

## OUR PRIZE COMPETITION.

### MENTION THE VARIETIES OF ARTIFICIAL FEEDING AND THE METHODS OF THEIR ADMINISTRATION.

We have pleasure in awarding the prize this month to Miss Amy Phipps, S.R.N., Elm Cottage, Ashford, Middlesex.

#### PRIZE PAPER.

There are three principal methods of artificial feeding, viz, (a) Rectal, (b) Nasal, (c) Œsophageal. These may be used singly or in combination. The general rules applying to all methods are:—

The operation must be performed with the minimum of distress and discomfort to the patient: before and afterwards, the nurse should see that he is warm and comfortable.

All appliances, vessels, &c., must be thoroughly clean, must be tested as to efficiency, and must be quite ready before the feeding is commenced.

The amount of nourishment must be measured, and strained through butter muslin, and all details as to time, results, &c., must be reported.

The lips and mouth must be kept moistened, as they tend to become dry, the mouth and teeth also need attention.

#### RECTAL FEEDING.

This is usually given with the barrel of a glass syringe and rubber tubing, the latter connected to a Jacques' catheter by a glass pipette, and usually at a temperature of 96 deg. Fah. The food given is usually peptonised and salted, and includes beef-tea, milk, eggs, gruel, and sometimes stimulants. The quantity prescribed is usually 4 to 8 ounces, according to age, &c., and ordered four- or six hourly. It must be given very slowly, otherwise it will not be retained. Retention is aided by a folded towel held firmly over the anus for a short time.

A simple enema is given once a day to remove unabsorbed material, and occasionally it is necessary to cleanse the bowel with a soap and water enema before feeds.

The apparatus should be taken to the bedside in a bowl of warm sterile water: the mixture in a graduated vessel, standing in hot water to maintain warmth.

The catheter is lubricated, filled with the mixture to expel air, and the catheter gently passed through the rectum, up into the bowels, the patient on her left side, if possible, with knees flexed. After use, the apparatus is well washed, and left in a bowl of lotion, where it is ready for future use. When a nutrient enema has been given correctly the bed should be quite dry, and should remain so. The time at which the bowels are first opened after the feed should be noted. Rectal feeding in this manner is sometimes supplemented by the use of nutrient enules. These are cone-shaped bodies, made of cocoa-butter as a base, with which is blended highly concentrated meat extracts. The enule is lubricated, and passed into the rectum, beyond the sphincter muscle at the anus, the contraction of the latter helping in its insertion and retention.

#### NASAL FEEDING.

This must be carried out with surgical cleanliness and great gentleness. The patient, who is usually a child, should be wrapped round in a blanket, the head alone

remaining free: every effort should be made to calm the child's fears. The patient is placed in a recumbent position, with the head in the middle line: an assistant is always necessary. The apparatus is much the same as that used for rectal feeding, except that a much smaller catheter is necessary: in addition, a few wool swabs, dilute glycerine as a lubricant, clean towels, and the prepared fluid, with any medicines, &c., to be given, in readiness.

The nostrils are swabbed with boracic lotion, a towel is placed beneath the chin, and the nurse, standing on the right, steadies the head with her left hand, gently passes the catheter along the floor of the nose and through the pharynx, into the œsophagus, it should be passed for about twelve inches, care being taken that it is not curled up in the mouth.

If there is a cough or any distress on passing, withdraw the catheter, and pass it again as it has probably got into the larynx: when passed, test first by pouring a little sterile water down the tube, and if there is no coughing, the administration of the food, medicine, &c., to be given, may be commenced.

When all the fluid has passed, pinch the catheter near the nostril, and withdraw carefully, avoiding the escape of any drops into the trachea, and swab the nostril with cotton-wool. The nostrils are used alternately for the feeds, and the latter are usually ordered to be given four-hourly. If the nostrils are inclined to be sore, they should have a little lanoline applied to them.

#### ŒSOPHAGEAL FEEDING.

This is in effect much the same as nasal feeding. Long tubing attached to a funnel is well lubricated, and passed through the mouth and pharynx, into the œsophagus, and the food, &c., is given through this. The process is assisted by getting the patient to perform the act of swallowing, if he is able, as the tube is passed. In all artificial feeding, skill and experience are great factors in success.

#### FEEDING BY GASTROSTOMY TUBE.

Another form of feeding is that by gastrostomy tube, which may be employed in cases of stricture of the œsophagus, when the stomach is healthy. The surgeon, after making an incision into the stomach through the abdominal wall, inserts and stitches in place a tube, leaving some inches protruding from the wound. The tubing is clamped, or closed with a sterile wooden peg. When the patient has recovered from the shock of the operation a considerable amount of liquid nourishment can be absorbed if administered, with due precaution, through a sterile funnel attached to the tube.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. James and Miss Ethel Holmes whose paper, however, was restricted to the artificial feeding of infants.

One competitor marred an excellent paper by describing one method of artificial feeding as Lavage.

#### QUESTION FOR NEXT MONTH.

Describe the nursing care of a case of lobar pneumonia. What symptoms would cause special anxiety during the course of the disease?

[previous page](#)

[next page](#)