

心理护理在急性肝炎合并上消化道大出血患者的临床价值研究

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摘要 目的:探讨心理护理对急性肝炎合并上消化道大出血患者焦虑程度、满意度及康复效果的影响。**方法:**将 60 例急性肝炎合并上消化道大出血患者随机分为对照组(30 例)和观察组(30 例),对照组按常规护理,观察组在常规护理基础上加用心理护理,两组患者临床抢救方法与用药情况基本一致,分析比较两组患者治疗前后焦虑程度、满意度及康复效果的差异。**结果:**与对照组相比,观察组患者整体的焦虑度明显低于对照组($P < 0.05$),对护理满意度高于对照组($P < 0.05$)。观察组患者临床康复时间略短于对照组($P \geq 0.05$),但观察组患者的康复效果满意度明显好于对照组($P < 0.05$)。**结论:**心理护理可明显减轻急性肝炎合并上消化道大出血患者焦虑程度,提高了患者对护理的整体满意度及康复效果的满意度,值得广泛使用。

关键词 急性肝炎;上消化道大出血;心理护理

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Clinical Value of Psychological Nursing for Patients with Acute Hepatitis and Upper Gastrointestinal Massive Hemorrhage

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ABSTRACT Objective: To explore the effect of psychological nursing on anxiety, satisfaction and recovery of patients with acute hepatitis and massive hemorrhage of upper gastrointestinal tract. **Methods:** 60 cases of acute hepatitis with massive hemorrhage of upper gastrointestinal tract were randomly divided into the control group (30 cases) and the observation group (30 cases). The control group received the conventional care, and the observation group were treated with psychological care based on conventional care. Compare and analyze the difference in anxiety, satisfaction and rehabilitation effect in two groups before and after treatment. **Results:** Compared with the control, the observation group showed an overall lower level of anxiety but a higher satisfaction degree to nursing than the control group (both $P < 0.05$). The observation group also had a little shorter clinical recovery time than the control group ($P \geq 0.05$) ($P < 0.05$). Patients in observation group were also more satisfied with the recover effect than the control group. **Conclusion:** Psychological care can significantly reduce the anxiety level of patients with acute hepatitis plus massive hemorrhage of upper gastrointestinal tract, and improve the patients' overall satisfaction degree to care and rehabilitation effect, thus is worth of wide application.

Key words: Acute hepatitis; Upper gastrointestinal massive hemorrhage; Psychological nursing

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前言

上消化道出血是指 Treitz 韧带以上的消化道的病变引发食管、胃底静脉曲张破裂或门脉高压导致胃黏膜弥漫性出血、糜烂、溃疡所致呕血及便血,也是急性肝炎、恶性肝硬化及晚期肝癌常见的并发症之一,具有较高的死亡率^[1-3]。我国是肝炎大国,超过 10%的居民患有或携带各类肝炎病毒,其中重症肝炎以乙肝为主,重症肝炎分为急性、亚急性及慢性 3 型。重症肝炎病情危重,预后不良,患者多在起病后 2-4 周内死亡,故将急性重症肝炎称为暴发性肝坏死,及时有效抢救和精心仔细的护理是救治成功的关键^[4-5]。急性肝炎并发上消化道大出血患者,更

需要精心的治疗和护理。本文就我院 2007 年 1 月至 2011 年 12 月期间收治的急性肝炎合并上消化道大出血患者中选取 60 例进行急救处理后,采用不同的护理方法后取得了良好的疗效,现报告如下。

1 临床资料

1.1 一般资料

从本院 2007 年 1 月至 2011 年 12 月期间收治的急性肝炎合并上消化道大出血患者随机选取 60 例,其中男 35 例,女 25 例,年龄范围为 17-68 岁,平均年龄为 48.7 岁。该组患者均患有不同程度的急性肝炎,排除消化性溃疡等非肝硬化所致出血。入选患者出血程度分级情况:出血量小于 500 ml/24h 的患者共有 39 例归为轻度出血,出血量为 500~1000 ml/24h 的患者 13 例归为中度出血,出血量大于 1000 ml/24h 的患者 8 例归为重度出血。

入选患者根据年龄、性别构成、出血级别随机分为对照组

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与观察组,每个各 30 例,两组患者各方指标比较均具有可比性,即差异无显著性($P > 0.05$)。

1.2 方法

对照组采用常规的护理方法,而观察组在进行常规护理的基础上由主管护士对其进行心理护理干预。

1.3 疗效评定

观察两组患者的焦虑程度和对护理质量的满意度的比较。焦虑的判断分为无、轻、中、重。满意度分为满意、基本满意和不满。比较两组患者的康复时间与康复满意度。

1.4 数据收集与统计学分析

本研究中涉及到的数据资料收集均采用科学的计数,数据分析均通过 SPSS 17.0 统计软件包进行处理,组间比较采用 t 检验,以 $P < 0.05$ 表示差异有统计学意义。

2 护理方法

2.1 急救措施

由于急性肝炎合并上消化道出血患者存在较高的死亡风险,因为面对这类患者必须第一时间做好抢救准备工作:首先制定急救程序,准备好抢救器械及急救药品,同时准备好必备的急救血。在进行上述工作的同时必须进行相关的术前监测与检查,如心电监护、呼吸道通畅情况,药物过敏与血常规、血型等检测。

2.2 正确评估患者整体情况和出血量

准确记录患者 24 h 内出血量,其中大便隐血试验阳性时提示每日出血量 $> 5\text{mL}$,出现黑便则提示出血量 $> 50\text{mL}$;胃内积血量达 250mL – 300mL 可以出现呕血,如出现周围循环衰竭患者,其出血量超过 1000mL ,正确估算出血量,有利于指导临床

床治疗,提高患者治疗效果。

2.3 一般护理

患者采取平卧位,头偏向一侧,清除患者口中血块和分泌物等,保持呼吸道通畅,同时防止误吸导致窒息和吸入性肺炎;并保持口腔和床铺清洁,迅速建立 2 条静脉通道,及时补充血容量,给患者吸氧,防止患者出现低氧血症。

2.4 心理护理

急性肝炎合并上消化道出血患者由于病情重,病程长,一般容易产生紧张、恐惧心理,而精神紧张,会导致交感神经兴奋性升高加重出血,出血又加重紧张恐惧,造成恶性循环,因此做好有效的心理护理非常重要^[6-7]。针对这类病人,主管护师必须第一时间把握患者心理状况,进行心理开导与处理显得极为重要。同时向病人解释清楚出血的病因、处理措施及康复效果,同时示教再出血时患者自我急救方法,即向病人说明紧张、恐惧的心理会使肾上腺素分泌增加,血压增高,可诱发和加重出血,而稳定的情绪有利于止血。在病人大出血时护士应积极配合医生进行抢救,同时应尊重、关心、体贴病人使其安心休息,配合治疗。最终帮助患者解决思想顾虑,使之提高与疾病作斗争的信心和勇气。

3 结果

3.1 两组患者焦虑程度的比较

对照组无焦虑患者 4 例(13.3%)、轻度焦虑 13 例(43.3%)、中度焦虑 6 例(20%)、重度焦虑 6 例(20%);观察组无焦虑患者 8 例(26.7%)、轻度焦虑 12 例(40.0%)、中度焦虑 7 例(23.3%)、重度焦虑 2 例(6.7%)。与对照组相比,观察组患者焦虑程度明显降低,差异有极显著性意义($P < 0.05$)(表 1)。

表 1 两组患者焦虑程度比较

Table 1 Comparison of the anxiety degree of patients between the two groups

| Groups | Cases | No | Light | Medium | Severe |
|-------------------|-------|----------|-----------|----------|---------|
| Control group | 30 | 4(13.3%) | 13(43.3%) | 6(20%) | 6(20%) |
| Observation group | 30 | 8(26.7%) | 12(40.0%) | 7(23.3%) | 2(6.7%) |
| P value | | <0.05 | >0.05 | >0.05 | <0.05 |

3.2 两组患者对护理的整体满意度比较

对照组患者家属患者满意 20 例,满意率为 66.7%,观察组

患者满意 26 人,满意率为 86.7%;观察组患者对护理满意率明显高于对照组,两者差异有显著性意义($P < 0.05$)(表 2)。

表 2 两组患者对护理效果的满意度比较

Table 2 Comparison of the patients' satisfactory degree to nursing effect between the two groups

| Groups | Cases | Very satisfaction | Satisfaction | No satisfaction |
|-------------------|-------|-------------------|--------------|-----------------|
| Control group | 30 | 20(66.7%) | 6(20%) | 4(13.3%) |
| Observation group | 30 | 26(86.7%) | 2(6.7%) | 2(6.7%) |
| P value | | <0.05 | <0.05 | >0.05 |

3.2 两组患者康复效果的比较

从表 3 可以获知,两组患者的平均住院时间之间无明显差异, $P > 0.05$ 。从表 4 可以获知,两组患者对治疗效果的满意度

存在明显差异,观察组明显好于对照组, $P < 0.05$ 。

3.3 两组患者不良反应情况

两组患者经治疗处理后均未出现严重的不良情况,但对照

组患者出现焦虑与恐慌的例数与程度均多于观察组,但经心理开导与临床处理后得到缓解。值得一提的是,观察组患者中无一例患者与医护人员发生医患争执或冲突,而对照组中有 2 例患者质疑医疗效果或医疗能力,但经劝说开导后得到及时平息。

表 3 两组患者康复出院时间比较
Table 3 Comparison of the length of hospital stays between the two groups

| Groups | Cases | Average hospital stays |
|-------------------|-------|------------------------|
| Control group | 30 | 12.5± 3.5 |
| Observation group | 30 | 11.8± 4.2 |
| P value | | >0.05 |

表 4 两组患者康复满意度比较
Table 4 Comparison of the recovery satisfaction of patients between the two groups

| Groups | Cases | Satisfaction rate | Generally satisfaction rate | Dissatisfaction rate |
|-------------------|-------|-------------------|-----------------------------|----------------------|
| Control group | 30 | 19(63.3%) | 8(26.7%) | 3(10.0%) |
| Observation group | 30 | 24(80.0%) | 5(16.7%) | 1(3.3%) |
| P value | | <0.05 | <0.05 | <0.05 |

4 讨论

重症肝炎发病快,并发症多,病死率高^[8-12]。目前对此病尚无特效治疗,及早准确的诊断,恰当的综合治疗是提高本病治愈的基础。重症肝炎容易并发上消化道出血。上消化道出血是指屈氏韧带以上的消化道疾病引起的急性出血,是内科急症,临床上以呕血及黑便为主要症状^[13-15]。如果短期内失血量大于 1000mL 或超过循环血量的 20%,称为上消化道大出血。大出血病情变化急骤,尽管新的止血方法在临床上不断得到应用,但死亡率仍高达 10%左右。发病突然,发展迅速,如不及时抢救,死亡率较高。近年来,治疗上消化道出血方法很多,而临床止血效果、转归,不仅取决于正确的治疗,而且与良好的护理有着密切的关系^[16]。

对于急性肝炎合并上消化道出血患者,应密切观察上消化道出血病情变化,准确及时的抢救和处理是抢救成功的保证,同时做好心理护理也很重要。有效的心理护理可调整患者的心理环境,减轻其心理负担,提高疼痛阈值及减轻焦虑程度,同时有助于降低医疗纠纷,构建和谐医患关系^[17-18]。本研究发现心理干预后患者焦虑程度明显降低,患者对护理满意率明显升高,相应的患者对治疗效果的满意度也明显升高, P 均小于 0.05。这些提示患者良好心理状态对配合临床治疗及疾病的康复起着促进作用。

总之,急性肝炎合并上消化道出血的治疗中,主动、有针对性的心理护理能有效地缓解病人恐怖、焦虑、抑郁等症状,减轻严重躯体疾病带来的心理应激,便于患者病情的转化和转归,同时可以提高患者对治疗效果的满意度,降低医患冲突,值得参考。

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师体会对于癌症罹患 PTSD 患者不能止步于短期的心理治疗, 后续回访 特别是在患者的带瘤生存期内对家属的电话随访尤其应该继续关注患者的心理成长。

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