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去大骨瓣减压颞肌贴敷术治疗大面积脑梗死患者几种护理模式的临床应用效果

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[摘要] 目的: 对比研究不同护理模式在去大骨瓣减压颞肌贴敷术治疗大面积脑梗死患者临床护理中的应用价值。方法: 将襄阳市中心医院收治的120例大面积脑梗死患者随机分为A组、B组、C组, 各组40例。A组进行常规护理, B组进行临床护理路径表护理, C组进行循证护理。于3组患者护理干预前后, 根据美国国立卫生研究院卒中量表(National Institutes of Health Stroke Scale, NIHSS)评分标准评价患者神经功能缺损程度, 并根据格拉斯哥预后分级(Glasgow outcome scale, GOS)评价3组患者预后情况。结果: 护理3个月、6个月后, C组患者NIHSS评分低于A组、B组($P < 0.05$), A组、B组比较, 差异无统计学意义($P > 0.05$)。在预后良好率, A组、B组、C组依次为50%、62.5%、82.5%, C组高于A组、B组($P < 0.05$), A组、B组比较, 差异无统计学意义($P > 0.05$)。结论: 于大面积脑梗死患者行去大骨瓣减压颞肌贴敷术治疗中行循证护理能有效提高护理效果, 改善患者神经功能缺损程度及预后。

[关键词] 大面积脑梗死; 去大骨瓣减压颞肌贴敷术; 循证护理; 神经功能缺损; 预后

Effects of several nursing modes in patients with large cerebral infarction treated by decompressing temporal bone muscle with large bone flap decompression

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Abstract **Objective:** To comparatively study the efficacy of different nursing modes in the clinical care of patients with large cerebral infarction treated by decompressive temporal muscle application with large bone flaps. **Methods:** One hundred and twenty patients with large cerebral infarction treated in our hospital were randomly divided into group A, group B and group C, with 40 cases in each group. Group A received routine nursing, group B received clinical nursing path table nursing, and group C received evidence-based nursing. Before and after the nursing

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intervention of the three groups, the degree of neurological impairment was evaluated according to the National Institutes of Health Stroke Scale (NIHSS) scoring standard, and the prognosis of the three groups was evaluated according to the Glasgow outcome scale (GOS). **Results:** After three months and six months of nursing, the NIHSS scores of group C patients were lower than those of group A and group B ($P < 0.05$). There was no significant difference between group A and group B ($P > 0.05$). In terms of prognosis, the A, B, and C groups were 50%, 62.5%, and 82.5%, respectively. The C group was higher than the A and B groups ($P < 0.05$). There was no significant difference between the A and B groups ($P > 0.05$). **Conclusion:** Evidence-based nursing in patients with large-scale cerebral infarction who underwent large bone flap decompression and temporal muscle application can effectively improve the nursing effect and improve the degree of neurological deficits and prognosis of patients.

Keywords large-scale cerebral infarction; decompressive temporal muscle application with large bone flap; evidence-based nursing; neurological deficits; prognosis

脑梗死是以脑部血液供应障碍致缺血、缺氧为基础病理,以局限性脑组织缺血性坏死为主要病理表现的常见脑血管系统疾病^[1]。去大骨瓣减压颞肌贴敷术是目前大面积脑梗死临床治疗的优选方法,而护理作为手术治疗体系的重要组成部分,于患者手术中辅以有效的护理干预是提高手术效果,改善患者预后的关键。本研究对比分析不同护理模式在大面积脑梗死患者行去大骨瓣减压颞肌贴敷术治疗中的应用效果。

1 对象与方法

1.1 对象

经襄阳市中心医院医学伦理委员会批准,纳入襄阳市中心医院收治的120例大面积脑梗死患者为研究对象。采用病例对照性研究方案,采用随机分组方案予以分组。患者分组结果及病例资料分布如表1。3组患者在一般资料的分布比较中,均无统计学意义差异(均 $P > 0.05$),可比性良好。

1.2 方法

3组患者均行去大骨瓣减压颞肌贴敷术治疗,临床护理中:

A组40例患者行常规护理,主要包括术前基础准备、心理护理,术后健康宣教、康复指导等。

B组40例患者行临床护理路径表护理,由专科医师、主管护士及责任护士共同组成专家组,制定临床护理路径表,具体路径如下:1)住院第1天:向患者介绍科室人员、主治医师及主管护士配置情况;引导患者熟悉病房环境、设施及相关制度;护理评估;检测生命体征;执行神经外科护理常规。2)住院第2 d。监测生命体征,合理卧位,合理饮食,观察出血倾向和药物反应,协

助患者完成临床相关检查。3)住院第3天。监测生命体征,观察出血倾向和药物反应,训练日常生活能力,指导功能位摆放,指导患者积极配合康复训练。4)住院第4天。监测生命体征,评估皮肤及二便,尽量解除留置尿管,给予弹力袜,指导床上被动康复训练。5)住院第5~7天。常规生理护理及病情监测,辅助患者完成相关检查。6)住院第8~14天。常规生理护理及病情监测,康复训练,了解一级、二级预防内容,出院指导^[2-3]。

C组40例患者行循证护理。1)成立团队,明确要点。由管床医生和护士长、责任组长、责任护士成立循证护理小组,综合患者病情特点、手术效果、预后评估及护理实践经验,明确患者护理需求,从基础生理护理、心理护理、健康教育、营养支持、家庭/社会支持、康复训练等各个方面明确护理要点^[4]。2)收集并获取证据,制定护理计划。通过对国内外前沿文献资料的总结、归纳,对护理经验的把握,及对患者护理需求及要点的结合,于去大骨瓣减压颞肌贴敷术治疗大面积脑梗死护理中,将可利用的最适宜的护理研究依据有机结合,获取证据,制定护理计划^[5]。3)优化护理决策,实施护理方案。从护理内容、护理方法、护理进程等方面优化护理决策,为患者制定个性化的康复护理方案^[6]。

1.3 观察指标

1.3.1 神经功能缺损程度

3组患者护理干预前及干预3、6个月后,根据美国国立卫生研究院卒中量表(National Institutes of Health Stroke Scale, NIHSS)评分标准评价患者神经功能缺损程度。轻度:NIHSS评分小于或等于15;中度:NIHSS评分为16~30;重度NIHSS评分为31~45^[7]。

表1 3组患者一般资料分布

Table 1 General data distribution of patients in three groups

组别	n	入院时间	性别/[例(%)]		年龄/岁	格拉斯哥昏迷评分(GCS)
			男	女		
A组	40	2018年6月—2019年6月	22 (55.0)	18 (45.0)	62.17 ± 3.14	5.22 ± 1.15
B组	40	2018年6月—2019年6月	20 (50.0)	20 (50.0)	60.83 ± 2.64	5.43 ± 1.05
C组	40	2018年6月—2019年6月	21 (52.5)	19 (47.5)	63.20 ± 3.15	5.56 ± 1.20

1.3.2 预后评估

分别予以3组患者为期6个月的随访观察, 根据格拉斯哥预后分级(Glasgow outcome scale, GOS)评价3组患者预后情况。GOS 1~3级为预后良好, 4~5级为预后不良^[8]。

1.4 统计学处理

本研究所采用的统计学软件为中文版SPSS 20.0。计数资料表示为频数(例)和构成比(%), 计量资料表示为均数±标准差($\bar{x} \pm s$)的形式, 检验方法分别采用 χ^2 检验、F检验; 根据检验结果统计P值, $P < 0.05$ 表示差异具有统计学意义。

2 结果

2.1 神经功能缺损程度

在平均NIHSS评分上, 护理前, A组、B组、C组3组比较, 差异均无统计学意义($P > 0.05$); 护理3个月、6个月后, C组患者NIHSS评分低于A组、B组($P < 0.05$), A组、B组比较, 差异无统计学意义($P > 0.05$, 表2)。

2.2 预后评价

在预后良好率, A组、B组、C组依次为50%, 62.5%, 82.5%, C组高于A组、B组($P < 0.05$), A组、B组比较, 差异无统计学意义($P > 0.05$, 表3)。

表2 3组患者治疗前后NIHSS评分比较($\bar{x} \pm s$)Table 2 Comparison of NIHSS scores before and after treatment in patients in three groups ($\bar{x} \pm s$)

组别	n	护理前	护理3个月后	护理6个月后	P
A组	40	29.75 ± 3.25	23.26 ± 2.53	19.57 ± 3.15	0.001
B组	40	27.94 ± 3.04	22.10 ± 2.30	16.37 ± 3.10	0.001
C组	40	28.30 ± 3.14	15.37 ± 3.18	10.63 ± 2.15	0.001

表3 3组患者预后比较

Table 3 Comparison of prognosis of patients in three groups

组别	n	预后良好		预后不良		P
		例数	构成比/%	例数	构成比/%	
A组	40	20	50.0	20	50.0	0.001
B组	40	25	62.5	15	37.5	0.001
C组	40	33	82.5	7	17.5	0.001

3 讨论

随着缺血性脑血管患者数量逐年增多, 其中约10%的患者为严重的大面积脑梗死, 而在临床治疗中仅内科保守治疗病死率达80%^[9]。去骨瓣减压术是针对释放颅内空间特有的手术, 足够的颅内空间可以减低颅内压力, 保证脑组织的血流以及氧供, 避免了脑水肿导致的组织移位压迫脑干, 为挽救患者的生命提供宝贵时间。据相关调查数据报道显示, 去大骨瓣减压颞肌贴敷术治疗大面积脑梗死可有效提高患者存活率, 最高可达90%, 与传统药物相比具有显著的疗效^[10]。同时, 严重颅脑损伤患者大骨瓣减压可降低颅内压达20 mmHg(1 mmHg=0.133 kPa), 对改善大面积脑梗死患者的预后具有重要的意义。

本研究采用病例对照研究的方法, 于去大骨瓣减压颞肌贴敷术治疗大面积脑梗死患者的临床护理中, A组行常规护理, B组行临床护理路径表护理, C组行循证护理。研究结果显示: 护理干预后C组患者NIHSS评分低于A组、B组, 在预后良好率, A组、B组、C组依次为50%, 62.5%, 82.5%, C组高于A组、B组, 但在上述两项指标的比较上, A组、B组差异均无统计学意义($P>0.05$)。表明患者实施循证护理的效果优于常规护理及路径表护理。常规护理主要强调基础护理, 而缺乏对整体护理的把握, 导致相关护理措施不完善^[11-12]; 护理路径表是于患者住院期间, 以时间为横轴, 以各项专业护理措施为纵轴, 制成一个日程计划表而开展的针对性、系统性的护理干预模式, 强调护理的系统性和程序性^[13]; 而循证护理将科研结论与护理临床经验、患者需求相结合, 通过对护理证据的收集, 运用科学的理论和证据转化的方法来解决临床护理问题, 以提高护理实践的安全性、科学性和有效性, 为患者提供科学、可靠、全面的护理服务。因此, 相较于常规护理和路径表护理, 循证护理强调对护理干预措施的统筹规划, 在护理干预方案上更具科学性和针对性, 因而更利于护理效果的提高^[14-15]。

因此, 于大面积脑梗死患者行去大骨瓣减压颞肌贴敷术治疗中行循证护理能有效提高护理效果, 改善患者神经功能缺损程度及预后, 值得临床推广应用。

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