

Notes on Practical Nursing.

THE DIETING OF PATIENTS.

LECTURES TO PROBATIONERS.

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XIII.—DIET IN BRONCHITIS AND CARDIAC DISEASE.

Bronchitis is one of the most common diseases of the respiratory organs with which we as nurses are concerned. There are two types recognised—the chronic and the acute; old people frequently suffer from the first, but any sudden exposure to cold may render the illness acute and even fatal.

Sometimes bronchitis is associated with asthma and phthisis. As it always requires especial care as to warmth and suitable nourishment, its presence completely alters the usual treatment of consumption in these particulars.

It is necessary that you should be conversant with the appropriate dietary, because upon this the patient's life during an acute attack may actually depend, whilst even in a more chronic case correct feeding will add very materially to the physical comfort of the bronchitic. There are two points in this connection to be noted:

(a) That bronchitis is a particularly exhausting illness, and we must therefore be careful to maintain our patient's strength with suitable nourishment.

(b) That we must avoid overloading the stomach with bulky foods, or allowing that organ to become distended with gas generated by fermentable articles of diet.

The study of physiology has already taught you that the stomach lies immediately below and the heart just above the diaphragm; therefore, any distension of the stomach which tends to enlarge it in an upward direction serves to press the diaphragm against the heart, and so embarrass its action. (I wish to lay great stress upon this point, as it is of much importance in dealing with the second part of this evening's lecture, "Diet in cardiac disease"). Patients suffering from chronic bronchitis should avoid saccharine, farinaceous and fatty foods, as these are all liable to cause discomfort by fermentation. Shellfish and other known indigestible articles of diet are, of course, forbidden, and as little fluid as possible should be taken with solid food (in order that the bulk be not increased). The principal meal should be eaten in the middle of the day. Strong beef-tea and good soups are useful, and the patient should have as much milk as he can conveniently take in $\frac{3}{4}$ v. quantities between his meals and in the night. Barley-water flavoured with lemon makes a pleasant drink, and often soothes cough to some extent.

Should the bronchitis become acute we must cut off all solid food, giving as much nourishment as possible in the fluid and semi-fluid form. The dietary table will now consist of milk, beaten-up eggs, broths thickened with pounded meat, and farinaceous preparations such as arrowroot. Casu-men and plasmon are useful, as they contain a certain amount of nourishment in a highly concentrated form and can be added to these foods without appreciably increasing their bulk. The meals should be given at frequent intervals— $\frac{3}{4}$ v. every hour and a-half during the day, and every two hours through the night.

As convalescence approaches, the quantities can be increased and the intervals between administration proportionately lengthened, so that the same amount of nourishment is taken by the patient.

I must seize this opportunity of impressing upon your minds the necessity of always keeping an exact account of the food, &c., taken by the sick person under your care. Write down immediately after each meal its component parts and the actual quantity consumed; and at the end of each twelve hours make a summary for purposes of comparison.

This is the only method which will enable you to furnish the medical man with an actual report of each day's nourishment.

A caution against inaccuracy is not unnecessary. I have known nurses who made out their reports by guesswork, and others who carefully measured the amount given instead of that taken, and whose reckonings, not taking into account the odd ounces left in the feeding-cup, were extremely unsatisfactory and misleading. It is a matter for regret that feeding-cups are not universally graduated in ounces; this would be a great convenience in the majority of cases.

During convalescence the dietary will be increased in the usual order, milk-puddings, boiled fish, and chicken marking the various steps of progress.

Much of the above applies to cases of cardiac disease. It is of the utmost importance to avoid distension of the stomach in patients suffering from "weak hearts" and valvular mischief. One constantly meets with uneducated sufferers who describe terrifying sensations which they attribute to "wind round the heart," and you almost always find that they try to disperse it by rubbing. Fermentation of some article of food in the stomach is really the cause of offence, and when this is removed the trouble is over. It is a great mistake for patients to attempt to get rid of the flatus by mouth; they should be instructed to keep it down, otherwise they swallow large mouthfuls of atmospheric air, which add to their discomfort. Bicarbonate of soda $\frac{3}{4}$ j. dissolved in a tumbler of warm water and slowly sipped will generally give relief by neutralising the acid contents of the stomach.

Dr. Balfour details certain rules which he states

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