



the painted box

by Wendy Thomson

Now that the snow has almost disappeared, it seems the wrong time to write about winter, but I should finish what I started last week regarding my recent episodes on skis.

After buying them in February, I became adept enough that my daily treks in our bush were something I looked forward to if I wasn't working. The temperature dropped alarmingly some days, but if I could gasp my way across the open spaces and make it to the trees, they sheltered me from the wind.

The only sounds were that of skis slithering on snow and dogs crashing around in the underbrush following interesting scents. It was all quite peaceful.

Because of my slow speed, I noted many bird and animal tracks—grouse, rabbit, deer, moose, coyote, mouse, and hound Rip's huge paw prints, toes spread wide to act as snowshoes.

There were well-used paths where animals had followed old logging trails, and when a crust had formed on the snow, I turned off the snowmobile paths and headed down the trails, hoping to catch a glimpse of wildlife (other than birds who perched on grassy stalks, pecking at seeds). But even though we've just had another 40 acres cleared, there's still half of our quarter (80 acres) in bush that animals can hide in, probably watching me from a distance.

The most interesting ski session was when son Jim's girlfriend and I set out to see how far we could get up the Buck Creek, me on skis and she on snowshoes. That eddy everything I didn't know about skiing was forcibly brought home to me, in spite of my caution.

Where we started, the road wound down a hill to the river, and before kicking off, I checked where I'd land if I didn't navigate the corner halfway down. Then, being of sound mind and tender body, I removed my skis, walked to the corner, and started from there.

The exhilaration of flying down that bit of a slope (and staying on my feet) was so great that I tackled the next hill without proper thought.

It was a snowmobile-packed roller-coaster-type series of hills that looked like great fun, and I started down them with great flair. However, I didn't take into account the abrupt turn at the bottom, and in spite of efforts to stop, I plowed straight into a deep drift.

And there I stayed. The skis had sliced neatly into the snow and were still flat on the ground, side by side, under a few feet of fluffy white stuff. And I'd fallen backwards on top of them.

How to get up? If it hadn't been for Heather I might still be there, for I couldn't reach my feet under the snow and couldn't lift them out since I was lying on the skis.

Heather (when she stopped laughing) located my feet, pulled the skis out, and set them perpendicular to my body. But the snow was so deep (this was in February when the snow was fluffy and drifting, not melty and crusting) all I could do was flounder until she undid the

V.O.N. care for sick in their own homes

Mention the word "nurse" and a mental image of a woman in white from perky cap to soft-soled shoes comes to mind. Sicknes is often associated with hospitals. But there are sick people, an increasing number of them, being cared for in their homes.

Dropping in as often as needed to assist in their care are nurses garbed, not in white, but in smart raspberry red outfits. The cheerful uniform consisting of dress and jacket or a pant suit, identifies staff of the Victorian Order of Nurses (VON).

The VON provides nursing care to people in their homes on a visiting basis. The VON nurse gives, or assists with, whatever personal care the patient needs. Her tasks are similar to those a hospital nurse performs, such as helping the patient to bathe or changing a dressing.

But she also teaches the patient to care for himself, or a relative to care for him. The aim is to help the patient to live with his disability and become as independent as he can within the limitations of his disability.

This approach involves not only teaching but also a lot of emotional support and encouragement. In the face of constant illness, people need to be reminded they're doing a good job, said Marg Macleod, director of the Victorian Order of Nurses Halton Branch.

The approach is consistent with the character of people in the northern part of the region. Rural people are used to doing things for themselves and want to be independent, the director commented.

Then, too, weather and driving being unpredictable, the nurse has to instruct the patient how to manage on his own in the event she can't visit. "It's incredible the consistency with which the nurse does make it," Mrs. Macleod marvelled.

Many conditions can be kept under control at home and patients are more comfortable remaining in the midst of their families and maintaining their own routines—having their meals when they want them, for instance—Mrs. Macleod explained.

In the last year in Halton region there have been more "really sick people" cared for in their homes, said Mrs. Macleod. She predicted this trend will continue.

In contrast to the increase

in the number of patients being cared for at home in the region considered as a whole, however, the number of visits in Halton Hills and Milton was lower last year than the previous year. In 1977 there were 1,277 visits made in Milton and 1,804 in Halton Hills.

"The population in the north is increasing, it's strange the number of visits is going down," commented Mrs. Macleod, who speculated the population increase was in young families who were not in need of nursing care at this stage of their lives. Or, there are people who need help but who are not aware of VON services.

Staying home can be an alternative to hospitalization, for example, for the patient suffering from cancer. More-over patients who have had surgery are discharged much earlier than they used to be. The nurse visits to change the dressing and check the healing of the incision.

Some at-home patients require the services of several health professionals. Two who visit in the home are occupational therapists and physiotherapists.

Contrary to popular belief, occupational therapists teach patients how to conserve their energy and how to make adjustments that will allow them to manage their homes despite their illnesses or disabilities.

Physiotherapists can help the patient improve his mobility and the use of his muscles and joints.

The work of these professionals is aimed at helping the patient regain or retain the ability to perform everyday activities, from getting dressed to doing household chores.

In order to co-ordinate their efforts for the patient's benefit all the workers involved with the patient and family are in contact with one another. "We need to talk together so we don't undermine each other's work," commented Mrs. Macleod. She called it "working in a

team". Who acts as leader of the team depends on which service is the major one required, she said.

When multiple services are needed, the patient usually qualifies for the Home Care Program. In an attempt to control health costs this program was set up by the Ministry of Health as an alternative hospitalization for selected patients.

The Home Care Program is administered locally. If patients on the program require nursing care, the program purchases nursing services from the VON.

Supervision and administration of medications is a "big but inconspicuous part of what we do," Mrs. Macleod went on. It may simply involve laying out the medications so the patient remembers to take them and to take them correctly. Or, the nurse may visit to give a patient injections, if he is unable to give his own.

The nurse also makes sure the patient understands what he is taking, why, and what

problems may arise. "Medications nowadays are powerful," the director commented, adding the nurse has to be knowledgeable not only about individual medications but about the effect of medications taken in combination.

The VON accepts patients referred by doctors or agencies such as the Cancer Society, at the request of the patient himself or his relatives, or even sometimes at the request of a neighbor.

When the VON receives a request for services, a nurse goes out to make a visit. The patient's doctor is always made aware the VON is visiting. In cases where immediate medical involvement is needed, the doctor is notified before the first visit is made. In other cases, he may not be notified until after the visit, Mrs. Macleod said.

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Stop Over is given grant

The steering committee for the "Stop-Over", a proposed hostel for abused wives and dependent children, somewhere in Halton, has been given a Canada grant to hire three university students to do research work.

The students will investigate the need for such a hostel, explained Betty Hill, Family counsellor with

Halton Region, who is a member of the steering committee.

She explained the committee would also like volunteers to become interested in the project.

Gloria Hineks is chairman of the committee, and local members are Johan McMillan, Debbie Taylor and Tudor Beattie.

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