

Application of narrative nursing and hierarchical nursing model in clinical treatment of pediatric pneumonia

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【Abstract】 Objective: To study and observe the effect of narrative nursing and hierarchical nursing mode in the clinical treatment of pediatric pneumonia. **Methods:** 100 pediatric pneumonia patients admitted to our hospital from February 2021 to February 2022 were selected as the research objects. Based on the random number table method, the children were divided into control group and study group, with 50 cases in each group. The control group received routine nursing mode, while the study group received narrative nursing and hierarchical nursing mode. The clinical symptom disappearance time, nursing quality score and family satisfaction were compared between the two groups. **Results:** The disappearance time of clinical symptoms in the study group was significantly shorter than that in the control group ($P < 0.05$). The nursing quality score of the study group was higher than that of the control group ($P < 0.05$). The nursing satisfaction of the study group was higher than that of the control group ($P < 0.05$). **Conclusion:** Narrative nursing and hierarchical nursing model have positive nursing value for children's lung.

【Key words】 Narrative nursing; Hierarchical care; Pneumonia in children; Clinical application of

Paediatric pneumonia is a high incidence paediatric disease and a common paediatric disease, which mostly occurs during cold seasons and when the climate is suddenly changing. The clinical investigation found that pediatric pneumonia was more common, in which respiratory infection was the main cause, and after the onset, the children mostly accompanied by fever, shortness of breath, cough, as well as pulmonary wet rales and other discomfort symptoms. Most clinical anti infective treatment is performed in the first time after the diagnosis of pediatric pneumonia, but the therapeutic effect needs a period of time to take effect, and it needs clinical implementation scientific nursing to accelerate the improvement of discomfort symptoms in children, improve physical and mental comfort of children, prevent the disease from damage to the normal growth and development of children, and avoid complications of pediatric pneumonia. The previous clinical multi application of traditional nursing model has unsatisfactory nursing outcomes, which are associated with poor nurse accountability and lack of coherence, comprehensiveness, and bridging of nursing work. Narrative nursing versus hierarchical nursing model is a new type of nursing program, which has been widely used in pneumonia nursing in recent years.

In this paper, 100 cases of pediatric pneumonia admitted to 2021.2-2022.2 were selected to explore the effect of the application of narrative nursing and hierarchical nursing model, focusing on the analysis of the effects on

time to symptom resolution, lung function indicators and parental satisfaction, which are reported as follows.

1 Materials and methods

1.1 Clinical data

A total of 100 cases of pediatric pneumonia admitted to our department of Pediatrics in 2021.2-2022.2 were used as the subjects in this study to explore the care of children during their clinical treatment. The random number table method was routinely implemented to group, which provided an observation group and a control group, and the number of children in each group was comparable, all 50. Data of the observation group: there were 34 male and 16 female patients; Age 0. 5-4. 5 years, mean $(2.63 \pm 0. 61)$ years; Disease duration 1-4d, mean $(2.77 \pm 0. 61)$ d; There were 21 children with bacterial infections, 19 children with mycoplasma infections, and 10 children with viral infections; There were 10 children with mild pneumonia, 32 children with moderate pneumonia, and 8 children with severe pneumonia. Data of control group: 32 male children and 18 female children; Age 0. 5-5. 0 years, mean $(2.85 \pm 0. 64)$ years; Disease duration 1-4d, mean $(2. 92 \pm 0. 63)$ d; There were 23 children with bacterial infections, 18 children with mycoplasma infections, and 9 children with viral infections; There were 11 children with mild pneumonia, 30 children with moderate pneumonia, and 9 children with severe pneumonia. No difference in visible ratios was observed when comparing the data of children in the two groups ($P > 0. 05$).

The inclusion criteria were (1)the child fulfilled the clinical diagnostic criteria for pneumonia included in the guideline for the management of community acquired pneumonia in children (2013 Revision) (upper), guideline for the management of community acquired pneumonia in children (2013 Revision) (lower); (2)The child was admitted to the hospital with fever and shortness of breath and other discomfort symptoms, chest radiography showed the presence of lung shadow, lung texture coarsening and other pathological manifestations; (3)The children all had a parent accompanying the clinic; (4)Parents and children were more aware, informed and coordinated with the study. Exclusion criteria were: (1)children with combined respiratory diseases including bronchial asthma, COPD or emphysema; (2)Concurrent bloodstream infection or local wound infection in children; (3)Incorrect or missing clinical data on affected children; (4)The parents of the children did not consent for the children to participate in the study.

1.2 Methods

The control group used the traditional nursing model: the responsible nurse combined with the type of disease of the child to create a clean and clean and comfortable ward, and arranged the cleaning staff to do clean, sterilize and disinfect work and prevent cross infection; Follow medical advice to provide medication for intravenous drip, atomization and other treatment, to emphasize the need to follow medical treatment to the parents of the children, but also to routinely tell the superiority of the medication used, to improve the child's parents' awareness of follow-up; Close monitoring of the child's condition changes and vital signs changes, do a good record of relevant changes, combined with the record to implement symptomatic operations. The observation group adopts a narrative nursing versus hierarchical model of nursing: (1)divide the hierarchical level: combine the actual situation of the nurses involved in this research, divide them into five levels (N1, N2,

N3, N4, N5) nurses in turn, different levels of nurses' nursing duties have large differences from nursing work. N1 a nurse with an academic degree and above, is from a nursing specialty institution, is on trial or is not yet receiving a nurse certificate, but may provide basic nursing services such as venipuncture to the patient. N2 nurses had college education and above, worked more than 3 years in nursing, had a nurse title, could accurately understand medical orders and provide relevant nursing according to medical orders, nurses also had the skills of rescuing and observing critically ill children and were able to perform duty independently. N3 nurses have college education and above, have worked >6 years in nursing, have this title as head nurse, have strong knowledge of emergency response, coping skills, can independently assess and rescue critically ill patients, can answer questions from children as well as family members, and can also manage lower level nurses. N4 nurses possess college and above education, have worked more than 8 years in nursing, communication and communication skills as well as nursing teaching ability, fully master nursing theoretical knowledge and nursing operation skills, can provide management and supervision to lower level nurses, can also serve as nursing students as well as clinical teaching importance to nurses. N5 nurses have 15 years and above of nursing work experience, obtain the title of the head nurse, assume the nursing management of the Department, nursing supervision is heavy duty, can also develop a nursing intervention plan for the disease, determine the nursing program after the implementation of the nursing program to the Department. (2) Chain care; The N5 nurses integrated the N1, N2, N3, and N4 nurses and divided them into two groups by practical situation science, which guaranteed that the number of nurses at each level in the two groups was not very different or consistent. After the children with pneumonia were admitted to the hospital, various services were provided to the children, among which N1 nurses provided the children with basic care services such as intravenous fluids, admission catharsis, administration following the medical advice, pneumonia knowledge spreading, respiratory management, and so on, N2 nurses dispensed the drugs in compliance with the medical advice, prepared the medication preparation, and during the child's medication, prepared monitoring work, detected abnormalities timely and performed rescue. N3 nurses are involved in the study of the hospital of children with pneumonia, timed daily assessment of the child's condition outcome, active and parent communication communication, clear the parent's existing problems and resolve related questions, also need to combine the child's and parent's emotional state, timely provide psychological estration and emotional reassurance, let the child receive treatment and care in an average state, let the parents bear caregiving supervision, children's care, and other important tasks, Preventing parental disorganization affects child emotional status and treatment outcomes. N4 nurses actively participate in the ward work of children with pneumonia, evaluate the daily changes of the child's condition as well as the nursing situation, conduct nursing supervision when timed or unscheduled, timely identify the problems in existing pneumonia care, feedback the problems to the nurse director, and jointly with the nurse leader to develop a solution, clear the training of the responsible nurse after the solution, let the responsible nurse implement the care solution the first time, and prevent the occurrence of problems. N4 nurses are also required to assess the nurse's proficiency in nursing knowledge at all levels and the proficiency of nursing care, to identify nurses in need of retraining in a timely

manner, and to arrange nurses for training.

1.3 Outcome measures

1.3. 1 statistics on time to resolution of symptoms the time to resolution of fever, cough, shortness of breath, pulmonary rales, and hospitalization of the child, a total of 5 items were included.

1.3. 2 statistics of pulmonary function indexes four items, including forced vital capacity in one second (FVC), maximal expiratory flow in one second (PEF), forced expiratory volume in one second (FEV1), and FEV1/FVC, were measured by spirometry before nursing care and at discharge.

1.3. 3 parental satisfaction a self-made parent satisfaction questionnaire was used to obtain, the evaluation content contains five items of basic nursing, specialist nursing, service attitude, nurse patient communication, and nursing responsibility, and the total score of the single items is 0-10 points, and the score ≥ 9 points is satisfied. 1.4 statistical methods after the data of the study were obtained, the application (n/%) indicated the parent satisfaction, the application ($\pm s$) indicated the time of symptom resolution, lung function indicators, the data were entered into spss22.0 software, and X^2 And t-test, with $P < 0.05$ considered significant.

2 Results

2.1 Statistics on time to resolution of five symptoms in children

The time to resolution of the five items was shorter in the observation group than in the control group ($P < 0.05$). See Table 1.

Table 1 Time for five symptoms to subside in two groups (n=50 cases, ($\bar{x} \pm s$), d)

group	Time for fever to subside	Time for cough to subside	Time for Lung dyspnea to subside	rale to fading time	Hospitalization time of children
Observation group	2.73 \pm 0.79	7.42 \pm 1.91	2.81 \pm 0.84	8.82 \pm 1.78	9.43 \pm 2.05
control group	2.01 \pm 0.57	5.89 \pm 1.37	2.05 \pm 0.78	7.0 \pm 1.64	7.20 \pm 1.73
T value	5.2262	4.5027	4.6881	5.1711	5.8784
P value	0.000	0.000	0.000	0.000	0.000

2.2 Statistics of four lung function measures in children

There was no difference in FVC, PEF, FEV1, and FEV1/FVC in the observation group before nursing care compared with the control group ($P > 0.05$), and FVC, PEF, FEV1, and FEV1/FVC in the observation group at discharge compared with the control group ($P < 0.05$). See Table 2.

Table 2 four measures of lung function in the two groups (n=50 patients, ($\bar{x} \pm s$))

group	FVC (L)		PEF (L/min)		FEV1 (L)		FEV1/FVC (%)	
Observation group	Before care	At discharge	Before care	At discharge	Before care	At discharge	Before care	At discharge

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	1.84±0.32	2.40±0.34△	55.78±13.29	76.34±10.09△	1.12±0.26	1.50±0.30△	50.02±7.98	55.43△	78±6.	
control group	1.75±0.30	2.91±0.37△	55.15±13.27	87.76±10.23△	1.19±0.28	1.99±0.31△	50.21±7.99	50.21△	57±6.	
X ² value	1.4509	7.1767	0.2372	5.6199	1.2954	6.3926	0.1190	3.7890		
P value	0.1500	0.0000	0.8130	0.0000	0.1982	0.0000	0.9055	0.0003		

3 Discussion

The incidence rate of pediatric pneumonia in China is increasing year by year. If it is not treated in time, it may evolve into a serious case and pose a great threat to the life safety of the child. At the same time, compared with the respiratory system of adults, children's bronchial lumen is relatively narrow, the development of alveolar elastic fibers is not perfect, and the cilia movement is poor, so it is easy to develop pneumonia. According to the different pathogens of children's infection, the types of pneumonia are mainly divided into bacterial, viral, mycoplasma, chlamydia and fungal. After the onset of the disease, the children showed fever, refusal to eat, irritability and dyspnea, among which the early temperature reached 38~39℃, and some children reached 40℃, accompanied by symptoms such as depression, irritability, anorexia and diarrhea. Some children will also show some other systemic symptoms and signs after the onset of the disease, such as circulatory system symptoms, nervous system symptoms and digestive system symptoms, such as increased heart rate, limb edema, lethargy, convulsion, abdominal distension and diarrhea. It has a great impact on the quality of life of children. Children are at the peak of growth and development, and many organs and tissues are in a growing state, not yet mature, especially the immune system and respiratory system. At this stage, children are very sensitive to external stimuli, and changes in health, environment, diet, climate, and body nutrition will have a great impact on children's physical and mental health. The respiratory system of children is still in the peak period of development, so the bronchial lumen is relatively narrow, the elastic fibers of the alveoli are not yet well developed, and the ciliary motor function is poor, so children are prone to pneumonia. In the past, after the diagnosis of pneumonia in children, the treatment was carried out as soon as possible to prevent the further development of pneumonia, induce respiratory failure, electrolyte disorder and other complications, and improve the prognosis of children. However, most of the children are accompanied by obvious discomfort symptoms when they are admitted to hospital. Conventional symptomatic treatment can relieve symptoms, but it takes a certain time. During the period of waiting for a response, the children and parents are in a bad mood and have high requirements for clinical nursing. If the nurse's nursing skills are not up to standard or nursing mistakes occur, it can induce nurse-patient disputes, and then affect the image of the hospital. Because children with pneumonia are young, their cognitive ability is not yet fully formed, and their self-control ability is weak. There is poor compliance when carrying out treatment. Therefore, it is necessary to take nursing intervention to

correct and make up, so as to play a good therapeutic effect. In recent years, narrative nursing and hierarchical nursing have gradually received attention. Narrative nursing refers to the practice of caring, understanding, feeling and responding to patients' experiences and disease dilemmas by nursing staff, requiring access to patients' stories and understanding patients' inner feelings, so as to achieve the distance between nurses and patients, build a harmonious nurse-patient relationship, and supplement the humanistic connotation of nursing services. Therefore, the essence of this nursing method is humanistic care. The hierarchical nursing model emphasizes the division of labor and hierarchical cooperation. The nursing staff are stratified according to the nursing age, education background and qualification, and each is responsible for the work content of the corresponding level, so as to ensure that the nursing work matches its actual level. In this case, scientific and appropriate nursing must be provided in time according to the characteristics of children's pneumonia and the symptoms and severity of the disease, so as to comprehensively adjust the physical and mental health of children. Narrative nursing and hierarchical nursing model is a new type of nursing that is significantly different from the traditional nursing model. It pays more attention to the rational division of nursing work among nurses, advocates active cooperation among nurses at different levels, and implements hierarchical management in combination with the nurse level, so that nurses at all levels can clarify their own post responsibilities and take the initiative to assume their own nursing work and nursing responsibilities. Under this nursing mode, it can avoid the phenomenon that nurses are lack of ability but need to carry out nursing operations with high technical content. Nurses can provide matching nursing services for children based on their own level to ensure the basic effect of nursing. At the same time, it can also enhance nurses' sense of responsibility and let them actively participate in nursing services. This nursing model can also effectively regulate nurses at all levels, enable nurses to unite and cooperate actively, make nursing work a complete medical service connected by chain, ensure the accuracy and scientificity of nursing operation, and improve the clinical nursing effect of pediatric pneumonia.

To sum up, narrative nursing and hierarchical nursing mode were implemented during the treatment of children's pneumonia, with shorter time for symptoms to subside, higher level of lung function indicators and greater satisfaction of parents. In this experimental study, 100 children with pneumonia in our hospital were selected as study cases and randomly divided into control group and study group, with 50 children. In the clinical treatment stage, the control group adopted conventional nursing measures, and the research group applied narrative nursing and hierarchical nursing based on conventional nursing. There was no statistically significant difference between the two groups before intervention ($P > 0.05$). After the implementation of group nursing intervention, the clinical symptoms of the two groups were compared. From the results, it can be found that the fever symptoms, cough symptoms and lung rale symptoms of the children in the study group had a shorter disappearance time than those in the control group (P). It shows that the combination of the two new nursing methods adopted by the research group can significantly improve the treatment effect of children, shorten the recovery time as soon as possible, and help reduce the hospitalization time and family economic burden. The comparison of the nursing quality scores of the two groups of children was based on the feedback

of the children's families, and the evaluation of the ward environment, nursing technology, health education, nursing responsibility, service attitude, etc. The results showed that the score of the study group was higher than that of the control group ($P < 0.05$), and the difference was statistically significant. It shows that narrative nursing and hierarchical nursing mode can improve the overall level of nursing staff, strengthen the quality of nursing in the division of labor and cooperation, so as to improve the clinical nursing ability in an all-round way, effectively improve the treatment conditions of children, and accelerate the recovery speed of children. The family members of the two groups were evaluated with the nursing satisfaction of Newcastle (NSNS). The results showed that the total nursing satisfaction of the family members of the study group was significantly higher than that of the control group (P). It is helpful to meet the actual needs of children and their families and effectively obtain the recognition of children's families. Narrative nursing and hierarchical nursing mode have a good application effect on the clinical treatment of pediatric pneumonia, which is helpful to shorten the time of disease symptom disappearance and speed up the quality recovery. It can also improve the quality of nursing and the satisfaction of children's families, better cooperate with the treatment, and has good promotion value in clinical application.

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叙事护理与层级护理模式在小儿肺炎临床治疗中的应用

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【摘要】目的：研究观察对小儿肺炎临床治疗中采用叙事护理与层级护理模式的效果。**方法：**选取

我院 2021 年 2 月至 2022 年 2 月收治的 100 例小儿肺炎患者为研究对象。基于随机数字表法将患儿分为对照组和研究组，每组各 50 例。对照组接受常规护理模式，研究组采用叙事护理与层级护理模式。对比两组的临床症状消失时间、护理质量评分和家属满意度。**结果：**研究组各项临床症状消失时间明显短于对照组 ($P < 0.05$)。研究组护理质量评分高于对照组 ($P < 0.05$)。研究组护理满意度高于对照组 ($P < 0.05$)。**结论：**叙事护理与层级护理模式对小儿肺炎具有积极护理价值。

【关键词】叙事护理；层级护理；小儿肺炎；临床应用

小儿肺炎是高发性儿科疾病，也是常见小儿疾病，多在寒冷季节、气候骤然变化时节发生。临床调查发现，小儿肺炎的发病原因较多，其中呼吸道感染是主要原因，发病后患儿多伴有发热、气促、咳嗽以及肺部湿啰音等不适症状。临床多在确诊小儿肺炎后第一时间进行抗感染治疗，但治疗效果需一段时间才能起效，需临床实施科学护理加速患儿不适症状改善，提升患儿的身心舒适度，预防疾病对患儿正常生长发育造成损害，避免小儿肺炎并发症。既往临床多应用传统护理模式，护理效果并不理想，这和护士权责不明、护理工作欠缺连贯性、全面性以及衔接性相关。叙事护理与层级护理模式是新型护理方案，近年来在肺炎护理中广泛应用。

本文以 2021.2-2022.2 收治的小儿肺炎 100 例为对象，探讨叙事护理与层级护理模式的应用效果，重点分析对症状消退时间、肺功能指标与家长满意度的影响，报道内容如下。

1 资料与方法

1.1 临床资料

以本院儿科于 2021.2-2022.2 收治的 100 例小儿肺炎为此次研究对象，探讨患儿临床治疗期间的护理。常规实施随机数字表法分组，设有观察组、对照组，各组患儿例数相当，均为 50 例。观察组资料：男患儿 34 例，女患儿 16 例；年龄 0.5-4.5 岁，平均 (2.63 ± 0.61) 岁；病程 1-4d，平均 (2.77 ± 0.61) d；细菌性感染患儿 21 例，支原体感染患儿 19 例，病毒性感染患儿 10 例；轻度肺炎患儿 10 例、中度肺炎患儿 32 例、重度肺炎患儿 8 例。对照组资料：男患儿 32 例，女患儿 18 例；年龄 0.5-5.0 岁，平均 (2.85 ± 0.64) 岁；病程 1-4d，平均 (2.92 ± 0.63) d；细菌性感染患儿 23 例，支原体感染患儿 18 例，病毒性感染患儿 9 例；轻度肺炎患儿 11 例、中度肺炎患儿 30 例、重度肺炎患儿 9 例。两组患儿的资料比较，可见比值无差异 ($P > 0.05$)。

纳入标准：（1）患儿满足《儿童社区获得性肺炎管理指南（2013 修订）（上）》、《儿童社区获得性肺炎管理指南（2013 修订）（下）》中肺炎的临床诊断标准；（2）患儿入院时均有发热及气促等不适症状，胸片检查显示存在肺部阴影、肺纹理变粗等病理表现；（3）患儿均有家长陪伴诊疗；（4）家长及患儿对研究有较多了解，知情且配合研究。排除标准：（1）患儿合并支气管哮喘、慢性阻塞性肺疾病或肺气肿等呼吸系统疾病；（2）患儿同时合并血流感染或局部创口感染；（3）患儿临床资料有误或缺失；（4）患儿家长不同意患儿参与研究。

1.2 方法

对照组采用传统护理模式：责任护士结合患儿疾病类型，创建干净整洁舒适病房，安排清洁人员做好清洁、杀菌、消毒工作，预防交叉感染；遵照医嘱提供药物进行静脉滴注、雾化吸入等治疗，向患儿家长强调遵医嘱的必要性，还需常规讲述所用药物的优越性，提升患儿家长的遵医嘱意识；密切监测患

儿的病情变化及生命体征变化,做好相关变化记录,结合记录实施对症操作。观察组采用叙事护理与层级护理模式:(1)划分层级:结合参与此次研究护士的实际情况,将其依次划分至N1、N2、N3、N4、N5五个等级护士,不同等级护士的护理职责与护理工作存在较大差异。N1护士具有中专及以上学历,出身护理专业院校,正处于试用期或是尚未获得护士证书,但可为患者提供静脉穿刺等基础护理服务。N2护士具备大专及以上学历,护理工作时间大于3年,具备护师职称,可准确理解医嘱并按照医嘱提供相关护理,护士还具备抢救、观察危重症患儿的技能,能够独立进行值班。N3护士具备大专及以上学历,护理工作时间大于6年,具备主管护士这一职称,具有较强的突发状况应对知识、应对技能,可独立评估并抢救危重症患者,可解答患儿以及家属存在的疑问,还可管理级别较低护士。N4护士具备大专及以上学历,护理工作时间大于8年,沟通交流能力以及护理带教能力较强,充分掌握护理理论知识与护理操作技能,可对下级护士提供管理与督促,还可担任护生以及护士的临床教学重任。N5护士具备15年及以上的护理工作经验,获得护士长职称,承担科室的护理管理、护理监督重任,还可针对疾病制定护理干预计划,确定护理计划后将护理方案落实到科室。(2)链式护理:N5护士将N1、N2、N3、N4护士整合到一起,结合实际情况科学分为两组,保证两组中各等级护士数量相差不大或一致。肺炎患儿入院后,各司其职为患儿提供服务,其中N1护士为患儿提供静脉输液、入院宣教、遵医嘱给药、肺炎知识普及、呼吸道管理等基础护理服务,N2护士遵照医嘱配置药物,做好用药准备,并在患儿用药期间,做好监测工作,及时发现异常并进行抢救。N3护士参与肺炎患儿查房工作,每天定时评估患儿病情转归情况,主动和患儿家长沟通交流,明确家长存在的疑问并解决相关疑问,还需结合患儿与家长情绪状态,及时提供心理疏导及情绪安抚,让患儿在平和状态下接受治疗与护理,让家长承担护理监督、患儿照护等重任,预防家长胡思乱想影响患儿情绪状态与治疗效果。N4护士积极参与肺炎患儿的查房工作,评价患儿每天的病情变化以及护理情况,定时或不定时进行护理监督,及时发现现有肺炎护理中存在的问题,将问题反馈给护士长,并联合护士长一起制定解决的方案,明确解决方案后培训责任护士,让责任护士第一时间落实护理方案,预防问题发生。N4护士还需评估各层级护士的护理知识掌握度及护理技能娴熟度,及时发现需要再次培训的护士,及时安排护士进行培训。

1.3 观察指标

1.3.1 症状消退时间统计发热、咳嗽、气促、肺啰音的消退时间以及患儿住院时间,共计5项。

1.3.2 肺功能指标统计一秒用力肺活量(FVC)、一秒最大呼气流速(PEF)、一秒用力呼气容积(FEV1)、FEV1/FVC四项,护理前及出院时应用肺功能仪检测。

1.3.3 家长满意度采用自制家长满意度调查问卷获取,评估内容包含基础护理、专科护理、服务态度、护患沟通、护理责任心五项,单项总分是0-10分,分数 ≥ 9 分则为满意 1.4 统计学方法获取研究数据后,应用(n/%)表示家长满意度,应用($\bar{x} \pm s$)表示症状消退时间、肺功能指标,将数据录入SPSS22.0软件,进行 X^2 及t检验, $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 患儿的五项症状消退时间统计

观察组五项症状消退时间较对照组更短($P < 0.05$)。见表1。

表1 两组五项症状消退时间(n=50例, ($\bar{x} \pm s$), d)

组别	发热消退时间	咳嗽消退时间	气促消退时间	肺啰音消退时间	患儿住院时间
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观察组	2.73±0.79	7.42±1.91	2.81±0.84	8.82±1.78	9.43±2.05
对照组	2.01±0.57	5.89±1.37	2.05±0.78	7.0±1.64	7.20±1.73
t 值	5.2262	4.5027	4.6881	5.1711	5.8784
P 值	0.000	0.000	0.000	0.000	0.000

2.2 患儿的四项肺功能指标统计

护理前观察组 FVC、PEF、FEV1、FEV1/FVC 较对照组无差异 (P>0.05)，出院时观察组 FVC、PEF、FEV1、FEV1/FVC 较对照组更高 (P<0.05)。见表 2。

表 2 两组四项肺功能指标 (n=50 例, ($\bar{x} \pm s$))

组别	FVC (L)		PEF (L/min)		FEV1 (L)		FEV1/FVC (%)	
	护理前	出院时	护理前	出院时	护理前	出院时	护理前	出院时
观察组	1.84±0.32	2.40±0.34△	55.78±13.29	76.34±10.09△	1.12±0.26	1.50±0.30△	50.02±7.98	55.78±6.43△
对照组	1.75±0.30	2.91±0.37△	55.15±13.27	87.76±10.23△	1.19±0.28	1.99±0.31△	50.21±7.99	50.57±6.21△
X ² 值	1.4509	7.1767	0.2372	5.6199	1.2954	6.3926	0.1190	3.7890
P 值	0.1500	0.0000	0.8130	0.0000	0.1982	0.0000	0.9055	0.0003

3 讨论

我国小儿肺炎的发病率呈现逐年上升趋势。如未得到及时救治，则可能演变为重症病例，对患儿的生命安全产生较大威胁。同时相比于成年人的呼吸系统，小儿支气管腔相对狭窄、肺泡弹性纤维发育不完善，而且纤毛运动较差，因此很容易出现肺炎疾病。临床上根据小儿感染病菌的不同，主要将肺炎类型分为细菌性、病毒性、支原体、衣原体以及真菌性等。患儿发病后表现发热、拒食、烦躁以及喘憋等表现，其中早期体温可达 38~39℃，部分患儿达到 40℃，伴有精神萎靡、烦躁不安、食欲不振以及腹泻等症状。部分患儿在发病后也会表现一些其他系统症状和体征，比如循环系统症状、神经系统症状以及消化系统症状，具体有心率加快、四肢水肿、昏睡、惊厥、腹胀腹泻等。对患儿的生活质量造成较大的影响。儿童正值生长发育高峰期，多种器官组织正处于生长状态，并未发育成熟，尤其是免疫系统、呼吸系统等。该阶段儿童对外界刺激十分敏感，卫生、环境、饮食、气候、躯体营养等变化，均会对小儿身心健康造成较大影响。小儿呼吸系统尚正处于发育高峰期，所以支气管腔相对狭窄，肺泡弹性纤维尚未发育完善，纤毛运动功能较差，所以小儿容易发生肺炎。既往临床在确诊小儿肺炎后，第一时间进行治疗，预防肺炎疾病进一步发展，诱发呼吸衰竭以及电解质紊乱等并发症，改善患儿的预后情况。但患儿入院时多伴有明显不适症状，常规对症治疗固然可缓解症状，但需要一定时间，在等待反应这一段时间，患儿与家长均处于情绪不佳状态，对临床护理有较高要求，若护士护理技术不过关或发生护理出错，均可诱发护患纠纷，继而影响医院形象。因为小儿肺炎患者的年龄较小、认知能力尚未完全形成、自我控制能力薄弱。在开展治疗时存在依从性较差的情况。所以需要采取护理干预进行纠正和弥补，以

此发挥良好的治疗效果。近年来,叙事护理与层级护理逐渐受到重视。叙事护理是指通过护理人员开展关注、理解、感受和回应患者体验以及疾病困境的实践活动,要求进入患者故事、理解患者的内心感受,从而实现拉近护患距离,构建和谐护患关系,补充护理服务的人性化内涵。因此该护理手段的实质是人文关怀。而层级护理模式强调分工和层级合作,按照护龄、学历以及资质等对护理人员进行分层,各自负责相应层级的工作内容,以此保证护理工作与自身实际水平相匹配。在这种情况下,必须结合小儿肺炎特点,根据患儿的症状表现及病情严重程度,及时提供科学适宜护理,全面调节患儿的身心健康水平。叙事护理与层级护理模式是一种和传统护理模式存在鲜明差异的新型护理,更重视护士护理工作合理分工,主张不同层级护士积极合作,结合护士层级实施分层管理,让各层级护士明确自己的岗位职责,主动承担自己的护理工作与护理职责。在这种护理模式下,可避免护士能力不足但需进行技术含量较高护理操作的现象,护士可结合自身层次为患儿提供匹配层次的护理服务,保证护理基础效果的同时,还可增强护士责任心,让护士主动参与护理服务。该护理模式还可有效调节各层次护士,可让护士团结协作、积极配合,让护理工作成为一个由链条衔接串联的完整医疗服务,可保证护理操作的精确性与科学性,提升小儿肺炎的临床护理效果。

综上可知,小儿肺炎治疗期间实施叙事护理与层级护理模式,症状消退时间更短、肺功能指标水平更高,家长满意度更大。在本次实验研究中,筛选我院 100 例小儿肺炎患者作为研究病例,随机分为对照组和研究组,均有 50 例患儿。并在临床治疗阶段,对照组采用常规护理措施,研究组基于常规护理应用叙事护理与层级护理联合。干预前对比两组患者的各项资料情况,均无统计学意义($P>0.05$)。实施分组护理干预后,对比两组患儿的临床症状消失时间情况,从结果中可发现研究组患儿发热症状、咳嗽症状以及肺啰音症状等均有较短的消失时间,短于对照组患儿($P<0.05$),差异有统计学意义。说明研究组采用两种新护理手段的结合,能够显著改善患儿治疗效果,尽快缩短康复时间,有利于减少住院时间和家庭经济负担。比较两组患儿的护理质量评分,则是根据患儿家属的反馈,对病区环境、护理技术、健康教育、护理责任心、服务态度等实施评价,结果显示研究组评分取值高于对照组($P<0.05$),差异有统计学意义。说明通过叙事护理与层级护理模式能够提高护理人员的整体水平,在分工协作中强化护理质量,从而全方位提高临床护理能力,有效改善患儿的治疗条件,有利于加快患儿康复速度。应用纽卡斯尔(NSNS)护理满意度对两组患儿家属实施评价,结果显示研究组患儿家属的护理总满意度明显高于对照组($P<0.05$),表示通过联合护理方式干预,能够建立友好和谐的护患关系。有助于满足患儿及家属的实际需求,有效获得患儿家属的认同。叙事护理与层级护理模式对小儿肺炎临床治疗具有较好的应用效果,有助于缩短疾病症状消失时间,加快质量康复。并可提升护理质量和患儿家属满意度,更好地配合治疗,在临床应用中具有较好的推广价值。

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