After they have boiled return them to immunization tray.

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8. Take rectal temperatures when requested by the doctor or when baby has any symptom of illness.
9. When doctor has completed recording findings and recommendations on patients record take record and patient to interviewing nurse.

After clinic

1. Clean needles, syringes and used instruments. Sharpen needles as necessary.
2. Clean trays, replace instruments, cover tray with clean towels and replace them in the cupboard.
3. Put clerical and other supplies away.
4. Drain sterilizer and clean it if it will not be used again that day.
5. Notify janitor that clinic is over so that he can clean floor, etc. before next clinic.

Duties of Interviewing Nurse

Before clinic

1. Arrange necessary clerical and teaching materials on desk.
2. Put up posters and displays suitable for child welfare clinic in waiting room and examining room.
3. Help other nurses set up clinic.

During clinic

1. Assist with history taking and weighing and measuring until doctor has finished examining first patient.
2. After doctor has finished examining patient, discuss his findings and recommendations with the mother. Explain his recommendations if necessary and be sure that all of her questions are answered. If she is to bring the baby back to clinic be sure that she knows the day she is to return. Encourage her to write down the date and the hour so that she will not forget it.
3. If a follow up home visit by the nurse is indicated, write on a piece of paper the address and directions for finding the home. Tell the mother approximately when the nurse in the district will be able to make a visit to the home. For the information of the nurse making the home visit write down doctors findings and recommendations and reason why the home visit is necessary.
4. If it is indicated refer mother to social worker or to nutritionist.
5. Use every possible opportunity to teach health to the mother.

After clinic

1. Be sure records are complete. Return them to proper place.
2. Put away clerical supplies and teaching materials.
3. Help other nurses clean instruments and equipment and put them away.
4. See that chief nurse gets address and reports of patients who need follow up home visits so that they may be assigned to district nurses.

Maternity Clinic

1. Desk and Chair for nurse and patient (interviewing room)

Supplies on nurse's desk -

a. Pen and ink

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b. Teaching aids

c. Thermometers (oral)

d. Equipment for cleansing thermometer

1) Container of dry cotton

2) 3 glasses - 1 with 5% phenol solution
2 with water

3) Paper bag for waste cotton

2. Desk and Chair for doctor and patient

Supplies on doctors desk -

a. Pen and ink

b. Referral slips and prescription blanks
Referral to X-ray, Laboratory Charge cards
Health examination forms

c. Tongue blades in container

d. Receptacle for used tongue blades containing lysol solution if metal tongue blades are used.

e. Stethoscope

f. Flash light

g. Blood pressure apparatus

h. Pelvimeter

i. Nose speculum

j. Ear speculum

k. Jar of dry cotton

l. Jar of applicators

3. Small Equipment Table

Supplied with: -

a. Equipment for taking blood specimen

1) Covered intravenous tray containing sterile syringes and needles for taking venous blood.

2) Sterile forceps - in a jar of lysol solution (This jar should be sterilized and refilled with lysol solution previous to each clinic).

3) Tourniquet

4) Pad for arm

5) Cotton

6) Applicators

7) Solutions to clean the skin

8) Basin for used cotton

9) Basin for lysol solution for used syringes and needles.

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10) Blood tubes and stoppers

11) Rack for blood tubes

12) Laboratory list - for identifying blood specimens

b. Equipment for making vaginal examinations.

1) Vaginal tray - containing vaginal speculum, rubber gloves, powder lubricant, uterine forceps, cotton, cotton applicators, slides for smears and labels for slides.

The Maternity Clinic

Purpose

To provide every pregnant woman with at least two examinations by a physician during her pregnancy as an effort to lower the maternal and infant death rate.

1. The first examination should be made as soon as the patient thinks she is pregnant and reports to the midwife for care. The midwife will refer the patient to the health center clinic.

   This early examination is important for finding physician deficiencies and illnesses which can be treated early so that both mother and baby will be healthy. Examples: syphilis, tuberculosis, dietary deficiencies, etc.

2. The second examination is done during the last month of pregnancy, chiefly to determine whether or not the delivery has every possible chance of being a normal one.

The patient may be referred by the midwife to a private physician, hospital clinic or a health center clinic.

General Instructions

Women are accustomed to being examined by midwives. They will naturally be a bit dubious of being examined by a doctor. After taking the patient's history the nurse should explain in detail what the doctor will do during the examination. If the patient understands what is going to be done and why it is important she will be more at ease.

Location

The maternity clinic should be on the first floor of the health center building so that the pregnant women will not have to climb the stairs to reach the clinic room.

Personnel

Three nurses will be necessary for the proper management of from 15 to 20 patients. If more than 20 patients attend clinic more nurses may be needed. If there is a midwife on the staff, one less nurse will be needed.

Nurse #1 or midwife will work in the history room, weighing and measuring patients and taking histories. Nurse #2 will assist the doctor with examinations. Nurse #3 will explain the doctor's recommendations and findings to the patient. Nurses #2 and #3 can help take histories until the doctor starts to work.

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Duties of the Nurse in the History Room

Before clinic

1. Arrange the furniture with the help of the janitor.

2. Dust desks and tables.

3. Put water in water jars of thermometer tray and put cotton in the bottom of the jars. Check phenol jar to be sure that it is full and that the cotton is clean. Replenish the supply of cotton or paper wipes. Place thermometer tray where it can be conveniently used by all nurses taking histories.

4. Check weight and height scale to be sure it is ready for use.

5. Take pens, ink blotters, necessary history sheets, and other clerical supplies from cupboard or drawer and arrange them conveniently on the desks.

During clinic

1. Greet each patient and show her where she can be seated until a nurse has time to take her history.

2. Call patients for history taking according to number. (Clerk at admission desk should be careful to number records in the order in which patients arrive at the clinic).

3. Take temperature, pulse and respiration. Record on history sheet.

4. Ask patient to remove heavy outside clothing and shoes. Weight and measure patient and record it on history sheet.

5. Take as much of the patient's history as the doctor wants the nurse to take. While doing this, use every opportunity to teach the patient about the hygiene of pregnancy, proper diet, rest and proper clothing. Pay attention to anything the patient may say regarding the health of other members of the family.

6. Carefully explain every step of the examination to the patient so she understands what the doctor will ...

7. Send the patient to the toilet so that her bladder will be empty while she is being examined. If she has brought no urine specimen to the clinic, give her a container in which she can collect a specimen for laboratory examination. Give her a wide mouthed pan to urinate in and instruct her to pour the urine into the specimen bottle. Also give her a piece of paper in which to wrap the bottle.
When sending a patient to the lavatory, the nurse must be sure that the patient knows exactly where it is so that she doesn't have to wander around the building looking for it.
Be sure that urine specimens are properly labeled and kept together in a container. After clinic they can be taken to the laboratory.

8. If the patient is to undress before going to the examining room the nurse should tell her exactly how much clothing to take off and what she can wear while waiting to be examined. She should not be asked to undress very long before the doctor is ready to examine her. In cold weather be sure that the patient stays warm enough.

9. When the patient's history is taken and she is ready to be examined by the doctor ask her to wait near the examining room.

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Boards of Ed. & Each Prefecture to open
Nurse-training Course -
Gunma - 53 days for 1 nurses -
Spec. for School nurses - in prep. post
Ed. Dept. not part into effect until
finalized - preparation for it.

What can the Ed. system to give them str.
the proper status.

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V - Women Organizations

VI Ele. For -

All Japn Teachers Union -

Leaders are not constructive -

Local educational associations for

improving themselves & education -

Proper distinction between teachers union &

educational association

Intended to improvement & welfare

3 to members - Title able progressively

Plans to assist School nurse & Nurse teachers

Course In-service training 3 nurse teachers

Each prefecture school, nurse course

under Monbusho & pref. educational system

School Nurse, leaders training course regard

to school sanitation.

Health Education leader training Course

training H. Ed. leaders in Secondary schools -

Tokyo 9 - 12 August -

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Region Meeting - 13 June

I Lesson planning for school nursing -
Miss Hauber

II Visual Education -

III Midwives Course - who went?

Books U. S. Med

Group Work in Sociology
Min. of Ed.

Techniques of Democracy -
P. H. N. Manual -

IV Nurses in Labor Unions.

Are nurses eligible to belong to labor union -

Encourage Nurses Association membership rather than Labor Union.

Representation of Women's Bureau -

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shoe polish - red - Bener gel

~~pedal pushers~~

~~pearl chokers~~

Mink Farm No 37 Cadillac -

~~Ribbons~~

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10. Call the next patient for history taking.

After clinic

1. Dry thermometers. Put in clean jar or box that is covered, being careful that the box or jar is padded with cotton to prevent breakage. Dispose of soiled paper or cotton wipes. Cover jar containing phenol to prevent evaporation. Empty both jars containing water. Dispose of cotton in water jars, Dry jars with a clean cloth. Cover or turn upside d down on tray. Replace tray in cupboard.

2. Wipe inkbottles and penpoints. Replace all clerical supplies in cupboard.

3. Take all laboratory specimens to the laboratory.

4. Assist other clinic nurses in cleaning used equipment and instruments.

Note: A medical examination for a pregnant woman includes the following:

Examination of ears, eyes, nose, throat and teeth
Blood pressure
Listening to heart and lungs
Examination of breasts and nipples.
Abdominal examination (to determine height of uterus, position of baby and baby's heart tones)
A pelvic examination
Taking of pelvic measurements to determine the size of the birth canal
Examination of lower extremities to look for edema and varicosities
Chest x-ray
Blood test for syphilis
Urinalysis
Hemoglobin (if this is not done the doctor will want to examine the patient carefully for symptoms of anemia)
The nurse must consider the above when setting up the examining room and planning her work as the doctor's assistant.

Duties of Nurse Assisting Doctor

Before clinic

1. Fill sterilizer and heat

2. Put syringes, needles, petri dish and transfer forceps in to boil.

3. Arrange furniture conveniently with help of janitor.

4. Dust desks and tables.

5. Arrange pad on examining table.

6. Arrange necessary referral slips and clerical supplies on doctor's desk. See that penpoint is good and pencils sharpened.

7. Remove physical examination tray and gyn. tray from cupboard. Arrange on the table next to examining table. Check them to see that all necessary articles are there and that it is clean.

8. When the water in the sterilizer has boiled for 10 minutes take immunization tray to sterilizer and arrange luers and needles on it. Put completed immunization tray on table

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near examining table. Be sure to have sufficient labels and blood tubes.

9. If there is no running water in examining room a basin of water and a bar of soap will be needed for handwashing. (If no soap is available lysol solution will have to be used.

During clinic

1. Take patient's record into examining room when nurse in history room has completed them.

2. Call the patient from waiting room and seat her at the doctor's desk so that he can take the remainder of the history.

3. When the doctor has completed the history, take the patient behind the screen and ask her to undress; assist the patient to get up on the examining table. Be sure the patient uses the foot stool. When women are pregnant, particularly during the latter months of pregnancy, their balance is not good and they are apt to fall and injure themselves.

4. Cover the patient with sheet.

5. The doctor will probably start the examination at the patient's head and continue down until he is ready to do the pelvic examination. The nurse should learn to anticipate which instruments he will use next and hand them to him. At least she should keep the trays in perfect order so that he does not need to waste time looking for instruments. If the doctor is going to take a blood test the nurse should hand him a tourniquet and then put a sterile needle in the syringe and hand it together with an application and a cotton pledget to the doctor. When he has taken the blood from the vein the nurse should hold a specimen bottle so that the doctor can put the blood into it. Then she should take the syringe and needle, rinse it in clear water and put it in a basin of water until there is time to wash and boil it. Never refill an empty syringe until it has been boiled.

6. Drape patient for pelvic examination.

7. Drape patient so that doctor can examine her extremities.

8. Help patient off of table and give her a piece of tissue to wipe off excess lubricant.

9. When doctor has finished recording findings and recommendations take patient and record to nurses interviewing desk.

10. Straighten sheet on examining table, refold drape sheet and change paper on table.

11. Call next patient.

12. Between cases or when not busy, wash speculums with brush in lysol solution, rinse with clear water and boil them. Wash syringes and needles and reboil. Replace on trays.

After clinic

1. Clean needles and syringes. Sharpen needles as necessary. Clean immunization tray, replace equipment, cover with towel and replace in cupboard.

2. Clean and boil used instruments from examining tray. Clean tray, replace equipment, cover with towel and put in cupboard.

3. Fold pad on examining table. Replace in cupboard.

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4. Collect used linen to be sent to laundry.

5. Put clerical supplies in cupboard.

6. Disconnect sterilizer. If it is not to be used again that day, drain and clean it. Dry inside with dry cloth. Polish outside of sterilizer.

7. Store biologicals in proper place.

8. Notify janitor that clinic is over so that he can clean floors before the next clinic is held.

Duties of the Nurse Interviewing Patients

Before clinic

1. Arrange necessary clerical supplies and teaching material on interviewing desk.

2. Put up posters and displays suitable for maternity clinic in waiting room and examining room.

3. Help other nurses set up clinic.

During clinic

1. Help nurse #1 take histories and temperatures until first patient has been examined.

2. After doctor has finished examining patient discuss her recommendations and findings with the patient. Be sure that the patient understands what the doctor has recommended. Take suggestions as to how patient may follow recommendations.

3. Be sure that patient understands that she is to take midwive's referral form with doctor's instructions back to her midwife. Explain why she is to return for a second medical examination during the latter months of her pregnancy.

4. If there is any unusual information that the midwife should have make a note of it. This should be given to the chief nurse after clinic.

5. If it is indicated refer patient to social work or to nutritionist.

6. Use every possible opportunity for health teaching.

After clinic

1. Be sure records are complete; return them to proper place.

2. Put clerical supplies and teaching material away.

3. Help other nurses clean instruments and equipment and put it away.

4. If the doctor has recommended some follow-up work in the home, this should be reported to the chief nurse so that arrangements can be made to contact the midwife.

REFERRAL FOR MATERNITY EXAMINATION

Patient's Name ..... Address .....

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Referred by:

Midwife's Name ..... Address

Date of: X-ray of Chest .....

Blood test .....

Physical examination .....

Physician's Instruction to Midwife: .....

.....

.....

Examining Physician's Name .....

Date of Next Appointment

1. .....
2. .....
3. .....

VENEREAL DISEASE CLINIC

Purpose

To provide examinations for venereal diseases and to treat those individuals who are infected with these diseases. This is a part of the program of controlling communicable diseases.

Location

It is not necessary to have a separate waiting room for these patients. The clinic rooms can be on either the first or second floor since these patients are able to walk up stairs.

Personnel

Three nurses will be needed to manage the venereal disease clinic. However, if the clinic is large more may be needed.

Nurse #1 will work in the history taking room. Nurse #2 will assist the doctor and nurse #3 will interview patients to interpret the diagnosis and recommendations and to find other cases who may have been contacts of the patient (See venereal disease interviews). Nurse #2 and #3 can help with history taking after the clinic is set up and before the doctor arrives.

Duties of the nurse in the History Room

Before clinic

1. Arranges furniture conveniently with the help of the janitor.
2. Dust tops of tables and desks.
3. Take clerical supplies from cupboard and arrange conveniently on desks.

During clinic

1. Greet patients. Show them where they dan be seated until t

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nurse has time to take history.

2. Call patients for history taking according to number. (Clerk at information desk should be careful to number records in the order in which the patients arrive at the clinic.)
3. If patient is new take history. The extent of history taking done by the nurse should be determined by the doctor. This should depend upon her skill in history taking and upon her knowledge of venereal disease.
4. If patient is an old case record date of current visit on treatment sheet. The nurse should take time to casually ask the patient how he has been feeling to give him an opportunity to tell of any reactions to treatment he may have had. It is best not to ask definite questions about reactions until he mentions it since it may make him apprehensive about further treatment.
5. Ask patients to wait near door of examination room so that nurse #2 can call them into treatment room without delaying the doctor.
6. Nurse #1 can assist nurse #3 after all patients are ready to be seen by the doctor.

After clinic

1. Take all laboratory specimens from clinic rooms to laboratory.
2. Replace clerical supplies in cupboard.
3. Wipe inkbottles and pens with damp cloth. Return to cupboard.
4. Assist other clinic nurses in cleaning used equipment and instruments.

Duties of the nurse in the Examining and Treatment Room

Before clinic

1. Fill sterilizer with water and heat.
2. Assemble equipment which must be boiled for mixing drugs, giving intravenous injections and taking blood specimens. This equipment should be boiled in a separate basin or sterilizer. The tray on which the sterile equipment is to be put should be covered with a sterile towel. If no sterile towels are available it must be boiled for 10 minutes. (Intravenous equipment may be boiled in this tray if it is deep enough.) If tray cannot be boiled fill it with a sterilizing solution and allow it to stand for 15 minutes. Pour off solution and allow it to dry.
3. Assemble equipment for intramuscular injections and boil for 10 minutes.
4. Arrange furniture conveniently with the help of the janitor.
5. Dust desks and tables.
6. Set up intravenous table except for sterile equipment.
7. Set up intramuscular table except for sterile equipment.
8. Set up table for vaginal examinations. Fill basin with lysol solution for used speculae and forceps. (Physical examination tray can be here or on doctor's desk.)
9. Arrange pad and draping sheet on examining table.
10. Arrange necessary equipment on doctor's desk. Be sure that pen points are good and that pencils are sharpened.
11. When sterile equipment has boiled enough put it in proper place on tables.
12. Put ampules of drugs and ampule files in basins. Cover with antiseptic solution (2% lysol).
13. If there is no running water in treatment room a basin and soap will be needed for handwashing.
14. Bring patient's record from history room to doctor's desk when nurse #1 has completed them. Arrange them in numerical order.

During clinic

1. Call first patient. If he is a new case seat him at doctor's

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desk. If he is an old case take him to proper treatment space

2. When intravenous injection is to given or blood specimen taken:
   a. Seat patient beside intravenous table.
   b. Learn dosage of drug to be given from doctor or from patient's treatment record. Be sure that it is correct.
   c. Prepare drug using strict aseptic technique. Use forceps to pick up needle and attach it to syringe. Drugs may be mixed before hand if they are carefully marked as to kind and dosage and if they are protected from contamination by dust or contact.
   d. When doctor has applied tourniquet and cleaned arm give him the filled syringe.
   e. Ask doctor to draw some water through needle and syringe and to detach needle before putting it into basin.
   f. Instruct patient to press moistened sponge over site of injection for a minute or two until bleeding has stopped.

3. When intramuscular injection is to be given:

   a. Ask patient to lie face down on examining table, with toes turned inward. If patient is female drape her with drape sheet and loosen clothing to bare hip. If patient is male have him loosen belt and trousers to expose hip.
   b. Learn dosage of drug to be given from doctor or from patient's record. Be sure that it is correct.
   c. Pick up needle and attach it to syringe with forceps. Fill syringe with ½ cc. of air, then with drug when giving bismuth. (This is done to inject some air into the tissue after drug is injected so that bismuth will not come out the needle puncture after needle is withdrawn.)
   d. Put syringe in small basin with needle resting on cotton moistened with antiseptic. Take basin to doctor at treatment table.
   e. After giving bismuth area should be massaged with palm of hand protected with antiseptic cotton sponge.
   f. Instruct patient to massage area daily if bismuth is given. Instruct patients who are having bismuth treatment to practice good oral hygiene.
   g. Refold drape sheet.
   h. Draw solvent through needle and syringe, detach needle and put in pan of solvent.

4. When patient is to have gynecologic examination:
   a. Ask patient to urinate before coming into examining room. (This may be done while preceding patient is being treated.)
   b. Ask patient to remove underwear. Place patient in dorsal recumbent position with a piece of clean paper under buttocks. Drape patient with sheet. Have patient flex knees and separate legs.
   c. Tell doctor that patient is ready.
   d. Adjust light. Give doctor equipment as he asks for it. Label slides immediately so that correct names or numbers are on them.
   e. If there is running water in room ask doctor to rinse speculum before he puts it in basin of lysol solution. Ask him to rinse gloves before removing them.
   f. Refold draping sheet when patient leaves table. Discard paper under buttocks and replace with clean paper.

5. When the doctor is going to examine the genitalia of a male patient the nurse should be sure that all of the equipment he needs is ready for use, ask the patient to be seated behind the screen. It should not be necessary for the nurse to assist the doctor when a male patient is being examined or treated.
6. Take newly diagnosed cases or patients who need other advice to interviewing nurse.

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7. While nurse is not busy she can be cleaning and boiling used syringes and instruments.

After clinic

1. Clean needles and syringes carefully. Needles and syringes that have been used for bismuth should have some solvent drawn through them to remove all of the drug. The nurse should be very careful not to stick herself with these needles. Sharpen needles as necessary. Store syringes used for intravenous and intramuscular injections separately. These should be stored in a covered box or pan. Remove plunger from barrel and keep the two parts together with a rubber band. Store in layers with a piece of cloth or gauze between each layer to prevent breakage.
2. Clean immunization tray, replace equipment, cover with towel and replace in cupboard.
3. Clean and boil used instruments. Clean tray, replace equipment, cover with towel and put in cupboard.
4. Fold pad on examining table. Put in cupboard.
5. Collect used linen to be sent to laundry.
6. Put clerical supplies in cupboard.
7. Disconnect sterilizer. If it is not to be used again that day, drain and clean it. Dry inside with dry cloth. Polish outside of sterilizer.
8. Store drugs in proper place.
9. Notify janitor that clinic is over so that he can clean floors before next clinic is held.

Duties of the nurse interviewing patients

Before clinic

1. Arrange necessary clerical supplies and teaching material on interviewing desk.
2. Put up poster in waiting room and examining room.
3. Help other nurses prepare clinic rooms.

During clinic

1. Help nurse #1 take histories until first patient is ready for interview.
2. After doctor has finished examining a patient who has been diagnosed as having a venereal disease discuss the doctor's findings and recommendations with him. (See interpretative and case finding interviews.)
3. Be sure that patient knows the day and hour of the next clinic he should attend. If there are any instructions regarding medications to be taken, write these instructions on paper and give them to the patient so that no errors will be made.
4. If patient gives names of any contacts write down the names and other identifying data. This information should be given to the chief nurse after clinic so that the nurse in the district can do the contact tracing. (See contact tracing interview.)
5. If it is indicated refer patient to the social worker or other health agency.

After clinic

1. Be sure records are complete. Return them to proper place.
2. Put clerical supplies and teaching materials away.
3. Help other nurses clean instruments and put them away.
4. Give chief nurse a list of the cases needing follow-up work.

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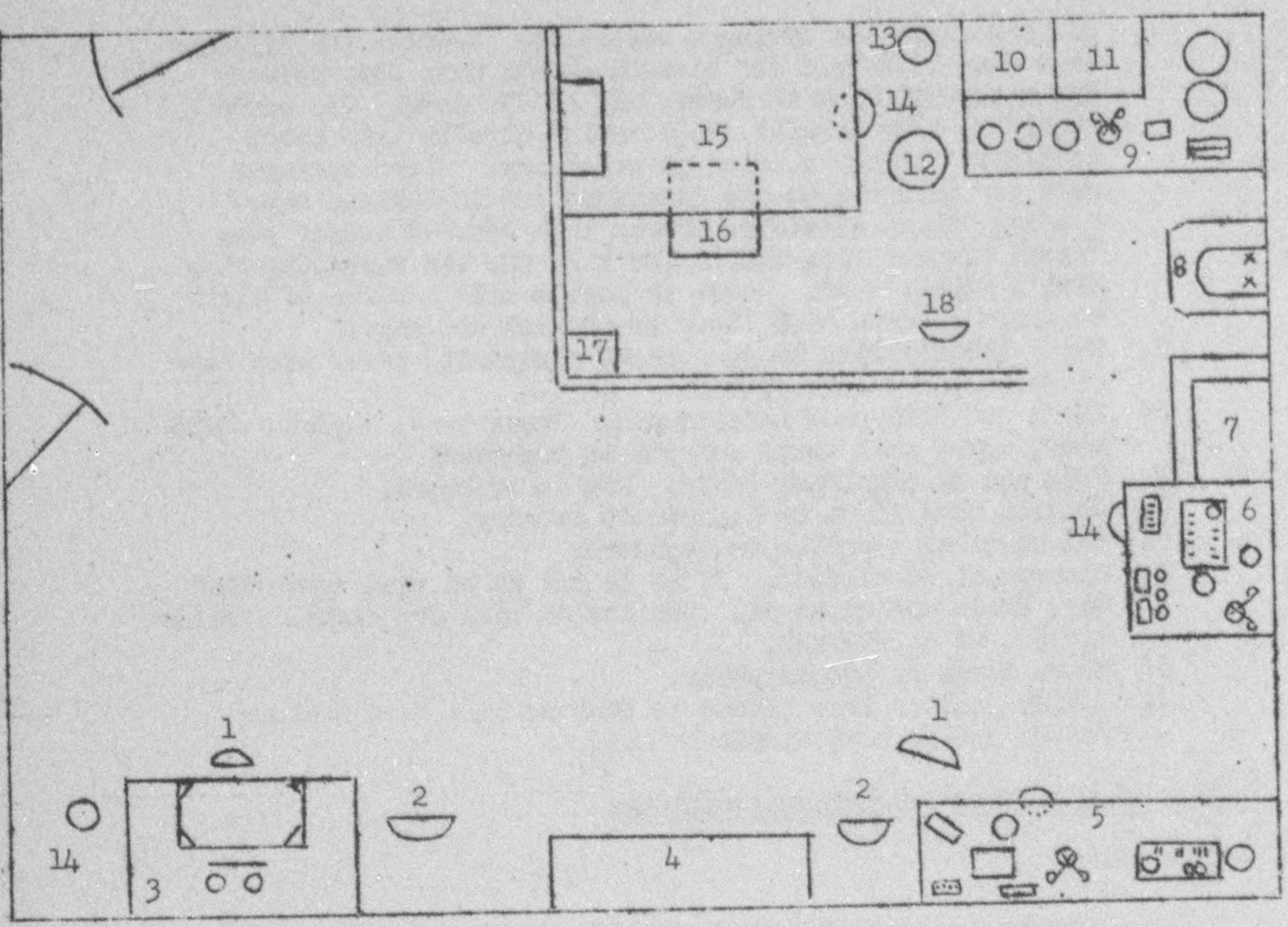
Suggestion for Arrangement of V.D. Treatment Room



1. Dr.'s chair
2. Patient's chair
3. Doctor's desk
4. Shelves
5. I.V. Table
6. I.M. Table
7. Sterilizer
8. Sink
9. Vaginal Exam. Table
10. Vaginal Tray
11. Physical exam. Tray
12. Doctor's revolving chair
13. Electric lamp stand
14. Disposal can
15. Examination Table
16. Stepping stand
17. Patient's clothes basket
18. Chair

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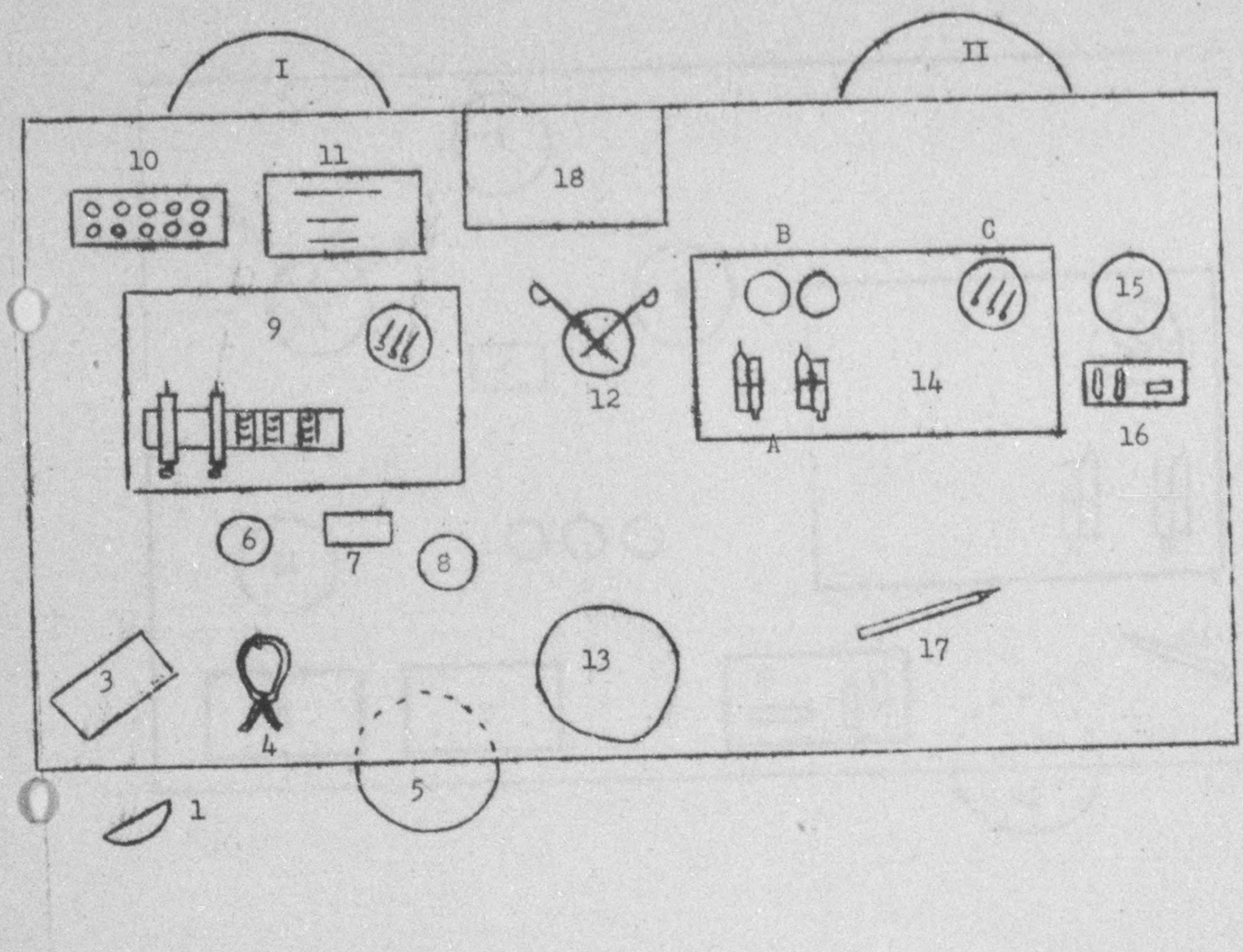
Plan for Intravenous Injection Table Arrangement



I - Place for injection

1 - Doctor's chair
2 - Patient's chair
3 - Arm pillow
4 - Tourniquet
5 - Disposal can lined with paper
6 - Cotton pledgets to clean arm
7 - Tinct of Iodine
8 - Small applicator
9 - Immunization tray for blood specimens
10 - Test tube rack for blood specimens
11 - Laboratory referral clips
12 - Corn forceps in 2% lysol
13 - Container with water for used syringes and needles
14 - Sterile tray with lid (contents)
    a. Sterile 10cc syringes
    b. Sterile beaker for mixing drugs
    c. Sterile petric dish with sterile needles

II - Place for preparing drug

15 - Sterile flask of distilled water or Distilled water ampules
16 - Medication ampules and file in 2% lysol solution
17 - Pencil
18 - Emergency tray

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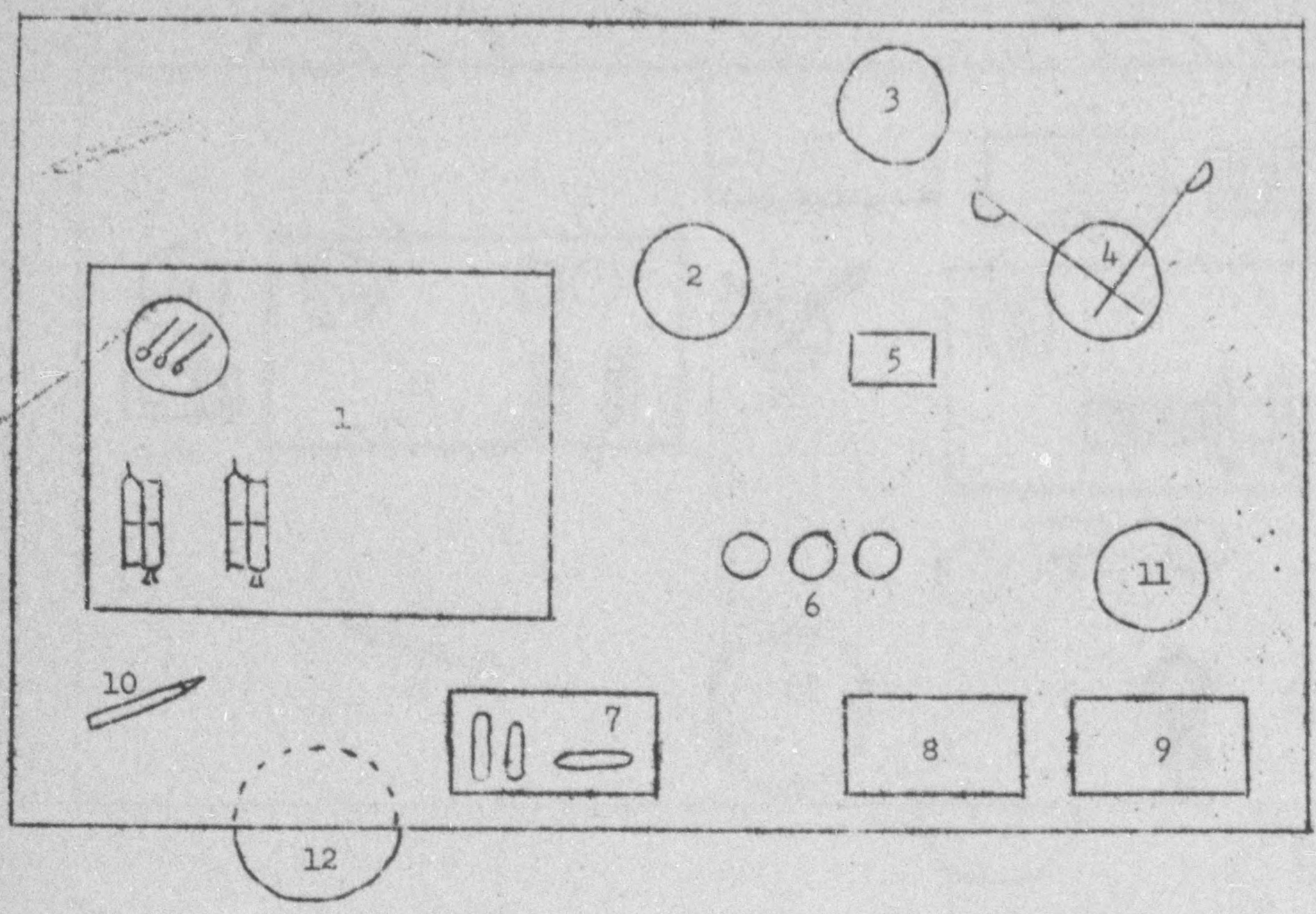
Plan for Intra Muscular Table Arrangement



1.- Sterile Intra Muscular Tray Contents:
   A. Sterile 2cc syringes
   B. Sterile needles in sterile petri dish
      (18-20 gauze and 4-5cc long)

2.- Cotton pledget to clean skin
3 - Tongue depressors
4 - Corn forceps in 2% lysol solution
5 - Tinct of Iodine
6 - Pencillin ampules (Keep top clean by covering with alcohol cotton)
7 - Bismuth ampules & file in 2% lysol solution
8 - Container with solvent for syringes and needles used for bismuth.
9 - Container with water for syringes and needles used for pencillin
10 - Pencil
11 - Glass container with small applicators
12 - Wastebasket

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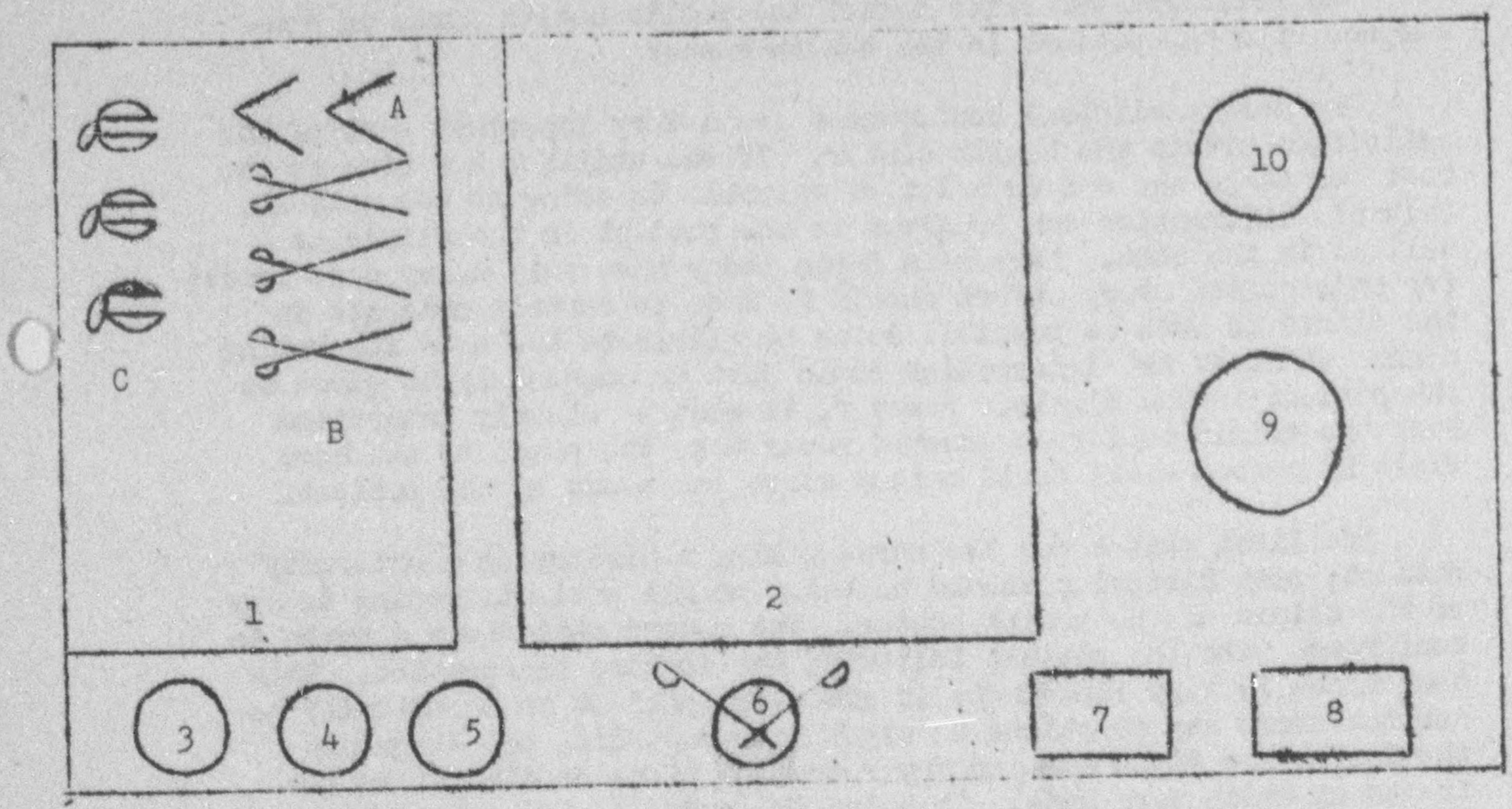
Plan for Gynecological Examination Table



1.- Vaginal tray - Contents:

A - Vaginal Speculum (all sizes)
B - Corn forceps
C - Uterine forceps

2 - Physical Examination Tray
3 - Lubricant (Some doctors prefer to use water instead of lubricant when taking diagnostic specimens)
4 - Sterile cotton pledgets
5 - Cotton applicators
6 - Corn forceps in 1-2% lysol solution
7 - Slides with clean labels
8 - Pencil and laboratory slips
9 - Container with 1-2% lysol for used equipment
10 - Container with lysol for used gloves

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Introduction to Demonstrations of Clinic Conferences

The following two skits depict the public health nurse in conference with the patient in the health center

The nurses clinical conferences are a very important part of her activities within the health center. If she utilizes her time to the best advantage she can do a lot of valuable teaching to the patient. Valuable information can be given to the patient in the clinic as well as in the home. Nurses in Japan today have very heavy case loads; for this reason every effort should be made to contact patients in the clinic as much as possible so as to eliminate the need for making a home visit if the information could just as adequately be given to the patient in the clinic. However, it must be clearly understood that the clinic conference should never take the place of the home visit if a home visit could better serve the needs of the patient.

The first skit shows the nurse taking a history on a maternity patient; such histories should be taken on all patients coming to any of the clinic of the health center. The second skit shows a nurse in conference with the patient following the doctors examination. This conference is very important; it gives the patient an opportunity to ask the nurse any questions he might have regarding the diagnosis the doctor has given him and any recommendations or directions for treatment which were made. It helps the nurse to understand how much help the patient will need in order to carry out the doctors instructions. It gives the nurse an opportunity for good health teaching -- this is her chance to tell the patient those things about his disease or about prevention of disease or ill health which he should know. A conference of this kind should be held with every patient following the doctors examination; the teaching content will, of course, vary with the patient and the clinic.

The nurse must guard against being dictatorial to the patients as she talks with them in the clinic, as well as in the home. She should be a good listener when her patient talks, this not only helps the patient but it also aids the nurse. She must be very sure that her patient never gets the impression that the nurse is talking down to her but that she has a sincere interest in her and her problems.

Demonstration

Conference with Prenatal Patient

The Maternal and Child Hygiene Section of the Children's Bureau of the Welfare Ministry is working on a new national program for the improvement of maternity care. We must be concerned not only with saving the lives of the mothers but must use every possible means to protect their health. We must be as sure as we can that after her baby comes she will not be left with a weak, deformed or diseased body. We know that much of the suffering of middle aged and older women is the result of neglect or inadequate care during their pregnancies.

In the new program every pregnant woman in Japan will be urged to have at least two complete physical examinations by a doctor. The first examination to be done as early in pregnancy as possible and the second one two or three weeks before the baby is expected. Many of these examinations will be done in the health centers and the public health nurse will have an excellent opportunity to do some good teaching in her conferences with the mothers.

For many patients this will be the first complete physical examination they have ever experienced. They may be quite concerned about just what the doctor is going to do, and may feel shy or embarrassed. The public health nurse can, by a few words of explanation

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and assurance, do a great deal toward making her feel more at ease, and this will be very much appreciated by the patient.

The nurse should be with the patient while she is having the examination by the doctor. For the examination the patient should be undressed except for a slip, but unnecessary exposure should be carefully avoided. The nurse should drape the patient well for the vaginal examination.

In the following demonstration the public health nurse is having a conference with the prenatal patient in the health center. A part of the conference consists of taking the history and recording it. The patient should understand why the questions are being asked. If the nurse takes the history by merely asking the direct question and recording the answer she misses a very good opportunity for helping the patient to understand the importance of the examination and of good prenatal care. The attitude of the nurse and her interest in the conference will greatly influence the reaction of the patient to her visit to the health center.

Demonstration

Patient - Good morning, Miss Suzuki.

PHN - Good morning, I am so glad you could come. Please sit down, Mrs. Maeda.

(Patient sits on a chair).

PHN - How have you been doing? How are Mr. Maeda and your family?

Patient - They are all very well thank you. I came here because I think I am pregnant.

PHN - Good for you Mrs. Maeda. Everybody must be very happy.

Patient - Thank you, But I am worrying about it, because I do not know. I need your help, Miss Suzuki.

PHN - Is this your first pregnancy?

Patient - Yes, I am troubled with this pregnancy.

PHN - Well! Mrs. Maeda, if you take good care of yourself under good supervision during pregnancy you do not have to worry. I shall be very glad to help you.

Patient - Thank you. I am so glad to hear that.

PHN - I am going to ask you some questions about your health, what I am going to ask you will help the doctor in making the diagnosis. Please do not hesitate to talk to me. The right information is very important to have good results. For instance if you make a plan for a trip with no information such as mountains, rivers, the train schedule, etc. you may not get to the place you wish to go. Please do not be bashful. Please speak.

(PHN takes her name, address, etc. She fills out her chart.)

In this demonstration public health nurse should ask the patient following items specially.

1. History of Pregnant woman's another's delivery.

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2. Menstruation, PHN should take time to get information about menstruation, with friendly manner.

3. Past history - all the sickness she has had.

4. Present condition - pregnancy.

Patient - I have been suffering from nausea in the morning for the past 20 days. I have not been feeling well since. But it is getting worse lately. I don't feel good all day long at present.

PHN - This condition is known as "morning sickness". Most pregnant women have this symptom in the early stage of pregnancy. If this symptom lasts for a long time, you may lose your appetite and will be sick. You should help your husband and your family to understand your present condition, so that they will be considerate of you. You should sleep well, try not to allow your stomach to be empty, take a very light food often. Doctor will tell you more about this, avoid constipation, don't eat food which does not agree with you.

Patient - Is that so? I feel so much better now, because I thought I had stomach trouble.

PHN - In the early stage of pregnancy usually pregnant mothers have some trouble until their bodies can adjust themselves to these new situations. If you do not take good care of yourself during this period your minor trouble might become real trouble. So you should see the doctor or your midwife for your examination and supervision. Have you any hip-pain?

Patient - No, my feet get tired after a long walk or long hours standing, for my lower abdomen is pulling down. At that time I feel that I need to go to toilet, but I can not void urine as much as I think I should.

PHN - When you become pregnant the uterus gradually gets larger and larger, and a good deal of blood goes to the uterus, so you feel as if your stomach were full and heavy. At the same time your bladder is pressed upon, so you have to pass your urine more often, but when you become farther advanced in pregnancy, this trouble goes away naturally. During pregnancy if you stand too long, walk too long, carry heavy loads or put too much strain on your uterus, the baby may not be able to stay inside and you may have miscarriage. It is not good to run the sewing machine too long hours, either.

Patient - I find it very hard to stand, so I try to find a way to sit down and do my work as much as possible.

PHN - Mrs. Maeda, I think you will make a good mother. Your good habit of living by devising and thinking will surely continue with your baby too.

Patient - Yes, I hope to do so.

PHN - Mrs. Maeda, do you take a walk?

Patient - I try not to go out if I can help it except for home errands thinking that it is bad to get too tired. Besides I have a lot of work to do, so I get enough exercise.

PHN - I guess you do think so. But the work you do at home is done either by standing up or by sitting down, and

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for doing other work, too, you remain in one position moving only part of your muscles.

Patient - Yes, it is. I will do so. I was afraid that it would not be good to get tired taking a walk, you see.

PHN - Yes, Mrs. Maeda. You will easily get tired when you are pregnant. So you should take sufficient sleep. You should sleep at least for 8 hours. If you get too tired you will be irritable and get sick easily for your resistance becomes low. You need a short period of rest and at least twice a day lying on the bed.

Patient - I understand very well.

PHN - You are here today to have a very important physical examination. Are you not, Mrs. Maeda. It is important for you to have at least two examinations during pregnancy for your own safety and to be a happy mother of your lovely baby. It is the best way to go safely through pregnancy and delivery. I want to tell you what this physical examination is, Mrs. Maeda.

Patient - I am frightened because this is my first examination. What do they do for it? Do they give me many tests?

PHN - I'll be with you. So you don't have to worry about it. These are pictures of the examination which you are going to have.

(Public Health Nurse shows pictures to the patient and explains about them. At first she shows the picture of X-ray examination, etc.)

This is the X-ray examination. By this X-ray picture it can be found whether your chest is healthy or it is suffering from TB germs. You know of course what tuberculosis is Mrs. Maeda?

Patient - Yes, I do. Is it necessary to have my X-ray taken, for I have been very healthy and there is no tuberculosis patient in my family.

PHN - Yes, it is, because usually a tuberculosis patient does not show any symptoms nor have any sick feeling in the early stage of TB. During the pregnancy tuberculosis may develop. Therefore it is very necessary to have chest X-ray examination now in order to know that you have no TB.

(Public Health Nurse shows the picture of blood test and urinalysis.)

To check blood pressure and to have urine test are very important parts of examination in order to discover the indications of toximia which may occur due to the pregnancy. Mrs. Maeda you are going to get monthly supervision at least once a month from either a doctor or a midwife, aren't you. When you go to the doctor or the midwife you will have your urine tested. You have to collect your urine for 24 hours (7 a.m. to 7 a.m. next morning) the day before you visit the doctor or midwife. You record the accurate amount of the urine. and you will take a part of it for the urinalysis. Your weight will be taken at the same time. If you have swelling of your face or feet you should go to the doctor who will check your blood pressure and examine your urine.

(Blood test is shown to the patient). There is one more

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very important examination among them. It is the blood test which is the test for syphilis done by taking blood from your arms. If mothers have syphilis many babies are born dead. If babies are born alive they may have congenital syphilis. They may be covered with skin rash, after they grow up they may become insane. Sometimes you have syphilis without knowing it yourself, or some are born with syphilis. Therefore it is very important to have blood test in order to see whether you have syphilis or not as soon as possible. If you have syphilis the treatment should be started right away in order to have beautiful healthy babies.

(The rest of pictures will be shown and other physical examinations will be done such as nose, throat, chest, abdomen and other. The measurement of pelvis must be taken without fail to see whether the birth canal is normal or not.)

Patient - I am not a bit worried about being examined any more, since you have explained everything to me.

PHN - Well, then, let us go in together.

(The patient goes in for her examination).

Demonstration

Conference with Venereal Disease Patient

The Interpretive Interview (VD)

The work of the public health nurse in the venereal disease program will fall into two phases. First the clinical activities and second the public health nursing activities.

1. The clinical activities are those activities within the clinic relative to the preparation of drugs and direct assistance to the doctor. Although this is a very important part of the program it will require the smaller amount of time.

2. The public health nursing aspects of the program are almost unlimited. The nurse will carry out these functions within the clinic through interviews with each patient and through her daily teaching to individuals and groups as she sees them in the clinic and in their homes.

The total effort of public health nursing is to obtain complete treatment for every infected individual in the community and the prompt examination of every person who may have been exposed to one of these diseases.

The interpretative interview should be held as soon as possible after the physician has made his diagnosis. The doctor should inform patient of the diagnosis.

The interview has two aspects: 1. Case Holding
2. Case Finding

The case holding aspects should be given first. In this part of the interview the nurse will aim to:

1. Give the patient an understanding of the nature of his illness. (What syphilis or gonorrhea is.)

2. Give him an understanding of the treatment needed for cure.

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3. Help him to understand that this treatment is of value to him so that he will report regularly until cured.

The case finding aspects are for the purpose of obtaining information regarding the patient contacts.

In this part of the interview the nurse will aim to:

1. Give the patient an understanding of the need for examination of all persons who may have been exposed to the disease.
2. To obtain identifying information (name, address, etc.) regarding all contacts.

A GUIDE FOR THE NURSE IN THE INTERPRETATIVE INTERVIEW

1. Introduce yourself, explain that you are the public health nurse and that you wish to talk to him so that you can help him. Have the patient sit down and make him as comfortable as possible.

2. Get the patient to tell you the diagnosis, for repeating the word "syphilis" or "gonorrhea" helps the patient to accept the diagnosis. You are then sure you are both discussing the same disease.

3. Question patient to learn how much he knows regarding his illness. It is well to learn what the patient knows that is scientifically correct, but it is also important to discover any misinformation he may have regarding his diagnosis. Avoid being so intent in "giving information", (much of which may go over the patient's head) that the patient leaves the interview with many of the same mistaken ideas he had before.

4. Listen to the patient's conversation so you can choose the type of vocabulary that will be understandable to him.

5. Teach on the foundation of the knowledge the patient already has of his illness in relation to his specific diagnosis. Visual aids such as drawings of the spirochete or gonococcus, the reproductive system, etc. may assist in this teaching. Explain the mode of transmission. Teach that venereal diseases are infectious as are other communicable diseases.

6. Teach the effect that treatment will have on the patient and that the disappearance of lesions or symptoms does not necessarily mean that the patient is cured. Learn of common signs of relapse and infectiousness.
   (a) Teach women who have married about treatment during pregnancy.

7. Teach that even with short methods of treatment long observation periods are essential.
   (a) Teach that there is no assured immunity from reinfection, and serious risk of it if exposed.

8. Have the patient select the place of treatment which will be most convenient to him. Plan with him for the exact hours that he will get his treatment.

9. Teach the patient so that he will want treatment and want to be cured.

10. Explain in detail the procedures of the clinic in regard to the type of treatment the patient is to receive, and the time that he can obtain his treatment.

11. If there are fees in connection with the treatment, be sure he understands these and can meet them.

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12. If the patient is infectious and there are precautions to be observed, be sure these are explained in detail, such as: kissing, sexual conduct, care of dishes, etc.

13. Teach the importance of the patient's behavior in regard to the outcome of gonorrhea. No alcohol -- this includes beer; no sexual excitement, petting, etc. no heavy exercise, and no sexual intercourse.

14. At close of interview have patient briefly summarize the important facts so that you can be certain that he has understood you correctly.

GUIDE FOR THE NURSE IN THE CASE-FINDING INTERVIEW

1. Explain to the patient why it is important and necessary for his contacts to be examined.

   (a) Avoid the use of the word "source" when referring to exposures to venereal disease. The word "source" subconsciously gives the patient the feeling of blaming someone for the disease and frequently leads to getting only one contact named when in reality there may be several.
   (b) Explain the importance of having all contacts examined, for frequently they may be infected and not know of their infection. This is particularly true of women, who may have a cervical chancre they cannot see or who have had a chronic vaginal discharge for so long they do not consider it abnormal.
   (c) Explain how men may have had a penile lesion, but when it healed felt they were cured.
   (d) Explain to the patient that he is actually doing his contacts a favor by having them examined and, if infected, given treatment.

2. Explain that the information given is confidential and that the patient's name does not appear on any contact report, and that his name will not be given.

   (a) Explain that an examination hurts no one providing it is done under good conditions.
   (b) Should the patient ask what will be said to the contact, explain that it is the same that is said to any person exposed to any disease.

3. Explain that the patient is the key person in venereal disease control for he is the one who knows who all his contacts are.
   (a) If patient allows the contacts to go undiagnosed and untreated, there is a personal danger of becoming reinfected and, in addition, danger to the health of the entire community.

4. Ask for the contacts. Use an orderly procedure. Lead the patient to think chronologically.

   (a) Start with "last night" and go back for the duration of the incubation period of the disease.
   (b) Nicknames are important.
   (c) It is well to get a description of the contact. In description remember peculiarities that stand out such as missing or prominent teeth, gold capped teeth, dyed hair, whether the contact wears glasses, etc.
   (d) Information as to place of employment, the hours the contact works, marital status, etc., may assist a case finder when looking for the person.
   (e) When the address is unknown information as to the city block the house was in, side of street it was on, nearness to a church, grocery, store, tavern, etc., is important.

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(f) The name and address of the person who introduced the patient to the contact is helpful information.

5. Close the interview in a friendly tone whether contact information is secured or not. Even if no contacts are named, it is entirely possible that the patient may return and give this information in a later visit if the parting is in a good spirit.

(a) Re-emphasize to the patient that he is the key person in venereal disease control.
(b) Emphasize that patient's may return for help at any time.
(c) Made sure the nurse's name and how she may be reached is understood.

Demonstration

Case Holding

The first step -- In the interpretative interview the first step is to encourage the patient to repeat the diagnosis which has been given him by the physician. If possible the nurse should avoid naming the disease first. If the patient can bring himself to repeat the the word "syphilis" or "gonorrhea", it will help him to accept the disease as part of his condition. Moreover, this is the only way the patient and nurse can be assured they are discussing the same disease. A suggested procedure explaining the previous statement follows:

Nurse: Saito-San, I am Miss Nonogamitsu, the nurse for this clinic. If you have a few minutes to spare I would like to visit with you.

Patient: Yes, I have a few minutes. (The nurse should then lead the way to the interviewing room and invite the patient to be seated.)

Nurse: Saito-San, I am employed by the clinic to assist the patients in every way possible. I notice that this is the first day that you have attended the clinic. How did you get along?

Patient: All right I guess.

Nurse: I like to see all the patients after the doctor talks to them because very often there are many points in regard to their treatments that they do not understand, and I find that they are glad to have someone to talk to. Would you like to discuss this so that you will be sure to understand everything the doctor told you?

Patient: It would be all right.

Nurse: The doctor, of course, told you that you need treatment.

Patient: Yes.

Nurse: What do you understand the treatment is for?

Patient: Syphilis, I guess.

The second step -- The nurse should determine what the patient understands about syphilis. The interview may continue as follows:

Nurse: Yes, that is right. What do you understand about syphilis?

Patient: I don't know much about it except that it is a bad disease.

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Nurse: All diseases are bad if they are not treated. When treated, syphilis is not a bad disease and can be cured the same as other diseases.

The third step -- The nurse should explain the disease to the patient particularly stressing that syphilis is a catching or communicable disease. The interview may continue as follows:

Nurse: What do you think causes syphilis?

Patient: Sexual relations as far as I know.

Nurse: That is what people used to think, but doctors and nurses have studied about syphilis and they know that it is caused by a germ the same as scarlet fever or any other catching disease. Would you like to know about the syphilis germ?

Patient: Yes, I would. I never know it was caused by a germ.

Nurse: The germs are so small that it is necessary for the doctor to use a microscope. You see they are shaped like cork screws. I t is these germs that spread from one person to another and cause the disease. Do you know how the syphilis germs are spread?

Patient: Sexual relations I suppose and I guess it can be inherited.

Nurse: It is usually spread by sexual relations. It really is not inherited, but if a mother has syphilis and does not receive treatment during the time that she is pregnant, the germs can get into the baby's body and he will have syphilis when he is born. Syphilis may be spread in other ways too. It may be spread by kissing or by using freshly soiled personal articles of an individual who has the disease.

Patient: I have heard of its being spread by beer bottles and towels.

Nurse: Yes, it may be spread in that way too. You see, disease that are caused by germs are spread from one person to another, and anyone who is exposed to the germs may get the disease.

Patient: Is that so.

Nurse: Yes, that is why we like to discuss the disease with the patient so that he will not only know about the disease himself, but will understand that he may have exposed others to the infection. Do you know how syphilis starts and how it affects the body?

Patient: The doctor told me that it starts with a sore. I guess it does too because I had one about a year ago. I didn't know it was anything like this and I used salve and it healed up. I haven't been sick though. I had to have a blood test in order to get my job and the doctor told me I had this.

Nurse: Many people have the same experience. When you understand the disease you will see how it happens. Let me tell you about it. Where the germ enters the body it forms a sore and this is called the first stage of syphilis. The sore may not be large enough so that you can see it or it may be of pretty good size. Many persons do not realize that the sore may be a sign of syphilis and they apply salve as you did and it heals. However, the sore would have healed by itself.

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Patient: It would?

Nurse: Yes, you see the germs live best inside of the body so they work their way into the blood stream. This is called the second stage of syphilis and usually in this stage a person breaks out with a rash which indicates that the germs have spread through the entire body.

Patient: I didn't have a rash or at least I don't remember it.

Nurse: The doctors think that every person probably has a rash but it may be so slight that it isn't noticed.

Patient: I probably could have had one then.

Nurse: You could have very easily. The rash like the first sore will go away by itself, but the germs keep on working in all parts of the body. This is the third stage of syphilis. In this stage the patient does not feel sick and the only way that anyone can tell there are syphilis germs in the body is to take a blood test. Even though there are no signs of the disease if you are not receiving treatment you are still a possible danger to anyone with whom you come in close contact. Treatments will soon make you noninfectious, but when treatment is stopped too soon or if you miss treatments, you may become infectious again.

Patient: I must be in that stage now because I sure didn't know there was anything wrong with me.

Nurse: That's right. The stage you are in may last a short time or for several years. This is because syphilis is very chronic and very slowly damages the body. Then the fourth stage develops in 5, 10, or even 20 years. In this stage the germs have done enough damage to the body to make the person sick. He may become blind or develop heart failure. In fact, he may have trouble with any part of the body. Have you heard of that?

Patient: I've heard of people losing their minds. Is there anything to do about that?

Nurse: There certainly is but the time to do it is before the trouble starts. Syphilis can be cured if the patient receives treatment before the germs have seriously damaged the body. The best time to treat the disease is before the body is damaged because the treatment does not do the patient as much good after damaged has been done. That is why we want to be sure that you understand the need for treatment now. Preventing the germs from damaging the body is better than trying to treat you once the damage has been done. The medicine that the doctor will give is to kill the germs and keep them from hurting your heart, your liver, your brain, or any other part of your body. How long do you think you should take treatments?

Patient: The doctor said about 6 months.

Nurse: It takes about that long and, of course, that means a treatment twice every week. The syphilis germs are hard to kill so the medicine must be strong. If the doctor gave you enough medicine at one treatment to kill all of them it would be so strong that it would hurt you too. So the doctor gives only as much medicine as you can take every week without its hurting you. When taken every week this amount gradually weakens and kills the germs. What do you think will happen if you don't take treatments regularly?

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Patient: I suppose they would grow again.

Nurse: That's right. hen you miss a treatment it gives the germs a chance to get their strength back. The treatment must be taken twice every week to get all of the germs killed.

Patient: I guess it pays a fellow to take them regularly.

Nurse: It certainly does. e know that when patients understand about the disease and the need for treatment, they will come regularly. That is why I wanted to visit with you.

Patient: I am sure glad to know about it.

Nurse: re there any points that are not clear to you?

Patient: There probably will be later.

The fourth step -- The patient should be encouraged to make his own decision in regard to receiving treatment.

Nurse: Do you think you will be able to take treatments regularly?

Patient: Oh, yes.

Nurse: Do you know of any reason that you might find it impossible to come to the clinic?

Patient: No, I don't right now.

Nurse: That is fine. However, if anything should turn up, please feel free to come and see me and I shall be glad to help you in any way that I can.

Patient: Thanks, I will.

Case Finding

Case finding. -- The interview in which the nurse reinterprets to the patient the diagnosis which has been given to him by the physician and secures the names and addresses of his contacts is called the case finding interview. The need for case finding is determined by the diagnosis.

fter the patient understands that the disease is caused by a germ and recognizes the need for treatment for himself, the first thing in case finding is to explain the reason his contacts should be examined. In case finding interviews, nurses should always refer to persons who have been exposed as "contacts". Never use "source" of infection. This term makes the patient single out one person as guilty of harming him. (There is likely to be enough finger pointing and accusation without the nurse's adding fuel to the fire.) In many instances it is impossible for the patient to name the source of his infection. Frequently the alleged source has been exposed by the patient rather than vice versa. Of primary importance, however, is the fact that very often the "source" of infection has been named it is difficult for the patient to appreciate the need for naming other other contacts. Therefore, "exposure to infection" and "contacts of infection" should be used. If the patient does not cooperate in naming his contacts and even when the contacts are named, it may be advisable for the nurse to repeat the case finding interview. It often requires several clinic visits before the patient develops enough confidence to cooperate. The interview may continue as follows:

Nurse: Control of the catching diseases is a big problem, and we are doing everything we can to help people understand the

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diseases so they will help us prevent their spread. Now that you understand the cause of syphilis and importance of treatment wouldn't you like to help us?

Patient: I will do anything I can.

Nurse: As I mentioned before, syphilis is infectious for about four years after the patient gets the disease. In order to give everyone who has been exposed a chance to be examined, we usually figure back ninety days from the time when you first noticed the sore, as it may have taken it that long to develop. All of the persons with whom you have been in close contact since that time should be examined because they may have caught the disease from you. You would like to give them a chance to be examined so that they can receive treatment if they need it wouldn't you?

Patient: I guess it would be only fair.

Nurse: There are two ways that we can do this. You may see these people and tell them they should be examined, or I will be glad to. If I see them your name will be kept confidential. I shall tell them we have reason to believe that they may have been exposed to syphilis and that in their own interest they should know about it. Then I assist them in making arrangements for an examination.

Patient: Suppose they ask who thinks he gave it to them?

Nurse: I shall tell them no one thinks he gave it to them, but rather that they may have been exposed to the disease. (Never mention the name of the person who thinks he exposed them. If the patient is married, he should be assured that his marital partner will not be told of any extra marital contacts.)

Patient: That sounds fair enough, but I really wouldn't care to call them myself.

Nurse: Some people don't. However, I always give them their choice. We are glad to do it. You would like to give your contacts a chance wouldn't you?

Patient: Yes, if they won't find out.

Nurse: You may rest assured that if anyone learns about your condition you will have to tell them yourself. I should like to have the names and addresses of every girl with whom you have had sexual relations in the last fifteen months.

Patient: Well, there are only three, Haruko Suzuki,. . . . . ichi Saito, ... and I don't know the name of the other girl but she lives at . . . . . .and they called her "Shortie".

Nurse: I shall call on the first two and explain the need for an examination, and I will try to find 'Shortie'. To make sure that I find the right girl won't you describe her to me.

Patient: Well, she is about 4 feet 10 inches tall, weighs about 120, and has a scar on right cheek. That's all I know about her.

Nurse: I think I can find her from that description. If you learn her name, won't you let me have it? Do you think of anyone else?

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Patient: No, Those are the only ones.

Nurse: I appreciate the help you have given me and I want to thank you for your cooperation. You should feel that you have done these people a real service. Do you remember what the doctor told you about protecting others from "catching" the disease from you?

Patient: He just said I shouldn't have intercourse with anyone for a while.

Nurse: That is right. You should avoid kissing or having intercourse with anyone until you have had enough treatment to keep from spreading the germs. It won't be such a long time if you take treatments regularly. You might ask the doctor about it in a month or so. (If the patient is married, the nurse should suggest that the patient discuss infectious precautions with the physician, if he has not already done so. If the patient is in the child bearing age, the nurse should suggest that she discuss with the physician the advisability of delaying pregnancy for a time.)

Patient: Is there any other way anyone can get it from me?

Nurse: You should, of course, use your own toilet articles and towels, which you probably do anyway, and sleep alone for a while. If you keep under treatment, you will not need to be afraid of spreading the germs.

Patient: I am sure glad of that.

Nurse: I know you would want to know about that. Do you think of anything else I can help you with?

Patient: I don't think there is right now.

Nurse: Well, then I won't take any more of your time, but please feel free to stop and see me anytime.

Patient: I will, for I'll probably be wondering about things. Thanks a lot.

Nurse: Thank you and good bye.

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THE HOME VISIT

No matter how well the services of the clinic are accomplished if the doctor's orders are not carried out, what good has the clinic visit been to the patient? It has not helped him. A tubercular patient may be diagnosed as active tuberculosis at the health center but if that patient isn't isolated or taught how to take care of himself what is the good of the doctor's diagnosis? The same is true of the well-baby clinic work, the mother is given a formula prescription to fit the needs of her baby but if she doesn't know how to boil her bottles, prepare her formula, she may make her formula and put it into contaminated bottles causing the baby's diarrhea and maybe its death. How can the mother of a first baby be expected to raise that child healthily if she doesn't know how to handle it or to bathe it properly. These things can be taught only in the home -- no one learns well by just being told what to do but when taught and shown what and how to do it in their own natural environment they know exactly what to do and can take the responsibility of promothing better health.

The purposes of home visits are many and would vary according to the individual case but they can roughly be divided into: (1) Clinic follow-up (2) Observation of home situation (3) Teaching. The clinic follow-up would include the interpretation of the doctor's orders. So often the patient receives orders and doesn't understand what they mean or how to carry them out. Here the nurse can explain what the doctor's orders mean and why the patient should follow his advice in simple words and examples that he can understand. The nurse can teach the patient and family the methods of isolating an infectious case such as tuberculosis, diphtheria, or even measles and whooping cough by actually doing it for them, then having them go through the process of donning and taking off the gown, disposing of infectious material to ascertain if the patient and family understood the teaching. Different nursing procedures to make the patient comfortable and hasten recovery can be taught the attendant and also the nurse can develop a bond of cooperative friendship between the patient and the nursing and medical services. The nurse can see that the treatments the doctor ordered are being carried out. Often times, the reason the patient doesn't do what the doctor asks him to do is because he doesn't know how to do it and not because he doesn't want to do it so here the nurse can show him how he can carry out the physician's advice.

Observation of the home situation plays an important part in helping the patient put the doctor's advice into practise. Once the nurse sees the home, its physical set-up as to the number of rooms, lighting, ventilation, cleanliness and its social status of whether they are a well-to-do or a poor family and have other problems making it hard to do what the physician wants them to do, the nurse can help the patient make plans that are practical for his particular situation. Due to the differences in each and every home, the doctor's same order of isolating the patient would have to be taught to the individual family so they can practise it in their own environment using the materials they have on hand. This nursing observation gives an insight to family interest and conditions and it is as much for the doctor as for the patient for when the doctor sees the record he can tell what the patient's home situation is and can give orders that are more precise and applicable.

Then too, good teaching can be accomplished in the home for the patient is in an environment in which he is at ease, surroundings that are familiar to him, therefore he would be more receptive to teaching. Also teaching in the home can be adapted to the individual family needs physically, socially and mentally. The nurse may interpret scientific principles related to a specific health problem. There is always a side variation in the knowledge of health of different individuals, some have erroneous health ideas and there are differences in the intellectual level and educational background of individuals so it is up to the nurse to adapt the instruction to each particular situation. To use the teaching assets in the home visit skillfully and to overcome the disadvantages are the challenges that the nurse meets daily.

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Every situation will be different and each will be handled accordingly but a few general rules apply to all cases. Many questions have to be asked by the public health nurse to obtain adequate information and this is sometimes very annoying to the patient. Therefore before making the visit, the nurse should read all available records on the patient so she will not have to ask any unnecessary questions.

Before starting out on home calls, the nurse should plan her visits according to the urgency of the call, location and type of visit and write them down in that order on scratch paper. For example, if the nurse had a new measles case to visit and also a postpartum mother and a newborn baby to whom she must give care, she would be wise to see the mother and the new born baby first because she might carry germs from the measles patient to the baby if she visited the measles case first. If very strict technique is used she probably would not infect the baby but it is safer to see the baby first. If she has three well-baby calls, she should list them according to the locations thereby making it more convenient and also not wasting any time in traveling. If she has a serious communicable case who may be very ill and may require a lot of time, she should see that case first but she must be extremely careful of her technique. If she is afraid she might have contaminated herself, perhaps, it would be wiser to postpone a visit that is not urgent until the following day.

When listing the cases she plans to visit the nurse should put them in the order she plans to see them. She should write the patient's name, address, diagnosis, name of person reporting the case, age, sex and the object of the visit or her plan for teaching. If the policies of her health center permits she may take the patient's or family's record with her, but if she does take the record she must be very sure that it is in a secure place where no one would see them and where she would not lose them for they are valuable and hard to replace as well as being confidential. The nurse must be sure to take all necessary equipment for the home call.

When the nurse arrives at a patient's home she must always realize that she is a guest of that home and the patient and his family are her host. The nurse who gains admittance into a home with her authority as a public health nurse cannot do successful teaching. The nurse must remember that if she is not welcomed into the home, all opportunities of teaching are lost. The approach the nurse makes into the home is of paramount importance. She must not enter the patient's home until she is invited. This invitation may not be verbal but may be extended by the friendly manner in which she is greeted. At times, she may have to courteously ask "May I come in?", but in all cases, she must remember that she has no right to enter a person's home, his private property, just because she's the public health nurse.

Remembering she is a guest, the nurse arrives at the patient's home, she raps on the door and asks to see the patient, if he is an adult. If the patient is not in, it is best not to tell anyone who she is or why she wishes to see him, especially in cases such as venereal disease cases. If he is not home she may ask when she can find him at home or leave a sealed note asking him to telephone her or to visit her at a specified time at the health center. She should not write the purpose of the visit even in a sealed note. If he is at home, she should introduce herself as Miss_____from_____health center and tell him that she would like to talk with him.

If the patient is a child, she should ask to see the patient's mother or the person caring for the patient, then introduce herself and explain the reason for her visit.

After the nurse has been admitted into the home, she must take time to establish a good rapport (harmonious relationship) between the patient, family and herself. Unless this relationship is established, the nurse can not expect to do any health teaching. The nurse who starts immediately with the teaching she intends to do is making a big mistake. Before she starts her teaching, the nurse must first try to know her patient and his family and make herself known to them. She should take time to help them understand that she is interested in them, in their physical,

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mental and social welfare. Doing this, she can also obtain information so as to handle the case wisely.

There are no definite rules for teaching in a home. The method varies with the situation and is always dependent upon the person being taught. Some people learn in one way and some in another. Therefore the nurse must try to understand her patient and family and recognize their needs and the ways they best learn. While in the home, the nurse should try to determine the health needs of all members of the family and be alert to every opportunity to teach health. She should find out how much the patient already knows about his illness, not directing the answers but letting him tell her. Then she should try to teach him basing the teaching on what he already knows. If the patient feels like telling the nurse his troubles, the nurse should be a good and sympathetic listener. He tells her because she is friendly and because he trusts her. This friendly relationship is most essential if she wishes to accomplish anything in her home visit. Also the patient talks when he isn't prepared to listen, cutting his speech short and trying to teach would not bring good results for he is not receptive at that time. During his conversation he may reveal information that would be useful in handling the situation. The nurse should try to lead the conversation into the subjects she wishes discussed by a few tactful questions but she must never monopolize the conversation.

If she needs information from the patient and family she should ask the questions naturally and tactfully. There are times the nurse must ask rather embarrassing questions, only by asking these questions naturally and tactfully will she obtain the information. She should never be shocked or disapproving for if she is they will not tell her anything they think she would not approve of -- that's human nature.

She should teach by example and demonstration being sure that what she tells them is accurate. If they ask her questions she cannot answer she may tell them she will ask the doctor and let them know at her next visit. The nurse should use good judgment in making suggestions; she must always consider the patient's religion, social status, intelligence and economic situation. She should not attempt to teach them too much at one time.

The nurse should be definite about her teaching, too often remarks are too general. Instead of telling a postpartum mother to be sure to rest, help her to plan her day's schedule so she can rest. "Be sure you have a good diet" is another suggestion that is too vague. What is a good diet? How can the patient get it and be within his own budget limitations. Many opportunities for good health teaching are lost in these vague, general statements.

Usually the most successful teaching is done when it is planned around the needs of the family instead of just around the patient. Illness of a member of a family affects the whole family, perhaps, not physically but emotionally or socially. If the father of the family has tuberculosis, he has his own personal problems but the problem of his care will probably fall on the mother. Then the lives of the children will have to be re-adjusted; they will have to stay away from their father whom they like very much; they will have to learn to be quiet during the hours the father must rest. These are only a few of the many ways in which the lives of other members of the family are affected when illness strikes one of their number. Therefore teaching should always be planned around the needs of the entire family.

After the first visit the public health nurse should always make a plan of the points she hopes to teach the patient and family. Her plan should be of two types, the long range plan and a short range one. The long range one should consist of teaching on points that the nurse recognizes as weaknesses or needs in the life of the patient or family. Her short range plan is the one for present teaching which should include procedures she must teach to help the patient and family meet the present need. In a tubercular case the short range plan may be to teach the patient and family isolation technique and the long range plan may be to help the patient adjust to a long-term illness or perhaps helping the family cultivate health habits.

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The nurse must be selective in her teaching. She must recognize all needs for teaching and be able to choose the ones that are most important at the present time, then she bases her first teaching around the most outstanding needs of the patient and family.

The nurse should never rush a patient into making a decision unless the situation is urgent. She should let the patient and family make the decision and plan her work accordingly. She may not agree with the way they propose to try to put herself in their position and try to understand how they think. She should be sympathetic and later on, she may be able to persuade them to change their minds by teaching them more about the illness.

Many home visits are necessary especially in the present day Japan but it is obvious that all of them can't be done at once, so careful case selection is make too many visits in which nothing is accomplished. If a new mother is thoroughly educated when she has her first baby, she can raise a healthy baby and will know how to raise the rest of her children well by herself. If a tubercular patient is isolated and well cared for, he will recover and there will be no other cases of tuberculosis in the family. There is a tendency of the health centers to concentrate on tubercular cases but it must be remembered that the health center is concerned with the health of the whole community and not with tuberculosis only. There are complications of communicable disease that cause serious handicaps therefore communicable diseases should be prevented and if they do start complications and resulting handicaps must be prevented. So in the selection of cases it may be well to start with the first mothers instead of those who've had many children and have set habits and with isolation of the tubercular and other communicable disease patients for early cure and prevention of spread.

She should not stay in the home too long. If the mother is busy, has guests or is becoming annoyed, it is wise to leave and return some other day. If the nurse has taught the attendant how to care for the patient, it is well to write them down and leave it with the attendant, especially if the instructions are quite complicated. If she has invited them to a health center clinic or referred them to their doctor or some other clinic, she should wirte the location of the clinic, the day and time they should attend and perhaps the reason for referral if wirtten down would be helpful to the doctor. This will prevent any misunderstandings and will help the patient remember the information. If she can, she should tell the family when she will return to visit them. When she tells them she will be back at a certain date, she should be sure to do so, thereby keeping the confidence of the patient and family.

When nursing care is given the nurse must be careful with the family's equipment as she would be with her own. If she is in a wealthy home she must not assume that it is easy for them to replace equipment and if she is in a poor home she must not consider their poor equipment not worth careful handling. She must be as careful with their things as she would want anyone to be careful with her own belongings.

Public health nurses often neglect checking on the teaching success of the family. It might be that the results of the visits were not good due to poor spacing of visits. For instance, the nurse may teach a young mother the routine care of her baby. The nurse should logically return within a short period of time to see how well the mother understood the teaching and how well she is carrying it out. If she does not, the mother may become discouraged and adopt methods used by neighbors, which may be good or bad. This would be wasteful health instruction and it happens much too frequently. One of the greatest needs of today is for the public health nurses to evaluate their own visits and the need for return visits.

One visit with no follow-up may be all that is needed in some situations but this is rarely the case. The only time it can possibly be done is when the nurse knows the family very well and there is not much teaching to be done.

Successful teaching in the home is very dependent upon the individual nurse. The suggestions and methods of teaching are very important but more than these is the importance of the nurse as an individual.

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If the patient and family like her, have confidence in her and believe her, her teaching will most probably be successful. So the public health nurse should be honest with her patient and help them to understand that she is their friend interested in their well-being and happiness. She should never be demanding or dictatorial and tell them what to do but she should converse with them and exchange ideas with them. She should strive to have them think of her as their friend, the public health nurse.

THE NURSING BAG

The nursing bag and its equipment should be purchased by the health agency for the use of the public health nurse. She is responsible for the condition and contents of the bag which she uses. The bag should be taken by the nurse into each home visited and used as part of the home visit whenever possible.

Purpose of the bag:

To furnish convenient means of transporting to the home the equipment needed for nursing care, demonstrations and health supervision.

Principles to be observed:

1. Cleanliness
2. Adequacy of equipment
3. Organization of equipment and methods of using it.

Equipment:

Some agencies may find it necessary to add more equipment to this list. However, equipment that is rarely used need not be added to the regular list as it only makes the bag heavier to carry. It may be carried in the bag only when it is necessary. When adding equipment, the nurses should remember that they should not be attempting to do work which is the doctor's responsibility. The nurse should never carry her purse, gloves, or any other personal things in the bag.

If the nursing bag is packed in the same way each time, it can be used more efficiently and time will be saved when looking for supplies or equipment. All bags in the agency should be packed the same way so that the nurse will be able to find things quickly if she uses someone else's bag.

Contents:

1. 1 Scissors
2. 1 Thumb forceps
3. 1 Baby scales
4. 1 or 2 oral thermometers in covered test tube of alcohol
5. 1 Rectal thermometer in covered test tube of 2% lysol solution
6. 1 Small test tube of lubricant
7. Safety pins, small and large
8. Toothpicks in covered test tube
9. Tongue depressors in paper envelope, paper box, or cloth envelope
10. Labeled glass slides and cotton swab wrapped in paper and tied with thread or rubber band
11. Spool of thread
12. Culture tube and sterile applicator
13. 1 Small metal basin for boiling instruments
14. Drawstring bag containing:
    - Cotton wrapped in paper
    - Sterile gauze dressings
    - Rolls of bandage
15. Cotton envelope containing cotton or plastic apron
16. Cotton envelope containing cotton gown
17. Heavy paper or waterproof envelope containing:
    - Soap in soap dish
    - Toothpicks in envelope or covered test tube
    - Towel
18. Sheets of clean paper
19. Folded newspapers. These are to be kept between flaps of bag and closing lid.

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20. Blank records and necessary literature. These are to be kept between bag and lining in a large paper envelope.

Technique

Purpose of technique -- To safeguard the individual family, the community, and the nurse by keeping the bag clean. If the bag is kept clean the nurse will not bring infection into the home, she will not carry infection from one home to another, and she will protect herself from infection. Technique properly carried out is a means of teaching personal hygiene to the families visited.

The nurse must never, in the health center, in the home, or any other place, touch the inside of the bag without first washing her hands.

Procedure:

1. Select convenient area near patient which will provide ample working space. (In case of communicable disease, this area must be outside the patient's room.)

2. Spread newspaper; place bag on it. Spread another piece of paper on the tatami and place coat on it.

3. Roll sleeves above elbow.

4. Open bag. Remove soap and towel, leaving towel case in bag.

5. Spread newspaper near water supply. Wash hands. (See hand-washing technique.)

6. Put on apron or gown, leaving case in bag. (Apron should always be worn when nursing care is given. In tuberculosis and communicable disease cases a gown should be used instead of the apron.)

7. Place a sheet of clean paper on newspaper for clean working space. Remove necessary equipment, leaving cases in bag, and place on clean working space.

8. Close side flaps of bag. If necessary to remove anything from the bag later, be sure to wash hands again before removing it.

9. Give necessary nursing care.

10. On conclusion of visit:

    a. Take soiled equipment to water supply and clean it.
    b. Wash hands.
    c. Return cleaned equipment to bag.
    d. Remove apron or gown; fold outside in and return to case in bag. In tuberculosis visits the gown may be returned to its case in the bag and used for other tuberculosis visits. In acute communicable disease visits the gown should be wrapped in newspaper and placed on top of the side flaps (not directly in the bag). It should not be used again until it has been washed and disinfected.
    e. Dispose of waste. If case is communicable, instruct the family to leave it carefully wrapped in newspaper and to burn it as soon as possible.

Care of bag and contents:

1. Every effort should be made to keep the bag fastened and the interior of the bag and its contents clean.

2. Supplies should be checked and replenished daily. Thermometer cases should be kept full of solution. The solution and the cotton should be changed frequently enough to keep it clean.

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3. Apron and cases should be kept spotlessly clean.

4. Lining and inside of bag should be washed or cleaned as often as necessary.

5. Bottles should be neatly labeled.

6. Poison labels should be used whenever necessary in addition to the usual label.

7. Instruments should be kept free from rust and corrosion. They should be washed with soap and water and boiled when they become contaminated.

8. The towel and its case should be washed at the end of each day that it is used.

HANDWASHING TECHNIQUE

I. Purpose: To prevent carrying infection to patient.
To prevent carrying infection from patient.

II. Equipment: Soap
Towel
Running water - where many are washing running water reduces the possibility of transfer of infection. If there is no running water have someone pour water over your hands.

III. Technique: Wet hands to make lather
Soap hands, using friction work up lather, especially between fingers and around nails.
Clean finger nails - use toothpick to clean nails.
Rinse hands. Lower the hands so dirt runs directly off hands. This washing removes first dirt and oil.
Soap hands and work up lather using friction. Especially around fingers and nails, wash with friction.
Rinse hands, lowering so that all dirt runs off. Rinse soap and faucet handle so they are clean for next person.
Dry well to avoid chapping. Wet skin or dried soap on skin causes chapping, chapping may break the skin and cause an infection. Also it makes the hands rough, unattractive and uncomfortable to patient and self.

Note: There is an art in handwashing properly done, that protects oneself and others from disease.

THERMOMETER TECHNIQUE TO BE USED IN HOME VISITS

Oral temperatures are more accurate and require less time than axillary temperatures.

Rectal temperatures should be taken on unconscious or delirious patients and on babies and young children who may not understand instructions and bite the thermometer.

Equipment:

1. Oral thermometer in covered test tube of 50% alcohol solution or 5% phenol solution.

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2. Rectal thermometer in covered test tube of 2% lysol solution (1:50)
3. Four pieces of cotton
4. Soap
5. Lubricant

Procedure:

1. Remove cotton from drawstring bag and put on clean area.

2. Remove thermometer from test tube with thumb forceps, leaving test tube and stopper in bag.

3. Rinse thermometer under running water and dry with piece of cotton. Shake it down to 36° or less and rest bulb end on the piece of cotton on clean working area.

4. When taking an oral temperature place thermometer under patient's tongue and instruct him to close lips. Leave it in place for three minutes.

5. When taking a rectal temperature lubricate bulb with piece of cotton or by dipping it into tube of lubricant. Carefully insert it about 2½ cm. (1 inch) into rectum. Hold in place for 3 minutes.

6. Wipe thermometer downward with dry piece of cotton. Hold bulb with this same pledget and read. Discard cotton.

7. Moisten and soap another piece of cotton and cleanse thermometer with downward spiral motion, using friction. Discard cotton. (Rectal thermometer should not be cleansed over sink where food is prepared.)

8. Moisten another piece of cotton and rinse off soap, using downward spiral motion. Discard cotton.

9. Wipe thermometer with dry cotton, discard cotton and return thermometer to clean area.

Introduction to Demonstrations of Home Visits

The following skits have been prepared to help nurses gain a better understanding of how to carry on a good home visit giving necessary nursing care and instruction to the patient and the family. These skits do not merely tell a story -- each one has been written in such a way that it contains the essential points, which constitute a good home visit. Notice that in these visits care is given to the approach the nurse makes into the home. Notice too that her teaching is directed towards the entire family. Notice that she teaches by demonstration whenever possible. Notice that she makes a record of what she has found and what she has done and tried to teach in that home. Notice too that she summarizes what she has tried to teach before leaving the home and that before leaving she tries to give an idea to the family when she will return to their home or when they should return to the Health Center.

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Demonstration of

Home Visit to Set Up Tuberculosis Isolation

The Public health nurse has the responsibility, under medical direction of giving nursing care and health teaching in homes where there is a patient with pulmonary tuberculosis. With this responsibility she has four definite functions to perform. These are as follows:

1. To provide protection to the family and others against the spread of the disease.

2. To help the patient and family to gain an understanding of medical and nursing care necessary to the comfort and recovery of the patient.

3. To bring under medical supervision all individuals who have been in close contact with the patient.

4. To help the patient and family to live with tuberculosis during and after recovery.

In the following demonstration a nursing visit is being made to a home where a diagnosis of tuberculosis has recently been made. There are many services and teaching opportunities open to the nurse making a first visit into such a home. She must therefore choose that care and teaching which is of the greatest importance to the safety and welfare of the patient and the family and help them to gain an understanding in these matters. This nurse has four objectives for her home visit:

1. To help the family to decide upon some one member of the home to give necessary care to the patient.

2. To help the patient and family to set up an isolation unit in the home.

3. To make arrangements for familial contacts to report to a private physician or health center for medical supervision if they have not already done so.

4. To make a plan with the family for a return visit to give any needed instruction regarding nursing care.

P H N - Hello Mrs. Suzuki !

Mrs S - Hello Nurse, nice to see you. Won't you come in?

P H N - Thank you. How is Mr. Suzuki?

Mrs S - He has been feeling very low. He is so nervous. He will not eat nor does he sleep good during the night. He must have a very serious disease !

P H N - Well, tuberculosis is sometimes. But Mr. Suzuki's illness is not such a serious case. Dr. Tsukahara has told him there is much hope for him to get well, Mrs. Suzuki.

Mrs S - Is that so? Come in please, Miss Maeda.

P H N - Thank you.
(Nurse spreads a newspaper. Places bag on it. Takes her shoes off. Walks into the room and sits on Tatami - a good distance from Mr. Suzuki.)

Hello Mr. Suzuki. How do you feel?

Pt. - Not very good.

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P H N - Well, well! That is too bad. Mrs. Suzuki was just telling me you haven't been feeling so well. You remember what Dr. Tsukahara told you. Don't you? He explained to you about TB and what you have to do in order to get well. Have you forgotten already?

Pt. - But it still worries me. I have never heard of a single person who recovered from TB.

Mrs S - He repeats that all day long, Miss Maeda.

P H N - Mr. Suzuki, you must try not to become so discouraged. Your recovery is going to depend a great deal upon you. You see, inorder to get well you have to make your mind up to do so. Then together with good rest, good food and plenty of fresh air and sunshine, you'll soon be on the way to recovery. That's what Dr. Tsukahara told you! Is it not?

Pt. - Yes, that's right!

(Nurse notices Mr. Suzuki's sputum cup.)

P H N - I see you are using a sputum cup.

Pt. - Yes, I am.

P H N - Mrs. Suzuki, how do you clean this cup?

Mrs S - I discard the sputum into the toilet and wash the cup with water.

P H N - Mrs. Suzuki, tuberculosis is an infectious disease. The TB germs are found in the sputum. Therefore the germs could easily be transferred from one person to another, through this sputum cup.

Mrs S - Is that so? I know tuberculosis is infectious. But I do not know how the people get it.

P H N - Mrs. Suzuki, can you get another sputum cup like this one?

Mrs S - Well, (considers) I'll see.

P H N - The reason I ask you to do this, is this Mrs. Suzuki. You must be very careful in the handling of the sputum. You have to disinfect the sputum and the cup frequently. It takes a few hours to do this, so while one cup is being cleaned he must have another one to use.

Mrs S - I see.

P H N - When the cup is about 1/2 filled with sputum it should be changed for a clean cup. Pour lysol over the sputum, filling the cup. Let it stand for 3-4 hours and then discard the sputum in the toilet. The cup should then be boiled for 10 minutes and washed. Is this clear to you, Mrs. Suzuki? Care of the sputum is one of the most important responsibilities in caring for the TB patient. Wash your hands well after you have handled the cup - and don't ever put your hands to your face when handling it.

Mrs S - I'll remember, Miss Maeda.

P H N - Mrs. Suzuki - if you could get some tissues or pieces of old paper for Mr. Suzuki to use to spit into that would be much easier.

Mrs S - Tissues? What do you mean Miss Maeda?

P H N - Like this, Mrs. Suzuki. (PHN pulls tissue from her pocket.) I always carry them myself and use them for handkerchiefs.

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After Mr. Suzuki has spit into it - it can be put into a newspaper bag - and when this bag becomes filled it can be burned. It simplies very much the care of the sputum.

Mrs S - That sounds good to me - but are the tissues expensive?

P H N - No, Mrs. Suzuki - Not when you consider the protection careful care of the sputum might give to your family. Also when using tissues you need not buy so much lysol as you need to use to keep those cups clean. If you can't get tissues you can use old magazine paper or newspaper. The only thing to be careful of is to be sure the paper is large enough to cover your nose, mouth and your hand. Like this Mr. Suzuki.

(Nurse demonstrates with the tissue she takes from her pocket.)

Mrs S - I will get some of those "chirigami" tissues Miss Maeda. How can I make that paper bag?

P H N - I'll show you.
(Nurse demonstrates with piece of newspaper).

P H N - How do you clean his dishes, Mrs. Suzuki?

Mrs S - Well, I wash them like I do for the rest of the family. Should I be using a special method to clean them, Miss Maeda?

P H N - Yes, they must be handled almost as carefully as the sputum cups. The TB germs are easily transfered to others through the dishes used by TB patients. Uneaten food should be scraped from the dishes into newspaper and should be burned. It should never be given to anyone else! It is better therefore to serve small portions and second helpings so not to waste food! The dishes and chopsticks should be boiled for 10 minutes after each use. Then wash them with soap and water. Do you have a big pan for that, Mrs. Suzuki.

Mrs S - Yes, I have one. But it has a little hole at the bottom. So I will have it repaired tomorrow.

P H N - Has it a lid? Because the dishes should be boiled in a covered pan.

Mrs S - Yes, It does.

P H N - Until you get the pan fixed Mrs Suzuki keep his dishes separate from those used by the rest of the family. Wash them in the pan and do not use that pan for anything else. Lysol solution should be added to the water before it is thrown down the drain - some families use this method entirely if boilling dishes is not possible. It helps to destroy the germs but is not quite as effective as boiling.

Mrs S - Do you think it could help to wash the dishes in lysol solution if I could't boil them?

P H N - No, I wouldn't do that - it leaves a disagreeable odor and taste on the dishes.

Mrs S - I see!

P H N - Mrs. Suzuki, you put his Futon in the sun, don't you?

Mrs S - Oh! yes, I put it outside as often as possible.

P H N - That's good, and his sheet looks so clean! How often do you change it Mrs. Suzuki?

Mrs S - About once a week.

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P H N - Very good Mrs. Suzuki. How do you wash his bedclothes and linens?

Mrs S - I wash them with other linen. Why?

P H N - Mrs. Suzuki, caring for a TB patient at home is not easy -- everything has to be so carefully handled -- even his lines. His night gowns, his towels and his underwear, his bedclothes should be soaked in lysol for 4 hours and then washed with water and soap.

Mrs S - Is that so?

P H N - Mrs. Suzuki, all the articles which belong to Mr. Suzuki must be kept near him and those which do not belong to him should not be kept around here.

Mrs S - What do you mean - his articles?

P H N - Let's see !

Tooth brush and cup, comb, razor, basin, towels, soap, washcloths and thermometer. Can you get these things ready now, Mrs. Suzuki?

Mrs S - Wait a minute I have to write it down. I'll get a piece of paper and a pencil. I cannot remember all you said to me. Let me see! You said -- tooth brush and cup, another sputum cup, comb, razor, basin, towel, soap washcloth, thermometer. Anything else, Miss Maeda?

P H N - Yes, his dishes and then also one more basin for you to wash your hands in after each time you give nursing care to Mr. Suzuki or touch any of his things.

Mrs S - I can wash my hands at the kitchen, Miss Maeda.

P H N - Mrs. Suzuki, the best idea is to wash your hands here; if you go to the kitchen without washing your hands you carry TB germs all the way through the room and you might contaminate the utensils in kitchen, or anything you touch along the way. So it is very important to wash your hands right here each time. Can you get a basin, soap, towel, kettle with water in it and a bucket for waste water for your own use.

Mrs S - So you mean I have to add more items to this list, Miss Maeda?

P H N - Yes, Mrs. Suzuki - try to get these things. I know it will not be easy but these precautions you take might keep others in your home from getting TB.

Mrs S - I'll see what I can do.

P H N - Do you want me to help you get these things together?

Mrs S - That will be very nice, Miss Maeda?

P H N - Alright, before we start I want to wash my hands. Can you bring me the basin and a pitcher of water and a bucket for waste? Is it alright to do so here, Mrs. Suzuki?

Mrs S - Certainly! (Mother goes out - comes back with pitcher and basin.)

(PHN opens a bag. Takes a towel and soap out and washes her hands. Then puts on apron. Meantime Mrs. Suzuki begins to get things ready.) (Nurse takes temperature.)

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Mrs S - Look Miss Maeda. I've done better than I thought I could. I have everything but the thermometer.

P H N - That is fine. You are certainly a fast worker.

(Nurse and Mrs. Suzuki put up the things for the patient.)

1. Dish tray
2. Toilet article - tray
3. Bath basin
4. Handwashing facilities
5. Extra sputum cup

P H N - One of the most important thing about caring for the TB patient is to provide for him a separate room - or a separate place in the room. Naturally you cannot give him a separate room but we could turn his bed around so he would not be facing into the center of the room. That would provide a good amount of protection. What do you think?

Mrs S - We'll follow your suggestion Miss Maeda.

P H N - Mr. Suzuki - we are going to lift your futon and turn you around so you'll be facing the window - O.K. ?

(Turns bed)
How's that Mr. Suzuki?

Mr. S - It's all right with me!

P H N - Well, How do you like the room set up Mrs. Suzuki?

Mrs S - Very good!

P H N - I am sure you will like it. You'll find you can work easier with all your things assembled. You have a nice clean apron on Mrs. Suzuki.

Mrs S - Thank you. This is only apron I've got.

P H N - You should wear an apron like that when you give nursing care to Mr. Suzuki in order to protect you and your family.

Mrs S - I can use this apron for that.

P H N - Alright. You must remember that this apron is used just for giving nursing care to Mr. Suzuki. Always take it off and hang it over here by the wash stand before going to another part of the house. Start now - and from now on take off your apron when you finish caring for Mr. Suzuki and start now to wash your hands.

Mrs S - Yes, I will. I can hang it right over here!
(Nurse shows her how to remove gown and hang it and wash hands)

P H N - Mrs. Suzuki, have you ever cared for a sick patient at home before?

Mrs S - No, Miss Maeda - never!

P H N - I am coming back tomorrow afternoon, and give you some help with nursing care. I'd like you to have a lot of hot water ready tomorrow and I will show you how to give Mr. Suzuki a sponge bath.
I can also show you how to take his temperature.
Can you get a thermometer?

Mrs S - Alright I'll be ready.

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(Nurse cleans thermometer - washes hands and returns cleaned equipment to bag. Removes gown, folds it outside in and returns it to case in bag (see bag technic). She then does her recording, and makes list of instruction for family.)

P H N - Here is a list of instructions which will be helpful to you. I'll leave this with you. Tomorrow when I come back we must make plans for every person in your family to have a physical examination to make certain they do not have tuberculosis.

Mrs S - You are a big help to me, Miss Maeda. Thank you very much.

P H N - Don't mention it, I'll be seeing you tomorrow. Take care of yourself, Mrs. Suzuki, Sayonara - Sayonara Mr. Suzuki!

Mrs S - Sayonara !

Mr. S - Sayonara !

DEMONSTRATION - BATH FOR TUBERCULOSIS PATIENT IN THE HOME

The public health nurse must teach some member of the family to give simple nursing care to the patient. In the first place the nurse must be sure that the patient has adequate care and that he is comfortable. Yet she does not have time to give this care, particularly during a long illness such as tuberculosis.

In the second place the busy home maker has her usual household duties to perform besides caring for the patient. She is seldom skilled in caring for the sick. Consequently, it takes much of her time and the patient is annoyed by her clumsy attentions. The nurse, who is trained to do this work quickly and efficiently, can be a great help to the family.

In the following demonstration the nurse is not making an initial visit into the home, she has made a previous visit to help the family set up the isolation unit, which was enough teaching for one visit. In this visit she is returning to teach the mother how to give a bed bath to the patient and to evaluate the success of her teaching which she did on her previous visit.

(Nurse raps on door -- young girl answers.)

Nurse - Good morning, Motoko-san. How are you?

Motoko - Very well, thank you, Nurse. Do come in. Isn't it hot today?

(They go in.)

Nurse - Yes, it is. How is Mitsuko-san? I thought today would be a good day to show your mother how to give her a bath in bed. She must be uncomfortable lying in bed on a hot day like this.

Motoko - Yes, I guess she would feel better. We all think she looks better and she isn't so irritable since she's been resting.

Nurse - That's fine, but we'll have to keep her comfortable and happy or she will want to get up before she is completely well.

Motoko - I think she'd like to get up already since she feels better. Say, Nurse, my brother and I went to the clinic the other day and had our tuberculin tests. His is all right, but mine has turned red - see? (She shows her arm.)

Nurse - I'm sorry to hear that, but I'm not surprised since you and Mitsuko were sleeping in the same room. When are you going to have an X-ray?

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Motoko - I'm going back to the clinic Monday for that.

Nurse - Well, we'll talk more about you as soon as we get your X-ray report. In the meantime you shouldn't worry about it. A positive tuberculin reaction doesn't necessarily mean that you have tuberculosis. It means that you have gotten some tuberculosis germs in your body and it is a warming that you must get enough rest and stay healthy so that you won't get tuberculosis. Where is your mother? Has she gone out?

Motoko - No, she is in Mitsuko's room. Should we go in there? Then I will heat more water.

Nurse - Yes. (They go to another room where Mitsuko is in bed and her mother is reading to her. Motoko stays at the door.)

Mitsuko and Mother - Oh, Good morning, Nurse, how are you?

Nurse - Very well, thank you. You certainly look better, Mitsuko.

Mitsuko - I feel better, too.

Mother - Her appetite is improving.

Nurse - It always does when they start to rest, but that doesn't mean that your lungs are well already. It takes a long time to get tuberculosis, and it will take a long time to get well. You must not get up or do anything until the doctor says your lungs are healed.

Mitsuko - I feel well enough to get up now.

Nurse - Mitsuko-san, you have been very lucky to discover that you have tuberculosis before it gets so bad it can't be cured. You are young and you have many years to live if you get well. A year or so is not very long, and it will be worth it to be well and happy again. You must not spoil your life by getting up too soon.

Mitsuko - I'm quite happy here, especially since you suggested I move to this room. The view of the garden is nice.

Nurse - Your mother has made the room look very cheerful. Who arranged the flowers?

Mitsuko - Motoko-san did. She is very clever at flower arrangements.

Nurse - (to Mother) Do you want me to show you how to give Mitsuko-san a bed bath today? It's so warm, I'm sure she will feel better.

Mother - Do you mean to bathe her whole body?

Nurse - Yes.

Mother - Is that good for a person who has tuberculosis? Won't she get more cold?

Nurse - She won't if we are careful. This is a warm day, but even in the wintertime we must bathe people who are sick. She will be much more comfortable if she is clean; sick people perspire a lot. Besides, we eliminate a lot of waste from our bodies through the skin. If the skin is not kept clean it does not eliminate the waste so. Well, Mitsuko is not getting any exercise to stimulate her circulation. Bathing her will help that.

Mitsuko - I feel very dirty and sticky.

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Mother - All right, if you think it is good for her.

Nurse - I brought an apron with me. Do you want to get some clean sheets and a clean gown for Mitsuko? Motoko-san will bring the hot water. Mitsuko-san, would you like to use the bedpan first?

Mitsuko - No, I don't need to.

Nurse - Did you buy a thermometer? I want to show you how to take her temperature, too.

Mother - Yes, it's in the glass on the table where I wash my hands.

Nurse - Then I will go to the bathroom and wash my hands.

(Nurse goes out -- returns in a few minutes with gown and a sheet of paper in her hands. Meanwhile Mother goes out to get sheets, comes back and gets a gown from drawer of "tansu".)

Now, before we start, do we have everything we need. Let's see -- sheets, a gown, her towel and wash cloth are here; her soap, some powder and basin. Has she brushed her teeth yet?

Mother - Yes, before breakfast.

Nurse - Then I think that is all we will need. We must have everything we need in the room before we start. Otherwise, we would have to wash our hands, take the gown off, and wash our hands again in order to go out to get it. Now, let's put our gowns on. We'll take her temperature first. You said you knew how to read a thermometer, didn't you?

Mother - Oh, Yes.

Nurse - Her temperature should be taken twice a day -- at 8 and 4. Keep a careful record of it each time.

(Nurse goes to table, gets thermometer, and shakes it down.)

Now, Mitsuko-san, will you open your mouth?

Mitsuko - My mouth?

Nurse - Yes, I want to put the thermometer under your tongue.

Mother - I always put it under the arm.

Nurse - Many people do, but it's very difficult to be sure it is accurate and besides it takes about seven minutes longer. This is the best way.

Mitsuko - I've never heard of that, but all right. (She opens her mouth. Nurse puts thermometer under her tongue.)

Nurse - Now close your lips, but not your teeth. Don't talk when you have it in your mouth.

(to Mother) Here is a sheet of paper where you can keep a record of her temperature.

(Nurse picks up magazine to write on.)

Nurse - Here we'll write the date. Today is_____June. Then across the page we'll write "8" and "4". Each day fill in the date, and when you take her temperature, write it in these columns.

Mother - I will. I understand.

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Nurse - (Looks at clock.) Will you take it out and read it, and I will write it down?

Mother - (Takes thermometer out, reads it.) It's 36.8°

Nurse - I'll show you how to clean it. (She reads it to be sure mother knows how. She takes a piece of cotton from glass on scrub table, pours water from pitcher over it, robs cotton over bar of soap, and cleans thermometer with spiral motion, rinses it with plain water, and puts it back into glass on table.) I'll put this record on the "tansu". Will you call Motoko-san to bring the hot water while I close the shoji so there won't be a draft on Mitsuko-san.

(Mother goes to door and calls Motoko-san. Nurse closes window.)

Motoko - Here is the water. (She stands in door. Nurse takes basin to door and Motoko-san pours hot water into the basin. Nurse takes basin back to bedside table.)

Nurse - (To Motoko-san) We'll need more later.

(To Mother) If Motoko-san isn't here when you bathe her, you can ask Mitsuko-san to put her basin on the table, and you can pour a pitcher of water into it, then refill the pitcher with real hot water and leave it on the table until you need to change it. (Nurse hands some tissues to Mitsuko-san.) Here are some squares of paper. You keep them in your hand and cover your nose and mouth well if you need to cough. When anyone is close to you, keep your head turned the other way. You must be careful to protect others by not coughing or breathing in their faces.

(To Mother) Why don't you sit here so you can see how I do this? (Mother sits near head of bed.) First, we will loosen the top sheet and the futon and take her gown off. (Nurse loosens top cover all around, helps patient remove gown and puts it on a newspaper near the bed.) We will wash her eyes first with plain water. Do you use soap on your face, Mitsuko-san?

Mitsuko - Yes, I do.

(Nurse puts towel under chin, rubs soap on wash cloth, washes patient's face, neck and ears.)

Nurse - Be sure the wash cloth isn't dripping, and hold it in your hand like this so that it doesn't drag. (Nurse rinses cloth and goes over same area.) Rinse the soap off well. (Nurse dries face, puts towel under opposite arm, washes, rinses and dries that. Then she puts towel under arm on side near her and washes that. Next she puts towel on futon near patient's side, puts the basin on the towel and asks patient to put her hands in it, she soaps and rinses her hands, then removes basin and dries hands.) Her hands will feel much cleaner this way than they would if we washed them with the wash cloth.

(Nurse then uncovers patient to the waist, spreads the towel alongside the patient, washes breasts, underarms.)

Do this quickly so she won't be uncovered long enough to get cold. We can cover her chest with her gown while we wash her abdomen.

(Nurse puts clean gown over chest and arms and folds covers down to pubes, quickly washes abdomen and dries it, then pulls covers over patient.)

This water is getting soapy. We'd better change it. Will you ask Motoko-san to bring some more?