

Application value analysis and effect evaluation of extended nursing in children with pneumonia

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【Abstract】 Objective: To explore the clinical value of extended nursing mode for children with pneumonia. Methods: According to the random number table method, 86 cases of children with pneumonia who received treatment in our hospital from February 2020 to January 2021 were divided into control group and observation group, 43 cases in each group. The control group received conventional nursing, and the observation group received extended nursing mode on the basis of conventional nursing. The nursing quality score, treatment efficiency and improvement of main clinical symptoms were compared between the two groups to clarify the clinical application value of extended nursing mode. Results: The score of nursing quality in observation group was significantly higher than that in control group ($P < 0.05$), with statistical significance. The effective rate of the two groups was significantly higher in the observation group than in the control group (97.67% vs. 81.40%), and the difference was statistically significant. The time of clinical symptoms disappeared in the observation group was significantly shorter than that in the control group ($P < 0.05$), with statistical significance. Conclusion: The extended nursing mode for children with pneumonia can significantly improve the quality of nursing services, improve the overall treatment effect, alleviate the various clinical symptoms of children as soon as possible.

【Key words】 Pediatric pneumonia; Nursing model; Routine nursing; Application value

Infants and young children are prone to systemic diseases because the respiratory development is not robust enough, in which pneumonia is more common, and the disease is prone to recurrent episodes, so that to improve the efficacy of treatment and reduce recurrence, care needs to be coordinated at the same time as active treatment. In this paper, 86 pediatric pneumonia patients diagnosed and treated in our hospital from February 2020 to January 2021 were selected as the research object to explore the clinical value of implementing an extended care model for pediatric pneumonia children, which is reported as follows.

1 Materials and methods

1.1 general information

In this study, a total of 86 children with pneumonia were selected, and the case selection period was from February 2020 to January 2021, and they were randomly divided into control and observation groups, with 43 cases in each group, using different care modes. Control subjects: 26 males and 17 females, aged 6 months-12 weeks, mean (SD) age 6.45 ± 1.43 ; Observation group: there were 25 males and 18 females, aged 5 months to 12 weeks, with a mean (SD) age of 6.61 ± 1.55 . There were no significant differences in the baseline data

between the two groups ($P > 0.05$), which allowed comparative analysis. Inclusion criteria: ① all children were diagnosed with pneumonia after clinical examination. ② Children's data are complete, parents agreed to participate in this study, and signed the consent form ③ Compliance with ethical requirements. Exclusion criteria: ① children with congenital diseases ② Children with comorbid other respiratory diseases, ③ The guardians did not cooperate with the study children.

1.2 nursing approach

The control group used usual care, which mainly consisted of condition observation, medication guidance, and some other symptomatic care, on the basis of which. The observation group adopted a targeted care model, and the specific measures were as follows: ① symptomatic care. Pay close attention to the situation of the child's condition change, closely monitor all vital signs, and when the child shows high fever, agitation, convulsions, and other conditions, timely clear the secretions of the child's respiratory tract, avoid obstruction of breathing, and ensure the patency of care. At the same time, nebulized sputum was immediately administered, sputum was diluted, and the child was percussed on the back to prompt sputum drainage. In addition, nurses also need to instruct their families to monitor their children for rest, avoid strenuous activities, and minimize their symptoms of discomfort. ② Complication preventive care. For children with pneumonia, there is a risk of adverse multiple complications during the course of treatment, such as constipation, abdominal distension, etc. nurses prevent them in advance, advise the children to be absolutely bed rest, drink more water, and increase their fluid volume ③ Nutrition care. After illness, children will have a decreased appetite and are prone to malnutrition, for which, adhering to the principle of using less food and more meals for children, increasing water intake, adding water to breast milk or water to feed infants and children older than 3 years old requires proper vitamin supplementation, prohibiting the use of raw cold and greasy foods and increasing the supply of nutrition to the child ④ Strengthening psychological distancing towards children and parents. If the affected child is older, nurses can communicate actively and encourage brave and cooperative treatment in affected children. Children's parents not only physically exerting themselves during treatment, but also psychologically due to fear of developing negative emotions in the situation of the child, for which nurses must give adequate understanding, pay more attention to and communicate with parents, tell parents that their emotions will directly affect their children's mood, and that parents, as the hindrance and dependency of their affected children, must be stronger and serve as a model for the child. ⑤ Discharge instructions. Before discharge, the nurses gave healthy preaching to the parents and instructed the parents on the daily care model, and the specific measures were as follows: ① symptomatic care. Close attention to the condition of the child often living among them pay attention to the enhanced management of the child, according to the temperature change increase and increase clothing, reasonable meals, lead the child more outdoor activities, improve immunity, prevent the occurrence of pneumonia. In addition, contact cards can also be issued to parents to facilitate counseling of parents about problems that are not understood.

1.3 observational items and evaluation criteria

① Quality of care scores were compared between the two groups. Conducted with a hospital-made scale, with

higher scores indicating better quality of care. [4]. ② Clinical outcomes were compared between the two groups. Efficacy criteria: the various clinical symptoms of the children basically disappear, the X-ray findings indicate inflammation absorption, white blood cell count returns to normal as the obvious effect; Various clinical symptoms significantly improved, inflammation somewhat absorbed, white blood cell count slightly higher as effective; Various clinical symptoms in affected children do not improve or appear exacerbated with ineffectiveness [5]. Effective rate = (number of effective cases + number of effective cases) total cases \times 100. 00%. ③ The time to disappearance of major clinical symptoms was compared between the two groups.

1.4 statistical methods

Comparisons among studies were performed using spss22. 0 version software, homogeneity of variance test was used, and metered data were tested by T and expressed as ($\bar{x} \pm s$). Data for counting χ^2 test, expressed as (%). The data in each group obeyed the same normal distribution with the same variance, and $P < 0.05$ suggested that the data were significantly different.

2 Results

2.1 comparison analysis of quality of care scores between the two groups

The nursing quality score was (8.55 ± 2.76) points in the observation group and (5.44 ± 2.22) points in the control group, which was significantly higher in the observation group ($t = 7.634$, $P < 0.05$).

2.2 comparison of treatment effects between two groups of children

The response rate was 97.67% in patients 33, 9, and 1 showing efficacy, effectiveness, and ineffectiveness, respectively, in the observation group and 81.40% in patients 20, 15, and 8 showing efficacy, effectiveness, and ineffectiveness, respectively, in the control group, with statistically significant differences between the two groups ($\chi^2 = 6.546$, $P < 0.05$).

2.2 time to disappearance of various clinical symptoms in the two groups

The defervescence time, disappearance time of cough, disappearance time of wet rales, and X-ray absorption time of pneumonia in the observation group were significantly shorter than those in the control group ($P < 0.05$). See Table 1.

group	Numb er of cases	Antipyretic time	Time of cough disappearance	Wet rale disappearing time	X-ray absorption time of pneumonia
control group	43	6.19 ± 1.24	12.27 ± 2.13	13.21 ± 2.2	13.74 ± 2.11
Observation group	43	4.73 ± 1.21	8.87 ± 2.21	9.22 ± 2.33	10.32 ± 2.24
T value		5.643	6.453	6.543	6.567
P value		< 0.05	< 0.05	< 0.05	< 0.05

3 Discussion

In pediatric clinic, pediatric pneumonia is a common respiratory disease. The main incidence group is infants under 3 years old, which can occur at any time of the year. By comparison, the more concentrated incidence season is winter and spring. Children's respiratory tract is characterized by narrow lumen, rich blood supply, poor cilia movement, etc. Children's cough response is small. Once respiratory tract infection occurs, they are easily stimulated by toxins and pathogenic bacteria, which will increase secretion of secretions and cause mucous membrane swelling or congestion, which will block the airway and affect normal ventilation, resulting in fever, sore throat, headache, cough, dyspnea and other symptoms, It has a serious adverse impact on the healthy growth and learning of children, and needs timely treatment and active nursing intervention^[8-9]. Compared with conventional nursing, the extended nursing mode is more suitable for the specific situation of children, thus the nursing service is more scientific, and better nursing effect can also be achieved. Through symptomatic nursing, we can effectively relieve various emergencies of children, relieve their clinical symptoms and protect their safety. The prevention and nursing of complications can prevent and reduce the occurrence of complications, promote the effective treatment of principal diseases as soon as possible, and make the children recover as soon as possible. Through nutritional support nursing, the nutritional status of children can be improved and their immunity improved. Through psychological care for children and parents, the cooperation of children and their families can be better obtained, so as to ensure the treatment effect. Through discharge guidance, parents can improve their ability of nursing management of children and reduce recurrence.

Through this study, it was found that the nursing quality score and the effective rate of treatment in the observation group were higher than those in the control group (97.67%vs 81.40%), and the time of disappearance of various clinical symptoms was significantly shorter than that in the control group, with statistical significance ($P<0.05$). The results suggest that the implementation of extended nursing intervention for children with pneumonia is effective and feasible, and can be used as a good choice for clinical nursing.

To sum up, the extended nursing mode for children with pneumonia can significantly improve the quality of nursing services, help improve the overall treatment effect, and relieve various clinical symptoms of children as soon as possible, which is worth recommending for children.

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延伸护理在小儿肺炎护理中的应用价值分析及效果评价

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【摘要】目的: 探讨对小儿肺炎患儿实施延伸性护理模式的临床价值。方法: 按照随机数字表法, 将 2020 年 2 月至 2021 年 1 月在本院接受治疗的小儿肺炎 86 例患儿分成对照组和观察组, 每组 43 例, 对照组采用常规护理, 观察组在常规护理基础上实施延伸性护理模式, 对比两组护理质量评分情况、治疗有效率以及主要临床症状改善情况, 明确延伸性护理模式的临床应用价值。结果: 观察组护理质量评分明显高于对照组 ($P < 0.05$), 有统计学意义; 两组在治疗的有效率方面比较, 观察组明显高于对照组 (97.67% vs. 81.40%), 两组比较差异有统计学意义; 观察组各项临床症状消失时间明显短于对照组 ($P < 0.05$), 有统计学意义。结论: 对小儿肺炎患儿采用延伸性护理模式开展护理工作可以显著提升护理服务的质量, 有利于提高整体治疗效果, 尽快缓解患儿的各种临床症状。

【关键词】小儿肺炎; 护理模式; 常规护理; 应用价值

婴幼儿由于呼吸系统发育不够健全, 导致容易出现系统疾病, 其中以肺炎较为常见, 该疾病容易反复发作, 为提高治疗效果, 减少复发, 在积极治疗的同时还需要做好护理配合工作。本文选取本院 2020 年 2 月至 2021 年 1 月诊治的 86 例小儿肺炎患儿作为研究对象, 探究对小儿肺炎患儿实施延伸性护理模式的临床价值, 报道如下。

1 资料与方法

1.1 一般资料

本次研究共选取肺炎患儿 86 例, 病例选取时间为 2020 年 2 月至 2021 年 1 月, 随机分为对照组和观察组, 每组 43 例, 采用不同的护理模式。对照组: 男 26 例, 女 17 例, 年龄 6 个月~12 周岁, 平均 (6.45 ± 1.43) 岁; 观察组: 男 25 例, 女 18 例, 年龄 5 个月~12 周岁, 平均 (6.61 ± 1.55) 岁。两组基线资料比较无显著差异 ($P > 0.05$), 可以比较分析。纳入标准: ①所有患儿经过临床检查确诊为肺炎^[1]。②患儿资料齐全, 家长同意参与本次研究, 并签署了同意书。③符合伦理要求。排除标准: ①有先天性疾病患儿。②合并其他呼吸道疾病患儿。③监护人不配合研究患儿。

1.2 护理方法

对照组采用常规护理, 主要包括病情观察、用药指导以及其他一些对症护理, 在此基础上。观察组采用针对性护理模式, 具体措施如下: ①对症护理。密切关注患儿病情变化情况, 严密监测各项生命体征, 在患儿出现高热、躁动、惊厥等情况时, 及时将患儿呼吸道的分泌物清除干净, 避免呼吸受阻, 保证护理通畅。同时, 立即实施雾化吸入治疗, 稀释痰液, 并对患儿进行叩背, 促使痰液排出体外。另外, 护士还需要嘱咐家属监督患儿休息, 避免剧烈活动, 最大限度减少患儿的不适症状。②并发症预防性护理。对于肺炎患儿来说, 在治疗的过程中有可能出现不良多种并发症, 如便秘、腹胀等, 护士提前预防, 嘱咐患儿绝对卧床休息, 多喝水, 增加液体量。③营养护理。患病之后, 患儿会食欲下降, 容易出现营养不良情况, 对此, 对患儿坚持少食多餐原则, 增加饮水量, 婴幼儿母乳加水或者奶粉加水喂养, 超过 3 岁以上患儿需要适当补充维生素, 禁止使用生冷、油腻食物, 增加对患儿营养的供给。④加强对患儿

和家长的心理疏导。如果患儿年龄比较大,护士可以积极沟通,鼓励患儿勇敢,配合治疗。患儿家长在治疗期间不仅身体上劳累,而且心理也由于担心孩子情况出现负面情绪,对此,护士要给予充分的理解,注意多和家长沟通,告诉家长的情绪会直接影响患儿的情绪,并且家长作为患儿的后盾和依靠,一定要更加坚强,给患儿做榜样。⑤出院指导。出院前,护士对家长进行健康宣教,嘱咐家长在日性护理模式,具体措施如下:①对症护理。密切关注患儿病情常生活当中注意对患儿加强管理,按照温度变化增减衣物,合理膳食,带领患儿多参加户外活动,提高免疫力,预防肺炎发生。另外,也可以向家长发放联系卡,方便家长对不懂的问题进行咨询。

1.3 观察项目和评价标准

①比较两组护理质量评分。采用医院自制的量表进行,分数越高,表示护理质量越好^[4]。②比较两组临床疗效。疗效标准:患儿的各种临床症状基本消失,X线检查结果表明炎症吸收,白细胞计数恢复正常为显效;各种临床症状明显改善,炎症有所吸收,白细胞计数稍高为有效;患儿的各种临床症状没有改善,或者出现加重的情况为无效^[5]。有效率=(显效例数+有效例数)/总例数 $\times 100.00\%$ 。③比较两组主要临床症状消失时间。

1.4 统计学方法

使用 SPSS22.0 版本软件进行研究比较,采用方差同质性检验方法,计量资料以 t 进行检验,用 $(\bar{x} \pm s)$ 表示。计数资料用 χ^2 检验,用 $(\%)$ 表示。各组数据服从方差相同的正态分布, $P < 0.05$ 提示数据有显著性差异。

2 结果

2.1 两组护理质量评分对比分析

观察组护理质量评分为 (8.55 ± 2.76) 分,对照组为 (5.44 ± 2.22) 分,观察组明显高于对照组,有统计学意义 ($t = 7.634$, $P < 0.05$)。

2.2 两组患儿治疗效果对比

观察组显效、有效、无效分别 33、9、1 例,有效率为 97.67%,对照组显效、有效、无效分别 20、15、8 例,有效率为 81.40%,两组比较差异有统计学意义 ($\chi^2 = 6.546$, $P < 0.05$)。

2.3 两组患儿各种临床症状消失时间对比

观察组退热时间、咳嗽消失时间、湿啰音消失时间、肺炎 X 线吸收时间明显短于对照组,有统计学意义 ($P < 0.05$)。见表 1。

组别	例数	退热时间	咳嗽消失时间	湿啰音消失时间	肺炎 X 线吸收时间
对照组	43	6.19 ± 1.24	12.27 ± 2.13	13.21 ± 2.2	13.74 ± 2.11
观察组	43	4.73 ± 1.21	8.87 ± 2.21	9.22 ± 2.33	10.32 ± 2.24
t 值		5.643	6.453	6.543	6.567
P 值		< 0.05	< 0.05	< 0.05	< 0.05

3 讨论

在儿科临床上,小儿肺炎是常见的一种呼吸系统疾病,主要发病群体为 3 岁以内的婴幼儿,全年任何时间均可出现,相比较而言更为集中的发病季节为冬春季节。小儿呼吸道具有管腔狭窄、血运丰富、纤毛运动差等特点,患儿咳嗽反应较小,一旦出现呼吸道感染现象,受毒素以及病原菌刺激,容易增加

分泌物分泌量并使得黏膜出现肿胀或者充血等反应,进而阻塞气道并影响正常通气,导致花出现发热、咽喉肿痛、头痛、咳嗽、呼吸困难等症状,对患儿的健康成长和学习均造成严重不利的影响,需要及时治疗,并积极进行护理干预^[8-9]。与常规护理相比,延伸性护理模式更加符合患儿的具体情况,从而护理服务更加科学,也可以取得更好的护理效果。通过对症护理,可以有效解除患儿出现的各种紧急情况,减轻患儿的临床症状,保护患儿的安全。通过并发症的预防护理,可以防止和减少并发症发生,促进原则疾病尽快得到有效治疗,使得患儿尽快恢复健康。通过营养支持护理,可以改善患儿营养状况,提高患儿的免疫力。通过对患儿和家长的心理护理,可以更好地取得患儿和家属的配合,从而保证治疗效果。通过出院指导,可以提高家长对患儿的护理管理能力,减少复发。

通过本文的研究发现,观察组护理质量评分、治疗的有效率高于对照组(97.67%vs.81.40%),各项临床症状消失时间明显短于对照组,两组比较有统计学意义($P<0.05$)。研究结果提示,对肺炎患儿实施延伸性护理干预是有效的,也是可行的,可以将其作为临床护理的优良选择。

综上所述,对小儿肺炎患儿采用延伸性护理模式开展护理工作可以显著提升护理服务的质量,有利于提高整体治疗效果,尽快缓解患儿的各种临床症状,值得推荐患儿使用。

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