

by rolling the whole body, except the head, in a blanket, but with an adult the only restraint which the nurse can employ, is to hold the patient's head and hands. In restraining the hands, one should firmly hold the cuff of the patient's garment, and so avoid touching the patient's skin, as many of these patients bruise easily.

With care no pain should be felt when the feed is given, although a resisting patient may cause himself pain.

The mental attitude of the patient is important, as worry or fear may delay or upset digestion. It is always wise to explain to the patient, if he is old enough, or in a condition to understand, what one is going to do. It also helps, if the patient is asked to hold the assistant's hands, instead of her holding his.

### Methods of Artificial Feeding.

#### 1.—BY MOUTH.

(a) *Spoon feeding* may be undertaken in the cases mentioned under the mouth. Care must be taken to use a spoon the correct size; that the food is the proper temperature; that time is given for the patient to swallow; and that the food does not run outside the mouth.

It is often difficult to feed patients suffering from chorea or tetanus, even in this way. In cases of tetanus it may cause a spasm, which can be helped by ensuring that the spoon and the nurse's hands are warm before starting the feed.

(b) *Have-lip and cleft palate*—before operation. Place baby flat on the knee and with a spoon pass the milk well to the back of the mouth, or use a special teat partially covered with a guard.

(c) *Suction feeding*.—Although this is the natural way of feeding an infant, the child may have to be fed artificially e.g., bottle feeding, or by Wolfenden's method, which is sometimes used for children who have had intubation done for chronic stenosis of the trachea.

*Method of giving*.—Stand a tray on a stool beneath the level of the bed. On it place a glass pipette with a teat attached. In a cup have fluid food. The child then lies in the prone position, and sucks the food through the tube by means of the teat. Plain water is given at the end of the feed. This method keeps the intubation tube clean and free from particles of food, and there is no tendency to choking.

#### 2.—BY TUBE.

##### *Œsophageal Feeding.*

*Required*.—Œsophageal tube, joined by a glass connection to rubber tubing, to which a glass funnel is attached. The apparatus is placed in a bowl of warm water.

Glass measure, containing the food, also standing in a bowl of warm water.

Lubricant such as butter.

Large mackintosh.

*Method*.—Fasten the mackintosh round the patient's neck, then cleanse the mouth. After cleansing pass the left index finger to the back of the tongue, and with the right hand pass the tube quickly and firmly over the floor of the mouth, using the left index finger as a guide. Tell the patient to swallow, and as he does, pass the tube downwards for 18 inches beyond the teeth. It may be reckoned that there is now from 4–5 inches of the tube in the Œsophagus.

Now clamp the tube, and holding the funnel above the patient's head, fill the tube with food. Squeeze the tube from below upwards, to expel air, then releasing the pressure allow the food to flow down, taking care to refill the funnel before it becomes empty, in order to prevent the entrance of air.

When the feed is finished, compress the tube and withdraw it with one quick pull, in order to prevent retching, then rinse out and cleanse the mouth. It may be necessary

to gag the patient before the nurse places her finger in his mouth. Food is administered every 4–6 hours. The quantity varies from  $\frac{1}{2}$  to 1 pint according to the age of the patient and the nature of the complaint.

*Spouted feeder*.—Satisfactory after minor operations on mouth. Attach a piece of rubber tubing to a spouted feeder.

*Method*.—Place the end of the tube at the back of the patient's mouth, and allow food to run down. The tube must be kept in position until the feeder is empty.

#### 3.—NASAL FEEDING.

By this method food is introduced into the stomach through a tube which is inserted into the nostril, and passed through the nose, naso-pharynx and pharynx, into the Œsophagus.

*Apparatus required*.—A tray covered with a sterile towel containing glass syringe barrel; rubber tubing, glass connection; rubber catheter size 4 to 8; clip forceps; bowl of warm water into which the apparatus is put after being sterilised; food in a measure jug standing in warm water—the prescribed quantity of food, usually 4 to 6 oz., should be well strained and the temperature 99° F.; food thermometer; sterile water at a temperature of 99° F.; lubricant, but not glycerine, which irritates the mucous membrane.

*Method*.—Stand on the right side of the patient, gently cleanse the nostrils with moist swabs.

If one nostril seems blocked, the other should be used. (There is frequently a difference in the size of the nostrils). Lubricate the catheter, and pass it gently but quickly into the nostril, backward along the floor of the nostril into the pharynx, then into the Œsophagus.

Pass the tube for about 10 inches. Make sure that it is not curled up at the back of the mouth, or in the larynx.

If the tube is in the larynx, air will be felt to come through the funnel; the patient may also appear uncomfortable and become cyanosed. In cases of coma the tube may be in the larynx without causing any discomfort until the food is introduced. If there is any doubt remove the tube and pass it again.

When the tube is passed correctly, clamp it near to the nostril, and beyond the glass connection. Half fill the funnel with sterile water.

Next expel the air by compressing the tube in the direction of the funnel. The glass connection should now be full of water and free from air bubbles. Release the clamp and allow the food to flow through. When all the food has been given, pour through a little sterile water.

Pinch the catheter close to the nostril, and withdraw it with a swab. One should not forget the patient when giving the feeds. The nurse should talk to him and explain how the food is going. He will find it most interesting. If stimulants are ordered with the feed, they are mixed with a little of the fluid and given first. The bed should be protected with a small mackintosh covered with a sterile towel.

*Dangers if incorrectly passed*.—Choking, bronchitis, aspiration-pneumonia, death.

##### **Artificial Openings.**

*Apparatus required* when the tube is left *in situ*. A piece of rubber tubing 6 inches long to which a glass connection is attached at one end, and a glass funnel at the other (they are sterilised and placed in a bowl of warm water); mackintosh; the food in a measure standing in a bowl of hot water.

*Method*.—Arrange the mackintosh over the dressing, round the clamped tube. Fix the glass connection to the tube protruding through the dressing. Fill the funnel and tubing with food. Expel the air, and when the glass

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