

To analyze the effect of refined nursing care on postoperative patient awakening from general anesthesia in the anesthesia recovery room

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【Abstract】 Objective: The experiment will be for the anesthesia recovery room after general anesthesia patients after the implementation of fine nursing, for the actual effect of the application of statistical analysis. **Methods:** A total of 100 patients were treated after general anesthesia in anesthesia recovery room. The samples were selected from January 2021 to December 2021, and were divided into two groups according to sequence, the control group was routine nursing, the observation group was fine nursing, and the treatment results were compared. **Results:** The data showed that the time of anesthesia recovery in the observation group was shorter than that in the control group, with statistical significance ($P < 0.05$). Meanwhile, the complication rate in the observation group was 6.0%, which was significantly lower than that in the control group (18.0%) ($P < 0.05$). Finally, in the satisfaction survey, the patients in the observation group gave a high degree of affirmation to the nursing staff, and the satisfaction rate was higher than that in the control group. **Conclusion:** The use of refined nursing for anesthesia recovery room after general anesthesia patients rehabilitation treatment effect is significant, can improve the effect of anesthesia recovery, help to prevent complications, worthy of development in inheritance and reference.

【Key words】 Fine nursing;Anesthesia recovery room;General anesthesia;Patient wake up time

Operation is the main treatment plan for patients with surgical diseases, but the operation itself has trauma, and it will also lead to different prognosis due to the influence of anesthesia factors. In order to further improve the anesthesia recovery effect of patients, it is of great significance to give meticulous nursing intervention to patients in the anesthesia recovery room. Fine nursing is a nursing measure gradually extended from the concept of fine management in economics. It is characterized by fine and fine, and helps workers achieve good results by the best means^[1]. The application of meticulous nursing in quality control emphasizes the sense of service for patients, and also strengthens humanistic care, which can be used for reference to improve the quality of perioperative nursing for patients. Therefore, 100 patients after general anesthesia in the anesthesia recovery room were treated, and the samples were selected from January 2021 to December 2021. The survey results are reported as follows.

1. Data and methods

1.1 General information

100 patients after general anesthesia in the anesthesia recovery room were treated, and the samples were selected from January 2021 to December 2021, and were divided into two groups in order. Among the 50

patients in the observation group, there were 28 males and 22 females, ranging from 23 to 78 years old, with an average age of (41.45 ± 0.96) years; Among the 50 patients in the control group, there were 27 males and 23 females, ranging from 22 to 77 years old, with an average age of (41.39 ± 0.81) years. Baseline data between groups were comparable ($P > 0.05$). It can be carried out after being approved by the Medical Ethics Committee.

1.2 Experimental methods

In the control group, routine nursing was used to record and observe the operation conditions of the patients, ensure that the patients woke up in a comfortable and quiet environment, and provide basic nursing services after waking up, so as to soothe the anxiety of the patients after operation. The vital signs shall be monitored in the whole process, and the anesthesiologist shall be informed in time in case of any special changes.

The observation group was meticulous nursing. First, we should adhere to the principle of seamless nursing and carry out whole-process nursing intervention under the guidance of the responsible nurse in the recovery room. Second, we should strengthen the management and control of complications, and formulate nursing strategies based on the possible complications of patients undergoing general anesthesia surgery. If the patient has low body temperature after anesthesia, the temperature of the recovery room can be adjusted, and the warm intervention for the patient can be done well. For patients with pain after anesthesia, they can cooperate with anesthesiologists to intervene with painkillers. If the patient has difficulty breathing, strengthen oxygen inhalation care. If the patient has vomiting, it is necessary to help the patient clean the vomitus in the mouth, clean the mouth, and prevent aspiration. Third, we should strengthen the psychological comfort of patients. After anesthesia, the patients still have strong psychological reactions, mainly anxiety and anxiety. At this time, the nursing staff should calm the patients in a gentle tone and inform them of the implementation of the operation. Fourth, we should provide clear services for the patients' families. After the patients enter the anesthesia recovery room, whether they can visit, when they wake up, and when they eat, all of these can be explained to the families, and well explain the operation. Fifth, strengthen the quality control of nursing, including the environmental management of the anesthesia recovery room, to ensure a sterile environment.

1.3 Evaluation criteria

This survey will compare the anesthesia recovery effect of patients (such as awakening time, spontaneous breathing recovery time, stay in the anesthesia recovery room time) and the incidence of complications (such as hypothermia, respiratory inhibition, nausea and vomiting, restlessness, wound pain, etc.). Finally, the satisfaction of patients with anesthesia guidance and nursing staff was compared, including nursing attitude, nursing implementation and nursing outcomes.

1.4 Statistical methods

The test data are all entered in SPSS22.0. When expressing the counting data, it is in the form of%, and the result should be subject to chi-square test. When expressing the measurement data, the method is $(\bar{x} \pm s)$, and the result is t-tested. Data statistical analysis shall be taken under different tests, with $P < 0.05$ as the limit. If this condition is met, it shall be regarded as statistically significant.

2 Results

(1) In terms of the data, compared with the anesthesia recovery time, the observation group took shorter time than the control group, with statistical significance ($P < 0.05$). As shown in Table 1.

Table 1 Comparison of anesthesia recovery time between the two groups [$(\bar{x} \pm s)$, min]

Group	Recovery time of anesthesia	Recovery time of spontaneous respiration	Time of stay in anesthesia recovery room
Control group (n=50)	35.45±8.34	19.23±4.25	40.89±5.40
Observation group (n=50)	20.33±5.90	13.50±3.99	25.34±5.83
r	7.409	5.403	10.335
P	<0.05	<0.05	<0.05

(2) At the same time, the complication rate in the observation group was 6.0% (3/50), which was significantly lower than that in the control group (18.0% (9/50) ($P < 0.05$)).

(3) Finally, in the survey of nursing satisfaction, the satisfaction of patients in the observation group reached 98%, while that in the control group was 88%, which showed a significant difference.

3 Discussion

Surgical operations cause great trauma to patients. When patients receive treatment, they often need to implement anesthesia, and operate without consciousness to reduce the pain and discomfort of patients. After general anesthesia, patients may have hypothermia, abnormal breathing, abnormal blood pressure and other conditions, which will ultimately affect the anesthesia effect [2]. We can strengthen the intervention of patients before they enter the anesthesia recovery room after surgery and return to the ward.

After the implementation of intensive care, in addition to the monitoring of the patient's vital signs, it has changed the mechanical and single disadvantages of traditional nursing measures. With the careful care of medical staff, a series of complications after surgery can be prevented. At the same time, it can take care of patients without gaps, monitor vital signs throughout the process, and record and understand the anesthesia recovery of patients to the maximum extent. At the same time, psychological intervention can relieve the tension and fear of patients after waking up [3]. In the anesthesia recovery room, we can achieve good results by efficiently completing the work flow, actively implementing nursing work, and fully cooperating with the work of anesthesiologists. Fine management refers to the refinement of the current nursing system and process under systematic management, and the organization and management of the work of each unit by using standard process, data and standardization methods to achieve the goal of efficient and coordinated operation [4]. Fine nursing is not only the display of excellent results, but also the display of fine attitude and fine process. After communicating with patients, we should eliminate doubts as much as possible, enhance confidence in surgery, and ensure the recovery of postoperative anesthesia and the success of surgery [5]. According to this

survey, the patients in the observation group had a short time to recover from anesthesia and a short time to recover from spontaneous respiration, which can show that under the guidance of meticulous nursing, the patients had a high degree of comfort and safety in surgery, and highly praised the work of nursing staff. To sum up, the use of refined nursing has a significant effect on the rehabilitation of patients after general anesthesia in the anesthesia recovery room, which can improve the effect of anesthesia recovery, help prevent complications, and is worthy of development through inheritance and reference.

Reference

- [1] Yang Qin, Yao Dongjing, Hang Qing To explore the clinical nursing effect of refined operating room nursing on patients undergoing laparoscopic gynecological surgery [J] Electronic Journal of Practical Gynecology Endocrinology, 2021, 8 (15): 190-192.
- [2] Tan Yunwen, Yu Jianhai, Guo Lin, Zhang Hui, Sudan Effect of pre-anesthesia health education and high-quality nursing in anesthesia recovery room on the quality of anesthesia recovery and postoperative satisfaction of patients [J] Abstract of the World's Latest Medical Information, 2019, 19 (55): 298-299.
- [3] Zeng Cuiyan Emergency nursing of patients with respiratory abnormalities after general anesthesia in the anesthesia recovery room [J] Chinese Practical Medicine, 2020, 15 (23): 192-194.
- [4] Dong Yang The impact of refined nursing management mode in operating room on patients' physiology, psychology and comfort and the evaluation of adverse events [J] Hebei Pharmaceutical, 2018, 40 (17): 2695-2698+2702.
- [5] Yan Rong Analysis of the impact of refined nursing on the recovery period of gynecological laparoscopic surgery under general anesthesia [J] Psychological Monthly, 2019, 14 (03): 56.

分析精细化护理对麻醉恢复室全身麻醉术后患者苏醒时间的影响

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【摘要】目的: 实验将针对麻醉恢复室全身麻醉术后患者实施精细化护理, 针对应用后的实际效果做出统计分析。**方法:** 针对 100 例麻醉恢复室全身麻醉术后患者进行治疗, 样本选自 2021 年 1 月至 2021 年 12 月就诊的患者, 并按照先后顺序分为 2 组, 对照组为常规护理, 观察组为精细化护理, 对比治疗成果。**结果:** 从数据可见, 在麻醉苏醒时间对比, 可见观察组用时短于对照组, 具有统计学意义 ($P < 0.05$)。同时, 在并发症率上, 观察组患者以 6.0%, 低于对照组的 18.0%, 差异显著 ($P < 0.05$)。最后, 满意度调研中, 观察组患者给予了护理人员高度的肯定, 且满意度高于对照组。**结论:** 采用精细化护理对于麻醉恢复室全身麻醉术后患者的康复治疗效果显著, 可提升麻醉恢复效果, 有助于预防并发症, 值得在继承借鉴中发展。

【关键词】精细化护理；麻醉恢复室；全身麻醉术；患者苏醒时间

手术是外科疾病患者治疗的主要方案，但手术本身具有创伤，且由于麻醉因素影响也会导致不同预后。要进一步提升患者的麻醉恢复效果，在麻醉恢复室给予患者精细化护理干预具有重要意义。精细化护理是从经济学中精细化管理概念逐步延伸出来的护理措施，以精和细为特点，以最优的手段帮助工作者取得良好的成果^[1]。将精细化护理用于质量管控中，强调了为患者服务意识，也加强了人文关怀，对于患者的围术期护理质量提升有所借鉴。故而，针对 100 例麻醉恢复室全身麻醉术后患者进行治疗，样本选自 2021 年 1 月至 2021 年 12 月就诊的患者，对调研结果汇报如下。

1. 资料与方法

1.1 一般资料

针对 100 例麻醉恢复室全身麻醉术后患者进行治疗，样本选自 2021 年 1 月至 2021 年 12 月就诊的患者，并按照先后顺序分为 2 组。观察组 50 例中，男 28 例，女 22 例，介于 23~78 岁之间，平均为(41.45±0.96) 岁；对照组 50 例中，男 27 例，女 23 例，介于 22~77 岁之间，平均为(41.39±0.81) 岁。组间基线资料可比(P>0.05)。经过医学伦理委员会批准后开展。

1.2 实验方法

对照组为常规护理，对患者的手术情况进行记录和观察，确保患者在舒适、安静的环境下苏醒，并提供苏醒后的基础护理服务，安抚患者术后焦虑情绪。对生命体征进行全程监测，如有特殊变化及时通知麻醉医生处理。

观察组为精细化护理，第一，要坚持无缝隙护理原则，在恢复室责任护士的指导下进行全程护理干预。第二，要加强并发症护理管控，结合全麻手术患者可能存在的并发症问题进行护理策略制定。如麻醉后患者低体温情况，可对恢复室温度进行调节，做好对患者的保暖干预。针对麻醉后疼痛的患者，可配合麻醉医生进行止痛药物干预。如果患者有呼吸不畅，则加强吸氧护理。如果患者有呕吐情况，则要帮助患者清理口腔内的呕吐物，清洁口腔，防止误吸等情况。第三，要加强对患者的心理安抚，在麻醉清醒后，患者仍然存在较强的心理反应，多以不安、焦虑为主，此时护理人员应当以温和的语气安抚患者，告知手术实施情况。第四，要为患者家属提供清晰化的服务，在患者进入到麻醉恢复室后，是否可以探望，何时苏醒，何时进食，这些都可以为家属进行讲解，并做好手术开展情况说明。第五，加强护理质量控制，包括麻醉恢复室的环境管理，确保无菌环境。

1.3 评价标准

本次调研将对患者的麻醉恢复效果（如苏醒时间、自主呼吸恢复时间、滞留麻醉恢复室时间），以及并发症发生率（如低体温、呼吸抑制、恶心呕吐、躁动、伤口疼痛等）。最后，对比患者对麻醉指导和护理人员工作情况的满意度，具体包括护理态度、护理执行情况和护理结局。

1.4 统计方法

测验数据均在 SPSS22.0 中录入，在表述计数资料的时候，为%的方式，应当对结果实施卡方检验。在表述计量资料的时候，则为 $(\bar{x} \pm s)$ 的方式，并对结果做出 t 检验。在不同检验下要采取数据统计学分析，以 P<0.05 为界限，如果符合该情况，则视为统计学意义。

2 结果

(1)就数据中看,在麻醉苏醒时间对比,可见观察组用时短于对照组,具有统计学意义($P < 0.05$)。如表1所示。

表1 两组患者麻醉恢复时间对比[$(\bar{x} \pm s)$, min]

组别	麻醉苏醒时间	自主呼吸恢复时间	滞留麻醉恢复室时间
对照组 (n=50)	35.45±8.34	19.23±4.25	40.89±5.40
观察组 (n=50)	20.33±5.90	13.50±3.99	25.34±5.83
r	7.409	5.403	10.335
P	<0.05	<0.05	<0.05

(2)同时,在并发症率上,观察组患者以6.0% (3/50),低于对照组的18.0% (9/50),差异显著($P < 0.05$)。

(3)最后,在护理满意度调研中,观察组患者的满意度达到98%,对照组则为88%,可见差异显著。

3 讨论

外科手术对患者造成的创伤大,患者在接受治疗时往往需要实施麻醉,在患者无意识状态下进行手术,降低患者的疼痛感和不适感。在实施全麻后,患者可能出现低体温、呼吸异常、血压异常等情况,最终影响到麻醉效果^[2]。在患者手术结束进入麻醉恢复室,并返回病房前,我们可加强对患者的干预。

在实施精细化护理后,除了对患者生命体征指标的监护外,改变了传统护理措施中机械性、单一性的弊端。在医护人员的精心照顾下,能够预防手术后一系列并发症。同时能够无缝隙地对患者实施照顾,全程监测生命体征最大限度地记录了解患者的麻醉恢复情况。同时在心理干预下可以缓解患者清醒后的紧张、恐惧^[3]。在麻醉恢复室高效地完成工作流程,积极的执行护理工作,全面配合麻醉医师的工作,能够取得较好的成果。精细化管理指的是在系统化的管理下,对当下的护理制度、流程进行细化,运用标准的流程化手段、数据化手段以及标准化手段,对各个单元的工作进行组织管理,实现高效、协同运转的目标^[4]。精细化护理不仅仅是精品结果的展现,也是精细的态度和精细的过程的展示,在与患者做好沟通工作后,尽可能地消除疑虑,增强手术信心,对于术后麻醉苏醒以及手术的成功均有较高的保障^[5]。结合本次调研看,观察组患者的麻醉苏醒时间用时短,自主呼吸恢复时间短,这些都能说明在精细化护理指导下,患者的手术舒适性高、安全性高,对于护理人员的工作也给予高度肯定。

综上所述,采用精细化护理对于麻醉恢复室全身麻醉术后患者的康复治疗效果显著,可提升麻醉恢复效果,有助于预防并发症,值得在继承借鉴中发展。

参考文献

- [1]杨芹,姚东晶,杭青.探讨精细化手术室护理对腹腔镜下妇科疾病手术患者的临床护理效果[J].实用妇科内分泌电子杂志,2021,8(15):190-192.
- [2]谭运文,于建海,郭琳,张辉,苏丹.麻醉术前健康宣教和麻醉恢复室优质护理对患者麻醉苏醒质量及术后满意度的影响[J].世界最新医学信息文摘,2019,19(55):298-299.
- [3]曾翠妍.麻醉恢复室中全身麻醉术后发生呼吸异常患者的急救护理探讨[J].中国实用医药,2020,15(23):192-194.
- [4]董洋.手术室精细化护理管理模式对患者生理、心理和舒适度的影响及不良事件发生评价[J].河北医

药, 2018, 40 (17): 2695-2698+2702.

[5]燕蓉. 精细化护理对全身麻醉下妇科腹腔镜手术复苏期的影响分析[J]. 心理月刊, 2019, 14 (03): 56.