OUR PRIZE COMPETITION.

MENTION FOUR VARIETIES OF ARTIFICIAL FEEDING, APART FROM INFANT FEEDING, AND THE METHODS EMPLOYED IN EACH CASE.

We have pleasure in awarding the prize this month to Miss Winifred Moss, the County Hospital, Bedford.

PRIZE PAPER.

Artificial feeding may be divided into four groups: nasal, œsophageal, gastrostomy and rectal feeding. In each case the food should be carefully measured, given at the right temperature, steadily and punctually. Everything necessary must be prepared before the feeding is started, placed on a tray at the right-hand side of the patient and covered with a clean towel. No undue force should be used, and the co-operation of the patient should be obtained whenever possible. The utmost cleanliness must be observed, as to the nurses' hands, the orifice through which the food is to be introduced, and the apparatus employed.

Nasal Feeding.

For nasal feeding, the apparatus required is a fine rubber catheter, No. 3 or No. 4, tubing, connection, clip and a glass funnel, boiled and placed in warm, sterile water. The amount of the feed depends upon the age and condition of the patient, and any strained liquid food which will pass through the catheter may be given. The feed is given at a temperature of 100° F., tested by a thermometer, and maintained by placing the jug containing it in a bowl of hot water until ready for use. A small quantity of sterile water should be given before and after the feed, and the nostrils cleaned with small wool swabs.

The proceeding should be explained to the patient if possible, and if a child the arms fixed by a blanket. The catheter is inserted and passed gently backwards through the posterior nares to the pharynx. Any discomfort felt as the catheter passes through the pharynx will pass off, unless the tube is in the trachea, when cyanosis will result. The tube should be withdrawn at once. Once it has been satisfactorily inserted a little sterile water should be poured down and the result watched. If there is no respiratory distress, the feed can be continued, and followed by the sterile water. The tube should be pinched to prevent leaking of the contents, which might cause irritation of the mucous surfaces and drawn out gently. The nostril is again smeared with vaseline or olive oil, and the other nostril used for the next feed, and so on alternately. If frequent feeds are required, the clamped catheter may be left in position. All apparatus should be washed and boiled and placed in readiness for the next feed.

Œsophageal Feeding.

In œsophageal feeding, the apparatus is the same as for nasal feeding, an œsophageal feeding tube or a rubber catheter, No. 14, being used instead of the fine one.

The patient usually sits up, supported by a bed rest or pillows, and the mouth is washed out with sterile water. The apparatus is filled with sterile water, the end pinched, and the tube passed over the back of the tongue into the pharynx. The patient is asked to swallow, and the tube guided into the œsophagus. The feed is gently and slowly given, and the tube pinched and withdrawn, and the mouth again washed out.

Gastrostomy Feeding.

In gastrostomy feeding, a permanent opening is made into the stomach through the abdominal wall, and a tube or catheter is fixed into it at the time of operation and kept closed by a clamp or sterile peg. Often the first feed is given by the surgeon and the others usually when the dressing has been done and need not be disturbed. The apparatus is the same as for a nasal feed, and after 48 hours an adult patient can have a pint or more of any strained food every four hours. Sterile water should be poured down the tube before and after each feed so that no food, which may decompose, remains. If the tube becomes blocked, a little water containing bicarbonate of soda will dissolve any mucus which may be clogging it. After a week the tube may be removed, cleaned and replaced, strict aseptic precautions being essential when dressing the wound.

Rectal Feeding.

Rectal feeding is the most common form of artificial feeding, and to-day normal saline with the addition of glucose has taken the place of peptonised fluids which were formerly given. Ten ounces of normal saline to which half to one ounce of glucose is added, may be given every four hours, a rectal wash-out being given once in every 24 hours. This gets rid of any unabsorbed material which may be irritating the rectal mucous membrane and also stimulates it.

The apparatus required is a rubber catheter, No. 4-6 for a child, and 8-10 for an adult, attached to a glass connection, tubing and funnel. A little vaseline should be used for a lubricant, a receiver for the soiled swabs and a mackintosh and towel to protect the bed.

The feed can be given with the patient in any position, but the bladder and the rectum must be empty. If the patient can be moved, the left lateral is the best position, but as many cases requiring rectal feeding are being nursed in Fowler's position, the knee pillow may be carefully removed and the anus reached without moving the patient further. All air should be expelled from the apparatus by pouring water through it, and the lubricated catheter passed carefully into the bowel about four inches in a backward and upward direction. The fluid is run in slowly and the tube gently withdrawn.

In regard to gastrostomy feeding Miss E. C. Pearce points out in her "Short Encyclopædia for Nurses" that when giving the feedings it is important to warn the patient not to cough whilst the tube is open. Sterile water should be poured down the tube before the feeding, and again after the feeding, so that it is left clean and free from food which would decompose. Strict aseptic precautions are necessary as regards the dressing of the wound. If the tube becomes blocked, a little water containing sodium bicarbonate should be poured down; this will dissolve mucus which may be clogging the tube. If this fails, fill the tube with the lotion and then syphon it back by inverting the funnel through which it is passed in; repeat until the obstruction is removed.

QUESTION FOR NEXT MONTH.

What is meningitis? Mention the causes and symptoms (1) of tuberculous meningitis, and (2) of meningococcal meningitis. What points should be observed, and how should they be dealt with by a nurse caring for a patient suffering from this disease?

previous page next page