

Notes on Practical Nursing.

THE DIETING OF PATIENTS.

LECTURES TO PROBATIONERS.

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XII. — DIET IN HÆMOPTYSIS, PLEURISY, ASTHMA.

The consideration of "Diet in Phthisis" would be very incomplete without reference to the alterations necessary in cases of hæmoptysis.

In many cases this complication is little more than blood-stained streaks in the sputum, and it very frequently passes off without causing any appreciable loss of blood. The streaks may, however, be the prelude to a severe attack of hæmoptysis; their occurrence is, therefore, always to be looked upon as a possible danger signal, and one which we, as nurses, must never disregard, but invariably report to the medical man in charge of the patient. Meanwhile, it is our duty to see that, in addition to the usual precautions as to rest in bed and freedom from mental excitement, the patient in question is not given any stimulant, including tea and coffee.

The fluids which he takes must be either cold or only just warm, and he must be forbidden all butcher's meat, potatoes, and porridge. His dietary table should consist of chicken, fish, bread and butter, milk puddings and eggs, with a daily allowance of three pints of cold sterilised milk.

In cases of severe hæmoptysis it is quite useless to attempt to give the patient any nourishment by mouth during the actual hæmorrhage. Present-day medical treatment of this condition chiefly consists of hypodermic injections of morphia, and it is not the nurse's business to worry the patient with food, but rather to keep him as quiet as possible, so that the drug may exercise its full effect. As this passes off he will probably complain of thirst, and there will be no harm in giving him sips of cold water or milk and water, whichever he prefers, very slowly and carefully by means of a feeding-cup, remembering that any movement on his part may bring about a return of the hæmorrhage.

Do not give your patient ice to suck unless you have been especially instructed to do so. It always increases thirst, and one can never be sure whether it has been made from sterile water. Scientists have proved that freezing does not destroy bacterial life, but merely suspends animation, as it were, for the time being.

The patient should have nothing in the way of nourishment but cold milk and water (proportion one-third water), in quantities beginning with $\frac{3}{4}$ ij., and gradually increasing to $\frac{3}{4}$ v., for twenty-four hours after the attack of hæmoptysis.

If there be then no sign of returning hæmorrhage

—i.e., no bright-coloured blood in the expectoration, but only dark-looking pellets of old blood-clot—beaten-up eggs and bread and butter can be added to the dietary, and, twelve hours later, boiled fish may be given, and the meals gradually brought up to the standard laid down for cases of slight hæmorrhage.

Some authorities, however, prescribe a regimen exactly opposite to this; they cut off all fluids so far as is practicable, following the "Tufnel system," and giving only dry foods, such as cold meat and stale bread, with a view to lessening the pressure in the blood-vessels.

This system was tried here in several cases, but eventually the physicians discarded it; apparently it produced little or no result, except extreme discomfort to the patients, whose sufferings from the thirst common to all cases of hæmorrhage were very materially increased.

When, in addition to the lungs, any other part of the body is attacked by the tubercle bacillus, the diet appropriate must be employed. Thus, meningitis requires a fever diet, and tubercular disease of the stomach and intestines that suitable for cases of ulceration of these particular organs. Pleurisy is a very common complication in phthisis. If it be only slight and not causing a rise in temperature the patient's diet may remain unaltered, but if there be much effusion the medical man may prescribe "dry" foods, in the shape of cold roast beef, toast, biscuits, and dry cheese, with not more than $\frac{3}{4}$ xxx. of fluid in each twenty-four hours, the treatment to be continued for two or three days. Few persons can, however, stand this regimen. The more usual plan is to give instead a half-diet of fish or chicken, lightly-boiled or raw eggs, bread and butter, milk puddings, and stewed fruit, with two pints of liquid, including tea, coffee, and milk, per diem. Preparations of beef-tea are not advisable, as they increase thirst and contain hardly any nourishment in proportion to their bulk; if given at all they should be made without salt and thickened with pounded meat.

Asthma also frequently occurs in phthisis. This is particularly unfortunate, as it requires a very different diet from that which we have seen to be necessary for a consumptive patient.

An asthmatic must avoid all indigestible food, and also be careful not to take bulky meals. He should not drink more than he is actually obliged at the same time as when eating solid food. This forbids the regulation half-pint of milk usually prescribed for a phthisical patient as an accompaniment to his principal meals. The asthmatic may, however, drink milk in $\frac{3}{4}$ x. quantities between meal-times.

The quantity of carbohydrates must be greatly reduced and very little of the fat group taken,

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