

Exploring the efficacy of nursing quality and safety management in reducing nursing complications of intravenous therapy in elderly patients

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【Abstract】 Objective: To dissect the value of implementing nursing quality and safety management in elderly patients treated with intravenous therapy to reduce the complication rate of nursing care. **Methods:** A total of 148 elderly patients who were admitted to our hospital for intravenous therapy between April 2019 and March 2021 were divided into two groups by time period, including 74 patients between April 2019 and March 2020 included in the control group and 74 patients between April 2020 and March 2021 included in the observation group. The control group was given routine care, and management of quality and safety of care was carried out based on the control group. The rates of compliance in the selection of puncture appliances and complications of care were compared between the two patient groups. **Results:** The overall compliance rate of the selection of puncture appliances in the observation group was 95.95%, which was higher than that in the control group at 86.49% ($P < 0.05$); The complication rate of 2.7% in the observation group was lower than that of 10.81% in the control group ($P < 0.05$). **Conclusions:** The implementation of nursing quality and safety management in elderly patients with venous therapy is more conducive to improving the compliance rate of puncture appliances and reducing the risk of nursing complications, which is worthy of implementation in clinical applications.

【Key words】 Intravenous therapy; Elderly patients; Quality of care and safety management

As the aging of the population intensifies and advances, aging gradually weakens the organ function of the elderly, and at the same time, it also makes them suffer from cardiovascular disease, diabetes, gastrointestinal dysfunction, nervous system decline, osteoporosis and other chronic diseases, reducing their ability to take care of themselves in life, while also increasing the economic and mental burden of families and society. In the clinical treatment of elderly patients, intravenous infusion is one of the common and effective measures, which can not only bring benefits to patients, but also cause damage to patients' body due to improper operation. The practice shows that the skin of elderly patients is loose, accompanied by vascular sclerosis, unclear vein exposure and insufficient filling degree, resulting in increased difficulty of puncture. In addition, the elderly patients have the characteristics of coexistence of multiple diseases and combination of multiple drugs. It is also easy to cause adverse reactions such as phlebitis and leakage injury during intravenous treatment due to the pharmacological properties of different drugs, which will affect the treatment effect of the disease and reduce

the quality of life of the patients^[1]. The study found^[1]that nursing quality and safety management, as an important part of nursing management, can significantly reduce the risk of complications when applied to the nursing of elderly patients undergoing intravenous therapy. Based on this, this experiment randomly selected 148 elderly patients with intravenous therapy in our hospital to analyze the implementation value of nursing quality and safety management. The details are as follows.

1. Data and methods

1.1 General information

In this experiment, 148 elderly patients who were admitted to our hospital for intravenous therapy from April 2019 to March 2021 were randomly selected as analysis cases. The clinical data of all patients were analyzed retrospectively, and 74 patients from April 2019 to March 2020 were included in the control group and 74 patients from April 2020 to March 2021 were included in the observation group based on the time period. In the control group, there were 39 male patients and 35 female patients, accounting for 52.7% and 47.3% respectively. The maximum age index is 90 years old, the minimum is 62 years old, and the average age is (76.31 ± 11.08) years old. In the observation group, there were 40 male patients and 34 female patients, accounting for 54.05% and 45.95% respectively. The maximum age index is 89 years old, the minimum age is 63 years old, and the average age is (76.27 ± 11.12) years old. Inclusion criteria^[2]: ①meet the relevant requirements of intravenous therapy, and have no contraindication or allergy history to intravenous drugs; ②No mental illness, normal consciousness and cognition, and effective communication; ③The clinical data is complete, and patients and their families are informed and willing to participate. Analyzing the clinical data of the two groups of patients, there was no significant difference in the indicators of gender, age and other related data ($P > 0.05$), which was of analytical value.

1.2 Methods

The control group was given routine clinical care. Before treatment, the patient's body condition was effectively evaluated, and the patients were informed of possible adverse reactions during intravenous treatment, reminding them to make psychological preparations. Closely monitor the consciousness and appearance of patients, and deal with abnormalities in time. Based on the control group, the observation group implemented nursing quality and safety management. The specific measures were as follows: (1)Current situation survey: ①Select nursing staff with rich nursing experience and solid professional knowledge in the hospital to establish a nursing quality and safety management team. The members included the head nurse of each department and ward, and the backbone of the nursing team. Understand the knowledge and practical ability of the group members on intravenous therapy, and carry out special publicity and education for the group members according to the "Norms for intravenous therapy", including the investigation of the current situation before and after the intervention, data collection and collation, the possible problems, causes and countermeasures in the intravenous therapy room, the analysis, rectification and feedback tracking after the intervention, so as to improve and enhance their professional ability of intravenous therapy. ②Preparation of the current situation questionnaire: based on the "Norms for Static Therapy" and the query of relevant literature, the current situation

questionnaire is prepared in combination with the actual situation of patients, including the general information of patients, puncture sites, puncture tools, infusion drugs and related complications. Before the implementation of the status survey, the participants should be trained professionally. After the evaluation criteria are uniformly defined, the team members should conduct the status survey on all patients and fill in the form in detail as required. (2)Based on the analysis of the current situation of quality management tools: collect, sort out and analyze the data and data of the current situation survey, and organize the relevant personnel of each department to summarize and analyze the low qualification rate of the selection of puncture tools and puncture sites before the intervention, and the main reasons for the occurrence of complications related to intravenous therapy: ①The training effect of the Code of Static Therapy is not good, The nursing staff did not fully and accurately grasp the nursing measures of intravenous therapy;②There are many kinds of drugs used in intravenous therapy, with complex pharmacology, and there is no perfect guidance for intravenous therapy nursing tools;③The equipment and facilities for auxiliary vein puncture are not perfect, which leads to the nurses'failure to comprehensively evaluate the actual situation of patients, resulting in unreasonable selection of puncture equipment, puncture site and vein damage, and increasing the risk of leakage injury. (3)Formulation and implementation of countermeasures: ①Preparation of guidance manual for intravenous treatment nursing tools: based on the "norms of intravenous therapy" and current survey data, and in combination with the physical characteristics of elderly patients, preparation of guidance manual for intravenous treatment nursing tools, clarifying the nursing process of elderly intravenous treatment, and distribution to all nursing staff in the hospital after printing and issuing, and requiring them to strictly follow the manual and process. ②Improve the tools of advanced venous therapy: purchase advanced facilities such as projection infrared angiograph to help nurses locate and observe the blood vessels of patients, reduce the difficulty of puncture, and improve the success rate of operation. ③Professional training: provide nursing staff with knowledge training on elderly intravenous therapy and nursing, and cooperate with pharmaceutical department and medical department to help nursing staff correctly grasp the physical and chemical properties of drugs. Based on the Code for Quiescent Therapy, a training and assessment system was established to assess the practical ability of nursing staff. Only qualified nurses can start work. Establish a social platform to cover consultation, guidance and consultation, and further reduce the risk of complications. ④Environment construction: establish a sound, systematic and perfect venous treatment management model, formulate quality standards for safety management, timely supervise the deficiencies during intravenous treatment, and propose targeted solutions for rectification. Reasonably allocate nursing staff, implement flexible working system, take turns to observe the elderly patients undergoing intravenous treatment, and record the specific situation of adverse events.

1.3 Observation indicators

The qualified rate of puncture instruments before and after intervention was analyzed;The incidence of complications after intravenous treatment was statistically analyzed and compared^[3, 4].

1.4 Statistical treatment

The experimental data were analyzed with the statistical software SPSS20. 0, and the inter-group study of the

measurement data was T-tested, expressed by the mean value ($\bar{x} \pm s$). The inter-group comparison of counting data was performed by chi-square test, expressed as percentage (%). $P < 0.05$ is significant.

2 Results

2.1 Qualified rate of puncture tools before and after intervention in two groups

The qualified rate of scalp steel needle, PVC and CVC+PICC+PORT in the observation group was higher than that in the control group, the total qualified rate was 95.95%, which was higher than 86.49% in the control group, and the difference was significant ($P < 0.05$). See Table 1.

Table 1 Qualified rate of puncture instrument selection before and after intervention in two groups[n (%)]

group	n	Scalp steel needle		PVC		CVC+PICC+PORT		Total pass rate
		n	Pass rate	n	Pass rate	n	Pass rate	
control group	74	35	29 (82.86)	25	21 (84.00)	14	14 (100)	64 (86.49)
Observation group	74	37	35 (94.59)	26	25 (96.15)	11	11 (100)	71 (95.95)
χ^2	-	-	-	-	-	-	-	4.1322
P	-	-	-	-	-	-	-	0.0421

2.2 Analysis of complications of two groups of patients

There was no phlebitis or leakage injury in the observation group, and there was one case of redness at the puncture point and catheter blockage in each of the patients. The total incidence was 2.7%, lower than that in the control group (10.81%), with significant difference ($P < 0.05$). See Table 2.

Table 2 Analysis of complications of two groups of patients[n (%)]

group	Phlebitis	The puncture point is red	Leakage injury	Tube blocked	Total incidence
control group	2	3	1	2	8 (10.81)
Observation group	0	1	0	1	2 (2.70)
χ^2	-	-	-	-	3.8609
P	-	-	-	-	0.0494

3 Discussion

Intravenous infusion is one of the commonly used and effective measures in clinical practice, and plays an active role in the treatment of diseases in elderly patients. The observation found that the elderly patients have the characteristics of coexistence of multiple chronic diseases, complex treatment schemes and other characteristics, and face the practical problems of repeated puncture, low degree of cooperation, high risk of transfusion complications, many difficult blood vessels and disuse of the affected limbs in the intravenous treatment, which to some extent increases the difficulty of nursing in the intravenous treatment, and also

increases the risk of complications, which is not conducive to the disease cure and the improvement of the quality of life of patients^[5]. The results of many clinical studies also clearly pointed out that^[6, 7], compared with young people, the elderly population has more basic diseases, less subcutaneous fat, poor elasticity and slippery blood vessels, and there are many different degrees of vascular sclerosis. In addition, the long period of infusion treatment, the complex physical and chemical properties of multi-drug sharing and other factors, the difficulty of venous puncture is high, and a little improper operation will cause harm to the patient's body. Therefore, the intravenous treatment and nursing for the elderly is the top priority of clinical daily work. According to the summary of practice, elderly patients often have nursing complications such as redness of puncture points, phlebitis and leakage injury when receiving clinical intravenous treatment, for the following reasons^[8, 9]: ①The elasticity of blood vessels in elderly patients is poor, easy to slide, resulting in unclear vein exposure, and insufficient filling, which increases the difficulty of puncture. If the nursing staff does not master the skilled and professional puncture technology, it is very easy to have repeated puncture, loose needle fixation or wrong needle eye pressing, which will lead to leakage injury. At the same time, the elderly are relatively vulnerable, and are prone to have negative emotions such as anxiety and panic during intravenous therapy, which reduces treatment compliance and cooperation, thus increasing the potential risk of complications. Of course, nurses' poor psychological quality, nervous mood, and blind needle insertion without proper selection of blood vessels will also lead to puncture failure and increase the risk of leakage injury. ②During the intravenous treatment of elderly patients, it is inevitable to infuse drugs with higher concentration or greater irritation, resulting in inflammatory reaction of local venous wall. Of course, factors such as excessive retention of silica gel tube in the vein, too fast infusion speed and lax sterile operation will also increase the risk of local vein infection and cause patients to develop phlebitis. Based on this, it is essential to take effective measures to improve the quality of care of elderly patients undergoing intravenous therapy, effectively reduce the incidence of complications of intravenous therapy, and ensure the full play of the effect of intravenous therapy, while improving the quality of life of patients.

Nursing quality and safety management is an important part of nursing management, which plays a good role in improving nursing service level and reducing the incidence of nursing adverse events^[10]. The safety of intravenous therapy for elderly patients is one of the key points of nursing quality and safety management. How to recognize and prevent nursing risk events existing in intravenous therapy for elderly patients, enhance nurses' ability to resist risks, effectively reduce nursing errors and disputes related to infusion, and improve infusion safety and quality has become a problem that nursing management personnel pay close attention to and urgently need to solve. With the promotion of clinical practice and in-depth research, it is found that the effective implementation of nursing quality and safety management can improve the standardization of intravenous therapy for elderly patients, which is an important step to improve the quality of intravenous therapy, reduce complications and ensure infusion safety; The current situation of patients was investigated based on the "Code for intravenous therapy", the causes of adverse events of intravenous therapy were analyzed in combination with the collected data and information, and the countermeasures were formulated to reduce the

risk of complications of intravenous therapy nursing, and improve the qualification rate of puncture instrument selection^[11, 12]. The results of this experiment showed that the total qualified rate of scalp steel needle, PVC, CVC+PICC+PORT and other puncture instruments in the observation group was 95.95%, which was significantly higher than that in the control group ($P<0.05$); The incidence of complications in the observation group was 2.7%, lower than that in the control group (10.81%, $P<0.05$).

To sum up, the implementation of nursing quality and safety management in elderly intravenous therapy can significantly reduce the risk of nursing complications and improve the level of nursing service, which is worthy of clinical reference.

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探究护理质量与安全管理在降低老年静脉治疗护理并发症中的应用效果

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【摘要】目的：剖析老年静脉治疗患者实施护理质量及安全管理对降低护理并发症发生率的价值。

方法：2019年4月-2021年3月期间入我院进行静脉治疗的148例老年患者，以时间段分为两组，其中2019年4月至2020年3月期间的74例纳入对照组，2020年4月至2021年3月期间的74例列入观察组。对照组予以常规护理，观察组基于对照组开展护理质量与安全管理。比较两组病患的穿刺用具选择合格率及护理并发症发生率。**结果：**观察组穿刺用具选择的总合格率为95.95%，高于对照组86.49%（ $P<0.05$ ）；观察组并发症发生率为2.7%，低于对照组10.81%（ $P<0.05$ ）。**结论：**老年静脉治疗患者实施护理质量与安全管理，更利于提升穿刺用具的合格率，并降低护理并发症发生风险，值得临床应用实施。

【关键词】静脉治疗；老年患者；护理质量与安全管理

随着人口老龄化的加剧及推进，增龄使老年人的器官功能逐渐减弱的同时，也让其出现心血管疾病、糖尿病、胃肠功能障碍、神经系统衰退及骨质疏松等多种慢性疾病，降低其生活自理能力的同时，也增加了家庭及社会的经济和精神负担。在老年患者的临床治疗中，静脉输液是常用且有效的举措之一，既能为患者带来益处，也会因操作不当对患者的身体造成损害。经实践显示，老年患者的皮肤松弛，且伴有血管硬化，静脉暴露不清晰、充盈度不足，导致穿刺难度增加。此外，老年患者存在多病共存、多药合用的特点，也易因不同药物的药理性质，导致静脉治疗中出现静脉炎、渗漏性损伤等不良反应，影响疾病治疗效果的同时，降低患者生活质量^[1]。研究发现^[1]，护理质量与安全管理作为护理管理的重要组成部分，施行于老年静脉治疗的护理中，能显著降低并发症发生风险。基于此，本实验在我院实施静脉治疗的老年患者中，随机选取148例为分析对象，剖析护理质量与安全管理的施行价值。具体如下。

1. 资料与方法

1.1 一般资料

本实验于2019年4月-2021年3月期间入我院进行静脉治疗的老年患者中，随机选取148例为分析病例。回顾性分析所有病患的临床资料，并以时间段为分组依据，将2019年4月至2020年3月间的74例纳入对照组，2020年4月至2021年3月期间的74例列入观察组。对照组：男性患者数39例，女性患者数35例，男女各自占比为52.7%、47.3%。年龄指标最大值90岁，最小值62岁，平均年龄为（76.31±11.08）岁。观察组：男性患者数40例，女性患者数34例，男女各自占比为54.05%、45.95%。年龄指标最大值89岁，最小值63岁，平均年龄为（76.27±11.12）岁。纳入标准^[2]：①符合静脉治疗相关要求，对静脉药物未有禁忌症或过敏史；②未患有精神疾患，意识及认知正常，能有效沟通；③临床资料完善，患者及家属知情且自愿同意参与。剖析两组病患的临床资料，性别、年龄等相关数据的指标差异无显著性（ $P>0.05$ ），具备分析价值。

1.2 方法

对照组予以临床常规护理,治疗前对患者的机体情况进行有效评估,并告知患者静脉治疗期间可能存在的不良反应,提醒其做好心理准备。密切监测患者的意识及神色,发现异常及时处理。观察组基于对照组,实施护理质量与安全管理,具体措施为:(1)现况调查:①选择院内护理经验丰富及专业知识扎实的护理人员组建护理质量与安全管理小组,成员包括各个科室及病区的护士长,以及护理团队的骨干。了解小组成员的静脉治疗知识及实操能力,依据《静疗规范》对小组成员进行专项宣教,包括干预前后的现况调查,数据的收集整理,静脉治疗间可能存在的问题、原因及对策拟定,干预后的分析整改及反馈追踪,以改善及提升其静脉治疗的专业能力。②编制现况调查表:基于《静疗规范》及相关文献资料的查询,结合患者的实际情况制定现况调查表,包括患者的一般资料、穿刺部位、穿刺用具、输注药物及相关并发症等。实施现况调查前,对参与人员进行专业培训,统一明确评价标准后,由小组成员对所有患者进行现况调查,按照要求详细填写表格内容。(2)基于质量管理工具的现状分析:对现况调查的数据及资料进行收集、整理及分析,并组织各个科室的相关人员,围绕环境、方法、人品及物品等维度,总结分析干预前穿刺用具、穿刺部位选择合格率低,静脉治疗相关并发症出现的主要原因:①《静疗规范》的培训效果不佳,未使护理人员完全准确掌握静脉治疗护理措施;②静脉治疗的所用药物多,品类多样、药理复杂,未有完善的静脉治疗护理工具指引;③辅助静脉穿刺的用具及设施不完善,致使护理人员未能全面评估患者的实际情况,导致穿刺用具选择不合理,穿刺部位及静脉受损,增加渗漏性损伤风险。(3)对策制定及执行:①编制静脉治疗护理工具的指引手册:基于《静疗规范》和现况调查数据,结合老年患者的机体特点,编制静脉治疗护理工具的指引手册,明晰老年静脉治疗的护理流程,印发后发放给院内所有护理人员,并要求其严格按照手册及流程办事。②完善先进静脉治疗的工具:购置投影式红外血管成像仪等先进设施,帮助护理人员定位观察患者的血管情况,降低穿刺难度,提高操作成功率。③专业培训:对护理人员进行老年静脉治疗护理的知识培训,协同药学部门及医务部,帮助护理人员正确掌握药物的理化性质。基于《静疗规范》,构建培训考核制度,对护理人员的实操能力进行考核,合格后才可开展工作。组建社交平台,覆盖咨询、指导及会诊等环节,进一步降低并发症发生风险。④环境营造:建立健全系统且完善的静脉治疗管理模式,制定安全管理的质量标准,及时督查静脉治疗期间的不足之处,并针对性提出解决措施予以整改。合理配置护理人员,实施弹性工作制,轮流对静脉治疗的老年患者进行观察,记录不良事件具体情况。

1.3 观察指标

分析两组干预前后的穿刺用具合格率;统计并比较静脉治疗并发症发生率^[3,4]。

1.4 统计学处理

实验数据以统计学软件 SPSS20.0 进行分析,计量资料的组间研究予以 T 检验,以均值 ($\bar{x} \pm s$)表示。计数资料的组间比较采用卡方检验,以百分比(%)表示。 $P < 0.05$ 为差异明显,存在显著性。

2 结果

2.1 两组干预前后的穿刺用具合格率

观察组在头皮钢针、PVC 及 CVC+PICC+PORT 等穿刺用具方面的选择合格率均高于对照组,总合格率达 95.95%,相比于对照组 86.49%而言更高,差异明显($P < 0.05$)。见表 1。

表 1 两组干预前后的穿刺用具选择合格率[n(%)]

组别	n	头皮钢针		PVC		CVC+PICC+PORT		总合格率
		n	合格率	n	合格率	n	合格率	
对照组	74	35	29 (82.86)	25	21 (84.00)	14	14 (100)	64 (86.49)
观察组	74	37	35 (94.59)	26	25 (96.15)	11	11 (100)	71 (95.95)
χ^2	-	-	-	-	-	-	-	4.1322
P	-	-	-	-	-	-	-	0.0421

2.2 两组病患的并发症分析

观察组未有患者发生静脉炎及渗漏性损伤,各有 1 例出现穿刺点发红及导管堵塞,总发生率为 2.7%,低于对照组 (10.81%), 差异明显 (P<0.05)。见表 2。

表 2 两组病患的并发症分析[n (%)]

组别	静脉炎	穿刺点发红	渗漏性损伤	导管堵塞	总发生率
对照组	2	3	1	2	8 (10.81)
观察组	0	1	0	1	2 (2.70)
χ^2	-	-	-	-	3.8609
P	-	-	-	-	0.0494

3 讨论

静脉输液是临床常用且有效的举措之一,在老年患者的疾病治疗中发挥着积极作用。观察发现,老年患者存在多种慢性疾病共存、治疗方案复杂等特性,在静脉治疗中面临反复穿刺、配合度低、输液并发症风险高、疑难血管多及患肢废用等现实问题,在一定程度上增加了静脉治疗的护理难度,也加大了并发症发生风险,不利于患者疾病治愈和生活质量提升^[5]。临床多项研究结果也明确指出^[6,7],老年人群相对于青年人而言,基础疾病较多,皮下脂肪少,血管弹性差且易滑,多存在不同程度的血管硬化,加之输液治疗的周期长、多药共用的理化性质复杂等因素影响,静脉穿刺难度较高,稍有操作不当,即会对患者身体造成伤害。由此,做好老年人群的静脉治疗护理是临床日常工作的重中之重。经实践总结,老年患者在接受临床静脉治疗时,多出现穿刺点发红、静脉炎及渗漏性损伤等护理并发症,原因如下^[8,9]:①老年患者的血管弹性较差,容易滑动,导致静脉暴露不清晰,且充盈度不足,增加穿刺难度。若护理人员未掌握熟练且专业的穿刺技术,极易出现反复穿刺、针头固定松动或针眼按压错误等问题,导致渗漏性损伤出现。同时,老年人的心理相对脆弱,在静脉治疗中易出现焦虑、慌乱等负面情绪,降低治疗依从性及配合度,从而增加并发症的潜在风险。当然,护士自身心理素质不好,心情紧张,未选择好血管盲目进针,也会导致穿刺失败增加渗漏性损伤风险。②老年患者的静脉治疗期间,会不可避免地输注浓度较高或刺激性较大的药物,导致局部静脉壁产生炎症反应。当然,硅胶管在静脉内的过长留置、输液速度过快及无菌操作不严等因素,也会增加局部静脉的感染风险,使患者发生静脉炎。基于此,采取有效措施提升老年静脉治疗的护理质量,切实降低静脉治疗并发症发生率,保证静脉治疗效果充分发挥的同时,提升患者生活质量至关重要。

护理质量与安全管理是护理管理的重要组成部分,对提高护理服务水平、降低护理不良事件发生率具有良好的促进作用^[10]。老年患者的静脉治疗安全是护理质量与安全管理工作重点之一。如何认识和

防范老年患者静脉治疗中存在的护理风险事件, 增强护士的抗风险能力, 有效减少输液相关护理差错与纠纷, 提高输液安全与质量, 已成为护理管理人员密切关注和亟需解决的问题。随着临床实践的推动以及研究深入, 发现通过护理质量与安全管理的有效实施, 能提升老年患者静脉治疗的规范化, 是提升静疗质量、降低并发症、保障输液安全的重要步骤; 基于《静疗规范》进行患者的现况调查, 结合收集的数据及资料进行静脉治疗不良事件的原因分析, 并针对性制定解决对策, 有利于降低静脉治疗护理并发症风险, 并提升穿刺用具的选择合格率^[11, 12]。本实验结果显示, 观察组在头皮钢针、PVC 及 CVC+PICC+PORT 等穿刺用具方面的选择总合格率为 95.95%, 高于对照组, 差异明显 ($P<0.05$); 观察组并发症发生率为 2.7%, 相较于对照组 10.81% 而言更低, 差异明显 ($P<0.05$)。

综上所述, 在老年静脉治疗中实施护理质量与安全管理, 能显著降低护理并发症发生风险, 提升护理服务水平, 值得临床参考应用。

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