

### Forced Feeding.

The question of forced feeding of patients is one which from time to time is a necessity in the care of the sick, and one which all nurses are, or should be, taught to perform in the course of their training. The most usual method is nasal feeding, which years ago was frequently employed in cases of diphtheria after tracheotomy, and, though the operation of tracheotomy is now happily much less often necessary, it is still used in cases of diphtheria when paralysis of the soft palate occurs, as in these cases the patient is often unable to swallow properly. It is also employed in asylums for the insane, when patients refuse food and the question of the maintenance of life becomes an acute problem.

Like so many other duties performed by trained nurses, in skilled and expert hands nasal feeding is a comparatively easy manipulation; but, as in other circumstances in which tubes are introduced into orifices of the body for various purposes, the first essentials are gentleness and skill in performance, otherwise serious injury may be occasioned. It is scarcely necessary to demonstrate this point to nurses by drawing attention to the need for care in inserting into the rectum the nozzle of a Higginson's syringe, when the delicate mucous membrane may be injured if this duty is carelessly performed, or in introducing a long rubber tube into the colon for irrigation or other purposes. In careful hands this is a simple matter; roughly or unskillfully performed, it may easily cause perforation and death. So in catheterisation. It is an act which is constantly undertaken for the benefit of the patient, and performed painlessly and without harming him or her; but, again, want of skill may cause irremediable harm to the patient from injury inflicted on the urethra or walls of the bladder.

Take, again, the case of a vaginal or intra-uterine douche. Its administration may be indicated, beneficial, and, with proper precautions, safe. Without them, the introduction of a tube into the uterus would be a proceeding dangerous in the highest degree. The same argument applies to the instillation of drops into the eyes, and the irrigation of the ears. The latter process is often indicated, but if ignorantly performed it may not only cause intense pain, but may even occasion sudden death. So in the case of nasal feeding. In skilled hands it may be used for the benefit of the patient, and even be the means of saving his life, but in no case would any medical practitioner think of employing it, or authorising its employment, in the case of a sane adult

without explaining to him the nature of the manipulation, and gaining his consent to its use.

The method employed, although to experienced nurses it has become by constant practice an act which is almost mechanically performed, demands dexterity, and is not free from risk. The safest method is when a soft rubber catheter is employed, to which a tube and glass funnel are attached. The food to be given—usually consists of milk, eggs, beef essence, and perhaps some stimulant in the form of brandy or whiskey—is heated to blood heat and carefully strained to remove any particles which might, if introduced, block the tube and obstruct the flow of the fluid. The amount given should always be measured. Before introducing any food, it is, of course, necessary to be certain that the tube has entered the œsophagus and is not in the trachea, or the liquid may be poured into the lungs, when the risk is that the patient may be choked, or pneumonia set up. Also, before pouring any of the food to be administered into the funnel, the catheter should be pinched near the nose, so that air may not be introduced into the stomach, and the gentle flow of the liquid can be regulated by the same method. In order that the flow may be observed, the catheter and the rubber tubing employed should be connected by a short glass tube, through which the flow of the fluid can be kept under observation, and, therefore, control.

The first pitfall which confronts the inexperienced manipulator is the angle at which the catheter, which should always be well oiled, is inserted in the nostril. Almost invariably she endeavours to direct it upwards, whereas the right direction is in a line above, and parallel with, the roof of the mouth. If this is remembered the catheter naturally turns downwards and passes by the posterior wall of the pharynx into the œsophagus. But two mishaps may occur at this juncture. The catheter may curl up at the back of the throat instead of passing down the œsophagus, when it will have to be taken out and re-inserted; or a more serious thing may occur, and it may pass down the trachea, which is immediately in front of the œsophagus, and is the tube through which air is carried to the lungs. The mouth of this tube, technically called the glottis, is protected by a fibro-cartilage called the epiglottis. If this accident occurred, it would cause serious dyspnoea, and any attempt to force the catheter further onwards with the idea of overcoming some imaginary obstruction would be highly dangerous, as also would be the attempt to pour food down the

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