Lessons learned

Once again, nurses are on the front lines of a pandemic. They staff large city hospitals and small rural clinics and see patients in outpatient clinics, prisons, public health departments, and schools across the country. Lessons from the past remain relevant today. Moving forward, there are valuable lessons to be learned by documenting and preserving nurse experiences during the COVID-19 pandemic. Advanced preparation, a strong public health infrastructure, and immediate and effective response at the local, state, and federal level is necessary. Global preparation, response, and cooperation will also be critical in future pandemics.

REFERENCES

15. Wald L. Influenza: when the city is a great field of battle. 1919;19(8):609-611.

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Nurses on the front line: The 1918 influenza and COVID-19 pandemics

LEARNING OUTCOME: To demonstrate knowledge of the experiences of nurses in the US during the 1918 influenza pandemic compared with those of nurses responding to the COVID-19 pandemic by achieving a minimum score of 70% on this outcomes-based posttest. LEARNING OBJECTIVES: After completing this continuing professional development activity, participants will be able to apply knowledge gained to: 1. Recognize the characteristics of the influenza virus that caused the 1918 pandemic. 2. Identify the nursing priorities for those affected by the 1918 influenza pandemic. 3. Differentiate the basics in patient care for the 1918 influenza pandemic and the COVID-19 pandemic.

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<tr>
<th>Question</th>
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<tr>
<td>1. The fall of 1918 saw the spread of a deadly influenza virus mutation now known as</td>
<td>a. H1N1. \n b. H3N2. \n c. influenza B.</td>
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<td>2. Signs and symptoms of the 1918 viral infection included</td>
<td>a. projectile vomiting. \n b. paresthesias. \n c. severe headache.</td>
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<td>3. During the 1918 influenza pandemic, certain patients developed a respiratory complication with a 60% to 70% mortality that is now known as</td>
<td>a. meningococcal pneumonia. \n b. ARDS. \n c. pulmonary embolism.</td>
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<td>4. The 1918 influenza virus was unique in that it was notably deadly among healthy people between ages</td>
<td>a. 12 and 19. \n b. 20 and 40. \n c. 41 and 55.</td>
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<td>5. Which of the following was considered a primary treatment for the 1918 influenza virus?</td>
<td>a. bed rest \n b. fresh air \n c. isolation</td>
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<td>6. Which of the following was a remedy administered to patients during the 1918 influenza pandemic?</td>
<td>a. corticosteroids \n b. penicillin \n c. digitalis</td>
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<td>7. Settlement houses in Chicago and New York during the 1918 influenza pandemic provided</td>
<td>a. necessities. \n b. respiratory therapy. \n c. medications.</td>
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<td>8. Following guidance from the Red Cross, nurses caring for patients in 1918 wore masks made of</td>
<td>a. cloth. \n b. paper. \n c. gauze.</td>
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<td>9. During the COVID-19 pandemic, which of the following factors was the same during the 1918 influenza pandemic in the US?</td>
<td>a. Hospitals in major cities avoided becoming overwhelmed. \n b. Each state and community had to rely on its own resources. \n c. Healthcare professionals had little understanding of how viral illnesses spread.</td>
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<td>10. During the COVID-19 pandemic, what factor differed greatly from the 1918 influenza pandemic in the US?</td>
<td>a. Nurses were on the front lines of patient care. \n b. Antiviral drugs such as remdesivir were available. \n c. Bathing and turning patients were part of basic nursing care.</td>
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