

OUR PRIZE COMPETITION.

GIVE NURSING MEASURES FOR THE RELIEF OF VOMITING.

We have pleasure in awarding the prize this week to Miss E. A. Noblett, the Military Hospital, Headingley, Leeds.

PRIZE PAPER.

By vomiting we understand the ejection from the stomach of its contents. All vomited matter should invariably be carefully inspected. The composition of the vomitus itself, its odour and colour, are valuable indications of the state of the digestion and the condition of the upper part of the alimentary tract, while the character of the vomiting, the time at which it occurs, whether soon after the meal or toward the end of digestion, and the symptoms which accompany the act, help to determine the cause of the vomiting. In the case of poisoning, the vomitus is of important diagnostic value, and should always be saved for examination. Vomitus, when required for examination, should be covered to protect it from air and dust, but not otherwise disturbed; it should not be mixed with a disinfectant.

Treatment (after Operations).—Some nausea and vomiting almost invariably occur after ether, and to a less extent may be expected after chloroform.

If the alimentary tract has been properly prepared, the vomitus consists of a little greenish fluid, with a bitter taste, mixed with mucus and saliva. During the act of vomiting, an unconscious patient must have his head turned towards the side, and the jaw pushed forward and upward. This closes the epiglottis, and prevents the patient being choked by the vomitus falling into the larynx. The mouth is cleansed with pieces of gauze, either dry or soaked in water, to which a little listerine (or other mouthwash) may be added. In abdominal operations, where there is much retching, there is some risk that stitches about the abdomen may be burst by the strain. To guard against this, the nurse should support the abdomen during the attack by placing her hands on either side and pressing, very gently, toward the incision.

After operations on the mouth, throat, and nose, &c., especially such operations as for the removal of adenoids and tonsils, a quantity of blood may be swallowed, and is usually vomited as reaction begins. The patient, as soon as he recovers consciousness, is allowed to drink water freely. The water is cold or iced, in order not to encourage bleeding from the recent wound.

For the first twelve hours little treatment is ordered for vomiting. If the condition does not improve and the vomiting is persistent, treatment becomes necessary. Persistent vomiting is difficult to control.

Hot stupes, a hot-water bag, or a mustard plaster may be applied to the epigastrium, and together with an icebag to the head, may have the desired effect, or an icebag over the epigastrium may relieve the stomach spasm. The inhalation of vinegar is said to have a sedative effect in vomiting. Cracked ice is given to suck, though this has the disadvantage of increasing the thirst. Very hot water in sips is also ordered. If vomiting is prolonged some doctors wash out the stomach with hot water containing sodium bicarbonate, two drachms to the quart; the patient is induced to drink a couple of tumblerfuls, which will usually act as lavage, without the necessity of passing the stomach tube. Where stimulants are permitted, an ounce of champagne or half an ounce of brandy may be poured over a glass of cracked ice and given in sips.

The position of the bed may also be a help. Usually it is best to keep the head low and the feet elevated. If vomiting is persistent, the patient is propped up in a sitting posture in bed (to reduce the sensation of nausea), and all food and drink by mouth stopped. Thirst is satisfied by saline enemata, and nourishment should be administered only by way of rectum.

The drugs that may be ordered to check vomiting are:—

Essence of peppermint, 5 to 10 drops on a lump of sugar or in water.

Hydrochloric acid, diluted, 5 to 10 minims.

Cocaine hydrochlorid, 5 minims of a 2 per cent. solution may be given every half-hour.

Milk of bismuth in ounce doses may be repeated frequently.

Cerium oxalate, 1 to 5 grs., given dry on the tongue.

Morphia, by hypodermic, $\frac{1}{4}$ to $\frac{1}{2}$ gr.

Opium, usually by suppository, $\frac{1}{2}$ to 1 gr.

A cup of black coffee, to which 10 grs. of sodium bromide have been added, or an enema with bromide and chloral, may have good effect where the vomiting is due to the nervous condition.

When the cause of vomiting is an error in diet, lavage, followed by a purge, such as castor oil, is often the quickest remedy; where the castor oil cannot be retained, an enema may be given.

If sleep can be induced, the attack frequently passes off. A cleansing, non-nauseating mouthwash is given to rinse the mouth.

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