

## Application value of humanized nursing in perioperative nursing of minimally invasive surgery for pediatric hernia

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**【Abstract】** Objective: To explore the clinical application value of humanized nursing in postoperative pain nursing of children hernia. Methods: Approved by the medical ethics Committee of our hospital, 70 cases of pediatric hernia patients admitted to our hospital from January 2018 to December 2020 were included in the study. They were divided into control group and observation group by random number table method. The control group received routine postoperative pain nursing intervention. The observation group was given humanized nursing intervention on the basis of routine nursing, and recorded the length of stay in the two groups of children, the time of getting out of bed and the occurrence of complications, and evaluated the pain degree of the two groups of children. Results: The activity time ( $2.24 \pm 0.90$ )d, hospital stay ( $5.21 \pm 1.74$ )d and pain score ( $1.04 \pm 0.23$ )points in the observation group were significantly better than those in the control group ( $5.54 \pm 0.92$ )d, ( $8.79 \pm 1.38$ )d, ( $1.93 \pm 0.45$ )points, the difference was statistically significant ( $P < 0.05$ ); The incidence of complications in the observation group was 2.86% (1/35) lower than 20.00% (7/35) in the control group ( $P < 0.05$ ). The parental nursing satisfaction of the observation group (97.14%, 34/35) was significantly higher than that of the control group (77.14%, 27/35) ( $P < 0.05$ ). Conclusion: For children with hernia, humanistic nursing intervention has significant effect, which can effectively improve the pain degree of children, shorten the hospitalization time, speed up the time of getting out of bed, and improve the satisfaction of parents of children with nursing work.

**【Key words】** Hernia in children; Humanized nursing; Pain care; Nursing value

Pediatric hernia is one of the most common diseases in pediatric surgery and hernia surgery, mainly including two types of congenital inguinal hernia and umbilical hernia, which can change according to the changes of the child's posture, movement status and mood, and may disappear automatically in the early stage of the disease, or disappear after pressing with hands. The main cause of children's hernia is congenital factors. Inguinal hernia is mainly caused by the unclosed sheath process, while umbilical hernia is mainly caused by the unclosed umbilical ring. Premature infants and low body weight infants may also cause child hernia due to incomplete development at birth. In recent years, the incidence of pediatric hernia is more frequent in clinic. A survey shows that the incidence rate of hernia in children is generally 3%~7%, and male children are more than female children, threatening the life safety of children to a certain extent. Once not treated in time, with the continuous deterioration of the disease, the hernia mass will become larger and larger, and the children will continue to cry because of their own pain, which will greatly increase the risk of the children's hernia sac incarceration or

strangulated hernia, which may eventually lead to the death of the children. Based on this, surgery is often used to treat children with hernia in clinic, but surgery needs to invade the body of children, which is prone to different degrees of pain after surgery, which greatly reduces the quality of life of children. Therefore, professional, reasonable and scientific nursing intervention should be supplemented in time after operation to actively improve the pain status of children and reduce the incidence of complications. This study attempts to carry out group nursing for children with hernia admitted to our hospital from January 2018 to December 2020, with the purpose of analyzing the application effect of humanistic nursing in postoperative pain care for children with hernia. The report is as follows.

## 1 Data and methods

### 1.1 General information

This study was conducted with the consent of the hospital ethics committee and the parents of the children. 70 children with hernia admitted to our hospital were included in the study from January 2018 to December 2020. They were divided into control group and observation group by random number table method, with 35 cases in each group. The ratio of boys and girls in the control group was 18 : 17;The age ranged from 5 months to 11 years, with a median age of 5. 03 years. The ratio of boys and girls in the observation group was 19 : 16;The age ranged from 6 months to 13 years, with a median age of 5. 05 years. Comparison of basic data between the two groups of children ( $P>0. 05$ )is comparable. Inclusion criteria: in line with the relevant diagnostic criteria of Practical Pediatrics;There was no contraindication of surgery in the selected children;No contraindication of anesthesia. Exclusion criteria: children with coagulation dysfunction;Children with liver and kidney dysfunction;Children with diseases of blood system and immune system;Children with incomplete clinical data or withdrawal from the study.

### 1.2 Nursing methods

The control group received routine postoperative pain care, including basic care, closely monitoring the condition, such as vital signs and surgical incision status, clarifying the operation precautions to the parents of the children, and explaining the guidance matters related to the children's diet, activities and rest after the operation;Operation nursing: accompany the child to the operating room, assist in adjusting the operation position of the child, ensure the normal blood circulation, monitor the changes of vital signs, and timely assist the doctor to deal with the abnormal conditions of the child. If the gas perfusion of the child is blocked, it is necessary to assist the doctor to explore the tightness of the abdominal muscles, judge whether the puncture needle can enter the abdominal cavity, and do not blindly deal with it;Discharge guidance, instructing children to avoid strenuous exercise, work and rest reasonably, and change dressing on time;Dietetic guidance: After the child is anesthetized and awake, a small amount of warm water can be fed. If there is no dysphagia, semi-liquid food or liquid food can be given. For children with nausea and vomiting reactions, feeding should be stopped in time. Pay attention to high-protein and high-fiber foods to promote the recovery of the child's condition.

The observation group received humanized nursing on the basis of the control group. ①Psychological intervention: communicate with the family members of the children in time before operation, understand the

basic information and psychological characteristics of the children, comfort and encourage the children, and improve the cooperation of the children through small games and small rewards; Strengthen the communication with children's families, do a good job in health education and publicity, and ensure the recognition and cooperation of children's families; At the same time, select professional nursing staff to provide relaxation training for children, do a good job of psychological guidance and language encouragement, touch children more, strengthen physical contact with children, and play cartoons or nursery rhymes for children properly to divert children's attention and reduce their pain feelings. ②Pain nursing: place soft cushion in time before the child wakes up, mainly under the knee of the child, to ensure the lower limb flexion of the child, reduce tension, and relieve pain; Regularly clean the ward, adjust the indoor temperature and humidity, do a good job in environmental care, create a good rest environment for children, and visually relieve their own pain. ③Basic nursing: After the operation, help the child to lie flat, with the head tilted to one side, do a good job in oral care, ensure smooth breathing, and prevent suffocation and respiratory tract infection caused by aspiration; Closely monitor the vital signs of children to ensure their life safety during anesthesia; After the child wakes up under anesthesia, do a good job of safety nursing for the child in time. ④Posture nursing: After the operation is completed, assist the child to take a flat lying position, tell the parents of the child not to hug the child directly, and patiently explain the reason, that is, the child is under anesthesia after the operation, and the blood flow rate is slow, plus the implementation of the operation, part of the blood loss, at this time, the blood flow in the brain of the body can be significantly reduced, and the phenomenon of cerebral hypoxia is more likely to occur, At the same time, it will cause throat stenosis and induce dyspnea. Discharge guidance: carry out personalized discharge guidance according to the actual condition and basic condition of the child; Ask the parents of the child to help the child clean his mouth, change his dressing regularly, pay attention to the wound to avoid water and prevent wound infection; Keep abreast of the weather conditions and increase or decrease clothing appropriately.

### 1.3 Observation indicators

The time of getting out of bed and the time of hospitalization were recorded, and the Prince-Hence scoring system was used to evaluate the postoperative pain of the two groups of children. The score was 0 to 4 points. The lower the score was, the less pain the children had. The postoperative complications of the two groups were recorded, including urinary retention and incision infection. The nursing service satisfaction questionnaire made by our department was used to evaluate the satisfaction degree of parents of two groups of children with nursing services. The questionnaire included 10 questions related to nursing, with two options of satisfaction and dissatisfaction. The parents of the children chose the satisfaction option by themselves. Selecting the satisfaction option with more than 8 questions means that the parents of the children are very satisfied, 6 questions and more mean that they are generally satisfied, and 5 questions and less means that they are not satisfied, Compare the parents' satisfaction with nursing service in the two groups.

### 1.4 Statistical treatment

SPSS 20.0 statistical software was used to analyze the data. The measurement data were expressed by ( $\bar{x} \pm s$ ),

and the inter-group comparison was performed by t-test;The counting data is expressed in[n (%)], and the comparison lines between groups $\chi^2$  Inspection; $P<0.05$  indicates that the difference is statistically significant.

## 2 Results

### 2.1 Comparison of hospitalization time, time of getting out of bed and pain degree between the two groups

Compared with the control group, the observation group was significantly better than the control group in terms of the time of hospitalization, time of getting out of bed and pain score ( $P<0.05$ ). See Table 1.

group	Number of cases	Time to get out of bed (d)	Length of stay (d)	Pain score (points)
control group	35	5.54±0.92	8.79±1.38	1.93±0.45
Observation group	35	2.24±0.90	5.21±1.74	1.04±0.23
T value		15.1693	9.5369	10.4187
P value		0.000	0.000	0.000

### 2.2 Comparison of parents'satisfaction with nursing work between the two groups

The total satisfaction rate of the observation group was 97.14%, including 20 cases of very satisfactory, 14 cases of general satisfactory and 1 case of unsatisfactory. The control group was 77.14%, 17 cases, 10 cases and 8 cases ( $\chi^2=6.2477$ ,  $P=0.0124$ ).

## 3 Discussion

Pediatric hernia is a disease type caused by the separation of some tissues in the body and the original site, which leads to the heterotopic space between the body and the body. It usually occurs in boys. Relevant data show that the incidence ratio of pediatric hernia between boys and girls is 25 : 1. The main feature of children's hernia is pain in the lower abdomen or scrotum, which can affect the umbilical cord, the heart pit and the back of the waist of the child, and even accompanied by symptoms such as limb chills and paralysis. If not treated in time, the mass will become larger and larger, and may even cause incarceration, affecting the daily life of the child. Therefore, surgery should be performed as soon as possible after diagnosis. Although the surgical treatment of this disease is relatively simple, it will still damage the body of the child to a certain extent, and it is very easy to have pain after surgery. In addition, the postoperative children will also have dry stool and continuous crying, which will make the contents of the abdominal cavity impact the tight hernia sac buckle to a certain extent, causing the suture to fall off and increasing the risk of disease recurrence. Therefore, effective nursing intervention must be taken during the treatment to ensure the quality of life of the patients.

With the continuous development of society and the continuous transformation of medical model, humanized nursing model has emerged. Humanized nursing model, as a new nursing model, advocates patient-centered, humanistic nursing services to meet the needs of patients in all aspects, including physical, psychological, spiritual and social aspects, and to provide high-quality services to patients to the maximum extent[22-24]. The results of this study showed that the time of getting out of bed, the time of hospitalization and the score of pain in the observation group were significantly better than those in the control group, the incidence of

complications was lower than that in the control group, and the parents' nursing satisfaction was higher than that in the control group ( $P < 0.05$ ). This shows that, compared with conventional pain care, humanistic care has a more significant effect in the application of pain care after pediatric hernia surgery, which can greatly shorten the hospital stay of children, relieve pain, promote children to get out of bed as soon as possible, reduce the risk of wound infection and urinary retention, and ensure that parents of children recognize the nursing work. The reasons are as follows: in the process of humanized nursing intervention, strengthen the position nursing of the children, let the parents of the children clearly know that they should not hug the children when they are not awake under anesthesia, which helps to reduce the secondary injury opportunities of the children and ensure the treatment effect; At the same time, do a good job of monitoring the vital signs, reasonably adjust the indoor temperature and humidity, and pay attention to the warmth of the children, so that the medical staff can know the abnormal conditions of the children in time, and deal with the symptoms in the first time to maintain the life safety of the children; In addition, the combination of humanized pain nursing intervention can help to reduce the excessive damage of anesthesia to children's body, and the combination of multiple methods (cartoons, nursery rhymes, small rewards) can help to divert children's attention and reduce their pain level; Good diet guidance will help to ensure the body nutrition of children and lay the foundation for early recovery; Touch the child more and increase the number of physical contact, which can make the child fully feel the attention of the outside world, obtain the best comfort from the spiritual level, make the child relax the muscles of the whole body, thus reducing the pain feeling of the child after surgery; Discharge guidance can help children and their families feel the care of the hospital, increase their parents' satisfaction with nursing work, and help the hospital establish a good image.

To sum up, humanistic nursing has a significant application effect in the post-operative pain care of children with hernia, especially in shortening the hospitalization time of children, speeding up the activities of getting out of bed, alleviating pain, reducing the incidence of complications and improving the nursing satisfaction of parents of children. It is a clinically feasible and effective nursing method.

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## 人性化护理在小儿疝气微创手术治疗围术期护理中的应用价值

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**【摘要】**目的：探究人性化护理在小儿疝气术后疼痛护理中的临床应用价值。方法：经医院医学伦理委员会批准，将我院收治的 70 例小儿疝气患者纳入研究对象，时间为 2018 年 1 月至 2020 年 12 月，采用随机数字表法分为对照组和观察组，对照组接受常规术后疼痛护理干预，观察组在常规护理基础上加以人性化护理干预，记录两组患儿的住院时间、下床活动时间及并发症发生情况，并评估两组患儿疼痛程度。结果：观察组患儿下床活动时间 ( $2.24 \pm 0.90$ ) d、住院时间 ( $5.21 \pm 1.74$ ) d 以及疼痛评分 ( $1.04 \pm 0.23$ ) 分明显优于对照组的 ( $5.54 \pm 0.92$ ) d、( $8.79 \pm 1.38$ ) d、( $1.93 \pm 0.45$ ) 分，差异有统计学意义 ( $P < 0.05$ )；观察组患儿并发症发生率 2.86% (1/35) 较对照组的 20.00% (7/35) 低 ( $P < 0.05$ )；观察组患儿家长护理满意度 97.14% (34/35) 明显较对照组的 77.14% (27/35) 高 ( $P < 0.05$ )。结论：对于小儿疝气患儿来说，人性化护理干预具有显著的效果，可有效改善患儿的疼痛程度，缩短住院时间，加快下床活动时间，提高患儿家长对护理工作的满意度。

**【关键词】**小儿疝气；人性化护理；疼痛护理；护理价值

小儿疝气是小儿外科和疝外科最常见的疾病之一，主要包括先天性的腹股沟疝以及脐疝 2 种类型，可根据患儿的体位变化、运动状态以及情绪变化而发生变化，在发病早期可能会自行消失，或用手按压后消失。小儿疝气的发病原因主要在于先天性因素，腹股沟疝多是因为鞘状突未关闭所致，而脐疝多是因为脐环未能及时缩小闭合导致。早产儿、低体质量儿也会因为出生时的不完全发育而引发小儿疝气。近年来，小儿疝气在临床中发病较多。有调查显示，儿童疝气的发病率一般在 3%~7%，且男性患儿较女性患儿更多，在一定程度上威胁患儿的生命安全。一旦不及时加以治疗，随着病情的不断恶化，疝气块会越来越大，加之小儿因自身疼痛而不断出现哭闹，继而大大增加了患儿出现疝囊嵌顿或者绞窄性疝的风险，最终可能导致患儿死亡。基于此，临床多采用手术治疗小儿疝气患者，但是手术需要侵入患儿机体，术后易出现不同程度的疼痛，在很大程度上降低了患儿的生活质量。因此，术后需及时辅以专业、合理、科学的护理干预，积极改善患儿的疼痛状况，减少并发症的发生率。本研究尝试对我院 2018 年 1 月至 2020 年 12 月间收治的小儿疝气患者进行分组护理，旨在分析人性化护理在小儿疝气术后疼痛护理中的应用效果，报道如下。

### 1 资料与方法

#### 1.1 一般资料

本研究在医院伦理委员会和患儿家长的同意下进行。将我院收治的 70 例小儿疝气患者纳入研究对象，时间为 2018 年 1 月至 2020 年 12 月，采用随机数字表法分为对照组和观察组，每组 35 例。对照组男女患儿比例为 18 : 17；年龄 5 个月~11 岁，中位数年龄 5.03 岁。观察组男女患儿比例为 19 : 16；年龄 6 个月~13 岁，中位数年龄 5.05 岁。两组患儿基础资料对比， $P > 0.05$ ，具有可比性。入选标准：符合《实用儿科学》相关诊断标准；入选患儿不存在手术禁忌证；无麻醉禁忌证。排除标准：合并凝血功能障碍患儿；合并肝、肾功能障碍疾病患儿；存在血液系统疾病与免疫系统疾病患儿；临床资料不完整或退出研究的患儿。

### 1.2 护理方法

对照组接受常规术后疼痛护理，包括基础护理，密切监测病情，如生命体征、手术切口状态，向患儿家长明确手术注意事项，说明患儿术后饮食、活动与休息相关指导事宜等；手术护理，陪伴患儿至手术室，协助调整患儿手术体位，确保血液循环正常，并监测生命体征变化情况，及时协助医师对症处理患儿异常状况，若发现患儿灌注气体受阻现象，需协助医师探查腹肌松紧度，判断穿刺针是否可进至腹腔，不可盲目处理；出院指导，嘱患儿避免剧烈运动，合理作息，按时换药等；饮食指导，待患儿麻醉清醒后，可少量喂食温水，如果不见吞咽障碍，方可给予半流质食物或者流质食物，针对恶心、呕吐反应的患儿，需及时停止喂食，注意以高蛋白、高纤维食物为主，促进患儿病情的康复。

观察组在对照组的基础上加以人性化护理。①心理干预：术前及时与患儿家属进行沟通，了解患儿基础信息和心理特征，安慰、鼓励患儿，并可通过小游戏和小奖励等方法提高患儿的配合程度；加强与患儿家属之间的交流，做好健康教育宣传工作，保证患儿家属的认可和配合；同时选择专业的护理人员，为患儿提供放松训练，做好心理疏导、语言鼓励，多抚摸患儿，与患儿加强肢体接触，亦可为患儿适当播放动画片或者儿歌，转移患儿注意力，减轻患儿疼痛感受。②疼痛护理：及时在患儿苏醒前放置软垫，主要垫于患儿膝盖下方，确保患儿下肢屈曲，减小张力，减轻疼痛感；定期清理病房卫生，调节室内温湿度，做好环境护理工作，为患儿营造一个良好的休息环境，从视觉上缓解患儿自身的疼痛感。③基础护理：术后帮助患儿取平卧位，头部偏向一侧，做好口腔护理工作，保证呼吸顺畅，防止误吸引发的窒息和呼吸道感染；密切监测患儿的各项生命体征，保证患儿麻醉期间的生命安全；待患儿麻醉清醒后，及时对患儿做好安全护理工作。④体位护理：在手术完成后，协助患儿取平卧位，告知患儿家长切不可直接环抱患儿，耐心解释原因，即患儿术后正处在麻醉状态下，血流速度变慢，加上手术的实施，部分血液损失，此时环抱患儿可引起机体脑部血流显著减少，更易发生脑缺氧现象，同时会造成患儿咽喉部狭窄而诱发呼吸困难症状。出院指导：根据患儿的实际病情状况和基础情况，进行个性化的出院指导工作；嘱患儿家长协助患儿清洁口腔，定期换药，注意伤口避免沾水，防止伤口感染；及时了解天气状况，适当增减衣物。

### 1.3 观察指标

记录两组患儿下床活动时间、住院时间，并采用 Prince-Hence 评分系统评估两组患儿术后的疼痛状况，分值 0~4 分，分数越低表示患儿疼痛程度越轻。记录两组患儿术后出现的并发症，包括尿潴留、切口感染。应用本科室自制的护理服务满意度调查问卷评估两组患儿家长对护理服务工作的满意程度，该问卷包括护理相关问题 10 题，均有满意和不满意 2 个选项，由患儿家长自行选择，以 8 题以上题目选择满意选项即表示患儿家长非常满意，6 题及以上表示一般满意，5 题及以下则表示不满意，对比两组

患儿家长对护理服务工作的满意度。

#### 1.4 统计学处理

采用 SPSS 20.0 统计学软件对数据进行分析。计量资料采用 ( $\bar{x}\pm s$ ) 表示, 组间比较行 t 检验; 计数资料采用 [n (%)] 表示, 组间比较行  $\chi^2$  检验;  $P<0.05$  表示差异有统计学意义。

## 2 结果

### 2.1 两组患儿住院时间、下床活动时间以及疼痛程度对比

两组患儿住院时间、下床活动时间以及疼痛评分比较, 观察组均明显较对照组更优 ( $P<0.05$ )。见表 1。

组别	例数	下床活动时间 (d)	住院时间 (d)	疼痛评分 (分)
对照组	35	5.54±0.92	8.79±1.38	1.93±0.45
观察组	35	2.24±0.90	5.21±1.74	1.04±0.23
T 值		15.1693	9.5369	10.4187
P 值		0.000	0.000	0.000

### 2.2 两组患儿家长对护理工作的满意度对比

观察组总满意度为 97.14%, 其中非常满意 20 例、一般满意 14 例、不满意 1 例, 对照组为 77.14%、17 例、10 例、8 例 ( $\chi^2=6.2477$ ,  $P=0.0124$ )。

## 3 讨论

小儿疝气是因机体中的部分组织和原来部位出现了分离现象, 导致间隙之间出现异位而诱发的一种疾病类型, 好发于男孩。有关数据表明, 小儿疝气在男女孩童之间的发病比例是 25:1。小儿疝气的主要特征是小腹或阴囊疼痛, 可累及患儿脐周、心窝以及腰背部, 甚至伴以四肢厥冷、止作无时等症状, 若不及时进行处理, 包块会越来越大, 甚至可能引发嵌顿, 影响患儿的日常生活。因此, 在确诊后需尽快接受手术治疗。虽然该种疾病的手术治疗步骤相对简单, 但仍会在一定程度上损伤患儿身体, 术后极易出现疼痛。另外, 术后患儿也会因大便干燥和不断哭闹等现象, 使腹腔内容物在一定程度上冲击扎紧的疝囊扣, 引起扎线脱落, 增加疾病复发风险, 所以临床必须在治疗期间加以有效的护理干预, 以保证患儿的生活质量。

随着社会的不断发展和医学模式的不断转变, 人性化护理模式随之出现。人性化护理模式作为一种新型护理模式, 主张以患者为中心, 以充满人性化的护理服务来满足患者各个方面的需求, 包括生理、心理、精神及社会等方面, 最大限度的为患者提供优质服务[22-24]。本研究结果显示, 观察组患儿下床活动时间、住院时间以及疼痛评分明显优于对照组, 并发症发生率低于对照组, 患儿家长护理满意度高于对照组 ( $P<0.05$ )。这表明, 相比于常规疼痛护理, 人性化护理在小儿疝气术后疼痛护理中的应用效果更显著, 可在很大程度上缩短患儿的住院时间, 缓解疼痛程度, 促进患儿尽早下床活动, 降低伤口感染和尿潴留的发生风险, 确保患儿家长对护理工作的认可。分析原因在于: 在人性化护理干预过程中, 对患儿加强体位护理, 让患儿家长明确知晓麻醉不清醒状态下不可环抱患儿, 有助于减少患儿的二次伤害机会, 保证治疗效果; 同时做好生命体征监测, 合理调节室内温湿度, 注重患儿保暖, 利于医护人员及时知晓患儿异常状况, 第一时间进行对症处理, 维护患儿生命安全; 另外, 配合人性化的疼痛护理干预, 有助于降低麻醉对于小儿机体的过度伤害, 联合多种方法 (动画片、儿歌、小奖励) 有助于转移患

儿注意力，减轻其疼痛程度；做好饮食指导有助于保证患儿机体营养，为病情尽早恢复奠定基础；多接触患儿，增加肢体接触次数，可让患儿充分感受到外界的关注，从精神层面获得最佳安慰，使患儿放松全身肌肉，从而减弱患儿的术后疼痛感受；出院指导可让患儿及其家属感受到医院的关怀，增加患儿家长对护理工作的满意度，利于医院树立良好形象。

综上所述，人性化护理在小儿疝气术后疼痛护理中具有显著的应用效果，特别是在缩短患儿住院时间、加快下床活动、减轻疼痛、降低并发症发生率以及提高患儿家长护理满意度方面的效果更好，是临床切实可行的有效护理方法。

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