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手术室舒适护理对股神经阻滞联合自控镇痛患者术后镇痛的辅助作用及护理满意度的影响

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[摘要] **目的:** 研究手术室舒适护理对股神经阻滞联合自控镇痛患者术后镇痛的辅助作用及护理满意度的影响。**方法:** 设计病例对照研究方案, 共纳入42例行人工膝关节置换术治疗的患者, 并将其随机分组。所有患者均行股神经阻滞麻醉联合自控镇痛。手术室护理中, 对照组实施常规护理, 观察组实施舒适护理, 包括个性化健康教育、体位护理、心理护理、环境及体温护理。将患者术后镇痛效果[采用视觉模拟评分法(Visual Analogue Scale, VAS)评价]及护理满意度(采用《护理满意度调查问卷》调查)作为主要观察指标。**结果:** 术后4, 8, 12, 24 h, 观察组平均VAS评分均低于对照组($P<0.05$); 观察组护理满意度高于对照组(95.24% vs 76.19%, $P<0.05$)。**结论:** 在手术室护理中对股神经阻滞联合自控镇痛患者应用舒适护理能有效提高术后镇痛效果和护理满意度。

[关键词] 股神经阻滞麻醉; 自控镇痛; 手术室舒适护理; 镇痛效果; 满意度

Effect of comfortable operating room nursing on postoperative analgesia and nursing satisfaction in patients with femoral nerve block and self-controlled analgesia

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Abstract **Objective:** To study the effect of comfortable operating room nursing on postoperative analgesia and nursing satisfaction in patients with femoral nerve block and self-controlled analgesia. **Methods:** A case-control study protocol was designed. During the implementation of the protocol, a total of 42 patients who underwent artificial knee replacement surgery were included and randomly divided into 2 groups. All patients underwent femoral nerve block anesthesia combined with self-controlled analgesia. In the operating room care, the control group was given routine care, and the observation group was given comfort care, including personalized health education, posture care, psychological care, environmental and temperature care. Patients' postoperative analgesic effect

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[evaluated by Visual Analogue Scale (VAS)] and nursing satisfaction [adopted by the "Nursing Satisfaction Questionnaire" survey] were used as the main observation indicators of this study. **Results:** At 4, 8, 12, and 24 h after surgery, the average VAS score in the observation group was lower than that in the control group ($P < 0.05$). Nursing satisfaction of the observation group was higher than that of the control group (95.24% vs 76.19%, $P < 0.05$). **Conclusion:** The application of comfortable nursing in the operating room nursing of patients with femoral nerve block combined with self-controlled analgesia can effectively improve the postoperative analgesic effect and nursing satisfaction.

Keywords femoral nerve block anesthesia; self-controlled analgesia; comfortable nursing in the operating room; analgesic effect; satisfaction

神经阻滞联合自控镇痛是缓解患者术后疼痛及提高手术效果的重要干预方式^[1]。手术室护理是手术治疗体系的重要组成部分,近年来,随着医疗体制改革的不断深入及护理学内涵的不断延伸,提高手术室护理质量,更好地满足患者的护理需求已成为手术室护理的长期战略目标。本文以无锡市中医医院收治的42例行人工膝关节置换术治疗的患者为研究对象,旨在探讨手术室舒适护理对患者术后镇痛的辅助作用及护理满意度的影响。

1 对象与方法

1.1 对象

经无锡市中医医院医学伦理委员会批准,纳入收治的42例行人工膝关节置换术治疗的患者为研究对象。采用病例对照研究方案,随机分组(表1)。两组患者在一般资料的分布,差异均无统计学意义($P < 0.05$),可比性良好。

1.2 方法

所有患者均行人工膝关节置换术治疗,麻醉及镇痛方案均采用股神经阻滞联合自控镇痛。在手术室护理中,对照组21例患者行常规护理,主要包括手术相关知识介绍、基础准备、手术配合及体征监测等。观察组21例患者行舒适护理,具

体护理干预方案如下:1)个性化健康教育。在评估患者健康教育需求的基础上,实施“一对一”健康教育。宣教内容包括:股神经阻滞联合自控镇痛应用方式及效果、手术注意事项及配合要点、术后疼痛自我管理干预的重要性及方法等,帮助每位患者建立完善的知识体系,提高手术治疗依从性,并自觉采纳有益缓解术后疼痛的行为方式,提高疾病及疼痛的自我管理水平。2)体位护理。协助患者保持舒适、正确的体位,在确保手术体位充分暴露的同时采取一定的遮挡措施,尊重患者的隐私保护需求^[2]。3)心理护理。不良心理易影响大脑皮质功能,是加重手术疼痛感受的重要因素。舒适护理中密切观察患者的心理护理需求,采取有效的沟通交流方式给予安慰、鼓励,帮助患者在建立良好心境的基础上增加其对手术和疼痛的掌控感,进而增强自我效能^[3]。4)环境及体温护理。保持体温恒定是保证机体新陈代谢和正常生命活动的必要条件。临床上,因疾病及手术应激刺激等因素的影响,患者体温调节能力和身体素质均较差,易出现低体温而影响手术效果,增加疼痛程度。舒适护理中为患者营造良好的手术室环境,合理设置温湿度,并采用手术床上铺恒温毯、患者头部佩戴棉帽、双肩用专用棉肩垫、下肢穿棉裤腿、输液管道用输血输液加温仪等一系列措施,为患者提供保暖护理,以预防低体温^[4-6]。

表1 两组患者一般资料分布($n=21$)

Table 1 General data distribution of the 2 groups of patients ($n=21$)

组别	入院时间	入院编号	性别 / [例 (%)]		年龄 / 岁	体重 / kg
			男	女		
观察组	2018.6~2019.6	奇数	6 (28.57)	15 (71.43)	72.34 ± 3.13	64.32 ± 2.21
对照组	2018.6~2019.6	偶数	7 (33.33)	14 (66.67)	70.95 ± 3.05	62.51 ± 2.33

1.3 观察指标

1.3.1 术后镇痛辅助作用

于术后4, 8, 12及24 h, 采用视觉模拟评分法(visual Analogue Scale, VAS)评价患者疼痛程度。VAS评分0~10, 分值越低, 疼痛程度越低。

1.3.2 护理满意度

患者护理满意度调查采用无锡市中医医院设计的《护理满意度调查表》, 该表对护理质量的评价共分为3级, 依次为满意、基本满意、不满意, 满意度=(满意例数+基本满意例数)/总例数×100%。

1.4 统计学处理

采用中文版SPSS 20.0统计软件进行数据分析。计

数数据采用例(%)表示, 计量数据以均数±标准差($\bar{x} \pm s$)表示。检验方法分别采用 χ^2 检验和 t 检验。 $P < 0.05$ 表示差异具有统计学意义。

2 结果

2.1 术后镇痛效果

术后4, 8, 12及24 h, 观察组平均VAS评分均低于对照组($P < 0.05$, 表2)。

2.2 护理满意度

观察组护理满意度高于对照组(95.24% vs 76.19%, $P < 0.05$; 表3)。

表2 两组患者术后镇痛效果比较($n=21$, $\bar{x} \pm s$)

Table 2 Comparison of postoperative analgesic effects between the 2 groups of patients ($n=21$, $\bar{x} \pm s$)

组别	术后 4 h	术后 8 h	术后 12 h	术后 24 h
观察组	5.24 ± 1.03	4.25 ± 0.65	3.10 ± 0.42	2.01 ± 0.23
对照组	7.27 ± 1.24	7.02 ± 0.98	5.33 ± 0.54	4.02 ± 0.46

表3 两组患者护理满意度比较($n=21$)

Table 3 Comparison of nursing satisfaction between the 2 groups of patients ($n=21$)

组别	满意	基本满意	不满意	满意度 / [例 (%)]
观察组	13	7	1	20 (95.24)
对照组	9	7	5	16 (76.19)

3 讨论

有研究^[6]表明: 最佳的镇痛程度将加速术后恢复速度。股间神经阻滞联合术后自控镇痛为手术提供了良好的肌肉松弛, 也确保了镇静、镇痛效果。患者术后疼痛是一个多因素相互作用、相互影响的结果, 包括心理、生理、精神及环境等^[7]。在手术麻醉的基础上, 辅以良好的手术室护理, 遵循“全面性、完整性、优质性”护理原则, 以护理研究和实践有机结合, 将科学理论与患者需求、专业判断、临床经验等紧密融合, 在了解、掌握患者护理需求的基础上从心理、生理、认知及行为、环境等方面实施针对性、个性化、连续性的护理干预措施, 进而在特定环境下将疼痛可能造成的不良影响减至最低, 对提高患者术后镇痛效果及手术效果具有重要的意义^[8-9]。

医学的终极目的和社会意义在于对人性的

关怀照护, 现代医学呼唤人文关怀的回归, 呼唤医学保持应有的人性温度。护理是临床体系的重要组成部分。近年来, 随着现代护理学内涵的不断延伸及人们对医疗服务需求的不断提高, 临床护理工作已不再是一项简单的技术操作, 而是集技术、人文、精神、科学于一体的综合性服务项目^[10]。手术室舒适护理旨在探索新的人文关怀模式, 以患者为中心, 强调将精神文化、人为关怀与护理工作有效结合, 促进患者在经历医疗服务体验过程中, 从心理、生理、精神、社会上处于舒适的状态, 以获得更好的护理服务, 满足患者多样化、多层次、舒适化的需求, 改善患者就医体验^[11-12]。

股神经阻滞联合自控镇痛患者手术室护理中, 舒适护理重点在于给予患者积极的心理支持, 提供舒适的基础生理护理, 满足患者的精神护理需求, 进而在整体上提高护理工作质量, 提

高患者镇痛效果及护理满意度^[13]。本研究采用病例对照研究的方法, 对照组实施常规护理, 观察组实施舒适护理, 研究结果显示: 术后4, 8, 12和24 h, 观察组平均VAS评分均低于对照组 ($P<0.05$), 即观察组患者术后镇痛效果优于对照组。在护理满意度上, 观察组高于对照组(95.24% vs 76.19%, $P<0.05$)。在手术室舒适护理中, 通过个性化健康教育, 能够促进患者建立完善的知识体系, 提高对疾病的自我管理水平, 提高疾病及疼痛干预的依从性; 通过体位护理, 尽可能地提高患者的舒适度; 通过心理护理, 有效提高患者的自我效能感, 使其能够运用积极的方法解决问题, 从而使患者的健康状况、健康功能维持在一个满意的状态; 通过环境及体温护理, 有效预防低体温并发症的发生, 降低患者术后疼痛感受^[14-15]。

综上所述, 在手术室护理中对股神经阻滞联合自控镇痛患者应用舒适护理, 能有效提高术后镇痛效果和护理满意度, 值得临床应用。

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