

OUR PRIZE COMPETITION.

WHAT ARE THE CAUSES OF ACUTE DIARRHOEA ? DESCRIBE THE NURSING CARE.

We have pleasure in awarding the prize this month to Miss Maggie Neal, S.R.N., R.M.N., Nurses' Home, Barming Heath, Maidstone.

PRIZE PAPER.

Acute diarrhoea implies a sudden change in the character, consistency, and frequency of the stools. The causes include indigestible, irritating, and poisonous foods. Chemical substances, which by their irritative effects cause inflammation or ulceration of the intestinal mucosa.

Certain drugs, strong enough to produce this effect in one dose, such as croton oil, for instance, or other drugs which by their cumulative effect may produce a sudden catarrhal reaction. Mechanical causes—including foreign bodies, scybala, growths. In children, the habit of eating rubbish, which is very difficult to cure, may cause diarrhoea and possibly intestinal obstruction should it persist.

Urticarial conditions (as exemplified in Henoch's Purpura) may produce a temporary sanguinous diarrhoea, septic abdominal conditions, peritonitis, colitis, micro-organismal and parasitic causes, *i.e.*, the typhoid group of diseases, psittacosis, dysentery, cholera.

Diseases of rather obscure origin, such as sprue, though a chronic type of disease may present acute periods of diarrhoea.

Pellagra, a disease known to be associated with dermatitis, and possibly dementia, is one of the diseases in which acute diarrhoea is present. The cause of this disease has been ascribed to a diet of poor proteins and lack of vitamins.

Nervous causes may include lenteric diarrhoea due to disturbance of the gastro colic reflex and anxiety states.

States of disordered metabolism: attacks are common in exophthalmic goitre, and the stools are large, porridge like and offensive in Coeliac disease, though one would hardly include them under the term "acute diarrhoea." "Critical diarrhoea" may occur at the crisis in pneumonia, and at the onset in "gastric influenza."

In addition to causes more or less localised to the alimentary canal, septicæmic and toxic conditions are often accompanied by diarrhoea.

Nursing Care.

Ultimately the treatment of diarrhoea is the treatment of the cause, but first aid treatment is essential.

This consists of rest, warmth, replacement of fluid, and seeking medical aid, and meanwhile the employment of aseptic technique in dealing with the excrement. As diarrhoea is a prominent sign and symptom in the specific intestinal disorders and fevers, the causal organism will be present in the stools and possibly in the urine.

Should the cause be a simple one, such as unsuitable food, the usual treatment is a dose of castor oil, given in brandy, the cutting off of all foods, giving boiled water only, and gradually resuming feeding with foods which leave little or no residue. Benger's food, strained gruel, albumin water, cornflour, arrowroot, with glucose. This type is usually of short duration, and dehydration will not be pronounced.

The nurse will observe intelligently all accompanying signs and symptoms, thereby assisting the M.O. to a diagnosis. Chemical substances, such as the hardening salts in water, in excess, iodine, mercury salts, arsenical compounds, iron with copper, may all excite catarrhal diarrhoea, and the nurse must find out if any of these substances are being taken.

Mechanical causes will be eliminated from the diagnosis by an opaque meal, or opaque enema. With regard to Henoch's purpura, abdominal pain would be present—of sudden onset usually—the nurse would notice any abdominal swelling, or nettle rash, and might find out if the patient was unduly sensitive to any particular food, animals, or flowers. The medical officer will surely require one, or several specimens of the stools for pathological examination, and the nurse will be required to obtain and despatch this.

The report on the stools will probably, along with the clinical signs and symptoms, be conclusive in cases of infective causes. The diarrhoea may be accompanied by vomiting if the diarrhoea is sudden, acute, and accompanied by pain and shock in a previously well person, that is suggestive of food poisoning, especially if others are so affected, who have partaken of the food, and others who did not partake, are unaffected. The food should be saved for inspection and examination, also the vomit and fæces.

In poisoning by food or drugs, probably the stomach and intestine will be washed out to remove the offending matter.

In all severe cases of acute diarrhoea probably stimulants will be required, and saline with glucose will be administered by the subcutaneous or intravenous route, to combat the dehydration and collapse.

For pain, warmth to the abdomen by the application of a stupe, dry warmth, or a light linseed poultice, will relieve the colic, and also the tenesmus which accompanies persistent diarrhoea, and is a symptom of dysentery (where the stools contain blood and mucus) may respond to a morphia suppository if allowed, or a starch and opium enema.

Weight is lost rapidly and pressure points require great care, the mouth is dry, and sordes quickly forms. Special attention must be given frequently, therefore, to the mouth. The excreta and urine must from the onset be regarded as infectious and treated as such. In hospitals and institutions where, owing to war conditions, less floor and bed space is available for each patient these precautions are most essential if epidemics are to be prevented. The nurse should wear gown and gloves when attending to the patient, should have nothing to do with food for any other patients and the isolation of the affected patient or patients is desirable.

All bed and body linen should be received into a disinfectant sol. at the bedside. Stools and urine should be disinfected before being disposed of. All utensils kept for the exclusive use of the patient, and disinfected after use.

First aid treatment must be prompt, dehydration soon causes collapse, especially in children, and old people.

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