

Regime, Care and Diet of Diphtheria Patients

by Dr. V. P. Triyufanova

DIPHThERIA is an acute infectious disease. It has local as well as general symptoms, intoxications caused by specific poisons formed locally as a result of inflammatory process.

Stimulant of diphtheria are diphtheria bacillus identified by Kelbs and Loeffler.

Mostly, children from 1 to 5/6 years of age are susceptible to diphtheria, but newborns as well as adults may also get it.

Diphtheria may be of pharynx, nose, larynx, trachea, bronchus, eyes, ears, skin and external genital organs.

Proper organised regime and good care play a great role in the treatment of diphtheria, especially during severe form and with complications.

At the initial stage of the disease, especially when it is of a severe nature, safe regime should be observed: maximum quietness, sound and long time physiologic sleep, avoidance of unnecessary treatment and all that which is injurious to patient's psychology.

The patient should be confined to bed for a long time. Even the patients with mild form of diphtheria should be confined to bed for about two weeks and more. In case of toxic diphtheria, even in the absence of complications, the patients should be hospitalised, confined to bed and kept under observations for a minimum period as follows:—

In subtoxic and toxic diphtheria of the 1st degree—up to 20/25 days; in toxic diphtheria up to 35/45 days.

Individual care is necessary on the appearance of myocarditis and polyneuritis, feeding through catheter (during paralysis of pharyngeal musculature) mucous suction from larynx (during paralysis of respiratory musculature) are recommended. Children with diphtheria stenosis should be engaged in different activities—toys, pictures etc. They should be held in hands to help them in easy breathing.

Diphtheria patients don't require special diet. Only during the first days, in case of acute appearance in pharynx, light, easily digestible liquid and semi-liquid food is often given. Later, wholesome, different variety food, according to the taste and appetite of the child is given. Intubative patients, who suffer from pharynogochokeing should be fed in bed with head pushed back. Such patients should better swallow semi-liquid food (semi-liquid porridges, kissel, soft boiled eggs etc.). In case of polyneuritis, when the patient finds difficulty in swallowing, it is better to feed him through catheter.

In convalescent stage, attention should be paid to raise emotional tone of the patient: according to patient's health condition, he should be allowed to play, read, paint etc.

The patient should be discharged from the hospital as follows:

With localised form of diphtheria—after 12-14 days from the onset of the disease, in case of widespread form—20-25 days, in subtoxic and toxic diphtheria of 1st degree—not earlier than 30-35 days, in case of toxic diphtheria of 11nd degree not earlier than 40 days and in case of toxic diphtheria of IIIrd degree—not earlier than 50-60 days.

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had a "sparkler" tucked into her napkin and the traditional "khela" on her quarter plate. Soft, romantic lights festened the open-air stage and compound; and the nurses and their friends put up a one-hour programme of song and dance.

The chief guest at the dinner was Dr. (Miss) Mehta, Medical Superintendent of the Dufferin Hospital, who was one with the nurses in all the activities, as usual, ready with big donations and prizes for Lucknow District Branch competitions. Dr. Mehta's interest in the nurses bring the best out of them which has always been evident from their efficiency in the wards. The Dufferin Hospital functions of the TNAI have always been a great success.

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SNA DIARY

All SNA units are requested to send their SNA Diary for Annual check up and award of Prizes before 31.12.1970.

Diaries received after that date will not be considered.

Secretary



Patient: Doctor, I am again mentally upset since last Thursday.
Doctor: Oh! I see, That was the day I sent you my last bill.