

Application of home nursing intervention in pediatric outpatient intravenous indwelling needle nursing and its influence on indwelling time

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【 Abstract 】 Objective: To explore the application of home nursing intervention and its influence on indwelling time in pediatric outpatient intravenous indwelling needle nursing. **Methods:** 110 cases of pediatric outpatient treatment in our hospital were selected, and the average method was used to divide them into family nursing intervention research group and routine nursing reference group, and the relevant results were analyzed statistically. **Results:** The success rate of indwelling needle, indwelling time and nursing quality in the study group were higher than those in the reference group, and the complication rate was lower than that in the reference group ($P < 0.05$). **Conclusion:** The use of home nursing intervention in pediatric outpatient intravenous indwelling needle nursing can improve the indwelling time of intravenous indwelling needle and reduce the occurrence of adverse reactions, which has a high reference value.

【 Key words 】 Pediatric outpatient clinic; Intravenous indwelling needle; Home care; Retention time; impact

Pediatric outpatient service is an important place for diagnosis of children, among which intravenous infusion treatment is relatively common. At present, the commonly used infusion device is intravenous indwelling needle. This device is conducive to reducing the number of punctures, avoiding greater stimulation of the blood vessels of children, and has the characteristic of long-term indwelling, which improves the convenience of drug administration and the compliance of children in practical application^[1]. However, in the process of practical application, there will still be a variety of complications. Once it happens, it will affect the retention time and cause harm to children. Therefore, it is necessary to strengthen the care of children who use intravenous indwelling needle^[2]. Based on this, this study reorganized the nursing ideas, proposed family nursing intervention measures, and applied them to some children admitted to the pediatric outpatient department of our hospital, and selected the same number of children to receive routine nursing at the same time, forming a sharp contrast. The report contents are as follows.

1 Data and methods

1.1 General information

The selection stage of the study object is mainly from March 2021 to March 2022, all of which are from the children admitted in the children's outpatient department of our hospital. During the selection process, 110 typical children are mainly selected. The children are divided into groups of 55 people by random software, and different treatment methods are used to complete the analysis. One group used routine nursing (reference

group), and the other group used family nursing intervention (research group). 35 and 36 cases were the proportion of male children in the two groups, 20 cases: 19 cases were the proportion of female children in the two groups. The age range from 1 to 11 years was the lowest age and the highest age of patients in the study group. The reference group was 1 to 12 years old, and the average age was (4.61 ± 1.22) years old: (4.89 ± 1.27) years old. The comparative difference of relevant data is not obvious after statistics, which indicates that it can be compared as research content and highlighted ($P > 0.05$). The study was implemented after being approved by the ethics committee of the hospital.

Inclusion criteria: (1) children who meet the treatment standard of intravenous infusion; (2) Children who are consistent with relevant indications of intravenous indwelling needle; (3) The family members of the children understood the purpose of the study and signed relevant agreements.

Exclusion criteria: (1) The child had serious complications; (2) Children with communication or mental disorders and coagulation disorders.

1.2 Methods

In the process of receiving intravenous indwelling needle treatment, the nursing method used in the reference group was routine nursing. When puncturing, the nursing staff should select the appropriate blood vessels, mainly the ones with good elasticity and proper size for puncturing. After analyzing the disease situation of the child, the model of the indwelling needle should be reasonably selected in combination with the age of the child. Generally, the indwelling needle of the 24G type is the main one. The nursing staff adhered to the principle of sterile operation to conduct puncture. First, the puncture site was prepared for skin preparation, the puncture site was sterilized with iodine cotton swab, the infusion tube and the retaining needle were connected. During puncture, the nursing staff held the needle handle with index finger and thumb, determined the position, and then slowly stabbed into the blood vessel. During puncture, the angle between the needle head and the blood vessel was kept at 30° . After the puncture, the blood return was observed. If the blood returned, the needle was slightly pushed forward, with a distance of 2 mm, After that, fix the outer tube, pull out the needle, place the hose, and fix the hose with transparent film. The key to the success of the indwelling needle is to seal the tube. Normal saline can be used to seal the tube. The indwelling time should be controlled within 3 or 4 days to avoid infection if it is too long.

The nursing method used by the research group in the process of changing children to receive intravenous indwelling needle is family nursing intervention. The specific measures are as follows: (1) The nursing staff should communicate with the children or their families with a positive attitude and full enthusiasm, understand the psychological state of the families and children through communication, and make a detailed evaluation. In addition, we should understand the family situation and personality of the children, fully grasp the nursing requirements of the children and their families, and carry out health education according to the actual situation. At this time, the nursing staff should use simple and understandable language to explain the relevant health care knowledge to the children or their families. If Huaer is young, the nursing staff can compile the relevant knowledge into a story, and explain it to the children in this way, so that the children can understand the disease

and promote the improvement of self-management ability. In addition, the family-centered nursing concept was explained to the family members of the children, so that they could have a certain understanding of the nursing model, thus promoting the nursing cooperation[3]. (2)Psychological care. Generally, children have a special status in the family. In case of an accident or illness, the family members will show tension, including a variety of negative emotions, which will have a certain impact on the children's psychology. Therefore, during the treatment of children, the nursing staff should pay close attention to the psychological status of the family members, and timely carry out targeted psychological counseling if any abnormality is found, During this period, the nursing staff selected typical and convalescent cases to explain to the family members, so as to improve their confidence, so that the family members can actively cooperate in nursing. In addition, the nursing staff can also pay close attention to the emotional state of the child. If there is abnormal fluctuation, the nursing staff can guide the family members of the child to pacify them, and also can conduct targeted counseling according to the actual situation of the child, so as to reduce the bad mood of the child and make it actively cooperate with the treatment. Especially during the application of intravenous indwelling needle, family members should actively assist to avoid adverse effects. (3)Because the process of intravenous indwelling needle is prone to produce a variety of complications, which is not conducive to the improvement of the treatment effect of children, so prevention should be strengthened during nursing. Thoroughly disinfect the puncture site of the child, and observe whether the puncture site has exudation or redness during treatment. If the abnormal nursing staff needs to pull out the indwelling needle at the first time and perform the puncture again. Thoroughly clean the puncture site, ensure dry and clean, let the family members of the child guide, and keep the puncture site clean, which is conducive to the prevention of complications and improve the protection awareness of the family members. In case of pipe plugging during nursing, it is necessary to check the sealing condition in time and deal with it with scientific methods. Phlebitis is a common complication of intravenous indwelling needle. The main reason is that a part is injected with intravenous drugs for a long time. At this time, the nursing staff can choose the method of local hot compress to alleviate the condition of children. In order to avoid pressure sores caused by pressure on a small number of children, the nursing staff can guide the family members to put cotton balls under the puncture site of the children, namely the needle handle, to relieve the pressure. During the nursing period, the complications of the child should be closely observed, and how to identify the potential complications should be taught to the family members of the child, so that they can focus on it, so as to improve the safety of nursing^[4]. (4)Carry out health lectures on relevant knowledge. The nursing staff invited the family members of the children to participate in the health lecture, during which, they explained the relevant knowledge and treatment methods of the children's diseases in detail, answered the problems of the family members in detail, and explained the relevant nursing measures to further improve the comprehensiveness of nursing and reduce the occurrence of risk events. (5)In the process of nursing, the social support and family support system should be reasonably applied. In the process of child care, the children's friends or teachers should be encouraged to participate in it, so that the children can feel the care and care in many aspects, and further enhance confidence^[5]. (6)We should strengthen the management of nursing work,

clarify the problems and shortcomings in the past nursing, and improve it on this basis, reasonably run PDCA circulation mode, and promote the continuous improvement of nursing quality.

1.3 Observation indicators

(1)Record the success rate of indwelling needle puncture in nursing, and record the indwelling time of the indwelling needle in detail for the children. After statistics of the relevant data, conduct the difference analysis in groups. (2)The incidence of complications in children was recorded, and the incidence was calculated by counting the relevant number of people in groups, and the differences between groups were analyzed. (3)The statistics of nursing quality after nursing includes three aspects: transfusion nursing, health education and operation skills. Each item has 100 points, and the score is proportional to the nursing quality.

1.4 Statistical treatment

SPSS statistical software is used to make statistics on the two different forms of data in this study. Among them, (%)percentage data is the representative way of counting data, and (\pm)identification software is used to represent the identification of measurement units. When performing relevant data tests, the former uses X^2 test, and the latter uses (\pm). If there is obvious difference between the gradual data comparison, It can be expressed with significant statistical significance ($P<0.05$).

2 Results

2.1 Comparison of success rate and time of indwelling needle

The success rate and retention time of indwelling needle in the study group were higher than those in the control group ($P<0.05$), as shown in Table 1.

Table 1 Comparison of the success rate and time of indwelling needle between the two groups after different nursing methods (n/%), ($\bar{x}\pm s$)

| Group | Number of cases | Retention success rate | Retention time (h) |
|-----------------|-----------------|------------------------|--------------------|
| Research group | 55 | 54 (98.18%) | 91.42 \pm 4.61 |
| Reference group | 55 | 45 (81.82%) | 71.19 \pm 4.48 |
| t/ X^2 | | 4.526 | 12.279 |
| P | | <0.05 | <0.05 |

2.2 Comparison of complication rate

The incidence of complications in the study group was lower than that in the control group ($P<0.05$), as shown in Table 2.

Table 2 Comparison of complication rate after different nursing methods (n/%)

| Group | Number of cases | Catheter obstruction | Catheter exudate | Phlebitis | Total incidence |
|-----------------|-----------------|----------------------|------------------|-----------|-----------------|
| Research group | 55 | 2 | 1 | 1 | 4 (7.27%) |
| Reference group | 55 | 5 | 3 | 2 | 10 (18.18%) |
| X^2 | | | | | 4.297 |

P

<0.05

2.3 Comparison of nursing quality between the two groups after different nursing methods

The nursing quality of the study group was significantly higher than that of the reference group ($P < 0.05$), as shown in Table 3.

Table 3 Comparison of nursing quality between two groups after different nursing methods ($\bar{x} \pm s$, points)

| Group | Number of cases | Transfusion | Health Education | Operational skills | Total points |
|-----------------|-----------------|------------------|------------------|--------------------|------------------|
| Research group | 55 | 98.69 \pm 1.19 | 97.92 \pm 1.42 | 97.61 \pm 1.33 | 98.09 \pm 1.09 |
| Reference group | 55 | 80.02 \pm 2.17 | 82.36 \pm 2.18 | 80.37 \pm 2.26 | 80.91 \pm 2.11 |
| t | | 12.359 | 11.257 | 14.265 | 11.279 |
| P | | <0.05 | <0.05 | <0.05 | <0.05 |

3 Discussion

The use of intravenous indwelling needle for intravenous infusion treatment in pediatric outpatient department can alleviate the pain caused by repeated puncture and improve the compliance of children. During the puncture of intravenous indwelling needle, the catheter and needle core shall be punctured into the blood vessel together, and then the needle core shall be withdrawn, and the hose shall be left in the patient's vein. [6-8] Intravenous infusion is the most common nursing operation in clinical practice at present. The use of indwelling needle can effectively improve the nursing efficiency and quality of nursing staff, and has been widely used in clinical practice. The intravenous indwelling needle has the characteristics of simple operation and convenient use, and can effectively reduce the number of venous punctures and reduce the irritation to the blood vessels of children. Generally, the indwelling time of intravenous indwelling needle is 3~5 days, which can not only be used for routine intravenous infusion treatment, but also can quickly establish venous access for patients during rescue^[9].

The family-centered nursing concept was put forward by American psychologists, who believed that the family members of patients had a great influence during the treatment of patients. With the continuous development of nursing concept, its application in pediatric outpatient care has become more and more extensive. In the process of practical application, the importance of family in the rehabilitation of children was put forward, so the family members of children were encouraged to participate actively during the nursing period. On the one hand, corresponding nursing was given, and on the other hand, it played a good role in promoting the rehabilitation of children^[10-12]. In this study, the family nursing intervention method was applied to the study group. The results showed that the complications of children were reduced, the quality of nursing was improved, and the success rate and time of indwelling needle were increased, which had obvious advantages compared with the reference group of routine nursing ($P < 0.05$).

To sum up, family nursing intervention in the application of intravenous indwelling needle in pediatric outpatient department is beneficial to improve the safety and effectiveness of nursing and promote the early

recovery of patients.

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家庭护理干预在儿科门诊静脉留置针护理中的应用及对留置时间的影响

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【摘要】 目的: 在儿科门诊静脉留置针护理中探讨家庭护理干预的应用及对留置时间的影响。**方法:** 选取我院接受儿科门诊治疗的患儿 110 例, 使用平均方法分到家庭护理干预的研究组和常规护理的参照组, 统计相关结果进行分析。**结果:** 研究组患儿的留置针成功率、留置时间、护理质量均高于参照组, 并发症发生率低于参照组 ($P < 0.05$)。**结论:** 使用家庭护理干预进行儿科门诊静脉留置针护理工作, 能够提高静脉留置针的留置时间, 并减少不良反应的发生, 有较高的借鉴价值。

【关键词】 儿科门诊; 静脉留置针; 家庭护理; 留置时间; 影响

儿科门诊是对患儿进行诊断的重要场所, 其中静脉输液治疗较为常见, 目前常用的输液装置为静脉留置针, 该装置有利于减少穿刺次数, 避免患儿的血管受到较大的刺激, 且具有长时间留置的特点, 在实际应用中提高了给药的便利性和患儿的依从性^[1]。然而在实际应用的过程中, 仍然会出现多种并发症, 一旦发生就会使留置时间受到影响, 进而给患儿带来伤害, 所以需要在使用静脉留置针的患儿加强护理^[2]。基于此, 本研究重新整理护理思路, 提出家庭护理干预的措施, 将其应用到本院儿科门诊收治的部分患儿中, 同期选择相同人数的患儿接受常规护理, 形成鲜明的对比, 报告内容具体如下。

1 资料与方法

1.1 一般资料

研究对象的选取阶段主要为 2021 年 3 月至 2022 年 3 月, 全部来源于我院儿童门诊收治的患儿, 选取过程中以典型代表的 110 例患儿为主, 将患儿以 55 人一个小组的方法采用随机软件进行研究小组的划分, 并应用不同治疗方法完成分析。一组使用常规护理 (参照组), 另一组使用家庭护理干预 (研究组), 35 例和 36 例是两组患儿中男性患儿的比例, 20 例: 19 例则是两组中女性患儿的比例, 1 岁至 11 岁是研究组患者最低年龄值最高年龄的范围, 参照组 1 至 12 岁, 平均年龄相比 (4.61 ± 1.22) 岁: (4.89 ± 1.27) 岁。相关资料统计后比较差异不够明显, 说明可作为研究内容进行比较, 并突出 ($P > 0.05$)。研究经过院方伦理委员会审批后实施。

纳入标准: (1) 符合静脉输液治疗标准的患儿; (2) 与静脉留置针相关指证相符的患儿; (3) 患儿家属了解研究目的, 并签署相关协议。

排除标准: (1) 患儿存在严重并发症; (2) 沟通障碍或精神障碍以及凝血功能障碍的患儿。

1.2 方法

参照组患儿接受静脉留置针治疗的过程中, 所使用的护理方法为常规护理。既护理人员在穿刺时, 要选择合适的血管, 以弹性好、大小合适便于穿刺的血管为主, 在对患儿的疾病情况进行分析, 结合其年龄合理的选择留置针型号, 通常情况下以 24G 型号的留置针为主。护理人员坚持无菌操作的原则进行穿刺, 首先进行穿刺部位备皮, 应用碘棉签对穿刺部位消毒, 连接输液管和留置针, 穿刺时护理人员使用食指和拇指握住针柄, 明确位置后缓慢地刺入血管, 穿刺时针头和血管的角度保持在 30° , 完成后对

回血情况进行观察,若回血则将针略微向前推进,距离为 2mm,之后固定外套管,将针抽出,置入软管,使用透明贴膜对软管进行固定。留置针是否成功,关键在于封管,可采用生理盐水进行封管,留置时间控制在 3 天或 4 天,以免过长发生感染。

研究组换患儿接受静脉留置针的过程中所使用的护理方法为家庭护理干预,具体措施如下:(1)护理人员要抱以积极的态度和饱满的热情与患儿或家属沟通,通过交流了解家属和患儿的心理状态,并作出详细的评估。另外对患儿的家庭情况及性格进行了解,以此为基础充分把握患儿和家属对护理的要求,根据实际情况开展健康教育。此时护理人员要使用简单易懂的语言为患儿或家属讲解相关保健知识,若花几年龄较小,护理人员可将相关知识编制成为故事,以这种方式为患儿讲解,以便患儿对疾病有所了解,从而促进自我管理能力的提高。另外将家庭为中心的护理理念向患儿家属讲解,使其对该护理模式有一定的了解,从而促进护理配合度^[3]。(2)心理护理。通常情况下,患儿在家庭中具有特殊地位,一旦发生意外或生病,家属就会表现出紧张情绪,同时还包括多种不良情绪,这种情况下会对患儿的心理产生一定的影响,所以,患儿接受治疗的过程中,护理人员应该密切关注家属的心理状态,若发现异常应及时进行针对性的心理疏导,在此期间护理人员选取典型且康复的病例向家属讲解,从而提高家属的信心,以便在护理中家属能够积极配合。另外护理人员也好密切关注患儿的情绪状态,如果有异常波动的情况发生,护理人员可指导患儿家属对其进行安抚,同时也可根据患儿的实际情况进行针对性的疏导,从而减少患儿的不良情绪,使其积极的配合治疗。尤其是静脉留置针应用的过程中,家属更应积极协助,避免造成不良影响。(3)由于静脉留置针的过程中极易产生多种并发症,这不利于患儿治疗效果的提升,所以在护理期间要加强预防。对患儿的穿刺部位进行全面的消毒,治疗期间观察穿刺部位是否有药液渗出或有无红肿。如果发现异常护理人员需要第一时间留置针拔出,重新进行穿刺。对穿刺部位进行全面的清理,保证干燥清洁,让患儿家属指导,穿刺部位要保持清洁,这有利于并发症的预防,使家属的防护意识提高。如果在护理期间发现有堵管情况,需要及时检查封管情况,并采用科学的方法处理。静脉炎是静脉留置针中常见的并发症,主要原因是一个部位长期进行静脉药物注射,此时护理人员可选择对局部进行热敷的方法,以此缓解患儿的情况。少部分患儿受到压迫导致压疮发生,为了避免这种情况,护理人员可指导家属在患儿穿刺部位即针柄下垫入棉球,缓解压迫感。在护理期间要严密地观察患儿的并发症情况,将如何应对潜在并发症进行识别,教给患儿家属,使其重点关注,从而提高护理的安全性^[4]。(4)开展相关知识的健康讲座。护理人员邀请患儿家属参加健康讲座,在此期间,详细讲解小儿疾病相关知识和相关治疗方法,同时对家属存在的问题进行详细解答,并讲解相关护理措施,进一步提高护理的全面性,减少风险事件的发生。(5)在护理的过程中,应合理地应用社会支持和家庭支持系统,在患儿护理的过程中,鼓励患儿的朋友或老师参与其中,使得患儿感受到多个方面的关心和爱护,进一步增强信心^[5]。(6)对护理工作加强管理,明确以往护理中存在的问题及不足,以此为基础进行改善,合理地运行 PDCA 循环模式,促进护理质量的持续提高。

1.3 观察指标

(1)记录护理中留置针穿刺成功率,并详细记录患儿留置针的留置时间,统计相关数据后以小组为单位进行差异分析。(2)记录患儿并发症发生情况,以小组为单位统计相关人数计算发生率,进行组间差异分析。(3)统计护理后护理质量,共包括三个方面,分别为输液护理、健康教育和操作技能,每个项目 100 分,分数与护理质量成正比。

1.4 统计学处理

以 SPSS 统计学软件, 对本研究中两种不同表现形式的数据进行统计, 其中 (%) 百分比数据为计数资料的代表方式, 而 (\pm) 标识软件中代表计量单位的标识, 在进行相关数据检验时, 前者使用 χ^2 检验, 后者使用 (\pm) 表示。若逐渐数据对比存在明显差别, 可使用表示差异明显的统计学意义 ($P < 0.05$) 进行表达。

2 结果

2.1 留置针成功率及时间比较

研究组留置针成功率高和留置时间均高于参照组 ($P < 0.05$), 见表 1。

表 1 不同方法护理后比较 2 组留置针成功率及时间 (n/%), ($\bar{x} \pm s$)

| 组别 | 例数 | 留置成功率 | 留置时间 (h) |
|-------------|----|-------------|------------------|
| 研究组 | 55 | 54 (98.18%) | 91.42 \pm 4.61 |
| 参照组 | 55 | 45 (81.82%) | 71.19 \pm 4.48 |
| t/ χ^2 | | 4.526 | 12.279 |
| P 值 | | <0.05 | <0.05 |

2.2 并发症发生率比较

研究组并发症发生率低于参照组 ($P < 0.05$), 见表 2。

表 2 比较不同方法护理后并发症发生率 (n/%)

| 组别 | 例数 | 导管阻塞 | 导管脱出渗液 | 静脉炎 | 总发生率 |
|----------|----|------|--------|-----|-------------|
| 研究组 | 55 | 2 | 1 | 1 | 4 (7.27%) |
| 参照组 | 55 | 5 | 3 | 2 | 10 (18.18%) |
| χ^2 | | | | | 4.297 |
| P 值 | | | | | <0.05 |

2.3 不同方法护理后比较 2 组护理质量

研究组护理质量明显高于参照组 ($P < 0.05$), 见表 3。

表 3 不同方法护理后比较 2 组护理质量 ($\bar{x} \pm s$, 分)

| 组别 | 例数 | 输液 | 健康教育 | 操作技能 | 总分 |
|-----|----|------------------|------------------|------------------|------------------|
| 研究组 | 55 | 98.69 \pm 1.19 | 97.92 \pm 1.42 | 97.61 \pm 1.33 | 98.09 \pm 1.09 |
| 参照组 | 55 | 80.02 \pm 2.17 | 82.36 \pm 2.18 | 80.37 \pm 2.26 | 80.91 \pm 2.11 |
| t | | 12.359 | 11.257 | 14.265 | 11.279 |
| P 值 | | <0.05 | <0.05 | <0.05 | <0.05 |

3 讨论

在儿科门诊使用静脉留置针进行静脉输液治疗, 可减轻患儿因反复穿刺带来的痛苦, 使患儿依从性提高。在进行静脉留置针穿刺时, 需将导管及针芯一起刺入血管内, 然后将针芯退出, 将软管留置于病人静脉血管中。^[6-8]静脉输液是目前临床中最为常见的护理操作, 留置针的使用可有效提高护理人员的护理效率和护理质量, 在临床中得到了广泛的应用。静脉留置针具有操作简单、使用方便的特点, 而且可以有效减少静脉穿刺次数, 减轻对患儿血管造成的刺激。一般静脉留置针的留置时间为 3~5 d, 不仅可以用

于常规静脉输注治疗,而且可以在抢救时快速为病人建立静脉通路^[9]。

家庭为中心的护理理念是由美国心理学家提出,其认为在患者接受治疗期间,患者的家属起到了较大的影响,随着护理理念的不断发展,其在儿科门诊护理中的应用愈加广泛。在实际应用的过程中提出了患儿康复中家庭的重要性,故在护理期间鼓励患儿家属积极参与,一方面给予相应的护理,另一方面在患儿康复中起到良好推进作用^[10-12]。本研究将家庭护理干预方法应用到研究组中,结果显示患儿的并发症减少,护理质量提高,且留置针成功率和时间增加,与常规护理的参照组相比有明显的优势($P<0.05$)。

综上所述,在儿科门诊静脉留置针应用的过程中采用家庭护理干预有利于提高护理的安全性和有效性,可促进患者早日康复。

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