

Application Analysis of Nursing Risk Management in Nursing Management of Rheumatic Immune System Diseases

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Abstract: Objective: to Analyze the Effect of Nursing Risk Management in Nursing Management of Rheumatic Immune System Diseases. Methods: 100 Patients with Rheumatoid Immune System Disease in Our Hospital Were Selected, According to the Natural Classification Form of Computer, Divided Them into the Control Group and the Observation Group, 50 Cases in Each Group. the Control Group Received Routine Nursing and the Observation Group Received Nursing Risk Management. the Incidence of Oral Ulcer, Non-Cicatricial Alopecia, Infection (Herpes Virus), Enteritis and Other Adverse Symptoms in the Nursing Period of the Two Groups of Patients Were Compared. the Incidence of Nursing Problems Such as Loose Dressings, Shift of Ducts, Incomplete Identification and Incomplete Recording Were Compared. the Nursing Scores of the Two Groups Were Compared. Results: the Nursing Risk of the Observation Group Was Lower Than That of the Control Group, and the Nursing Satisfaction Rate of the Observation Group Was Higher Than That of the Control Group. There Was a Significant Difference between the Two Groups ($P < 0.05$). Conclusion: Rheumatic Immune System Disease Should Pay Attention to the Risk of Nursing, Prevent the Occurrence of Risk, Check the Improper Factors of Nursing, Help to Improve the Patient's Condition, Improve the Quality of Nursing Management.

1. Introduction

Common Cause Joint Pain Rheumatic Autoimmune Disease Including Sle, Ss, Osteoarthritis, as, Psoriasis (Psoriasis), Arthritis, Gouty Arthritis, and So on, Contains Hundreds of Disease, Pathogenesis, Has a Large Gap, Therefore Rheumatoid Immune System Disease is Not a Simple Rheumatic Pain, Care of the Direction of the Risk, the Possibility of Different Patients, Should Be Combined with Clinical Diagnostic Criteria under the Patient's Clinical Symptoms, the Corresponding Nursing Risk Analysis, Increase the Intensity of Nursing Risk Management.

2. Materials and Methods

2.1 General Materials

Selection of our hospital in 100 cases of patients with rheumatoid immune system disease, according to the natural classification form of computer, divided them into the control group and the observation group, 50 cases in each group. The control group received routine nursing, there were 26 male patients and 24 female patients, age of the patients was between 18 to 75 years, the average age was $(49.62 + 8.52)$; The observation group received nursing risk management, there were 20 male patients and 30 female patients, whose age ranged from 19 to 76 years old, with an average age of (46.26 ± 9.25) years old. There is no correlation between the general data of the patients and the corresponding life background information and the survey data, which will not affect the data comparison results.

2.2 Methods

Routine care:

For patients in the doctor's advice, ask patients to medication on time, to understand their disease status, for their disease, including skin conditions, such as anemia, clinical manifestation, etc, have certain ego to protect consciousness, pay attention to keep warm, warm patient room should be ventilated, regularly can leave in the patients with ward ventilation when go out activities, if patients in the ward, tucked ventilation on guide patients, etc., in the sunny weather, sunshine, guide patients to do more activities, easy to digest, high energy should be paid attention to diet, eat less cold, stimulation and greasy food, pay attention to food hygiene and the regularity of time, when washing a face, wash with warm water, Conditional case every night can be very hot feet, choose high wash footbath, add hot water, at least not in patients with ankle and immersion time in about 15 minutes, prompted in patients with limb blood flow speed, avoid the stiffness of the joints, the patient should be timely change clothes, if to sweat to wipe sweat, timely to avoid the cold wind, for patients with constipation condition, may guide the patient drink plenty of water, add honey in the water, runchang, patients should be reasonable control weight, regular on tai chi chuan, walking, stretching leg movement, require regular work and rest, take rests.

Nursing risk management:

(1) Establish a risk care group: discuss the patient's clinical situation, will the patient's data refinement, fully understand the patient's diet, work and rest habits, the possibility of disease cause, clinical actual performance, the complaints of the patient, etc., according to the individual differences of patients to nursing analysis team responsibility, establish the risk of nursing plan, simulate the communicate with patients, harmonious communication with patients and conduct propaganda and education, the patients' understanding and cooperation, between the nursing team should supervise each other, to effective team score.

(2) risk control: patients with oral ulcer risk, should pay attention on food with vitamin, check the patient's dental composites, such as replacing the soft toothbrush, in addition to brush my teeth in the morning and evening, should also guide the patient's family to gargle, for patients in time to rinse your mouth after meals or snacks, with local spray to speed up the ulcer healing, guide patients to use methods. The patient is not scar sex alopecia, should instruct the patient to increase morpheus time, if undertake nap, female patient can wear a hat, perhaps prepare wig, undertake propaganda with the patient, avoid the patient to take medicine carelessly, can assist the patient to undertake scalp massage. When the patient is infected (herpesvirus), avoid the patient to scratch, can use the cotton swab to dip in the liquid medicine outside apply to promote scab, pay attention to the disinfection in the ward, ask the patient to go less crowded place activity, keep the clean of hand, face, avoid mucous membrane junction large area infection. When the patient enteritis attack, nursing staff will rub hands hot, press in the patient's abdomen, in the patient's abdomen circle massage, remind the patient of the diet is delicate, easy to digest, make healthy diet for the patient.

(3) risk reflection: details on nursing forms and methods, the risk score, a care, such as security, according to the theory of nursing, harmony, and communication with the patient in care nursing operation in the form and operation steps, etc., discussion, each group should be aimed at the point of care, nursing plan, every day in combination with clinical situation changes and discuss the possibility of plan, timely planning, patients with repeated, emergency patients, the patients big key period to strengthen monitoring, analysis may produce disputes, nurses and patients to the realistic condition of dissatisfaction with the patient and family, correct nursing form, To prevent possible exchange conflicts in nursing, at the same time to consider the clinical appeal of the patient, to meet the general requirements of the patient, to have a further understanding of the patient, to obtain the assistance of the patient's family in nursing.

(4) strengthening nursing training education: based on the nursing and patient problems in our hospital and the clinical adverse changes of patients with rheumatic immune system diseases, we conducted pre-discussion, carried out training and education, and conducted simulation scenario exercises. exercise nursing staff of professional operation ability, emotional expression ability, communication and presentation skills, team mission video, simplifying the mission process and content, combined with the training evaluation results, rewards and punishments for nursing staff, for nursing personnel appointed good risk management leader, reasonable arrangement of nursing

staff's work time, in the group should have experience of a third staff led activities, improve nursing staff enthusiasm of risk prevention, Proactive risk management awareness.

(5) listen to the patient: nursing risk management, should fully respect the patient's privacy, and is willing to patiently listen to the patient's idea, understand the patient's condition, reasonable psychological assessment for patients, for patients with psychological counseling, the patients' recognition, at the same time the patients' cooperation, strengthen the nursing of the implementation of the management of health, diet, etc.

2.3 Observation Indicators

The two groups compared the incidence of oral ulcer, non-cicatrical alopecia, infection (herpes virus), enteritis and other adverse symptoms of patients during nursing, compared the incidence of nursing problems in nursing such as loose dressings, pipeline displacement, incomplete identification, incomplete recording, and compared the nursing scores of patients in the two groups.

2.4 Statistical Processing

Choose SPSS intelligent analysis system, building database according to material properties and analogy unit observation data, the hypothesis is tested samples with X^2 , covered by the statistical mean, geometric mean and the median involves the quantity take t test, $x \pm s$ (mean + _standard deviation) for the average standard deviation of plus or minus, P as the probability value, contrast there were significant differences between groups, $P < 0.05$, contrast there is no difference between groups ($P > 0.05$).

3. Results

Table 1 Comparison of Incidence of Adverse Symptoms between the Two Groups

group	n	oral ulcer	non-cicatrical alopecia	infection (herpes virus)	enteritis	total rate
the observation group	50	1	1	2	1	10%
the control group	50	3	2	2	1	16%
X^2	-	6.235	4.125	5.263	2.365	5.126
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

Table 2 Comparison of Incidence of Adverse Problems in Nursing Care between the Two Groups

group	n	dressing loose	pipeline displacement	incomplete identification	shortage of records	total rate
the control group	50	1	0	2	0	6%
the observation group	50	3	1	3	1	16%
X^2	-	2.396	2.845	3.295	4.152	3.241
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

Table 3 Satisfaction Scores of Patients in the Two Groups during Nursing Care [n(%)]

group	n	satisfaction	general satisfaction	dissatisfaction	total satisfaction rate
the control group	50	32	17	1	49(98%)
the observation group	50	30	11	9	41(82%)
X^2	-	4.269	4.195	3.286	3.754
P	-	<0.05	<0.05	<0.05	<0.05

4. Discussion

Rheumatoid immune system disease causes in patients with multiple systems involved, the patient has not only continuous joint pain, swelling, cadres, but also prone to oral ulcer, enteritis and other adverse symptoms, risk management, from the clinical condition changes, the relationship between nurses and patients risk of different perspective, focus on the patient repeatability, prevent patients to other concurrent disease, patients with severe psychological pressure, at the same time

pay attention to the establishment of a harmonious relationship between nurses and patients, reduce the patients to treatment of ostracism, prompting patients can cooperate nursing, diet, health, processing in accordance with the requirements of the relevant nursing, To reduce the adverse feelings of patients in rheumatic immune system diseases, patients can fully get nursing support and accelerate the recovery, at the same time, nurses can also smoothly implement their plans, improve the overall quality of care.

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