

Feb. 8, 1955

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PATIENT'S HOSPITAL GOWN

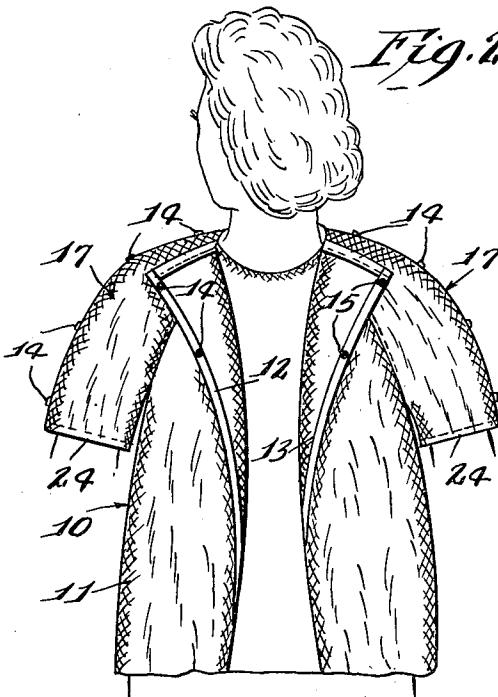
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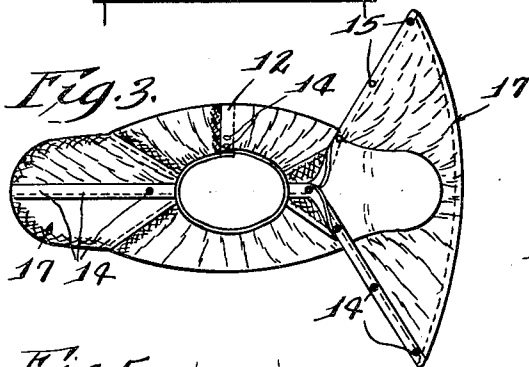
*Fig. 1*



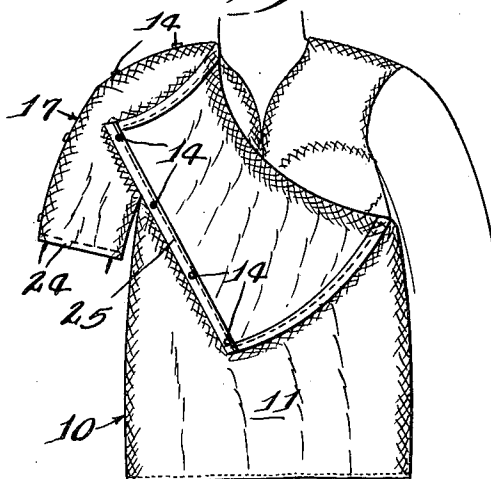
*Fig. 2*



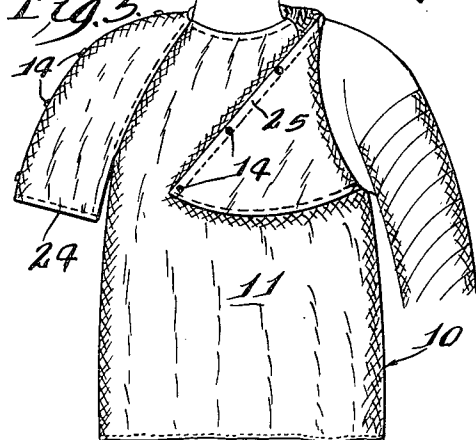
*Fig. 3*



*Fig. 4*



*Fig. 5*



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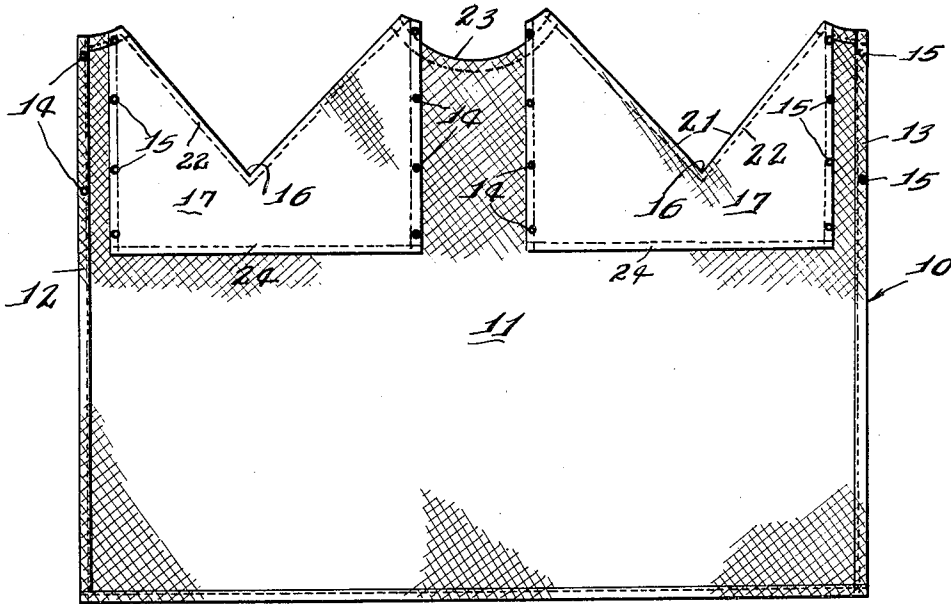
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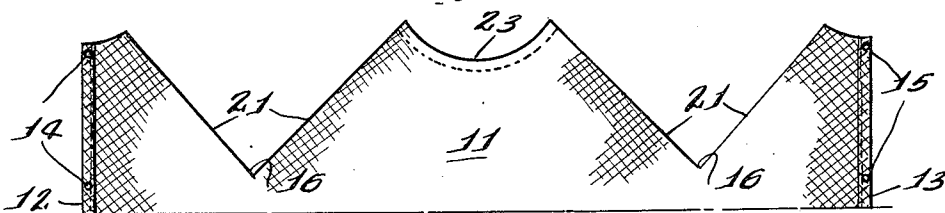
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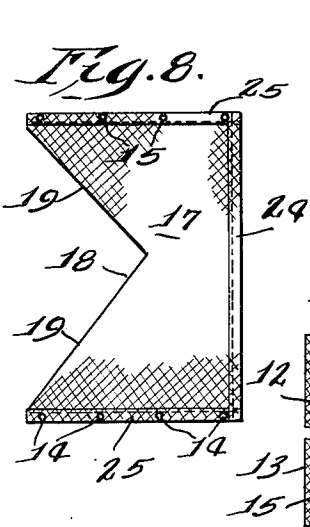
*Fig. 6.*



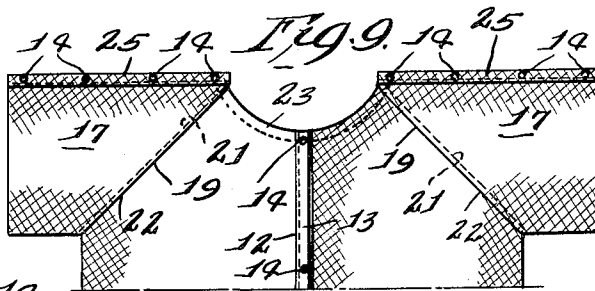
*Fig. 7.*



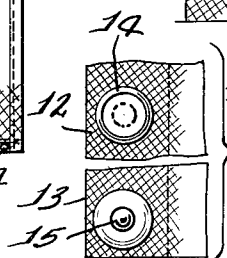
*Fig. 8.*



*Fig. 9.*



*Fig. 10.*



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## PATIENT'S HOSPITAL GOWN

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2 Claims. (Cl. 2—114)

The present invention relates to a novel patient's hospital gown.

In gowns of the type now employed in hospitals, the sleeves and body are sewn together, the body being formed of three longitudinal sections with a vertical seam at the opposite sides of the gown and with the sleeves set in and provided with a seam beneath each arm. The gown so formed is only open at the back and thereat closed by one or more ties.

In the event the patient wearing such a gown is to be given intravenous medications and solutions or blood transfusions, the gown must be removed or the sleeve thereof must be torn or cut to expose the upper arm. This not only results in discomfort to the patient, but frequently results in having treatments interrupted and re-started, which may cause considerable pain and danger to the patient. If the patient requires an arm cast or extensive bandaging or any kind of upper arm treatment, the only alternative with gowns of the type now used is for removal of the gown or the cutting or tearing of the sleeve to expose the part requiring treatment or bandaging.

In the case of complete immobility of the patient, such as in cases of severe cardiac, substantial surgery or complete paralysis, the removal of the prior form of gown may be a considerable task and requires substantial time and discomfort to the patient. Also in the case of any type of neck or breast surgery or treatment, removal of such prior type of gown is necessary.

The present invention obviates all of the above objectionable features of the prior form of gown in that exposure may be had of either upper arm or shoulder, or to either side of the chest or breast, or to the complete chest, merely by unsnapping one or more of the conveniently spaced fasteners. For example, when giving intravenous medications and solutions or blood transfusions, either sleeve may be opened whereby to give free access to any part of either arm without slipping the patient out of the gown and without tearing or cutting the sleeve, thereby permitting treatments to be carried out most effectively as well as promoting better technique and contributing to the comfort and appearance of the patient.

If it becomes necessary to remove either arm of the patient from the sleeve of the present gown, this is simply and quickly accomplished by unsnapping the conveniently located snaps or fasteners in the area to be exposed, thereby saving the patient the discomfort and risk of having treatments interrupted and re-started which frequently result in considerable pain and may endanger the patient. Where the patient's upper arm alone is to be exposed, the snaps or fasteners at the neck and shoulder remain snapped, thus eliminating unnecessary exposure and adding greatly to the comfort, neatness and appearance of the patient.

If the patient should have an arm cast or extensive bandaging, the sleeve of that arm may be conveniently opened and closed by simply unsnapping and snapping the fasteners at the top of the sleeve. Furthermore, in cases of complete immobility, as is often necessary in cases such as severe cardiac, certain surgery or complete paralysis and many other cases, the present gown may be easily snapped on or snapped off without disturbing the patient and without withdrawing the sleeves from the arms of the patient. Furthermore, the convenience of being able to dress a patient in a gown of the present construction with its arrangement of snap fasteners,

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especially when patients are difficult to move or lift, is highly important.

In the case of any type of neck or breast surgery or treatment, the snaps or fasteners at the neck and shoulders may be easily and readily opened and thereby give free and easy access to affected parts without the necessity of removing the gown. Also in obstetrical cases where hygiene and sanitation are of extreme importance, the convenience and simplicity of the present garment is readily apparent. The snaps at the neck, shoulders and arms may be unsnapped and with a sleeve and the front of the gown folded back or down to expose the breast for nursing the baby or for pumping the breast, danger of contaminating the breast or the baby by a soiled or infected gown is eliminated. Furthermore, the patient is not unduly exposed or embarrassed.

By closing the present gown in back by two snaps or fasteners, one at the neck and another between the shoulders, there is eliminated the ties and hard knots at the back of the prior form of gown which often cause great discomfort and bed sores from constant lying on them.

Another important advantage of the present gown is that the flat seams where the parts are joined do away with any rough edges, thereby eliminating the danger of irritation or cutting of the skin.

By forming the gown in the manner disclosed, the present garment may be unsnapped in the back and at the top of both sleeves so that it may be opened flat, making it most convenient for laundering. In ironing, it may be put through the mangle flat or it may be folded as a sheet.

Further objects are to provide a construction of maximum simplicity, efficiency, economy and ease of assembly and operation, and such further objects, advantages and capabilities as will later more fully appear and are inherently possessed thereby.

In the drawings:

Figure 1 is a view in front elevation of the novel patient's hospital gown as worn by the patient.

Fig. 2 is a view in back elevation of the novel gown but open at the rear to show the snap fasteners thereat and the manner of closing.

Fig. 3 is a top plan view of the gown as it would appear upon a patient, but with several of the fasteners along one sleeve open for access to the upper arm and shoulder.

Fig. 4 is a view in front elevation with all the fasteners along one of the sleeves open to expose the upper arm, shoulder and the left breast.

Fig. 5 is a front view of the garment opened as in Fig. 3.

Fig. 6 is a top plan or expanded view of the interior of the present novel patient's hospital gown opened, but with the raglan sleeves folded back flat and in position for easy mangling.

Fig. 7 is a fragmentary plan view of the upper portion of the body of the gown before the raglan sleeves have been added.

Fig. 8 is a plan view of the interior of one of the raglan sleeves before it is attached to the body.

Fig. 9 is a fragmentary view in rear elevation of the upper portion of the assembled and folded gown.

Fig. 10 is a fragmentary enlarged view showing the form of the female and male fastening elements or snaps preferably employed for attachment or closing.

Referring to the disclosure in the drawings and to the novel illustrative embodiment shown therein, the present hospital patient's gown 10 is formed of an integral body portion 11 having its joining edges or hems 12 and 13 at the rear and each provided with one or more snap fasteners, the fasteners comprising a female member 14 affixed to one edge or overlapping hem 12 and a male member 15 affixed to the adjoining edge or hem 13 for closing the gown at the rear (Figs. 2, 3, 6, 7, 9 and 10). The integral or one-piece body portion 11 at each side thereof is provided with a V-shaped recess, notch or cut-out 16 for the reception of and the joining thereto of a raglan sleeve 17.

Each section forming a sleeve 17 is notched or cut out at 18 (Fig. 8) where it is joined to the body portion and the angularly arranged edges 19 of the sleeves and the

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angularly arranged edges 21 of the body portion 11 are joined or sewn together to form oppositely extending seams 22 running from beneath each arm and then converging toward the hemmed neck line 23 of the garment. Each sleeve is formed with a transverse hem 24 at the lower end thereof and with longitudinally extending hems 25, one having a plurality of spaced female fastener members or elements 14 and the other with similarly spaced male fastener members or elements 15 extending from adjacent the neck to adjacent the hemmed end of the sleeve.

The gown may be of any desired size and suitable length for the purpose intended. By providing the fasteners over the top of the raglan sleeves, it will be apparent that these fasteners are readily accessible and one or more of them may be opened for access to any desired area of either of the upper arms, the chest or breast, in the manner shown in the drawings.

Having thus disclosed the invention, I claim:

1. A patient's hospital gown consisting of an integral, one-piece garment closed at the front and divided at the back and a pair of raglan sleeves joined to the garment and adapted to extend over the upper arms and shoulders to the neckline of the garment, said garment at its upper edge being contoured to provide a curved neckline and at each side of the neckline a relatively deep substantially V-shaped cut-out, each of said raglan sleeves having a substantially V-shaped cut-out with the edges of a V-shaped cut-out of a sleeve joined to the edges of a V-shaped cut-out of the garment and with each sleeve foldable flat onto the garment, each of said sleeves being longitudinally divided over the top thereof from the neckline to the opposite end thereof to permit the sleeves to be partially or fully opened along the top thereof and adapted to be folded back to expose the upper arm, shoulder, neck, chest or breast of the patient, spaced snap

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fasteners on the adjoining edges of the sleeves for detachably connecting said adjoining edges when overlapped whereby either or both sleeves may be closed or opened for the full length from the neckline to the end of said sleeves or for a portion of their length, and spaced snap fasteners along the adjoining edges of the garment at the back to facilitate dressing the patient and when the adjoining edges are overlapped and fastened presenting a flat surface upon which the patient lies.

2. A patient's hospital gown comprising an integral body portion with its opposite longitudinally extending edges adapted to be joined at the rear of the body portion when these edges are overlapped whereby the gown is closed at the front and adapted to be opened at the rear, the upper edge of the body portion being contoured to provide a neck portion and at each side of said neck portion provided with a substantially V-shaped recess, a pair of sleeve portions each having a substantially V-shaped recess with the edges defining each recess of a sleeve portion substantially conforming to and integrally joined along these edges to the edges defining a V-shaped recess of the body portion whereby these sleeves may be opened flat and folded onto the body portion, and spaced fasteners on the longitudinally extending edges of the body portion and on the longitudinally extending edges of the sleeve portions to close or partially close the gown at the rear and adapted to close either or both sleeves over the shoulders and upper arms.

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