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神经内科危重患者院内转运中安全隐患和转运流程的研究*

张 雁 耿晓静 林 静 孙艳军 赵 亮 代丽红[△]

(承德医学院附属医院神经内科 河北 承德 067000)

摘要 目的:探讨神经内科危重患者院内转运中的安全隐患和不同转运流程的应用效果。**方法:**选取2010年1月-2014年12月入住我院神经内科需转运的1000例神经系统疾病患者为研究对象,随机分为对照组500例,观察组500例,对照组进行常规转运,观察组采用系统化转运的方式进行转运,比较两组患者的安全隐患发生率和转运各个步骤合格率。**结果:**观察组的安全隐患总发生率明显低于对照组,转运各个步骤的总合格率也高于对照组($P<0.05$),差异显著,具有统计学意义。**结论:**系统化转运可以有效提升转运各个步骤合格率,控制神经内科危重患者院内转运中的安全隐患,因此其应用价值相对更高。

关键词:神经内科;危重患者;院内转运;安全隐患;转运流程

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Study on the Safety Hazards and Transport Processes of Critical Patients in Department of Neurology during Intrahospital Transport*

ZHANG Yan, GENG Xiao-jing, LIN Jing, SUN Yan-jun, ZHAO Liang, DAI Li-hong[△]

(Department of Neurology, Affiliated Hospital of Chengde Medical College, Chengde, Hebei, 067000, China)

ABSTRACT Objective: To study the safety hazards and investigate the application effect of different transport processes of critical patients in Department of Neurology during intrahospital transport. **Methods:** 1000 patients with nervous system diseases in Department of Neurology who needed intrahospital transport from January 2010 to December 2014 were selected as the research objects and they were randomly divided into control group and observation group with 500 cases each group. The patients in control group were given with conventional transport, and the patient in observation group were accepted with system transport, then the safety hazards rates and all steps qualified rates of two groups were compared. **Results:** The total rate of safety hazards of observation group was obviously lower than that of control group, and the qualified rates of all steps were all higher than those of control group, and the differences of two groups were statistically significant ($P<0.05$). **Conclusions:** The system transport can effectively improve the steps qualified rate in all transported steps and control the safety hazards of critical patients in Department of Neurology during intrahospital transport, so its application value is relatively higher.

Key words: Department of Neurology; Critical patients; Intrahospital transport; Safety hazard; Transport processes

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前言

神经内科有较多的危重患者需要进行院内转运,以接受诊断检查、治疗等,但因此类患者所患疾病及其严重程度,其对于安全隐患的控制需求也相对更高,而转运流程的不同对于患者的各方面影响也有不同,因此,在选择转运流程模式方面应引起重视^[1,2]。近年来关于院内转运的相关研究并不少见^[3],且对于此方面的质量要求也不断提升,其中较多研究显示出效果方面的差异及争议^[2,3],因此找到合适的转运流程极为必要,也是现阶段此方面的研究热点与重点。较多现存的转运研究模式显示,不同的转运效果差异较大^[3],而神经内科危重患者的转运安全性要求相对较高,也是现在临床研究的难点与热点,因此找到效果更好,尤其是安全性更高的转运模式在神经内科危重患

者中的临床意义不言而喻。系统化转运模式是近来受认可程度较高的一类转运模式,其对于转运的流程更具系统化,衔接性也更好,因此对其进行研究极为必要。本文中主要对神经内科危重患者院内转运中的安全隐患和不同转运流程的应用效果进行探讨,现将结果报道如下。

1 资料与方法

1.1 临床资料

选取2010年1月-2014年12月入住神经内科需转运的1000例神经系统疾病患者为研究对象,随机分为对照组和观察组,每组各500例。对照组男性272例,女性228例,年龄24~80岁,平均年龄(55.5 ± 8.3)岁;疾病种类:脑出血220例,脑梗死264例,其他16例;其中机械通气者90例。观察组男性

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作者简介:张雁(1977-),硕士,电话:0314-2279521,15633142894, E-mail: zhaolhg@163.com

[△] 通讯作者:代丽红(1970-),本科,副主任护师,从事压疮护理等方面研究,电话:15633142767, E-mail: dailihong8069@163.com

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280 例,女性 220 例,年龄 23~80 岁,平均年龄(55.7± 8.0)岁;疾病种类:脑出血 221 例,脑梗死 262 例,其他 17 例;其中机械通气者 90 例。两组患者的上述资料比较无显著性差异, P 均> 0.05,具有可比性。

1.2 方法

对照组按照常规的转运方式进行转运,主要为转运前对患者的风险进行评估,包括氧供、心律、静脉输液通路、呼吸心脏骤停等方面的风险,然后根据风险进行相关措施的预防性实施,对设备进行相关检查及应用方面的处理,转运过程中与医师进行细致沟通,配合进行治疗、监测及其他干预,转运后交接过程中对患者的疾病情况及转运过程出现的问题等进行细致交接。观察组在常规转运的基础上融入系统化转运的理念,即首先与医师进行详细全方位的沟通,了解患者的情况,与根据医师给予的信息进行系统整体的护理措施的制定,注意各个转运步骤护理措施的衔接,包括转运前的潜在护理问题评估及预防措施的制定,然后转运过程中的措施与转运前措施进行细节方面的递进化处理,如转运前的潜在护理问题的评估,在转运过程中给予更为细致的监测,如引流管脱落的情况给予更为细致的监测,并不定时进行细致检查。另外,对于转运中的细节进行细致化区分制订针对性的措施,尽量协同全院科室的共同配合,在患者转运过程中需要科室人员、家属以及其他科室如电梯工作人员、检查科室和目标科室的共同配合,对于出现的问题进行即刻解决,而转运后进行交接时,也注重与转运前及转

运中的相关方面进行有效衔接,对于发现的问题进行及时交接,对于患者及家属的需求也进行相应交接,实现有效护理的延续。比较两组患者的安全隐患发生率和转运各个步骤合格率。

1.3 评价标准

对转运过程中的转运前、转运中和转运后的交接等三个步骤进行评估,每个步骤均对细节进行评分设置,根据本院《病人转运制度工作评分表》中的相关标本进行评分,每个步骤评分均为 50 分,每项分值在 48 分及以上为优良,45~47 分为合格,优良率与合格率之和为总合格率。

1.4 统计学方法

本研究中的数据处理软件为 SPSS15.0,计量资料与计数资料分别采用 t 检验与 χ^2 检验处理, $P<0.05$ 表示差异显著,有统计学意义。

2 结果

2.1 两组患者的安全隐患发生率比较

观察组的安全隐患包括引流管脱落、穿刺针脱落或局部肿胀及其他安全隐患,总发生率明显低于对照组,且观察组中脑出血、脑梗死及其他疾病患者的安全隐患总发生率分别为 1.36%、0.76%及 5.88%,相对低于对照组同类疾病患者的安全隐患总发生率,但是差异不明显,整组的安全隐患总发生率明显均低于对照组,差异显著,有统计学意义($P<0.05$),见表 1。

表 1 两组患者的安全隐患发生率比较[n(%)]

Table 1 Comparison on the safety hazards rate of two groups [n(%)]

Groups		Drainage tube falling off	Puncture needle fall or local swelling	Other	Total
Control group	cerebral hemorrhage(n=220)	5(2.27)	5(2.27)	2(0.91)	12(5.45)
	cerebral infarction(n=264)	0(0.00)	5(1.89)	1(0.38)	6(2.27)
	Other(n=16)	1(6.25)	1(6.25)	0(0.00)	2(12.50)
	whole group(n=500)	6(1.20)	11(2.20)	3(0.60)	20(4.00)
Observation group	cerebral hemorrhage(n=221)	1(0.45)	2(0.90)	0(0.00)	3(1.36)
	cerebral infarction(n=262)	0(0.00)	1(0.38)	1(0.38)	2(0.76)
	Other(n=17)	0(0.00)	1(5.88)	0(0.00)	1(5.88)
	whole group(n=500)	1(0.20)	4(0.80)	1(0.20)	6(1.20)*

Note: compared to the control group, * $P<0.05$.

2.2 两组患者转运各个步骤合格率比较

性($P<0.05$),见表 2。

观察组中各个步骤的总合格率均高于对照组,差异有显著

表 2 两组患者转运各个步骤总合格率比较[n(%)]

Table 2 Comparison of qualified rates of all steps between two groups [n(%)]

Groups		Excellent	Qualified	Total qualified rate
Control group(n=500)	Before transit	460(92.00)	17(3.40)	477(95.40)
	Translocation	449(89.80)	29(5.80)	478(95.60)
	After transport	456(91.20)	25(5.00)	481(96.20)
Observation group(n=500)	Before transit	478(95.60)	22(4.40)	500(100.00)*
	Translocation	482(96.40)	17(3.40)	499(99.80)*
	After transport	485(97.00)	13(2.60)	498(99.60)*

Note: Compared to the control group, * $P<0.05$.

3 讨论

神经内科的住院患者中,较多为危重患者,对此类患者进行检查及诊断的过程中,需要进行院内转运的概率相对较高^[3,4],因此关于此类患者院内转运的相关研究也并不少见,且临床受重视程度也较高。对于神经内科危重患者进行院内转运的过程中,对于其安全隐患的防控是研究的重点之一。而不同的转运模式对患者的影响差异较大,不仅仅影响面的差异较大,且影响程度也较为明显^[5,6],因此对此类患者进行安全隐患控制的前提即是选取合适的转运模式。近年来,系统化处理模式是近年来在临床中多个方面应用效果均值得肯定的一类模式,其更为重视对患者的整体个性化干预,因此临床应用率不断提高,但是对于本转运模式在神经内科危重患者院内转运中的应用研究却十分不足,尤其是对于其在控制此类患者安全隐患中的作用研究十分匮乏^[7-9],故此方面的探讨空间较大。

本文中我们就就神经内科危重患者院内转运中安全隐患情况,主要为不同转运流程对此类患者转运中安全隐患的控制效果进行比较,比较结果显示,系统化转运流程在控制不同疾病种类患者的安全隐患发生率方面均有一定的积极作用,因此患者的总发生率得到大幅度控制,效果明显好于常规的转运模式,同时患者的转运各个步骤总合格率也明显升高,说明其更为适用于神经内科危重患者的院内转运,也肯定了其临床应用价值。而系统化转运流程对于患者的转运过程进行了更为细致的处理^[10-14],且其综合整体的医护及家属力量对患者进行了转运过程的干预^[15,16],因此更为适用于此类患者的转运。临床中以往关于神经内科危重患者转运的研究普遍显示,较好的转运模式对于患者的治疗奠定了必要的基础,而系统化转运流程将整个流程进行了系统化的衔接处理,且细节方面更为细致,同时其细致的衔接处理,有效提升了转运的时效性,为患者的诊治提供了较好的前提条件,因此其效果更好,而这也与以往的较多临床研究结果基本一致^[17-20],但是其结果可能仍受时间及样本量等方面的影响,因此对其进行进一步细致研究的必要性仍较高。

综上所述,我们认为系统化转运可有效提升转运各个步骤合格率及控制神经内科危重患者院内转运中安全隐患,因此其应用价值相对更高。

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