Lectures on Elementary Physiology in relation to Medical Nursing.

By Bedford Fenwick, M.D.
Physician to The Hospital for Women, Soho Square.

Lecture III.—The Digestive Organs.

(*Continued from page* 311.)

As you are aware, this is a metal or china vessel which, filled with the necessary fluid, can be hung up at any height above the patient's body which may be required; the greater the height, of course the greater will be the force and velocity with which the fluid will issue from the india-rubber tube attached to the lower end of the vessel. By this means, the power can be regulated to a nicety, whereas it is always difficult to estimate the pressure employed by the hand in compressing the ball of a Higginson's syringe, and therefore the force with which the fluid is impelled into the rectum.

In giving such an injection two points of considerable practical importance should always be remembered. The first fluid that passes through the long india-rubber tube necessarily becomes considerably chilled, and therefore issues from the nozzle more or less cold. In the case of a rectal injection this would cause much discomfort to the patient. It is a good rule that the fluid should be neither too cold nor too hot; and very often, especially in cold weather, the insertion into the rectum of a quantity of cold fluid might do considerable harm. It should be an invariable rule, therefore, always to run the fluid from the Hydrostatic Tin through the tube until it issues quite warm from the nozzle end, before it is used as an injection.

Then, again, in this length of tube, a considerable amount of air must be present, and inexperienced Nurses often cause the greatest discomfort, if not actual pain, to their patients by forgetting this fact, and therefore, by causing this air to be injected in front of the fluid, into the intestines. The mistake can be easily obviated by holding the catheter or enema tube—as the case may be—up to the level of the water in the Hydrostatic Tin; by then turning the tap the water will flow up to its level, and thus just flow out from the end of the tube; the tap then being turned, the tube will remain full of fluid and free from air while it is inserted in the ordinary manner into the rectum.

It will not be out of place to add, that this practical point is of equal importance in all injections. For example, when injections are being given into the uterus or the vagina; in the former case—especially in patients suffering from incipient blood-poisoning after labour, and when it is of the utmost importance to wash out the cavity with some strong antiseptic fluid—the admission of air as well as of water will not only cause the patient unnecessary pain at the time and much subsequent discomfort, but may also have other detrimental effects. The precaution of seeing that the tube is entirely free from air is essential in the case of forced feeding by the stomach or œsophagus tube. The simplest method of effecting this is to allow the fluid to flow from the end of the tube, and then to have the india-rubber constricted tightly while the tube is passed through the nostril and down the œsophagus; then by relaxing the pressure of the finger and thumb on the tube, a little fluid is allowed to flow down the canal, and if by any accident—as sometimes happens—the soft india-rubber has been checked at or just inside the larynx, the passage of a few drops of the fluid down that canal will cause a violent attack of coughing, and thus the further flow of fluid can be immediately stopped. It is, for the same reason, advisable, whenever this can be safely done, to pass the tube, even in insane or delirious patients, well down the œsophagus before the beef-tea, or milk, or other fluid nourishment, is permitted to run down. If the end of the tube slips into the larynx, its presence will be at once shown by the irritation which it excites. The simplest method of giving such injections is by attaching an india-rubber tube to an ordinary glass funnel, the fluid being poured into the funnel and the tube filled also. Then when the tube has been passed, and the fluid is running down into the stomach, the level of the fluid must always be kept nearly to the top of the funnel so as to prevent the entrance of air into the tube and so into the stomach. When, through carelessness or inexperience, this has occurred, and quantities of air have been permitted to be injected between relays of fluid, the patient has often suffered either from extreme and painful distension of the stomach, or from attacks of vomiting which have undone or prevented the good which the injection was desired to do.

(*To be continued.*)

previous page next page