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循证护理对肝硬化腹水患者的疗效分析*

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摘要 目的:循证护理根据有价值的、可信的科学研究结果,提出问题,寻找实证,对病人采用最佳的护理模式进行护理。本文通过临床观察,旨在探讨循证护理对肝硬化腹水患者的临床疗效。**方法:**回顾性分析我院2009年2月到2012年6月收治的74例肝硬化腹水患者的临床资料,根据不同的护理方法将所选患者分为干预组和对照组,每组各37例。对照组患者给予常规护理,干预组患者在常规护理的基础上给予循证护理。观察两组患者的心理功能、生活能力、社交功能的改善情况,并比较两组患者的并发症发生情况及治疗的总有效率。**结果:**在接受不同的护理干预后,干预组患者的心理功能、生活能力、社交功能均显著优于对照组患者,差异具有统计学意义($P<0.05$);干预组患者的并发症发生率为5.40%,显著低于对照组患者的并发症发生率16.22%,差异显著有统计学意义($P<0.01$);干预组患者的总有效率为94.59%,明显高于对照组患者的总有效率83.78%,两组比较差异显著($P<0.05$)。**结论:**循证护理模式有助于肝硬化腹水患者的心理功能、生活能力、社交功能得到改善,临床效果满意,值得推广。

关键词:循证护理;肝硬化腹水;临床意义

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Clinical Efficacy of the Evidence-based Nursing on the Treatment of Ascites of Cirrhosis*

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ABSTRACT Objective: Based on the valuable and credible results of clinical researches, the evidence-based nursing could propose the questions and evidence in order to take a proper nursing mode for patients. This article is written to investigate the clinical significances of evidence-based nursing mode on the treatment of ascites due to cirrhosis. **Methods:** A retrospective analysis was made about the clinical data of 74 patients with cirrhosis and ascites who were treated in our hospital from January 2009 to June 2012. According to different nursing methods, all the selected patients were randomly divided into the intervention group and the control group with 37 cases in each group. The patients in the control group were treated by conventional nursing method, while the patients in the intervention group were treated by the evidence-based nursing mode besides the conventional one. Then the promotion of mental function, viability and social activity of patients were observed, the incidence of complications and the total efficiency rate were compared between two groups. **Results:** The psychological functions, viability and social activity of patients in the intervention group were significantly better than those of the patients in the control group ($P<0.05$); The incidence of complications of patients in the intervention group was 5.40%, which was significantly lower than that of the patients in the control group 16.22% ($P<0.01$); The total effective rate of the intervention group was 94.59%, which was higher than that of the control group 83.78% ($P<0.05$). **Conclusion:** Evidence-based nursing interventions could make contribution to the patients with cirrhosis and ascites that help to promote the mental function, viability and social activity of patients and it is worthy to be applied to the clinical with significant efficacy.

Key words: Evidence-based nursing; Cirrhosis and ascites; Clinical Significance

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前言

肝硬化(hepatic cirrhosis)是临床常见的慢性进行性肝病,由一种或多种病因长期或反复作用形成的弥漫性肝损害。病理表现为广泛的肝细胞坏死、残存肝细胞结节性再生、结缔组织增

生与纤维隔的形成,导致肝小叶结构受到破坏和形成假小叶,肝脏逐渐变形、变硬而发展为肝硬化^[1-3]。肝硬化腹水是肝硬化最明显的临床表现,如治疗或护理不当易出现上消化道出血、肝性脑病、继发感染、脾功能亢进、顽固性腹水、癌变等并发症^[4,5]。循证护理(Evidence-based nursing, EBN)是近年来临床护

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理常用的模式,主要是用批判性思维寻求最佳的护理方法,实施全面护理,以病人为中心,从病人的实际情况出发,改进程序、以最低的成本提供最优质的服务等^[6-8]。目前,我国临床护理的现状需要这种科学的、有效的、以实证为基础的护理模式,循证护理的模式对提高护理质量,促进学科成熟有重要意义。本研究针对我院采用循证护理的方法对肝硬化腹水患者进行护理干预,并取得了良好的临床效果,现将具体资料报道如下。

1 资料与方法

1.1 一般资料

回顾性分析 2009 年 2 月 -2012 年 6 月我院收治的 74 例肝硬化腹水患者的临床资料,所有患者均符合全国传染病与寄生虫病学术会议制定的肝硬化诊断标准。根据不同的护理方法将患者分为干预组和对照组,每组各 37 例。干预组包括男 21 例,女 16 例,年龄分布在 35-68 岁,平均年龄为(50.43± 8.54)岁,重度腹水 12 例,中度腹水 17 例,轻度腹水 8 例;对照组包括男 20 例,女 17 例,年龄分布在 34-69 岁,平均年龄为(51.18± 8.32)岁,重度腹水 11 例,中度腹水 16 例,轻度腹水 10 例。两组患者在性别、年龄、病情等一般临床资料方面无显著性差异,具有可比性。

1.2 方法

对照组患者采用常规方法护理。干预组患者则采取循证护

理,具体包括^[9-11]:①心理:肝硬化腹水令患者的生活质量降低,心理和身体上都承受着巨大的痛苦。护理人员在给予生活照顾的同时,应主动与患者交谈,根据患者不同的教育程度和家庭环境等进行心理护理。②饮食:肝硬化腹水患者宜多食高蛋白、高维生素、低脂肪、易消化的食物,避免食用生冷刺激性食物,禁酒、限钠的摄入量,每日食盐摄入量小于 5 g,每日水的摄入量约 1000 mL 左右。③肝部腹水:患者应多半卧位卧床休息,以降低膈肌,利用呼吸,肝肾血流量增加。腹腔穿刺时嘱咐患者排空膀胱以免误伤,取侧卧位穿刺,及时更换无菌敷料^[9]。皮肤水肿时抵抗力弱,每日温水擦拭,以免发生继发感染或生成褥疮。

1.3 统计学处理

采用 SPSS13.0 软件进行处理,计量资料以($\bar{x} \pm s$)表示,组间比较用 t 检验,以 $P < 0.05$ 为差异具有统计学意义。

2 结果

2.1 两组患者临床效果比较

干预组患者心理功能评分为(37.56± 4.24),生活能力评分为(38.58± 3.72),社交功能评分为(39.75± 3.48),明显优于干预前,差异具有统计学意义($P < 0.05$);对照组患者心理功能评分为(31.37± 3.29),生活能力评分为(32.32± 4.17),社交功能评分为(34.59± 3.21)。干预组各项得分均显著优于对照组,差异具有统计学意义($P < 0.05$)。表 1。

表 1 两组患者的临床效果比较($\bar{x} \pm s$)

Table 1 Comparison of the clinical efficacy of patients between two groups

Groups	Cases	Psychology	Viability	Social activity
Intervention group	37	37.56± 4.24	38.58± 3.72	39.75± 3.48
Control group	37	31.37± 3.29	32.32± 4.17	34.59± 3.21
χ^2		2.422	2.153	2.235
P		<0.05	<0.05	<0.05

2.2 两组患者的并发症发生情况及总有效率比较

干预组:消化道出血 1 例,顽固性腹水 1 例,无肝性脑病发生,并发症的发生率为 5.40%,治疗总有效率为 94.59%;对照组:消化道出血 3 例,肝性脑病 1 例,顽固性腹水 2 例,并发症

的发生率为 16.22%,治疗总有效率为 83.78%。干预组患者的并发症发生率明显低于对照组,治疗总有效率明显高于对照组,差异具有统计学意义($P < 0.05$)。表 2。

表 2 两组患者的并发症发生情况及总有效率比较(n,%)

Table 2 Comparison of the total efficacy and incidence of complications

Groups	Cases	Digestive Haemorrhage	Hepatic encephalopathy	Refractory ascites	Incidence of complications	Total efficacy rate
Intervention group	37	1(2.70)	0(0.00)	1(2.70)	2(5.40)	35(94.59)
Control group	37	3(8.11)	1(2.70)	2(5.40)	6(16.22)	31(83.78)
t		3.352	2.532	2.134	5.866	2.453
P		<0.05	<0.05	<0.05	<0.01	<0.05

3 讨论

循证护理是上世纪 90 年代继循证医学概念而产生的护理理念,目前已广泛用于临床护理实践,提高了护理的质量和

效率,有助于患者减轻痛苦,增强治疗效果,降低患者住院费用等^[12,13]。循证护理将科学与技术结合起来,要求医护人员在制定医护方案的同时,考虑医疗成本,从而有效的节约医疗资源,控制医疗经费的过度使用^[14,15]。循证护理从临床实践问题出发,将

科研结果与临床知识、实践经验及病人的实际需求相结合,并在实施护理的过程中激发团队精神,保证护理质量,有效提高患者的治疗效果,增强医院的整体医疗水平^[17,20]。循证护理过程中,饮食护理是整个护理的重要部分,是以科学可信的研究成果为依据,对患者实施的最佳饮食护理措施^[6]。心理护理也发挥着重要的作用,在对患者进行循证护理的过程中采用心理干预的方式有助于患者了解疾病知识、掌握相关注意事项、缓解心理压力,从而更好地配合治疗^[18]。本研究对我院收治的肝硬化腹水患者采用循证护理干预,护理干预组患者的心理功能、生活能力、社交功能均显著优于常规护理的对照组患者;且护理干预组患者的并发症发生率显著低于对照组。

综上所述,循证护理有助于肝硬化腹水患者的心理功能、生活能力、社交功能等获得改善,从而增强治疗效果,提高患者的生存质量,值得普遍推广应用。

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