

OUR PRIZE COMPETITION.

OF WHAT CONDITIONS MAY VOMITING BE AN INDICATION? WHAT CARE SHOULD A PATIENT RECEIVE WHEN VOMITING, AND WHAT SPECIAL POINTS WOULD YOU NOTE AND REPORT?

We have pleasure in awarding the prize this month to Miss Gertrude Hilder, R.S.C.N., Nurses' Home, St. Bartholomew's Hospital, London E.C.1.

PRIZE PAPER.

CONDITIONS OF WHICH VOMITING MAY BE AN INDICATION.

Vomiting may be an indication of many and various diseases attacking the human body, and of poisoning.

Cerebral Vomiting may be due to tumour. Vomiting is sudden, frequent, and without nausea, accompanied by constant headache.

Also the same type of vomiting may be a sign of meningitis.

In cases of cerebral hæmorrhage and concussion of the brain, vomiting may be an indication of the patient's return to consciousness.

Gastric disturbances.—(a) *Cancer of stomach.*—Vomit is usually dark brown from the mixture of partly digested blood, "coffee ground vomit."

(b) *Gastric Ulcer.*—Vomiting relieves acute pain after patient has partaken of food. If vomit consists of bright blood it is a sign of hæmetemesis, or gastric hæmorrhage.

Stricture of Œsophagus.—Vomiting of all food, and later fluids, with persistent loss of weight.

Peritonitis.—Vomiting and hiccough, with acute pain over whole of abdomen, abdomen rigid and tender. Rapid pulse, and rise of temperature.

Acute Appendicitis.—Sudden attack of vomiting, with severe pain, particularly referred to in the Right Iliac Fossa.

Intestinal Obstruction, Strangulated Hernia, and Intussusception.—Vomit at first consisting of stomach contents, then contains bile, and later on a faecal matter.

Sudden vomiting may accompany the passage of a stone in either the biliary or renal ducts.

Heart Disease.—Vomiting shows signs of digestive disturbances, which may be due perhaps to drugs.

Diseases of Liver.—Vomit consisting chiefly of bile.

In Infants.—Vomiting may be an indication of child's inability to assimilate food given. May be a sign of overfeeding. If vomiting is persistent, accompanied by green watery stools, it is a sign of Gastro-enteritis. Excessive vomiting, with emaciation and constipation, food returning as from a "pump"—Pyloric Stenosis.

Intussusception is apprehended when there is complete constipation, passage of blood per rectum, collapse of child, vomit of faecal nature.

Specific Fevers.—Vomiting accompanied by sudden rise of temperature and pulse rate, with sore throat, is an indication of Scarlet Fever. Attacks of vomiting with pain in back, headache, shivering, and rise of temperature, may be a sign of Smallpox.

Vomiting may also be a sign of pregnancy if accompanied by Amenorrhæa, enlargement of abdomen, &c.

Pernicious vomiting during pregnancy is an indication of toxæmia, and is a serious condition.

Corrosive poisons.—If patient is vomiting and a whitish

appearance is noticed all over mouth, and patient is collapsed,—sign of corrosive poison.

If acid brownish vomit, with marked collapse and abdominal pain, indication of oxalic acid poisoning.

Physiological poisons.—Nausea and vomiting with acute pain in abdomen and diarrhoea, may be signs of poisoning by any of the following:—Arsenic, Mercury, Phosphorus, or Carbolic Acid. If vomiting is accompanied by slow, irregular pulse, and may be convulsions, digitalis poisoning is suspected.

Anaesthesia.—Vomiting after anaesthesia, just as the patient is regaining consciousness, is one sign of his re-action to the anaesthetic.

Severe vomiting after an anaesthetic must be looked upon with great anxiety, as it may be a sign of some abdominal condition, either peritonitis or intestinal obstruction.

CARE OF PATIENT WHEN VOMITING.

An unconscious patient should never be left when vomiting, keep his head low, and turned on to one side, so that the vomited material does not get into the respiratory tract and asphyxiate him. Keep tongue well forward, and support jaw. Remove any false teeth if this has not previously been done. Protect patient's clothes and bedding with cloths, and hold receptacle for vomit in position. Cleanse mouth after vomiting has ceased.

A conscious patient should not be left either, hold vomit bowl in position, and support patient's forehead. When vomiting is over give a mouth wash, if allowed.

SPECIAL POINTS TO NOTE AND REPORT.

Frequency.—Occasional or persistent.

Quantity.—Slight or excessive, hyperemesis.

Character and consistency.—Whether it contains blood, bile, food, or faecal matter.

Odour.—There is a distinctive odour to faecal, and bile vomiting, and to hæmetemesis.

Nature of vomiting.—Whether projectile or expulsive, whether preceded by nausea.

Condition of patient.—Is the vomiting accompanied by headache, rise of temperature, or all signs and symptoms of collapse, subnormal temperature, feeble pulse, cold clammy perspiration and anxious expression? Has the patient a sore throat, or can a rash be seen?

Time of vomiting.—Is it in relation to food? Does patient complain of pain in particular region? Are there any signs of burns round mouth, or on tongue? These parts would present a white appearance if due to poisons. Is the vomiting accompanied by either diarrhoea or melaena?

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Amy Phipps, Miss J. T. Wall, Miss J. G. Gilchrist, Miss A. F. Worcester, R.F.N.

QUESTION FOR NEXT MONTH.

Mention some of the causes which predispose to cerebral hæmorrhage. Describe the principal points to be observed in caring for a patient suffering from this condition, and the nursing care.

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