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# 流程管理配合肠内营养对大肠癌手术患者的临床效果 *

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**摘要 目的:**探讨流程管理的护理模式对大肠癌患者术后早期空肠营养的作用,为临床护理提供可借鉴的方法。**方法:**选择 2010 年 3 月 -2013 年 12 月在我院接受手术治疗的大肠癌患者 93 例,随机分为研究组和对照组。其中,研究组 51 例患者采取流程管理的模式进行空肠营养护理,而对照组 42 例患者采用基础护理模式。观察并比较两组患者的临床效果及对护理服务的满意度。**结果:**实施护理干预配合肠内营养支持治疗后,两组患者的营养状况与之前比较均获得明显改善(P<0.05);研究组患者的平均住院时间、肠道功能恢复时间、血淀粉酶及尿淀粉酶等各项指标恢复情况均显著优于对照组,差异具有统计学意义(P<0.05)。对照组患者对护理服务的满意度为 85.71%,研究组患者对护理服务的满意度为 100.00%,两组比较差异显著具有统计学意义(P<0.05)。**结论:**流程管理护理配合早期肠内营养能够改善患者术后的营养状况,提高机体免疫功能,而且有利于提高患者对护理服务的满意度,值得推广。

**关键词:**流程管理;肠内营养;临床效果;满意度

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# Effects of the Process Management Combined with Enteral Nutrition for the Patients with Colorectal Cancer*

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**ABSTRACT Objective:** To discuss the effects of process management on the treatment of patients with colorectal cancer combined with the enteral nutrition so as to provide a feasible method for clinical nursing. **Methods:** 93 patients with colorectal cancer who were accepted the operations in our hospital from March 2010 to December 2013 were selected and randomly divided into the study group and the control group. The patients in the study group were treated by EN combined with the process management nursing method, while the patients in the control group were treated by the EN combined with the conventional nursing method. Then the clinical effects and patients' satisfaction of nursing services were observed and compared between the two groups. **Results:** The nutrition situations of patients in the two groups have improved obviously after the application of the enteral nutrition combined with the nursing methods when comparing with before(P<0.05); The indicators of clinical effects such as the hospitalization, the time of intestinal recovery, the AMY and the UAMY of patients in the study group were better than those of the patients in the control group with statistically significant differences (P<0.05). The satisfaction of nursing service in the study group was 100% which was higher than that of the control group with statistically significant differences (P<0.05). **Conclusions:** It is suggested that the application of process management combined with the enteral nutrition should be well promoted to improve the postoperative rehabilitation and patients' satisfaction of nursing service.

**Key words:** Process management; Enteral nutrition; Clinical effects; Satisfaction

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## 前言

大肠癌是常见的恶性肿瘤之一,患者多表现为腹痛、便血、腹胀、肠梗阻等,甚至累及全身。近年来,大肠癌的发病率呈逐年升高的趋势,且大多数患者术后会出现免疫功能障碍、营养供给不足等情况,不利于术后恢复[1-3]。目前,临床常采用肠内营养支持的方式以维持大肠癌患者术后的肠道营养,从而提高手术的效果。肠内营养(Enteral nutrition, EN)是指经患者胃肠道输注营养素的方式,增强肠道的免疫功能以防止肠道菌群和毒素易位,同时保证肠黏膜细胞结构的完整,有利于患者术后康复[4-6]。那么,选择一种有效的护理模式配合肠内营养以改善患者预后是至关重要的。流程管理(Process management)是一套成熟而科学的护理管理模式, 该护理模式遵循时间性和顺序性,对患者进行全面护理,既可以提高护理效率,又可避免护理过程中的遗漏[7-9]。本研究通过观察流程管理护理模式对大肠癌患者术后肠内营养支持的配合效果, 探讨流程管理的特点及优

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势,为临床护理提供可借鉴的方法。

## 1 资料与方法

### 1.1 一般资料

选择 2010 年 3 月 -2013 年 12 月在我院接受手术治疗的大肠癌患者 93 例,其中男 59 例,女 34 例,年龄分布在 39-72 岁,平均年龄为(42.08± 3.47)岁。所有患者均被临床确诊为大肠癌, 并接受手术治疗, 术中将经鼻空肠营养管远端置入患者 Treitz 韧带下 20 cm 处的空肠内,留置 7 天。将所选病例随机分为研究组(51 例)和对照组(42 例),分别采用不同的管理模式进行护理。两组患者基本资料无显著差异(P>0.05),具有可比性。

### 1.2 方法

1.2.1 **常规护理模式** 术后缓慢匀速滴入 5% 250 ml 的葡萄糖氯化钠注射液,如出现腹胀等不适,适当调慢滴注速度。口服药物研成粉末后用温开水充分溶解,缓慢注入。管饲时取半卧位,或抬高床头,避免反流、误吸。输注期间每 4 h 冲洗 1 次,防止营养液结块堵塞营养管。管饲期间每日行口腔护理四次。

1.2.2 **流程管理模式** 术前管理:① 心理护理:护士热情礼貌的接待患者,使患者感到关心和尊重,增加患者对医护人员的信任,减轻负性情绪的影响,积极配合治疗;向患者介绍手术注意事项,告知患者及家属营养管可能持续的时间、相关不适反应及需要患者配合的事项;了解患者病情及护理需求并采取相应的服务以满足患者的合理要求[10]。② 术前检查:术前协助医生检查患者心电图、血管超声等。③ 饮食管理:高龄患者体质较差,护理人员应合理调节患者的饮食以增强机体抵抗力,如高蛋白、高热量、高维生素等,对于胃肠道功能减退的患者,给予易消化食物或采取静脉输注补充营养[11-13]。术后管理:① 观察患者术后各项指标:妥善固定营养管,防止移位;每日用 30-50 ml 温水冲洗管道,口服药需溶解后注入,防止导管堵塞;若发生堵塞,经营养管口注入糜蛋白酶通管进行疏通。② 饮食管理:以易消化的流食为主,逐渐加以高蛋白、高维生素食物,多食水果蔬菜[14,15]。③ 并发症的预防:密切观察患者的排气排便情况;通过调整滴速和加热温度、经空肠营养管给予促胃肠动力药、辅助通便药物等处理逐渐耐受肠内营养。定时测量体温;定期更换、消毒营养管等[16]。出院管理:给予康复指导手册,提醒患者定期复查。

### 1.3 评价指标

分别于术前和术后检测患者的血淀粉酶(AMY)和尿淀粉酶(UAMY)含量,观察并记录病人术后的肠功能恢复时间、住院时间、并发症等。

### 1.4 满意度调查

采用提问打分的形式,对预出院患者进行护理质量满意度问卷调查,内容包括术前护理、术后护理、出院指导三个方面。每题设置三个选项,即非常满意、基本满意、不满意。满意度 = (非常满意 + 基本满意)/ 例数。

### 1.5 统计学分析

采用 SPSS15.0 统计软件进行分析处理, 计量资料以均数± 标准差表示,计数资料采用 $X^2$ 检验,以 P<0.05 为差异具有统计学意义。

## 2 结果

### 2.1 两组患者的临床效果比较

研究组患者的平均住院时间为(20.04± 1.64) d,肠道恢复时间为 (2.46± 1.33) d, 腹痛腹胀缓解时间为 (2.80± 0.67) d, AMY 为(4.12± 1.20) U/L,UAMY 为(6.44± 1.86) U/L;对照组患者的平均住院时间为 (25.87± 1.41) d, 肠道恢复时间为 (3.06± 1.55) d, 腹痛腹胀缓解时间为 (3.33± 0.92) d,AMY 为 (6.53± 1.81) U/L,UAMY 为(9.01± 1.77) U/L。研究组患者的各项指标均显著优于对照组,差异具有统计学意义(P<0.05)。

### 2.2 两组患者对护理服务的满意度比较

如表 1 所示,对照组共 42 例患者,其中 23 例对护理服务感到非常满意,占 54.76%;13 例认为基本满意,占 30.95%;6 例表示不满意, 占 14.29%; 对照组患者对护理服务的满意度为 85.71%。研究组共 51 例患者,其中 34 例对护理服务感到非常满意,占 66.67%;17 例认为基本满意,占 33.33%;研究组患者对护理服务的满意度为 100%,明显高于对照组,差异具有统计学意义(P<0.05)。

**表 1 两组患者满意度调查结果比较**[n(%)]

Table 1 Comparison of satisfaction about nursing service between two groups

| Group | Case | Satisfied | Good | Dissatisfied | In total | P |
|---|---|---|---|---|---|---|
| Control group | 42 | 23(54.76%) | 13(30.95%) | 6(14.29%) | 36(85.71%) | P<0.05 |
| Study group | 51 | 34(66.67%) | 17(33.33%) | 0(0.00%) | 51(100.00%) | P<0.05 |

## 3 讨论

加强空肠营养管的护理是保证空肠营养顺利进行的必要条件,所以护理方面必须严格、规范。发现问题应及时与医生、患者沟通,积极解决问题以保证肠内营养的顺利实施,密切观察患者的生命体征和倾听患者的主诉, 以便采取相应的措施,在输注过程中,保持管道的通畅,准确及时记录输入量,严格无菌操作,有利于提高肠内营养支持的治疗效果[17,18]。

结合本研究, 两组患者接受护理配合肠内营养支持治疗后,营养状况与之前比较均获得明显改善(P<0.05)。说明术后早期肠内营养支持可以提高患者机体的免疫力,增加对手术的耐受性,从而改善预后,提高手术成功率。本文结果显示,研究组患者的平均住院时间、肠道功能恢复时间、血淀粉酶及尿淀粉酶等各项指标恢复情况均显著优于对照组(P<0.05)。提示我们,对照组患者对护理服务的满意度为 85.71%, 研究组患者对护理服务的满意度为 100.00%,两组比较差异显著有统计学意义(P<0.05)。分析可知,采用流程管理的护理模式引导患者理智的应对疾病,向患者介绍疾病的相关知识和治疗的不同阶段应注意的事项,做好患者家属的思想工作;心理管理帮助患者树立战胜疾病的信心,消除影响心理健康的不利因素,释放心中的

负性情绪,从而减轻心理压力,以积极的心态面对疾病,不仅提高了患者术后的生存质量，也提高了患者对护理服务的满意度[19]。此外,流程管理促进医生与患者之间建立和谐的医患关系,从而提高患者治疗的依从性,有利于患者术后尽快恢复[20]。

综上所述,流程管理的护理模式配合早期肠内营养有利于改善患者术后的营养状况,提高机体免疫功能,而且有利于提高患者对护理服务的满意度,值得推广。

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