

## General information for administering compresses

### Compress materials

Cloth sizes that are used for all large body parts that have proven themselves:

- **Inner cloth = substance cloth** (smooth cotton, double layered) width approx. 28 cm
- **Middle cloth** (rough cotton, double layered, or terry cloth) width approx. 32 cm
- **Outer cloth** (wool or molleton fabric, or terry cloth towel) width approx. 36 cm
- A **length** of 140 cm is the same for all cloths.

**Children's compresses** have a length of one and a half times their upper body circumference.

The **width** is measured from the waist to the armpit.

For **oil compresses** and **poultices** you can use old cotton cloths (old handkerchiefs, tea towels, sheets torn to size).

### Preparing the patient, room and materials

#### Patient

- At least half an hour after the last meal
- Empty the bladder before the treatment
- The feet must be warm! If necessary, warm them up with a hot water bottle or foot bath (otherwise there is a danger that the warmth coming from the compress will rise towards the head and the feet will become even colder).
- Remove all confining clothing parts, including watches, jewelry, etc.

**Room** Good ventilation, pleasantly warm, no draughts; no background noise; no direct incidence of light on the patient's eyes, this also applies to the post-treatment rest (see below).

**Materials** Everything that is needed for the application must be prepared beforehand and placed on the bed ready to use: knee roll, small pillow for the neck, compress utensils.

Hot-water bottle: filled (not bulging) with hot water, vented (= place the hot-water bottle flat on the table, hold the filler neck upright so that all the air can escape).

#### Positioning the patient and applying the compress

If possible, have the patient lie on their back. If necessary, elevate their upper body and support their arms. Lay out the outer and middle cloths on the bed at the height of the corresponding part of the body, have the patient lie on them, mold the cloths one after the other over the substance cloth.

Place the knee roll or similar, cover the patient, including their shoulders. Avoid constriction in the neck area. If the person feels constricted in the heart area and/or breathless, leave their hands uncovered.

Place a small pillow under their neck so that they do not have to hold their head themselves. Remove the hot-water bottle from their feet! Cover their feet, even from the sides, without putting pressure on their toes. Do not pull the blanket under their heels.

**Temperature** Hot moist compresses: fan the body part with the hot cloth, then apply as hot as possible.

Fevers from approx. 39°C: Choose a compress solution 2°C cooler than the body temperature; this has a cooling effect.

**Preparing tea** Pour 1 liter boiling water over 1 tablespoon of dried leaves, let steep for 3–5 minutes and strain into a thermos flask.

**Essential oils** 1 teaspoon in a cup of water or 1 tablespoon in approx. ½ liter of water

**Post-treatment rest** Every compress needs a rest afterwards. This is an essential part of the application and starts with the removal of the compress materials. As a rule, it is 30 minutes.

**Follow-up** After removing the cloths, rinse the inner cloth in clear water and hang them all up to dry. They can be reused several times. Poultice packs are only used once.

## **Instructions: Milk and Honey Enema**

### **Particularities**

Preferably use in the first half of the day.

### **Materials**

- 1–2 tablespoons of honey
- 200–500 ml of warm milk, body temperature
- Irrigator
- Intestinal tube
- Vaseline
- Bed protection
- Incontinence pad
- Night chair or bedpan
- Hand towel
- Disposable washcloth or cellulose
- Disposable gloves

### **Instructions**

- Inform the patient
- Prepare the Material
- Mix the milk with the honey, at body temperature
- The patient lies down on his or her left side
- Place the bed protection under the genital area
- Place the incontinence pad under the buttocks
- Protect the patient's intimacy: cover the genital area with the hand towel
- Coat with Vaseline the part of the intestinal tube that will be inserted
- Attach the intestinal tube to the irrigator hose, remove any air and clamp shut
- Gently insert the intestinal tube with slight turns (do not use force!)
- Open the hose and let the liquid run in slowly by gravity
- Observe the patient's reaction well, stop at signs of stress
- The patient should keep the fluid in the intestine for as long as possible: if necessary, ask him to squeeze his buttocks.
- When a bowel movement seems imminent, help the patient onto the bedpan or toilet chair.
- Stay with the patient during elimination for safety reasons
- After elimination, perform intimate care on the patient in bed and, if necessary, place a chamomile oil compress cloth on the patient's abdomen (to envelop and relax the intestinal tract).

### **Follow-up**

- Clean the irrigator and hose in accordance with hygiene regulations, dispose of the intestinal tube

### **Evidence**

Well-proven in many patients

### **Dosage**

Maximum of 1 enema daily over 3 days, then 1–2 times weekly as required

**Onset of effect**

Sometimes immediate, sometimes within 1–3 hours

**Length of therapy**

Depending on the therapeutic goal, the treatment may be given over several days

**Warning**

For weakened patients the enema can be very strenuous – observe the patient's circulation!