

Health of Houses

The comfort of home extends beyond its familiarity and amenities. It is, for those assailed by illness or injury, a source of strength and security in a time when both are difficult to retain. But the use of the home as a venue for providing care requires preparation. There are adaptations and additions to the normal home environment that will help make it conducive to the work of the caregiver, and to providing benefits for the patient. The advice offered by Florence Nightingale on the basic steps to making a home a congenial space for caregiving remain applicable today. As with every subsequent chapter in this modern edition, this one begins with an excerpt from the text of the original.



Notes on Nursing – Florence Nightingale

There are five essential points in securing the health of houses. Without these, no house can be healthy. And it will be unhealthy just in proportion as they are deficient.

Pure air.

Badly constructed houses do for the healthy what badly constructed hospitals do for the sick. Once insure that the air in a house is stagnant, and sickness is certain to follow.

Pure water.

Pure water is more generally introduced into houses than it used to be, thanks to the exertions of the sanitary reformers. This has happily been remedied. But, in many parts of the country, well water of a very impure kind is used for domestic purposes. And when epidemic disease shows itself, persons using such water are almost sure to suffer.

Efficient drainage.

No house with any untrapped drain pipe communicating immediately with a sewer, whether it be from water closet, sink, or gully-grate, can ever be healthy. An untrapped sink may at any time spread fever or pyaemia among the inmates of a palace.

Cleanliness.

Without cleanliness, within and without your house, ventilation is comparatively useless. You cannot have the air of the house pure with dung-heaps under the windows. There are other ways of having filth inside a house besides having dirt in heaps. Old papered walls of years’ standing, dirty carpets, uncleaned furniture, are just as ready sources of impurity to the air as if there were a dung-heap in the basement.

Light essential to both health and recovery.

A dark house is always an unhealthy house, always an ill-aired house, always a dirty house. People lose their health in a dark house, and if they get ill they cannot get well again in it.

It is the unqualified result of all my experience with the sick, that second only to their need of fresh air is their need of light; that, after a close room, what hurts them most is a dark room. And that it is not only light but direct sun-light they want. I

had rather have the power of carrying my patient about after the sun, according to the aspect of the rooms, if circumstances permit, than let him linger in a room when the sun is off. People think the effect is upon the spirits only. This is by no means the case. The sun is not only a painter but a sculptor. Without going into any scientific exposition we must admit that light has quite as real and tangible effects upon the human body. But this is not all. Who has not observed the purifying effect of light, and especially of direct sunlight, upon the air of a room? The cheerfulness of a room, the usefulness of light in treating disease is all-important.

Aspect, view and sunlight matters of first importance to the sick.

To a sleeper in health it does not signify what the view is from his bed. He ought never to be in it excepting when asleep, and at night. But the case is exactly reversed with the sick, even should they be as many hours out of their beds as you are in yours, which probably they are not. Therefore, that they should be able, without raising themselves or turning in bed, to see out of window from their beds, to see sky and sun-light at least, if you can show them nothing else, I assert to be, if not of the very first importance for recovery, at least something very near it. And you should therefore look to the position of the beds of your sick one of the very first things. If they can see out of two windows instead of one, so much the better. Again, the morning sun and the mid-day sun – the hours when they are quite certain not to be up, are of more importance to them, if a choice must be made, than the afternoon sun. Perhaps you can take them out of bed in the afternoon and set them by the window, where they can see the sun. But the best rule is, if possible, to give them direct sunlight from the moment he rises till the moment he sets.

Another great difference between the bed-room and the sick-room is, that the sleeper has a very large balance of fresh

air to begin with, when he begins the night, if his room has been open all day as it ought to be; the sick man has not, because all day he has been breathing the air in the same room, and dirtying it by the emanations from himself. Far more care is therefore necessary to keep up a constant change of air in the sick room.

Infection.

We must not forget what, in ordinary language, is called “Infection;” – a thing of which people are generally so afraid that they frequently follow the very practice in regard to it which they ought to avoid. Nothing used to be considered so infectious or contagious as small-pox; and people not very long ago used to cover up patients with heavy bed clothes, while they kept up large fires and shut the windows. Small-pox, of course, under this regime, is very “infectious.” People are somewhat wiser now in their management of this disease. They have ventured to cover the patients lightly and to keep the windows open; and we hear much less of the “infection” of small-pox than we used to do. But do people in our days act with more wisdom on the subject of “infection” in fevers – scarlet fever, measles, &c. – than their forefathers did with small-pox? Does not the popular idea of “infection” involve that people should take greater care of themselves than of the patient? that, for instance, it is safer not to be too much with the patient, not to attend too much to his wants?

True nursing ignores infection, except to prevent it. Cleanliness and fresh air from open windows, with unremitting attention to the patient, are the only defence a true nurse either asks or needs. Wise and humane management of the patient is the best safeguard against infection.

Bedrooms almost universally foul.

During sleep, the human body, even when in health, is far more injured by the influence of foul air than when awake.

Why can't you keep the air all night, then, as pure as the air without in the rooms you sleep in? But for this, you must have sufficient outlet for the impure air you make yourselves to go out; sufficient inlet for the pure air from without to come in. You must have open chimneys, open windows, or ventilators; no close curtains round your beds; no shutters or curtains to your windows, none of the contrivances by which you undermine your own health or destroy the chances of recovery of your sick.

Always air your room, then, from the outside air, if possible. Windows are made to open; doors are made to shut – a truth which seems extremely difficult of apprehension. I have seen a careful nurse airing her patient's room through the door, near to which were two gaslights, (each of which consumes as much air as eleven men,) a kitchen, a corridor, the composition of the atmosphere in which consisted of gas, paint, foul air, never changed, full of effluvia, including a current of sewer air from an ill-placed sink, ascending in a continual stream by a well-staircase, and discharging themselves constantly into the patient's room. The window of the said room, if opened, was all that was desirable to air it. Every room must be aired from without – every passage from without.

Airing damp things in a patient's room.

In laying down the principle that the first object of the nurse must be to keep the air breathed by her patient as pure as the air without, it must not be forgotten that everything in the room which can give off effluvia, besides the patient, evaporates itself into his air. And it follows that there ought to be nothing in the room, excepting him, which can give off effluvia or moisture. Out of all damp towels, &c., which become dry in the room, the damp, of course, goes into the patient's air. Yet this "of course" seems as little thought of, as if it were an obsolete fiction. How very seldom you see a nurse who acknowledges by her practice that nothing at all ought to be aired in the

patient’s room, that nothing at all ought to be cooked at the patient’s fire! Indeed the arrangements often make this rule impossible to observe.

If the nurse be a very careful one, she will, when the patient leaves his bed, but not his room, open the sheets wide, and throw the bed-clothes back, in order to air his bed. And she will spread the wet towels or flannels carefully out upon a horse, in order to dry them.

Effluvia from excreta.

Even in health people cannot repeatedly breathe air in which they live with impunity, on account of its becoming charged with unwholesome matter from the lungs and skin. In disease where everything given off from the body is highly noxious and dangerous, not only must there be plenty of ventilation to carry off the effluvia, but everything which the patient passes must be instantly removed away, as being more noxious than even the emanations from the sick.

Chamber utensils without lids.

The use of any chamber utensil without a lid should be utterly abolished, whether among the sick or well. You can easily convince yourself of the necessity of this absolute rule, by taking one with a lid, and examining the under side of that lid. It will be found always covered, whenever the utensil is not empty, by condensed offensive moisture. Where does that go, when there is no lid?

Earthenware, or if there is any wood, highly polished and varnished wood, are the only materials fit for patients’ utensils. The very lid of the old abominable close-stool is enough to breed a pestilence. It becomes saturated with offensive matter, which scouring is only wanted to bring out. I prefer an

earthenware lid as being always cleaner. But there are various good new-fashioned arrangements.

Fumigations.

Let no one ever depend upon fumigations, “disinfectants,” and the like, for purifying the air. The offensive thing, not its smell, must be removed. A celebrated medical lecturer began one day, “Fumigations, gentlemen, are of essential importance. They make such an abominable smell that they compel you to open the window.” I wish all the disinfecting fluids invented made such an “abominable smell” that they forced you to admit fresh air. That would be a useful invention.

Preparing the house

The patient and the caregiver will both benefit from adaptations which are made in the household to accommodate an illness, weakness or disability. Although each situation determines the specific measures to take, there are some basic approaches that suit most circumstances. The home environment in which a patient will live and move needs to be as safe, hygienic and pleasant as possible.

As a general rule, the living space for the patient should be on one floor. It should contain only the furniture that is necessary, and this should be disposed for the convenience of the patient. Once you have positioned the furniture in such a way as to facilitate movement and access by the patient, do not make any arbitrary changes without consulting the patient. Consider adding railings to areas where extra support might be needed, especially if there are staircases. For patients whose eyesight is failing, the use of light and color contrasts in their living space can help them navigate around obstacles.

Once again, the patient should be consulted for these arrangements to make sure they are effective.

If the patient suffers from a respiratory condition such as asthma, emphysema or bronchitis, there are specific measures that should be taken to make the house comfortable. The use of an air conditioner and humidifier offers many benefits. However, it is important to clean the ducts, outlets and air filters of these appliances regularly to ensure they do not aggravate the patient’s conditions. Another obvious factor to be avoided is tobacco smoke from visitors. Also, it is best to forego the use of wool blankets and clothing; remove rugs because they are more difficult to clean than tile or other smooth surfaces, and they can also be the cause of slips and falls.

The house should be organized to help the patient maintain body temperature within a normal range. This can be aided by the use of air-conditioning and electric fans, and by the kind of clothing worn by the patient. Healthy individuals can move from an unpleasantly cold or warm room or go in or out of doors. Sickness limits this freedom. As a result, a patient may feel at the mercy of those who condition their environment and may suffer psychologically as well as physically from living in a draughty, cold, humid or overheated space. A patient’s ailment or condition will determine susceptibility to feelings of overheating and cold. A room that is comfortable for the caregiver may not be so for the patient. A caregiver should not hesitate to discuss this with a patient, even though some patients will be reluctant to appear to be complaining. The caregiver must always have in mind that the best approach is one that makes the house and the rooms used by the patient as congenial, practical and comfortable as possible.

The bedroom



The bedroom will be the center and limit of the patient’s world for long periods of time. It should be made as bright



Figure 2.1

The bedroom should ideally be bright and cheerful, with the bed preferably near a window

and as cheerful as possible, with adaptations and decoration that are pleasing for the patient (Figure 2.1). It will also be where much of the work done by the caregiver is carried out, so it needs to be organized practically as well. The caregiver should consult with the patient to make the bedroom as familiar and comfortable as possible. This will include 'personal' touches, such as the placement of art and family photographs so they are clearly visible. Be

careful, however, not to clutter the room so much that movement is restricted or impaired. There should be plenty of fresh air available, through windows or doors. The adjustments for heating or air conditioning should be easily accessible.

The bed and mattress need to be solid and narrow so you can reach the patient from either side. Place the bed in an open space, preferably near a window. Make sure it is solid and will not move when leaned on. Place a sturdy chair or table next to the bed to help you get the patient in and out. Acquiring a special, adjustable bed may be necessary in some cases, or special equipment may be required, as discussed later.

The room should be as open to sunlight as possible, both for reasons of health as well as for the patient’s morale. However, blinds or shades should be available to darken the room when needed. If possible, these should be useable by the patient when the caregiver is not available.

There are many modern devices that can complement the arrangement of a room, contributing to the patient’s sense of security and facilitating the work of the caregiver. An electronic device to monitor the sleep of a patient without having to cause a disturbance by entering the room will be useful in some cases. Long days spent in the same room can be made more agreeable by keeping a supply of books and magazines in the room, according to the patient’s preferences. Depending on the condition of the patient, a TV can be installed with a remote control. The patient may enjoy listening to a radio, also equipped with a remote control if possible. For someone who is physically capable of working with a computer, it is possible to accommodate this by installing a PC or by using a laptop computer, preferably equipped with access to the Internet and to email.

The telephone will often be the patient’s main access to people outside, including friends and family members. If possible, make this a portable phone – either a mobile

telephone or a wireless handset. You may want to position more than one handset in the patient's living space, placing a second phone in the bathroom, for example. A list of personal and emergency numbers should be available for use by the patient or the caregiver. The most important numbers can be programmed for speed dialing using a single number.

The bathroom

Make sure the path the patient will take from the bed to the bathroom is as direct as possible and that it is clear of any obstructions. Sinks and bathtubs should have railings or grab bars that are positioned for ease of use, and which are suitable for the patient's physical condition and dimensions. Depending on the patient's condition it may be best to remove the lock from the bathroom door.

A shower should be made easy to access and, depending on the condition of the patient, it will be better to have a plastic shower curtain rather than breakable glass doors. Here, again, a grab bar should be installed. Any mats used in the shower or in a bathtub should be of the non-slip variety and cleaned and replaced regularly.

Hand washing

One of the most effective measures to reduce the risk of infection in the patient's living area is to encourage frequent washing of hands. Contaminated hands represent a danger for the patient and the caregiver, as well as for family members and friends with whom the caregiver and the patient may have contact through the hands.

Hand washing can be done quickly and effectively by following some simple procedures. There are very effective liquid products available for disinfecting hands. It is simple to have these available and to encourage their use by everyone, including the patient.

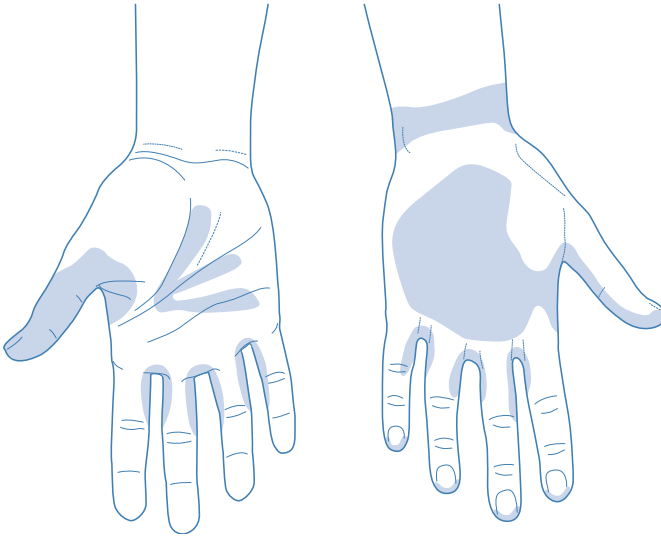


Figure 2.2

Areas of the hand where infection can concentrate

In the absence of such products, hot water is best for washing hands, as it opens up the pores of the skin to remove microorganisms. More detail on hand washing is provided in the Chapter 6.

Medical equipment



Caring for someone can be a daunting physical strain, which modern equipment can make less demanding. Medical devices have been devised to deal with many situations for working with patients who are handicapped, incapacitated or have special needs. You should consult the nurse or physician about equipment that will facilitate your work as a caregiver, and will contribute to the health, mobility and morale of the patient. These can include a wheelchair, devices for lifting and shifting patients in bed, bedpans, mechanical or electrical chairs, a portable commode chair,

bath benches, over-the-bed table, walking stand, a cane or crutches. Many of these devices will help the patient feel less dependent, and will also help ensure the caregiver's safety and well-being.

Home first aid kit

The daily activities carried out by a caregiver on behalf of a patient are carefully planned and often repetitive. But accidents happen even in the most organized circumstances. The best recourse will always be to call on professionals in case of a serious accident. Some situations, however, require immediate intervention by the caregiver, using medical supplies that are normally found in a first aid kit. Although many varieties of kits are available commercially, it is often best to assemble one that is adapted to specific circumstances and patients. The kit should be organized in such a way that, in an emergency, anyone can quickly ascertain its contents and make use of them. A basic kit should include:

- A list of everything in the kit.
- List of medications being taken by the patient.
- Band-aids of different sizes and uses.
- Disinfectant solution for cleaning wounds and scrapes.
- An antibiotic ointment.
- Disposable gloves.
- Eye cup and eye pads.
- Face masks.
- Rolled gauze and sterile gauze bandages.
- Elastic bandages.
- Scissors.
- Tweezers.

- Needle.
- Thermometer.
- Tongue depressors.

The kit should be assembled in a box or malleable bag that is easy to find, move and open. It should be left in a clearly visible place, in the bedroom or the bathroom. The patient should be made familiar with the contents of the kit, and its exact location. Any instructions left by the caregiver for someone providing care as a replacement should include information about the first aid kit.