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白血病人化疗后实施保护性隔离预防感染的效果评价

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摘要 目的:探讨白血病患者化疗后实施保护性隔离对预防感染的临床效果。**方法:**2011年7月至2013年7月期间,我院诊治的80例白血病患者,随机分为对照组(常规预防感染措施)和观察组(保护性隔离措施),每组各40例,均于骨髓抑制期开始,给予相应的预防性感染措施,对两组临床疗效、中性粒细胞恢复正常时间,以及各项感染发生率,进行观察和比较。**结果:**与对照组相比,观察组有效率明显升高,中性粒细胞恢复正常时间明显缩短,发热、口腔溃疡、上呼吸道感染、肺炎、败血症等各项感染发生率明显降低,差异有统计学意义($P < 0.05$)。**结论:**白血病患者化疗后实施保护性隔离措施,能够明显降低感染发生率,值得临床推广。**关键词:**白血病;化疗;保护性隔离;预防感染

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The Efficacy Evaluation of the Protective Isolation on Infection after Chemotherapy for Leukemic Patients

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ABSTRACT Objective: To study the clinical efficacy of the protective isolation on infection after chemotherapy for leukemic patients. **Methods:** The 80 leukemic patients in our hospital during the period from July 2011 to July 2013 were randomized into the control group (routine preventive measures) and the observation group (protective isolation measures), 40 patients per group. The relative preventive infection measures were done after chemotherapy immediately in the two groups. The clinical efficacy, the neutrophil recovery time, and the incidence of all kinds of infections in the two groups were observed and compared. **Results:** Compared with the control group, the effective rate was significantly increased, while the neutrophil recovery time was obviously reduced, the incidences of all kinds of infections such as fever, oral ulcer, upper respiratory tract infection, pneumonia, and septicemia significantly decreased with statistical difference ($P < 0.05$). **Conclusion:** The protective isolation on infection after chemotherapy for leukemic patients can significantly reduce the incidence of infection and is worthy of clinical promotion.

Key words: Leukemia; Chemotherapy; Protective isolation; Prevention of infection**Chinese Library Classification(CLC):** R733.7 **Document code:** A**Article ID:** 1673-6273(2014)17-3338-03

前言

化疗是白血病患者主要的治疗方法,而化疗后会出现不同程度的骨髓抑制期,如果预防性护理措施不到位,患者在该阶段容易并发感染,甚至危及生命^[1-3]。如何通过有效预防感染措施,降低白血病患者化疗后骨髓抑制期的感染发生率,提高患者的预后质量,成为目前血液科临床医师研究的热点话题^[4-6]。本研究中,2011年7月至2013年7月期间,我院白血病患者,骨髓抑制期开始,给予保护性隔离措施,发挥了较好的临床效果,现将结果汇报如下,以供临床参考。

1 资料与方法

1.1 一般资料

2011年7月至2013年7月期间,我院诊治的80例白血病患者,随机分为对照组(常规预防感染措施)和观察组(保护性隔离措施),每组各40例。40例对照组患者中,男性患者30例、女性患者10例,平均年龄(41.0 ± 5.0)岁,其中急性淋巴细胞白血病(ALL)13例、急性非淋巴细胞白血病(ANLL)27例;40例观察组患者中,男性患者29例、女性患者11例,平均年龄(40.0 ± 5.5)岁,其中ALL14例、ANLL26例。两组性别、平均年龄、白血病类型比较,差异没有统计学意义($P > 0.05$),具有可比性。

1.2 预防感染方法

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1.2.1 对照组预防性感染方法 于骨髓抑制期开始(外周血白细胞计数低于 $1 \times 10^9/L$),给予常规预防感染措施^[7-8]。严格无菌操作,病房每日消毒,限制探视时间和探视人数,避免交叉感染。

1.2.2 观察组预防性感染方法 于骨髓抑制期开始,在常规预防性感染措施基础上,给予保护性隔离措施。每周复查 3 次血常规,复查 1 次血生化,及时了解患者血象变化情况,及时给予相应处理^[9-11]。为了缓解患者口咽部干涩症状,给予清咽片含化,溃疡患者,给予漱口液勤漱口,必要时漱口液中含有普鲁卡因溶液^[12,13]。化疗后,预防性给予 200mg 伊曲康唑,每日 2 次,直至中性粒细胞 $> 0.5 \times 10^9/L$,或者生命体征正常后停药。同时,给予抗菌药物、粒细胞集落刺激因子、成分输血等对症支持治疗。

1.3 观察指标及临床效果判定标准

对两组临床疗效、中性粒细胞恢复正常时间,以及各项感染发生率,进行观察和比较。根据医院感染标准^[14],将患者体

温、感染症状作为判定指标,对临床效果进行评定。(1)有效:体温 $\leq 37.5^\circ C$,没有感染症状;(2)无效:体温 $> 37.5^\circ C$,伴有感染症状。

1.4 统计学方法

采用 SPSS18.0 统计学方法,计数资料率的比较,采用卡方检验,计量资料以(均数 $\pm$ 标准差)表示,采用 Shapiro-Wilk(W 检验)进行正态性检验,对于正态分布数据,组间比较采用 t 检验,偏态分布数据采用 Mann-Whitney U 检验, $P < 0.05$ 差异有统计学意义。

2 结果

2.1 两组临床疗效比较

与对照组相比,观察组有效率明显升高, $P < 0.05$,差异有统计学意义,见表 1。

表 1 两组临床疗效比较 [例(%)]

Table 1 The comparison of clinical efficacy in the two groups [n(%)]

组别 Group	例数 n	有效 Effective Rate	无效 Non-effective Rate
观察组 Observation Group	40	27(67.5%)	13(32.5%)
对照组 Control Group	40	16(40.0%)	24(60.0%)
卡方值 X^2 Value		6.08	
P 值 P Value		< 0.05	

2.2 两组中性粒细胞恢复正常时间比较

短, $P < 0.05$,差异有统计学意义,见表 2。

与对照组相比,观察组中性粒细胞恢复正常时间明显缩

表 2 两组中性粒细胞恢复正常时间比较($\bar{x} \pm s$)

Table 2 The comparison of neutrophil recovery time in the two groups ($\bar{x} \pm s$)

组别 Group	例数 n	中性粒细胞恢复正常时间(天) Neutrophil Recovery Time(d)
观察组 Observation Group	40	11.0 ± 6.0
对照组 Control Group	40	16.0 ± 7.0
T 值 T Value		2.41
P 值 P Value		< 0.05

2.3 两组各项感染发生率比较

炎、败血症等各项感染发生率明显降低, $P < 0.05$,差异有统计学意义,详细结果见表 1。

与对照组相比,观察组发热、口腔溃疡、上呼吸道感染、肺

表 3 两组各项感染发生率比较[n(%)]

Tab 3 The comparison of the incidence of all kinds of infections [n(%)]

组别 Group	例数(n)	发热 Fever	口腔溃疡 Oral Ulcer	上呼吸道感染 Upper Respiratory Tract Infection		
				肺炎 Pneumonia	败血症 Septicemia	
观察组 Observation Group	40	10(25.0%)	2(5.0%)	8(20.0%)	0(0.0%)	0(0.0%)
对照组 Control Group	40	33(82.5%)	12(30.0%)	24(60.0%)	10(25.0%)	12(30.0%)
卡方值 X^2 Value		26.60	8.99	13.33	11.43	14.12
P 值 P Value		< 0.05	< 0.05	< 0.05	< 0.05	< 0.05

3 讨论

早期、足量化疗是白血病治疗的基本原则,但化疗后患者由于免疫力低下、三系细胞数量减少,以及细胞功能缺陷等原因,极易导致机体出现严重感染,甚至危及生命。骨髓抑制期患者极易并发严重感染,不仅影响患者生命,降低患者的生存率,还会影响化疗的整体疗效^[15,16]。而导致感染的致病菌多数来自医院环境,所以,化疗后积极防治并发症,尤其是骨髓抑制期做好相应预防性感染措施,降低白血病患者医院感染的发生率,这对于提高患者的生存率,具有非常重要的临床意义^[17,18]。

白血病患者化疗后感染多发生于口腔、呼吸道和肛周。保护性隔离措施通过做好空气消毒,提高空气洁净度,减少探视时间和探视人数,做好防护隔离,避免直接接触患者;指导患者合理饮食,做好口腔、呼吸道、肛周等预防性感染措施,使患者处于一个相对无菌的环境中,降低感染的发生率^[9]。而条件允许的医院,尽可能采用层流室进行隔离保护,通过新风系统清除 99.9%以上的尘埃和细菌,从而净化空气,基本达到无菌的封闭病房环境。而且,限制探视人员与患者的直接接触,确保了层流室病房的洁净度^[20]。

白血病患者化疗后预防性感染措施中主要以伊曲康唑等药物为主,能有效抑制化疗后粒细胞数量的急剧减少和细胞功能的严重缺陷,从而降低化疗后严重医院感染的发生率,减少化疗后不良反应的发生率。本研究中,与对照组相比,观察组有效率明显升高,中性粒细胞恢复正常时间明显缩短,发热、口腔溃疡、上呼吸道感染、肺炎、败血症等各项感染发生率明显降低。这表明白血病患者化疗后实施保护性隔离措施,能够明显降低感染发生率。

综上,白血病患者化疗后感染是一个复杂的问题,涉及到医疗、药学和护理等方方面面,应该把保护性隔离措施贯彻到血液科的日常工作去。

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