

Observation on the effect of high quality nursing in children bronchitis nursing

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Abstract: Objective: In order to improve the nursing quality of children bronchopneumonia, explore the clinical effect of applying high-quality nursing in its clinical nursing work. **Methods:** Included 76 cases have been diagnosed with infantile bronchitis were as the research object, on the basic situation of the study confirmed after into the set standard, after confirmation can into the group to be randomly assigned to two groups, namely the control group and observation group, and routine nursing mode in the control group, observed in the group should implement high quality nursing mode, The specific application effect is compared and analyzed. **Results:** In the specific implementation of this study, statistics and analysis of the two groups of children with bronchitis symptom relief time and parental satisfaction. First of all, after nursing, the observation group with high quality nursing was better than the control group in terms of relief time of asthma, disappearance time of lung rales, length of hospital stay and other indicators ($P < 0.05$). Secondly, in the statistics of parents'satisfaction, 20 cases, 16 cases and 2 cases were confirmed to be very satisfied, generally satisfied and dissatisfied, while 17 cases, 13 cases and 8 cases were confirmed in the control group, respectively. In comparison, the observation group had higher parents'satisfaction ($P < 0.05$). **Conclusion:** The application of high-quality nursing in the clinical nursing of children with bronchopneumonia has a high application value, can effectively improve the lung function index of children and improve the recognition of parents.

Key words: Bronchitis in children;Quality care;Symptoms;Satisfaction

Children's diseases are complex and diverse. Children's bronchitis is a common disease in children. It is usually caused by common cold or influenza, which can make children suffer from shortness of breath, cough, fever and other clinical symptoms to varying degrees. It is difficult to treat, and it will do great harm to children's bodies. In the clinical nursing of children with bronchitis, we should not only pay attention to the reality and strengthen the physical nursing, but also pay attention to the psychological intervention from the psychological point of view to help relieve their psychological pressure and improve the treatment compliance. However, according to the actual analysis, the nursing model for pediatric bronchitis in pediatrics is relatively simple and limited, and cannot reach a higher level of nursing quality. Therefore, a more scientific and reasonable nursing model should be applied in the actual nursing work to improve the deficiencies in the conventional nursing model to help improve the nursing quality. Based on this, this article explores the application effect of high-quality nursing in the care of children with bronchitis.

1. Data and methods

1.1 General information

76 subjects were included in this study, and their basic data had been analyzed briefly before the formal start of the study. It was confirmed that they met the criteria for inclusion in the study and were all children with confirmed bronchitis in children. They were treated in our hospital from January 2020 to December 2021, accompanied by varying degrees of suffocation and lung moist rale. The family members were informed and had signed the informed consent, At the same time, all children were assigned to the control group and the observation group after enrollment, with 38 patients in each group, including 41 males and 35 females, aged 2 to 9 years, with an average age of (5.2 ± 1.4) years. In addition, there were no congenital diseases or infectious diseases in both groups.

1.2 Methods

Continue to apply the routine nursing mode in the control group. The nursing staff should pay close attention to the change of the condition of the children, and do a good job in temperature measurement, medication and infusion nursing while taking cough and asthma relief treatment^[1].

In the observation group, high-quality nursing should be applied on the basis of routine nursing. ① Cooling nursing: under the influence of pediatric bronchitis, most children will have obvious fever symptoms. The nursing staff should pay close attention to the temperature status of the children and do a good job in temperature monitoring. For children with temperature $>38.5^{\circ}\text{C}$, physical cooling measures can be taken, such as wiping the groin and armpit with alcohol, and increasing the amount of drinking water, For relatively serious cases, drug cooling should be implemented^[2]. ② Environmental intervention: In the high-quality nursing mode, some detailed nursing contents should be included, and environmental intervention is one of the main links. For this reason, the nursing staff should strictly clean the ward every day, control the indoor humidity and temperature at 50%~60% and $22\sim 25^{\circ}\text{C}$, respectively, and open windows for ventilation and pay attention to lighting every day to create a relatively high-quality ward environment for children. ③ Health education: After the diagnosis of bronchitis in children, their parents are very worried. They may be angry and anxious because of their lack of awareness of the disease, and even prone to nurse-patient disputes. Based on this, under the implementation of high-quality nursing mode, we should pay attention to health education for parents of children, such as informing parents about the specific causes, clinical symptoms, and treatment of children bronchitis, so that parents can gradually deepen their cognitive depth. Not only that, in the nursing process, some parents will inevitably have more serious negative emotions, such as anxiety, fear, etc. When communicating with parents, nursing staff should pay attention to implementing the concept of humanistic care, use simple and understandable sentences to communicate with them, so that families can understand more quickly^[3]. ④ Psychological counseling for children: The children are in poor physical condition, accompanied by fever, cough and other symptoms under the influence of the disease, and often cry, which is not conducive to the effective implementation of nursing work. Therefore, nursing staff should communicate with the children more often. If they should pay more attention to praise, they should also prepare some small toys for them, and parents can also participate in the process, and jointly conduct psychological counseling for the children, So

that they can maintain a relatively stable emotional state. ⑤ Airway and expectorant care: In children with bronchitis, sputum will increase, and children's expectorant skills are relatively poor. It is inevitable that there will be more irritation of sputum accumulation. Therefore, attention should be paid to expectorant treatment in practical treatment. For example, for children aged 5 to 9 years old, we can demonstrate correct expectorant treatment and cooperate with them to pat their backs, It can be treated by artificial sputum aspiration. ⑥ Atomization inhalation nursing: Atomization inhalation is a common treatment method for children with bronchitis, which can help improve breathing and reduce sputum irritation. During atomization inhalation treatment, children should be assisted to maintain appropriate posture, such as lateral lying position and sitting position. Generally, atomization inhalation treatment can be carried out before sleep. Family members should also be informed to fast, drink and keep their mouth clean about 30 minutes before and after atomization inhalation treatment. ⑦ Diet intervention: A good diet is of positive significance in promoting the recovery of diseases. In the diet nursing, the nursing staff should inform the parents of the food precautions, such as fasting stimulating food, especially the content and spicy food, should mainly be high nutrition and digestible food, and should drink more water in daily life, and should not be too full every meal.

1.3 Observation indicators

This study will compare and analyze the time of symptom relief and parents' satisfaction with the nursing model of the two groups of children.

In the evaluation and statistics of satisfaction, parents need to be given a satisfaction questionnaire with a maximum score of 100 points, and their satisfaction will be evaluated according to the different scores. For example, if the score is less than 60 points, they will be dissatisfied, if the score is 60 to 80 points, they will be generally satisfied, and if the score is more than 80 points, they will be very satisfied. Satisfaction=general satisfaction rate+very satisfied rate^[4].

1.4 Statistical treatment

The data generated will be statistically processed during the implementation of this control study. Based on this, SPSS21. 0 will be used as a statistical processing tool, and whether the difference between the data between the groups is statistically significant will be calculated. The data of this study include counting data and measuring data. According to the different types of data, "±" and "%" can be used respectively. After obtaining the data, it is also necessary to compare and analyze the data between different groups, and then confirm whether there is statistical significance through "t" or "X²" test. For the case where the data difference is obvious and there is statistical significance, it can be expressed as (P<0. 05).

2 Results

2.1 Symptom relief time analysis

Through the analysis of this study, it can be seen that the symptom relief time of children in the observation group is better than that in the control group (P<0. 05).

Table 1 Comparison of symptom relief time ($\bar{x} \pm s$)

Group	Number of	Alleviation time of	Time of lung rale	Length of stay
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	cases	suffocation	disappearance	
Observation group	38	3. 1±0. 3	5. 7±0. 2	7. 1±1. 0
Control group	38	4. 6±0. 9	6. 9±0. 6	8. 9±1.4
t		17. 056	10. 241	5. 369
P		0. 002	0. 001	0. 002

2.2 Analysis of parents' satisfaction

In this study, the satisfaction of parents of children in the two groups was statistically analyzed. The results showed that the satisfaction of parents of children in the observation group was higher than that in the control group ($P<0.05$).

Table 2 Comparison of parental satisfaction (%)

Group	Number of cases	Very satisfied	Generally satisfied	Dissatisfied	Satisfaction
Observation group	38	20	16	2	94. 73%
Control group	38	17	13	8	78. 94%
X ²					10. 052
P					0. 000

3 Discussion

The occurrence of bronchitis in children has seasonal characteristics. The incidence of bronchitis in spring and winter is higher than that in summer and autumn, which will lead to cough, sputum increase, shortness of breath and other clinical symptoms in children. Children are young and have poor physical quality. Under the long-term influence of bronchitis, they will not only cause damage to the respiratory system, but also may endanger the digestive system or the whole body. We must pay attention to strengthening treatment and nursing intervention. At present, the clinical nursing of pediatric bronchitis is mainly based on the conventional nursing mode, but the conventional nursing mode can no longer achieve higher nursing quality, and even has limitations [5].

In this study, high-quality nursing mode was implemented in the observation group, which is more scientific and reasonable. Under the conventional nursing mode, it mainly focuses on symptomatic treatment and nursing, while under the high-quality nursing mode, it advocates to further improve the quality and refinement of nursing intervention, so that children can get more targeted and comprehensive nursing intervention [6]. For example, in the high-quality nursing model, the first step is to help improve the fever symptoms of children through a series of physical cooling measures, starting from cooling care and environmental care. At the same time, the implementation of environmental nursing measures can improve the emotional state of children to a certain extent, so that the follow-up airway and expectoration care, aerosol inhalation care and diet care can be smoothly implemented, which has a positive effect on the rehabilitation of the disease. As shown in Table 1 of

the results, the observation group was better than the control group in terms of asthma relief events, lung rale disappearance time and hospital stay under the intervention of high-quality nursing mode ($P < 0.05$)^[7-8]. Not only that, under the high-quality nursing mode, the focus of nursing is not only on the children, but also on the parents of the children. It can be seen from the actual investigation and analysis that many parents of pediatric bronchitis are very worried about their children's disease, and it is inevitable that they will have problems such as excessive speech and complex emotions, which are not conducive to the effective implementation of nursing work. Based on this, in the high-quality nursing mode, the nursing staff will keep an approachable attitude, talk with the parents kindly, and tell the parents about the clinical symptoms, treatment methods Health knowledge, such as daily life precautions, also attaches great importance to treating parents equally in the process, so that their psychological state can be alleviated, and deepen their understanding of children's bronchus, which has a positive effect on follow-up targeted treatment^[9]. As shown in Table 2 of the results of this study, the nursing satisfaction of parents in the observation group was as high as 94.73%, significantly higher than 78.94% in the control group ($P < 0.05$).

High-quality nursing is a new nursing model that is being gradually promoted and applied. It really implements the people-oriented and patient-centered nursing concept, which plays an important role in promoting the improvement of nursing quality. Through the analysis of the results of this study, it can be seen that applying high-quality nursing to the clinical care of children with bronchitis can promote the improvement of children's clinical symptoms and help improve parents' satisfaction^[10].

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优质护理在儿童支气管炎护理中的效果观察

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摘要: **目的:** 为提高对小儿支气管肺炎的护理质量, 探究在其临床护理工作中应用优质护理的临床效果。**方法:** 纳入 76 例已经被确诊为小儿支气管炎的患儿作为研究对象, 对其进行基本情况的调查研究后确认符合入组标准, 在确认可入组后将其随机分配为两个小组, 即对照组、观察组, 并于对照组中应用常规护理模式, 观察组中则应实施优质护理模式, 并比较分析其具体应用效果。**结果:** 在本次研究的具体实施中, 统计、分析了两组患儿的支气管炎症状缓解时间和家长满意度。首先, 在护理后, 应用优质护理的观察组患儿, 其憋喘缓解时间、肺啰音消失时间、住院时间等指标均更优于对照组, ($P < 0.05$)。其次, 在家长满意度的统计中, 确认达到非常满意、一般满意、不满意的例数为 20 例、16 例、2 例, 反观对照组分别为 17 例、13 例、8 例, 相比之下观察组家长满意度更高, ($P < 0.05$)。**结论:** 将优质护理应用于小儿支气管肺炎的临床护理中有较高应用价值, 能够有效改善患儿肺功能指标并提高家长认可度。

关键词: 儿童支气管炎; 优质护理; 症状; 满意度

儿童疾病具有复杂性、多样性, 小儿支气管炎便是比较常见的一种儿童常见病, 一般多是由普通感冒或流行性感冒而引起, 会使患儿出现不同程度的气促、咳嗽、发热等临床症状, 治疗难度大, 对患儿身体的伤害比较大。在小儿支气管炎的临床护理中, 不仅要重视从实际出发, 加强生理护理, 还应注重从心理角度上出发予以心理干预, 帮助疏导其心理压力, 提高治疗依从性。不过据实际分析来看, 儿科中对小儿支气管炎的护理模式比较单一、局限, 无法达到较高护理质量水平, 因此在实际护理工作应用更为科学、合理的护理模式, 改善常规护理模式中的不足, 以帮助提高护理质量。基于此, 本文中便探讨了优质护理在小儿支气管炎护理中的应用效果。

1. 资料与方法

1.1 一般资料

本次研究中纳入研究对象 76 例, 在正式开始实验前已经对其基本资料进行了简单分析, 确认符合研究入组标准, 均为已经被确诊小儿支气管炎的患儿, 于 2020 年 1 月至 2021 年 12 月在我院接受治疗, 并伴有不同程度的憋喘、肺部湿啰音, 家属知情, 已经签署知情同意书, 同时在入组后将所有患儿分配为了对照组、观察组, 每组 38 例, 其中包括 41 例男性和 35 例女性, 年龄 2~9 岁, 平均 (5.2 ± 1.4) 岁。

此外, 两组患儿均无先天性疾病或感染性疾病。

1.2 方法

继续在对照组中应用常规护理模式, 护理人员需密切关注患儿病情变化情况, 在采取止咳、平喘治疗的同时应做好测定体温、用药和输液护理工作^[1]。

观察组中则应在常规护理基础上应用优质护理, ①降温护理: 在小儿支气管炎影响下, 多数患儿会伴有明显的发热症状, 护理人员应密切关注患儿体温状态, 做好体温监测, 对于温度 $>38.5^{\circ}\text{C}$ 的患儿, 可采取物理降温措施, 如通过酒精擦拭腹股沟、腋窝等, 并增加饮水量, 对于情况相对比较严重者则要求实施药物降温^[2]。②环境干预: 优质护理模式下应中一些细节化护理内容, 环境干预便是其中的主要环节之一, 对此护理人员每日均要对病房内进行严格卫生清洁, 将室内湿度、温度分别控制在 $50\%\sim 60\%$ 、 $22\sim 25^{\circ}\text{C}$ 左右, 每日均要开窗通风、注意采光, 给患儿营造一个比较优质的病房环境。③健康宣教: 患儿在被确诊为小儿支气管炎后其家长非常担忧, 往往可能会因对该病症的认知不足而很愤怒、焦虑, 甚至容易出现护患纠纷问题。基于此, 当前在优质护理模式的实施下, 要重视对患儿家长进行健康宣教, 如告知家长有关小儿支气管炎的具体病因、临床症状、如何治疗等, 使家长可以循序渐进地加深认知深度。不仅如此, 在护理过程中, 部分家长必然会有比较严重的负性情绪, 如焦虑、恐惧等, 护理人员在与家长交流时应当注意贯彻落实人文关怀理念, 使用简单易懂的语句与其交流, 使家属可更快地理解^[3]。④对患儿的心理疏导: 患儿身体状态不佳, 在疾病影响下伴有发热、咳嗽等症状, 并会时常哭闹, 不利于护理工作的有效实施, 为此护理人员应多多与患儿交流, 如要多注意表扬, 还应为其准备一些小玩具, 且在该过程中家长也可参与其中, 共同对患儿进行心理疏导, 使其可以保持比较稳定的情绪状态。⑤气道与排痰护理: 在小儿支气管炎下, 患儿会有痰液增多的情况, 而且小儿在咳痰技巧上相对不佳, 难免会出现痰液堆积较多的刺激性情况, 因此在实际治疗中应重视排痰处理, 例如对于 $5\sim 9$ 岁的患儿, 可向其做一下正确咳痰的示范, 并配合对其拍背, 而对于比较小的患儿, 则可以采用人工吸痰的方式处理。⑥雾化吸入护理: 雾化吸入是小儿支气管炎的常用治疗方法, 可以帮助改善呼吸、降低痰液刺激, 在雾化吸入治疗时应协助患儿保持合适的体位姿势, 如侧卧位、坐位, 且一般可在睡前进行雾化吸入治疗, 还应告知家属在雾化吸入治疗前、后 30min 左右要禁食、禁饮, 并保持口腔清洁。⑦饮食干预: 良好的饮食对促进疾病的康复有积极意义, 在饮食护理中, 护理人员应告知家长有关饮食上的注意事项, 如禁食刺激性食物, 尤其是含量类和辛辣类, 应以高营养、易消化食物为主, 日常生活中要多饮水, 每餐不宜过饱。

1.3 观察指标

本次研究中将比较分析两组患儿的症状缓解时间和家长对护理模式的满意度。

满意度的评估统计中需对家长发放满意度调查问卷, 最高 100 分, 根据分值的不同分别对其进行满意度评估, 例如 <60 分的情况为不满意, $60\sim 80$ 分为一般满意, >80 分则为非常满意, 满意度=一般满意率+非常满意率^[4]。

1.4 统计学处理

将要在研究本次对照研究实施的过程中对所产生的数据进行统计学处理, 基于此, 将 SPSS21.0 作为统计学处理工具, 并计算组间数据之间的差值是否存在统计学意义。本次研究的数据资料包括计数资料、计量资料, 根据其资料类型的不同, 可分别使用“ \pm ”、“ $\%$ ”表示, 获取数据后还需对不同组别之间的

数据进行比较分析, 然后通过“t”或“X²”检验, 确认是否存在统计学意义, 对于数据差异明显且存在统计学意义的情况可表示为 ($P < 0.05$)。

2 结果

2.1 症状缓解时间分析

通过本次研究分析可见, 观察组患儿的症状缓解时间更优于对照组, ($P < 0.05$)。

表 1 症状缓解时间比较 ($\bar{x} \pm s$)

组别	例数	憋喘缓解时间	肺啰音消失时间	住院时间
观察组	38	3.1±0.3	5.7±0.2	7.1±1.0
对照组	38	4.6±0.9	6.9±0.6	8.9±1.4
t		17.056	10.241	5.369
P		0.002	0.001	0.002

2.2 家长满意度分析

本次研究中统计分析了两组患儿家长的满意度情况, 结果显示观察组患儿家属满意度更高于对照组, ($P < 0.05$)。

表 2 家长满意度比较 (%)

组别	例数	非常满意	一般满意	不满意	满意度
观察组	38	20	16	2	94.73%
对照组	38	17	13	8	78.94%
X ²					10.052
P					0.000

3 讨论

小儿支气管炎的发生有季节性特点, 春季、冬季发病率相比夏秋两季更高, 会使小儿出现不同程度的咳嗽、痰液增多、气促等临床症状。小儿年龄小, 身体素质不佳, 在支气管炎的长期影响下不仅会给呼吸系统造成损害, 还可能会危及消化系统或全身, 必须要重视加强治疗及护理干预。目前在小儿支气管炎的临床护理中, 主要以常规护理模式为主, 不过常规护理模式已经无法达到更高的护理质量, 甚至会有局限性^[5]。

在本次研究中, 于观察组中实施了优质护理模式, 该护理模式更加有科学性、合理性。在常规护理模式下, 主要以对症治疗、护理为主, 而在优质护理模式下, 主张进一步提升护理干预的优质化、精细化水平, 使患儿能够得到更具针对性、全面性的护理干预^[6]。如优质护理模式中首先便从降温护理、环境护理出发, 通过一系列物理降温措施帮助改善患儿发热症状, 同时在环境护理措施的实施中可以在一定程度上改善患儿的情绪状态, 使得后续气道与排痰护理、雾化吸入护理和饮食护理均能够顺利实施, 对疾病的康复有积极作用。如本次结果中表 1 所示, 观察组患儿在优质护理模式干预下, 憋喘缓解事件、肺啰音消失时间和住院时间均优于对照组, ($P < 0.05$)^[7-8]。不仅如此, 在优质护理模式下不仅将护理重点放在了患儿身上, 也兼顾着对患儿家长的护理。从实际调查分析可见, 许多小儿支气管炎家长非常担忧小儿的疾病情况, 难免会出现言语过激、情绪复杂的问题, 不利于护理工作的有效实施, 基于此在优质护理模式下, 护理人员通过保持平易近人的态度, 亲切与家长交谈, 并告知家长有关小儿支气管炎

的临床症状、治疗方法、日常生活注意事项等健康知识,该过程中还非常重视与家长平等相待,使其在心理状态上能够得到缓解,并加深对小儿支气管的认知,对后续针对性的治疗有积极作用^[9]。如本次研究结果中表2所示,观察组家长的护理满意度高达94.73%,明显高于对照组78.94%, ($P<0.05$)。优质护理是一种正在被逐步推广应用的新型护理模式,真正贯彻落实了以人为本、以患者为中心的护理理念,对促进护理质量的提升有重要作用。通过本次研究结果分析可见,将优质护理应用于小儿支气管炎的临床护理中可促进患儿临床症状的改善,并帮助提高家长满意度^[10]。

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