

Emergency Treatment Strategy and Effect Analysis of Patients with Respiratory Failure in Slow Resistant Pulmonary Acute Aggravatio

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Abstract: Objective: To investigate the emergency treatment strategy and effect of patients with respiratory failure in patients with slow resistance. method: Test Choose January - January 2019, the slow resistance of patients in our hospital was incurred and 126 patients with respiratory failure, which was randomly divided into control group (n = 63) and observation group (n = 63) . The control group used conventional treatment, and the observation group increased non-invasive positive pressure ventilation on the basis of conventional treatment. Comparative study on the occurrence of therapeutic effects and adverse reactions in the two groups of patients. RESULTS: After the treatment of two groups, patients with observation group were 92.06% higher than 69.84% (P <0.05), and the incidence of adverse reactions in patients with observation group was 11.1% lower than the control group 33.33% (P <0.05) The difference between the two groups of results is statistically significant. Conclusion: Patients with respiratory failure in patients with chronic resistance pulse, the clinical application effect is remarkable, and the patient's treatment effect can be improved, and the occurrence of adverse reactions is worth promoting.

1. Introduction

Slow resistant lung is a lung disease that is limited by airflow as a main feature, is one of the common diseases of respiratory. The slow resistance period is accompanied by the symptoms of respiratory failure during the acute weight loss period, and the respiratory gas flow is not completely reversible. It is common in the elderly patients, and some patient prognostic conditions are not optimistic. Life threats will occur [1]. At present, clinical conventional treatment is mainly based on sustained oxygen and cough phlegm, although it is possible to improve the patient's hypoxia, the resistance increase is not improved, so the treatment is not good. Non-invasive positive pressure ventilation treatment as a wide range of treatment methods for clinical treatment. Select a more efficient treatment to play a crucial effect on the treatment of disease. Therefore, this paper is given by administering different treatments, and the treatment effect of patients with respiratory failure in slow resistance is observed and analyzed, and the report is now reported.

2. Data and Methods

1.1 General Information This study was included in the patient as January to January 2021, 2019, the slow-resistant pulmonary acute aggravated and respiratory failure patients were divided into observation group and control group, 63 cases each group, Among them, 42 cases of men, male patients, 21 female patients, age 52-78 years old, average (62.75 ± 7.1) years; 40 patients with male patients, 23 female patients, age 50-79, average (63.48 ± 6.79) years old; selecting patients in accordance with the inclusion standards of this study while excluding patients with severe organ functional disorders and patients with mental disorders. Patients in groups were informed and signed an informed consent. The difference between the age and gender data of the two groups, there is no statistical significance (P > 0.05).

2.1 Method

1.2.1 The control group uses a traditional method to treat patients, including: oxygen, asthma, control infection, hormone, etc. The nasal conduit continues to suck oxygen, oxygen flow: 2 l / min; antibiotic anti-infective treatment, at the same time, intravenous drip can be laminated, lasting 24h, drip speed: 4 mg / min.

1.2.2 Observing group was treated with non-invasive positive pressure venting therapy on the treatment of the control group. In the treatment, the patient was submitted to the patient, introducing the related content of non-invasive positive pressure venting therapy to eliminate the patient's and fear, then A breathing training; wearing and fixing the mask, adapting the oxygen absorption device as the timing mode and sets 16-18 times / min, setting the inhalation pressure of 9-15cmH₂O, call The gas pressure is 5-8 cmH₂O, and the parameters can be adjusted in time according to the patient's different conditions.

1.3 Observation Indicators The efficiency standard is: symptoms such as significant effects (difficulty breathing, normal blood gas indicators); improved symptoms, etc. Efficiency = (productive + improved) / total number × 100%. Record adverse reactions such as nasal skin, bloat, bloat, and calculate the incidence of adverse reactions = (nasal skin injury + blister + bloating) / total sample × 100%.

1.4 Statistical Analysis Adopt SPSS 23.0 statistical software for data analysis, etc. ($\bar{x} \pm s$) ($\bar{x} \pm s$) represented, and the T test is used; the clinical efficacy is represented by (n,%), and uses X² test; P <0.05 There is statistical significance.

3. Results

2.1 Two groups of treatment have compared two groups of patients After treatment, the Observer (92.06%) was significantly higher than that of the control group (69.84%), and P <0.05 compared between groups (69.84%), and the difference was statistically significant. Specifically, see Table 1.

Table 1 Comparison of Two Groups of Treatment (n,%)

Group	Descendant	effective	invalid	Treatment of total efficiency
Observation group(n=63)	35(55.56%)	23(36.51%)	5(7.93%)	92.06%(58/63)
Control group(n=63)	24(38.10%)	20(31.75%)	19(30.16%)	69.84%(44/63)
χ^2	-	-	-	10.088
P	-	-	-	0.001

2.2 Two groups of adverse reactions Compared with two groups of patients After treatment, the incidence of adverse reactions (11.11%) was significantly lower than that of the control group (33.33%), and P <0.05 compared between the groups was statistically significant. Specifically, see Table 2.

Table 2 Comparison of Adverse Reactions in Two Groups (n,%)

Group	Nasal skin	Blisters	Bloating	Adverse reactions
Observation group(n=63)	3(4.76%)	2(3.17%)	2(3.17%)	11.11%(7/63)
Control group(n=63)	8(12.70%)	7(11.11%)	6(9.52%)	33.33%(21/63)
χ^2	-	-	-	9.000
P	-	-	-	0.003

3 Discussion As the age increases, especially in the elderly, the lung function is also weak due to the gradual decline of the body. The incidence of slow resistance of the middle and elderly people

over 40 years old is about 10%. The disease is relatively high, especially in the acute weight, and the patient is further increased. The patient is easy to breathe, and the cough, wheezing Symptoms related symptoms such as exercise ability disorders and difficulty breathing, and severe threats in patient life [2]. Respiratory failure is the most common clinical symptom of patients with patients with slow resistance. When patients with slow-resistance lungs occurs at the same time of respiratory failure, patients will generate severe respiratory disorders, and the respiratory function has decreased, and there is difficulty breathing. Such patients are often accompanied by hypertension, and the long-term breathing difficulties may cause damage to most organs in the body, making the patient's body more fragile, if effective intervention treatment can be carried out, may be the life of the patient Health has a huge threat, and severe people will even die [3]. About 20% of the slow resistance of patients with respiratory failure, the patient's respiratory muscle function is abnormal due to the acute episodes of slow resistance, and there is abnormal conditions in the respiratory muscle function, and there is high carbonate. Hyperoxaw and respiratory acidosis, clinical treatment, oxygen supply, alleviate tissue hypoxia and improve respiratory function [4].

Non-invasive positive pressure venting therapy refers to an effective connection to the interface between three and the ventilator and the ventilator and does not require manual establishment of a ventilation method to form positive pressure at the end of the inhalation to overcome the airway. Resistance, increase the ventilation of alveolar, improve the ratio of blood flow and ventilation, allowing the breathing muscle to achieve the fatigue of the respiratory muscle, and can avoid the end of the end of the alveolar in time due to the positive pressure of the exhalation The situation is reduced by the use of the ventilator, and the case of carbon dioxide retention and hypoxia can be significantly improved, and the clinical symptoms are significantly improved, thereby enhancing its clinical therapeutic effect [5]. The results of this study show that the effectiveness of the observation group was 92.06% higher than 69.84% of the control group, and the incidence of adverse reactions at the observation group was 11.1% lower than 33.33% of the control group. It indicated that non-invasive positive pressure ventilation therapy to aggravate The comprehensive clinical efficacy of patients with respiratory failure is remarkable, and the symptoms and related indicators of patients can significantly improve the occurrence of adverse reactions.

In summary, patients with respiratory failure of slow resistant pulmonary acute aggressive treatment, the clinical application effect is remarkable, and the patient's therapeutic effect can be improved, and the occurrence of adverse reactions is worth promoting.

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