

EFFECT OF HIGH-QUALITY NURSING SERVICE APPLIED TO ELDERLY PATIENTS WITH CEREBRAL INFARCTION

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ABSTRACT

Objective: Since different nursing models applied to the elderly patients with cerebral infarction can get different effects, the paper explores the effect of high-quality nursing service applied in the treatment for elderly patients with cerebral infarction.

Methods: 120 elderly patients with cerebral infarction were randomly divided into two groups, namely research group and reference group, both of which have 60 cases of patients respectively. The two groups of patients were given different nursing. The research group received high-quality nursing, while the reference group only received routine nursing. The overall nursing effect of the two groups of patients were observed and compared.

Results: Based on the comparison of the neurologic impairment degree of patients before and after operation, the MESSS score obtained by the research group after operation was significantly higher than that of the control group ($P < 0.05$); according to the Fugl-Meyer assessment (FMA) of extremity function disturbance, the research group had a better result than the reference group, with statistical significance ($P < 0.05$); as for the patients' daily life ability assessed with Barthel index (MBI), the results showed that the daily life ability of the research group was significantly higher than that of the reference group ($P < 0.05$); the self-made nursing satisfaction questionnaire was adopted for survey and the results showed that the research group had a higher score than the reference group ($P < 0.05$).

Conclusion: the high-quality nursing applied to patients with cerebral infarction can obtain good effect, thus it is worthy to be used in clinical practice nursing care.

Keywords: high-quality nursing service, senile cerebral infarction, nursing effect.

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Introduction

In recent years, with the improvement of people's living standards, there are higher demands for the standards of medical nursing services. In order to improve the quality of nursing service for elderly patients with cerebral infarction and enhance the effect of adjuvant therapy to the greatest degree, the concept of high-quality nursing is widely adopted in nursing work in recent years, which significantly improves nursing management level and quality of nursing services.

In recent years, there are increasing elderly patients with cerebral infarction.

The cerebral infarction has certain influence on the living quality of patients. Cerebral infarction refers to ischemic necrosis or cerebral softening of limited brain tissue caused by brain blood supply disorders, hypoxia and ischemia. It is generally divided into cerebral thrombosis, cerebral embolism and lacunar infarction, accounting for 80% of the total stroke⁽¹⁾. The clinical symptoms include dizziness, headache, nausea, vomiting, paralysis, facial paralysis, limb weakness, moderate cerebral infarction, massive cerebral infarction, lacunar infarction, etc.⁽²⁾. It is vital important to implement scientific and effective nursing for such patients.

This study explores the effect of high-quality nursing service applied to elderly patients with cerebral infarction, analyzes the effect of the nursing service and makes the report as shown below.

Materials and methods

General data

The 120 cases of elderly patients with cerebral infarction were selected as the object of this study. All of them received treatment in the Hospital within the period from May 2015 to May 2017. They were admitted to the hospital after receiving CT and MRI, ECG and other routine examination and obtaining a clear diagnosis of cerebral infarction (Figure 1 and Figure 2). They enjoyed the right to know the treatment and signed the hospital informed consent. There were not associated with serious systemic illness, mental disorders, and allergies and so on.

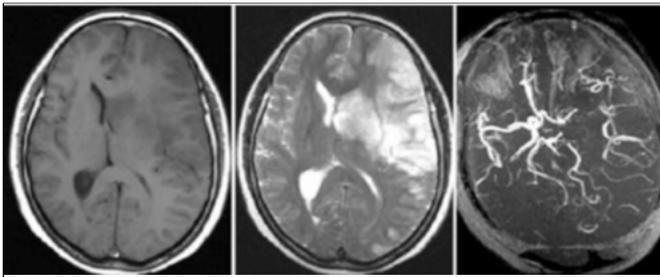


Figure 1. Images of patients with cerebral infarction.

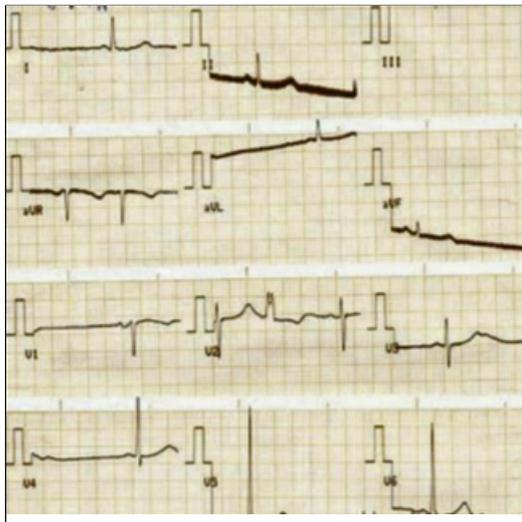


Figure 2. Electrocardiogram of patients with cerebral infarction.

Cases of patients were randomly divided into research group and reference group which respectively had 60 cases. Among them, the research group included 40 male cases and 20 female cases

with an age between 60 and 70 years (65.7 ± 2.3 years) and the reference group contained 35 male cases and 25 female cases with an age ranging from 63 to 72 years old (64.9 ± 2.6 years). The results of the comparison of the relevant information of the two groups of patients suggested that there was comparability, namely that the P value was more than 0.05.

Methods

The patients of reference group received routine nursing including strict observation and monitoring of the patient's vital signs, dietary guidance, early exercise of the affected limbs (Figure 3), and auxiliary turning over.



Figure 3. Exercise for affected limbs.

On the basis of routine nursing, the patients of research group were given high-quality nursing service. The specific content as follows:

- admission care: When patients are admitted to the hospital, the nursing staff should meet patients and their family members with smile, make self-introduction at the first time, and listen to the patient's description about their symptoms and feelings with concern. They also need to help patients get familiar with the hospital environment, inform them relevant treatment procedures, take the initiative to answer questions of patients and their family members and enhance their trust⁽³⁾; psychological care: the elderly patients with cerebral infarction generally suffer from varying degrees of negative mental state, such as fear, anxiety and depression. Therefore, nursing staff should actively communicate with patients in strict accordance with the patient's psychological state, personality traits, education, have a timely grasp of the roots of their negative emotion, and then adopt individualized and targeted mental nursing program to resolve their inner negative emotions. The patients can help patients divert their attention through listening to music, exercising appropriately and watching videos. At the same time, the nursing staff should tell the patients more successful treatment

cases to help patients keep positive attitude towards treatment;

- environmental care: nursing staff should create comfortable, clean, tidy and quiet hospitalization environment, maintain comfortable indoor temperature and humidity, ensure regular and frequent ventilation and mental disinfection. At the same time, they also need to develop scientific and rational visiting system;

- health education and publicity: the nursing staff should popularize health knowledge about cerebral infarction including pathogenesis, clinical symptoms, treatment program, matters needing attention and treatment effect among patients through releasing health manuals, playing video and giving lectures, etc.,

- diet care: the nursing staff should develop scientific diet program for the patients. The diet should be given priority to the food which is light and easy to digest with high nutrition. For example, the patients can eat buckwheat, black beans, herring and cabbage, drink plenty of water and eat enough fruits, etc.⁽⁴⁾;

- rehabilitation training: after incidence, cerebral infarction will have a certain impact on the self-care ability of the patients. Therefore, the nursing staff should gradually carry out joint exercises on the patients from the basic training of self-care (dressing, eating, washing face, brushing teeth, etc.), such as joint stretching training on limbs⁽⁵⁻⁶⁾;

- complications care: the nursing staff should actively prevent and control the incidence of complications on patients, carry out close observation and monitoring on their breathing, pulse, blood pressure, pupil and other signs, vomiting, headache, disturbance of consciousness and other symptoms, and prevent occurrence of cerebral hernia, edema, bed sores and other complications. If there are any abnormal conditions, the nursing staff should report to the doctor for treatment immediately;

- responsibility care: the hospital should carry out periodical training of nursing concepts and nursing skills for nursing staff to comprehensively enhance their nursing literacy and improve the nursing quality. At the same time, the hospital should make a proper arrangement for the duty shifting of nursing staff to ensure that various nursing works of the charge nurses are well implemented and enhance their sense of responsibility⁽⁷⁾;

- discharge guidance: the nursing staff should take the initiative to assist patients in discharge procedures, repeatedly remind the patients to take

medicine timely, and inform them to adopt scientific diet plan, start the functional exercise and pay a regularly visit to the hospital for review.

Observation indicators

The MESSS scores of the two groups of patients before treatment, 48 hours after treatment and 72 hours after treatment were evaluated and compared, namely that the neurological deficit of the patients was evaluated with MESSS⁽⁸⁾. The scores were divided into: light, 8 to 15 points; medium, 16 to 30 points; heavy, 31 points to 45 points. Fugl-Meyer motor function score (FMA) was used to evaluate the degree of limb dysfunction of patients. Among it, the score less than 50 points indicates severe motor dysfunction; the score between 50 and 84 points indicates significant motor dysfunction; the score between 85 and 95 points indicates moderate motor dysfunction; the score between 90 and 99 points indicate minor motor dysfunction; the score of 100 points indicates normal exercise function⁽⁹⁾.

The Barthel index (BMI) was used to evaluate the daily life ability of the patients. Among it, the score between 0 and 20 scores indicates serious defect of daily life ability; the score between 25 and 45 scores indicates severe defect of daily life ability; the score between 50 and 70 scores indicates moderate defect of daily life ability; the score between 75 and 95 scores indicates minor defect of daily life ability; the score of 100 points indicates normal daily life ability⁽¹⁰⁾. Self-made nursing satisfaction survey questionnaire was adopted. Among it, the score between 90 and 100 points indicates highly satisfied; the score between 70 and 89 points indicates satisfied; the score below 69 points indicates unsatisfied.

Results

MESSS score of two groups of patients before and after treatment

As shown in Table 1 below, the results of the comparison of MESSS score before and after treatment showed that the research group had obvious advantage ($P < 0.05$).

As shown in Table 2 below, the FMA and MBI scores of two groups of patients after treatment were compared. The results showed that the advantage of the research group was significantly higher than that of the control group ($P < 0.05$).

Group	Number of cases	Before treatment	48 hours after treatment	72 hours after treatment
Research group	60	21.8±7.6	13.8±8.2	10.2±4.9
Reference group	60	21.9±6.8	17.9±5.4	14.6±6.5
P		>0.05	<0.05	<0.05

Table 1. MESSS score of two groups of patients before and after treatment ($\bar{x}\pm s$).

Group	Number of cases	FMA	MBI
Research group	60	67.5±20.6	66.9±23.1
Reference group	60	50.8±21.3	48.6±20.4
P		<0.05	<0.05

Table 2. Comparison of FMA and MBI scores of two groups of patients after treatment ($\bar{x}\pm s$).

Comparison of overall nursing satisfaction of two groups of patients

As shown in Table 3 below, the overall nursing satisfaction of the two groups was statistically analyzed. The results showed that the research group had higher satisfaction ($P < 0.05$).

Group	Number of cases	Very satisfied	Satisfied	Not satisfied	Overall satisfaction
Research group	60	42	16	2	58(96.67)
Reference group	60	28	18	14	46(76.67)
P					<0.05

Table 3. Comparison of overall care satisfaction of the two groups of patients [n (%)].

Discussion

With the aggravation of aging, the incidence of vascular disease in the elderly shows a rising trend. For the cerebral infarction of elderly patients, it not only has longer duration and lower cure rate, but also is easy to cause complications. In addition, it also has a high disability rate and mortality. Therefore, during the treatment of elderly patients with cerebral infarction, it is necessary to strengthen the attention to nursing. High-quality nursing service should ensure comprehensive nursing and simple process, establishing a positive and harmonious nurse-patient relationship, fully reflecting the nursing concept of being high-quality, efficient and

satisfactory and showing people-oriented principle. It is of great significance to the improvement of patient's treatment compliance and enhancement of the overall treatment effect.

In this study, comprehensive high-quality nursing service program was carried out on the patients of research group and scientific nursing services were given in terms of psychological care, health education, environmental care, complications care, and rehabilitation exercise. The obtained results were significantly superior to the effect of routine nursing on the patients of reference group, which indicates huge application value.

Conclusion

In summary, for the elderly patients with cerebral infarction, the adoption of high-quality nursing services can not only actively improve their clinical symptoms and living quality and promote their rehabilitation as soon as possible, but enhance improve the nurse-patient relationship. Therefore, the high-quality nursing service can be promoted in clinical practices.

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