

PERSONAL EXPERIENCES

A pupil nurse's impression of domiciliary nursing

By PUPIL NURSE PETERSON

'AND YOU, NURSE PETERSON, WILL be going out with the same district sister as last year.' Almost a year ago I had been viewing community health with this sister and remembered her as being an excellent nurse; so efficient, but somewhat forbidding, and here was our sister pairing us off again and for two weeks this time! 'Oh crumbs, I'm in for a whale of a time, ah well, nothing ventured—.'

The following brilliantly sunny Monday morning found me in clean uniform and shiny shoes wending my way to the clinic. I timidly tapped on a door; it burst open and a voice said 'Hullo, I know you'. I had nursed the owner of the voice a while before on the women's ward. I explained my presence and was told it was 'my' sister's day off, and I was allocated to another member of the staff. With this sister I renewed an acquaintance with a diabetic lady at an old person's home—she was not the world's most cheerful woman. I met again my 'ladies of the ulcers', two real characters for ever bickering and back-biting one another, but who are so dependent on one another that if the soul of one sped aloft, that of the other would swiftly soar after it. While sister dressed the leg ulcers, the two old darlings kept up such a spicy repartée that I did not really know whether to giggle or to weep.

On Tuesday my own sister took over my education and, indeed, an education it has been seeing how the 'other half' live and work; a goodly cross-section of human nature. There were all types of homes, from the gypsy to the grand, from the stuffiness of town streets to the roistering wind around a hilly little hamlet.

Treatments varied too, there were ulcers to dress, a diabetic insulin to give, antibiotics, lasix, jectofer, and the now customary preventative giving of influenza vaccine to cover those patients to whom the 'flu bug' would indeed prove a hazard. There were ears to syringe, eyes to 'drop', suppositories to give, catheters to replace, or just a 'bath, dress and sit out'. Familiar paths were trodden again and yet again. But there was also some drama, like the little 12-year-old, newly discovered, diabetic, and the sudden 'flare-up' of another diabetic—the young mother of two charming children—who had previously controlled her diabetes with diet. I was most intrigued to see how these latter patients were 'set-up'. The patience sister had in showing them how to use their equipment, how to draw the insulin, how to test and record, and most of all the unhurried way in which these procedures were done in order to give the patients time to unwind and so make discussion easier. In fact, I was greatly impressed with the way all sister's nursing procedures were carried out. I feel sure I may be laying my neck on the chopping block, but her mode of working would put some of us in the sterile hospital environment to shame.

The nature of patients varied, from the ever-complaining self-pitying, to the cheerful banter of those literally snatched back from the pearly gate. There was the pathetic patient, like the old lady who apologized for not being able to make us tea, 'Millie would if she were here, but she is out visiting'. Millie had dwelt with her sister but was now long dead, but for a few seconds a faraway look was in the old lady's eyes, and she was lost to us and her surroundings while she crooned over the well loved cat on her knee. There was the saucy, like the 93-year-old who, when asked how she fared said 'Very well and certainly not in need of a visit from you'.

One patient, eulogizing about her beloved doctor, ended with 'I think he is a nice young man, do you know, when I were in 'orspital, he even comed in and fed me cat'. (Actually he got the health visitor to do it.)

A young man who arrived at the surgery to have some stitches removed from his lip was asked by sister 'And who has been hitting you about', 'Well nurse, until last Sunday I thought he was my friend'. Did someone say never a dull moment?

All equipment used on the district is issued by the local authority. Each visit has to be recorded in the patient's own nursing report, giving the type of treatment and, if an injection, the amount given. Drugs are legally the patient's own and nurse is not allowed to keep them or carry them away in her car or on her person. Syringes are never left in the patient's home, other than used ones, nurse keeps them locked in her car, taking care to see that no one sees them. Visits are also recorded in the nurse's own record book. Any drugs that are discontinued for any reason are disposed of by nurse herself before she leaves the patient's home.

On a first visit nurse has to sum up the situation, discover the geography of the house, see where the patient would be best nursed and also find out the ability of the family to help.

The avenues of help are legion, and not familiar to most people, and nurse uses her discretion as to whether a particular source shall be tapped. She ferrets around and then puts her patient in touch with the correct help for that patient's particular problem.

When I first heard of group practice and another brain child of modern society, 'attachment', I was horrified. What would happen to the 'family doctor'. I had visions of a 'place' where one took one's ailments and never knew quite which assistant's head would pop up over the counter. How wrong I was!

Sister is 'attached' to a group practice and nurses the patients of the four partners. This explained why, on my first two days of community health, I had seen two and, at one time, three nurses seemingly crossing each others' paths.

Two health visitors are also 'attached' to the practice, both are charming and they most patiently explained exactly what their function is, though I must admit I am still 'hazy'. It seems that they care for us from the cradle to the grave, taking over from the midwife when we are ten days old and only handing over to the district nurse when health becomes sickness. The midwife I saw for only a brief moment when she brought some instruments in to be sterilized.

The district sister reports at the surgery each morning during consulting hours and on two afternoons a week. All patients are seen by a doctor at their first visit. If any treatment or dressings are needed the doctor will refer them to sister. If patients come direct to sister and she is in any doubt, she will call on one of the doctors for advice. Treatments here were similar to those on the district, except that the patients came to sister. All visits and treatments are carefully recorded; this is important, especially with regard to vaccinations and immunizations which have to be given at stated intervals. Immunization sessions are undertaken by the whole group, who go flat out coping with their customers.

One full-time and three part-time receptionists have the mammoth task of arranging appointments and filing the mountain of patients' notes. Social workers know that the doctors are get-at-able during surgery hours and they are free to phone or call for discussion.

I liked the atmosphere of this surgery. The cut and thrust and good-humoured banter during the coffee-break. I got the impression that each member knew the 'other feller' quite well and accepted him or her.

I am deeply grateful too to sister. Our chats in her 'four-wheeled clinic' have given me a compass to steer by.

Heaven grant that I pass my assessment and then I too will be most proud and happy to join those very admirable district nurses.

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