

rest with the medical practitioner in attendance. Delirium may accompany any of the specific fevers, pneumonia, brain disease, or erysipelas. It may occur after operations or severe hæmorrhage, also in cases of heart and kidney disease. It is occasionally associated with severe forms of chorea in children from about twelve to fifteen years of age. The matter of feeding under such circumstances, as in a case of chorea, is an extremely difficult one, and if not skilfully managed, may be harmful in causing a very great amount of excitement to the patient, thereby incurring a further risk of injury to the probably already damaged heart.

Nasal tube feeding is usually adopted, but before this can be accomplished it is sometimes necessary to control the violent movements by giving a hypodermic of morphia just before the feed is due. In these cases it is most essential that the diet should be a nourishing one, and that the patient should be disturbed as seldom as possible.

In brain affections with children one has to depend largely upon tube feeding, and in some cases for quite a length of time. I can quote one instance in a children's hospital of a simple meningitis which occurred during an attack of pneumonia in a child of four years, where tube feeding by nose and mouth was employed consecutively for six weeks, and after this time at intervals for a further similar period. The child eventually got quite well.

With children, as well as with adults, nutrient suppositories may be used in addition to other means taken for the administration of food where there is delirium. When these are given the same preparation of the lower bowel must be made as described in regard to the administration of nutrient enemata; these suppositories are composed of meat or milk.

Delirium tremens is the result of alcoholic excess. This may arise when an intemperate subject becomes the victim of disease, or when injury is caused by an accident.

In some cases it would be undesirable to use a tube for cesophageal or stomach feeding; as, for example, in cases of pneumonia where the respiration is affected, or in scarlet fever, or diphtheria where the throat is affected. In enteric fever the rectal tube would not be used for the purpose of giving food.

Where there is delirium in many cases nasal tube feeding may be found very valuable in turn with feeds by mouth—say, three tube feeds in the twenty-four hours of half a pint at a time. This arrangement will make it an eight-hourly one, and a feed in the night will in this way be got in, which is an essential

point. The remainder of the full amount can be given in small quantities by any of the methods found best as already given in detail.

It is well, unless in a few exceptional cases, to always persevere in feeding a little by mouth, as when nothing is given the mouth becomes very dry and uncomfortable, and keeps the patient restless and dissatisfied.

The art of feeding delirious patients can only be acquired by careful instruction in the first instance, followed on by a considerable practical experience. Untiring energy, patience, tact, knowledge of her work, perseverance and skill—these qualifications are all needed for the moment of action in a nurse who is to successfully surmount the difficulties which will arise in the management of the feeding of delirious patients.

Asepsis with regard to all details must be carefully carried out. Tubes, syringes, spatulas, &c., must all be thoroughly sterilised before use, and the nurse must be as particular with the sterilising of her hands as in the preparation for any other operation.

During exhausting illnesses such as cases of inflammatory affections of the brain, chorea, enteric fever, or other wasting diseases where much emaciation follows, a condition of delirium in a greater or less degree is apt to prolong itself, therefore it is necessary to persevere in giving food somehow that this state of things may be overcome as quickly as possible, as a sufficient supply of nourishment and sleep is an absolute necessity for the recovery of a delirious patient. In all forced feeding the diet must be a fluid one, nourishing and easily digested.

In the nursing of delirious patients anything that will cause excitement should be carefully avoided. No noise should be allowed in the room, and the light should be excluded as far as possible from the patient's eyes. A delirious patient should be kept under observation day and night.

There is one thing more I think it well to add here as a caution to young nurses. It is this, that they should learn to recognise the beginning of a delirium in cases of illness. This may be quiet or active. Sleeplessness, excitability, lethargy—any such condition may indicate the advent of an attack. To be forewarned is to be forearmed. The correct observation of a nurse may avert much suffering to the patient, and trouble to herself if she reports the state of things at once.

Sometimes delirium will only be present at night, not in the day, and this a nurse should be fully aware of, that precautions for the patient's comfort and safety may be made.

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