(3). VOMITING

Vomiting can be defined as the forcible ejection of the gastric contents through the mouth.

→ Causes of Vomiting

Causes of vomiting can be grouped into nonorganic and organic causes.

- Non organic Causes:
  - In neonates: Swallowed amniotic fluid or blood, faulty feeding techniques, swallowed air due to erratic feeding, side effects of drugs.
  - Early infancy: Excessive cry, faulty feeding, overfeeding, etc
  - Late infancy & childhood: Forced feeding, repetitive stringing movement, unpleasant sight or odor.
- Organic causes:
  - Infections: Acute gastroenteritis, acute respiratory infections, viral infections, tonsilitis, UTI, appendicitis
  - Mechanical conditions: Congenital hypertropic pyloric stenosis, duodenal atresia, hernia, gastroesophageal reflux etc.
  - Neurological: hydrocephalus, birth asphyxia, birth defect of CNS etc.
  - Metabolic: Inborn error of metabolism, hypoglycemia, hypercalcemia etc.
  - Toxic: Ingestion of irritant food or drug, food poisoning, allergic food intake.

Clinical Features

- Dehydration
- Electrolyte imbalance
- Metabolic alkalosis
- Aspiration of vomitus resulting asphyxia, pneumonia or atelectasis
- Excessive salivation
- Tachypnea
- Tachycardia
- Sweating, Fever, headache
- Pallor
- Abdominal pain

Diagnosis

- History collection
- Physical examination
- Endoscopy
- USG

Management

NO treatment is required for the children having vomiting due to nonorganic causes. Only sips of water to be given after vomiting.

The organic causes should be diagnosed early and medical or surgical management should be performed according to the particular condition and cause.

→ Nursing management.

- Continuous observation should be done to assess child's condition & recording of findings.

- Administration of IV fluid therapy to prevent fluid electrolyte imbalance & maintenance of intake & output chart.
- Care to be taken to prevent aspiration of vomitus by turning head to one side.
- General cleanliness & hygienic to be maintained. Especially after vomiting, neck folds, face, back of the ear to be cleaned. mouthwash to be given.
- Involving parent in child care & providing emotional support to the parents.
- Following aseptic measures & universal precautions for prevention of cross infection.
- Teaching the parents about care during vomiting, feeding technique, hygienic measures emotional care by love & affection.

(B) · Childhood.

① Tonsillitis

Tonsils are protective (lymph) glands that are situated on both sides in the throat. & are vital defense organs.

Tonsillitis is the inflammation or infection of the tonsils.

→ Causes

Bacterial & viral infections. can cause tonsillitis through droplet infection.

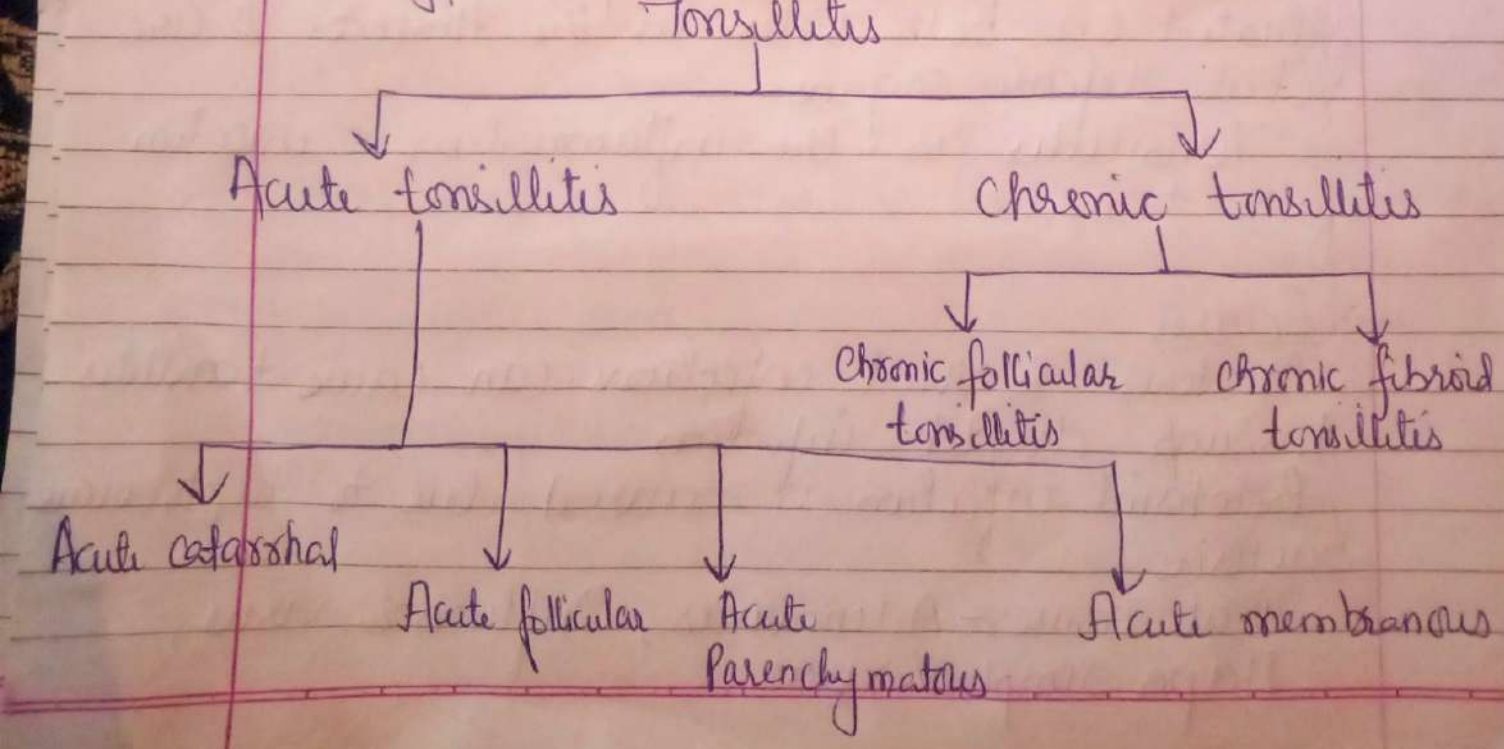
Bacterial infection is caused due to Streptococcus bacteria

Viral causes - Adenovirus, Influenza virus, Herpes Simplex virus

→ Triggering factors
- Foods with artificial colors & preservatives
- Cold foods, cold drinks, Icecream
- Changes of weather
- Extremely cold climate
- Exposure to a lot of pollution

→ Signs & symptoms
- Red & swollen tonsils
- White spots on the tonsils
- Bad & foul breath
- Enlarged lymph nodes
- Cough
- Running nose
- Soreness of throat
- Difficulty in swallowing
- Change of voice
- Pain in the ears
- Headache

→ Types



* Acute tonsillitis

In acute tonsillitis symptoms last anywhere from three days to about two weeks.

Divided into further three types:

1. Acute catarrhal tonsillitis

When tonsils are inflamed as part of the generalised infection of the oropharyngeal mucosa is called acute catarrhal tonsillitis.

2. Acute membranous tonsillitis

Some times exudation from crypts may coalesce to form a membrane over the surface of tonsil, giving rise to clinical picture of membranous tonsilitis

3. Acute parenchymatous tonsillitis

When the whole tonsil is uniformly congested & swollen, it is called parenchymatous tonsillitis.

4. Acute follicular tonsillitis

Infection spreads into the crypts filled with purulent material & has yellowish spots at the openings.

* Chronic tonsillitis

In Chronic tonsillitis cases have symptoms that persist beyond two weeks:

Divided into further two types:

1. Chronic follicular tonsilitis

Chronic tonsillitis is a persistent infection of the tonsils & can cause tonsil stone formation

2. Chronic fibroid tonsillitis

Tonsils are small but infected, with history of repeated sore throat.

→ Diagnosis.
- History collection
- Physical examination
- Throat swab
- Blood tests.

→ Management:

* Medical management:
- Antibiotics are prescribed once bacterial infection is confirmed.
- Acetaminophen & ibuprofen are given for relieving the symptoms.

* Surgical management:

If tonsillitis interfere with speech, respiration etc then tonsillectomy will be performed.

↓ Tonsillectomy
It is the surgical removal of tonsils, done in the treatment of chronic infection of tonsils, obstructive sleep apnea etc.

* Nursing management

- Preoperative Care.
- Assessment should be done for other respiratory functions.
- Examinations of bleeding & clotting time are necessary.
- History about bleeding tendency should be considered

- loose tooth should be taken care of.

– Postoperative Care.

- Proper positioning should be given to avoid aspiration. Children are placed in a prone position with the head turned to one side to help the drainage of secretions.
- When children become alert, they may like the sitting position.
- Children may have dry blood stains on the teeth, if vomited may have swallowed of blood.
- Children should avoid exposure to infections.
- Due to sore throat, there may be discomfort in the ear, on swallowing, for few days.
- Remind kids about the importance of proper hand-washing especially when around people who appear to be sick.
- Teaching kids to cover their mouths when coughing or sneezing, preferably using a tissue so that germs do not get on their hands and show them how to use tissues to wipe their noses.
- Carry disposable wipes & a hand sanitizer to clean hands.