

immediately after use is important to prevent the pistons sticking to the barrels, thus prolonging the life of syringes. Stuck syringes may be placed in 25% aqueous solution of glycerine and boiled for 10 minutes or soaked in weak solution of nitric acid to separate the parts. If the needle is stuck to the hub of the syringe, immersing it in the boiling water will make the metal expand and separate them.

Sterilization by hot air is the best method of sterilization for glass syringes. If the glass has the same expansion coefficient, the syringes may be placed in the hot air sterilizer with the piston in place. Steam or chemical sterilization is more effective, if the parts are separated, because the contact with sterilizing agent is more complete. If the syringes are boiled in distilled water, silicate is taken from the glass and it results in a slow deterioration of the syringes. Never put glass in boiling water. Put the glassware in cold water and bring to the boiling.

point.

No instrument requires more meticulous attention than the needles. The bore is so fine that it becomes blocked badly unless cleaned each time it is used. The points of the needles are so delicate that the slightest contact with a hard surface may bend them backwards and produce a "hook". The important points to remember are:

- 1 After use, cold water is forced through the needle with a syringe followed by a detergent solution.
- 2 Again wash it with warm water.
- 3 Examine the point with a magnifying glass or by drawing the point over the skin to discover the "hooks". If hooks are present it is corrected in a sharpening device. Take care to preserve the bevel.
- 4 If the needles are blocked, wire stills are used to remove them.

5 Needles are sterilized by boiling them for 10-20 min or by dry heat at a high temperature or by autoclaving.

6 Chemical disinfection is unsatisfactory because it is difficult to remove the chemical from the bore of the needle completely. Suture needles are treated in the manner described for other sharp instruments.

→ Prevention of Direct contact with the Infected Person (Barrier Nursing)

Barrier nursing or isolation technique is intended to confine the micro-organisms within a given and recognized area. There are a number of isolation techniques and precautions used to prevent the spread of infection.

Respiratory Isolation

Respiratory Isolation is indicated in situations where the pathogens are spread on droplets from the respiratory tract. In this type of isolation, masks are generally worn by the nurses. Gowns are also worn when caring for the small infants. When / because of the

possibility of drooling by the infants. When possible the clients are taught to cover their noses and mouths with several layers of tissue paper or handkerchief. If tissue papers are used they should be disposed properly. Handkerchiefs are cleaned and disinfected before it is used again. Restrict the number of visitors. Precautions must be taken while collecting sputum specimens from the clients.

When attending to client with respiratory infection, the nurses should keep a reasonable distance to prevent the droplet infection and to prevent breathing contaminated air. The nurse suffering from respiratory diseases should not attend to the client.

Enteric Isolation

Enteric Isolation is indicated when the pathogens are transmitted in faeces. For this type of isolation it is not necessary to wear a mask.