

## The Feeding of Delirious Patients.

By Miss H. M. TURNER.

The feeding of delirious patients is usually a somewhat difficult matter.

Two or more nurses are always required for this purpose. Methods of feeding are:—

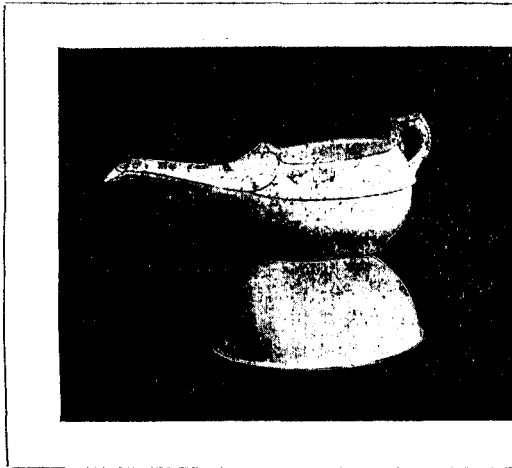
Careful spoon feeding, the expert use of a boat-shaped feeder, tube feeding, enemata, nutrient suppositories, and the subcutaneous injection of liquids—such as brandy—by means of the hypodermic syringe. When fed by mouth the patient should be placed in a comfortable position, with a pillow under the shoulders and the head inclined backwards over its edge. The nurse who is to assist should secure the patient's hands and keep him steady. If very restless, he should be wrapped in a sheet secured with strong safety-pins, or a bandage. The nurse must sit on the bed to the left of the patient and hold his head firmly with both hands. When the teeth are clenched the mouth may be forced open with the help of a broad spatula. A gag is required when spoon or feeder is used. The fluid, which should be warmed, must be got well on to the back of the tongue, when involuntary swallowing will follow; the boat-shaped feeder having a spout about 3 in. long, is excellent for this purpose.

Another method of feeding is by the use of an ordinary glass syringe, to which a piece of indiarubber tubing is attached—“Scott-Battam's Method.” The glass syringe is filled with milk, beef-tea, or other liquid, the tubing is fixed on and passed into the mouth on to the back of the tongue, and the piston of the syringe is pressed *very slowly* to allow of the fluid being gradually

swallowed. When the teeth are clenched the tube may be passed between the cheek and the jaws, and the use of a gag avoided.

Another method of feeding is by the use of an indiarubber catheter attached to a glass funnel capable of holding 3 oz. or 4 oz. The catheter, after being sterilised and oiled (vaseline is apt to clog the eye of the catheter),

is passed into the pharynx through the mouth, or if necessary through the nose. The required quantity of liquid should be put into a glass measure and from this slowly poured into the glass funnel; when the latter is empty the tube must be quickly withdrawn. From my own experience of tube feeding in cases of delirious patients this method is by no means easy nor free from risk; perseverance in



Boat-Shaped Feeder.

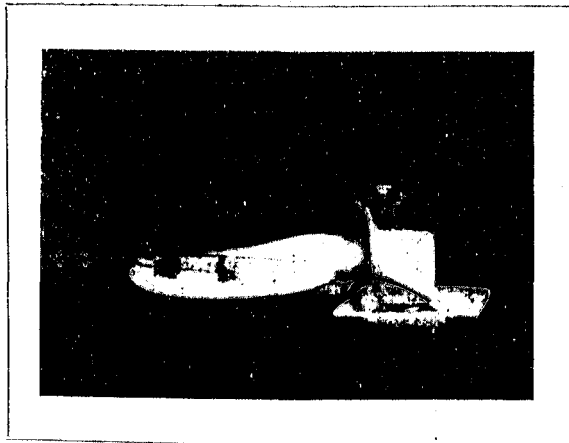
the first two methods I consider best.

The rectal administration of food is not usually satisfactory for such cases when given in small quantities, firstly because of the uncertainty as to the amount of food retained, and, secondly, because of the disturbance of the patient for the purpose of washing out the

bowel preparatory to the injection. If, however, this means is tried, a large enema (1 pint) given in the following way may be retained.

The bowel must first be emptied by an evacuant enema of glycerine or olive oil, and then soothed with an opium suppository. The pelvis is raised on pillows. A soft flexible tube, to which a funnel is attached, is passed about 8 in. up the rectum so that

the fluid flows into the sigmoid flexure, and by this means is prevented from returning. Where there is great loathing of food, as with cases of delirium tremens, this means may be adopted with success.



Syringe used in Scott-Battam's Method.

[previous page](#)

[next page](#)