

Emergency Nursing Methods and Effect Analysis of Acute Pulmonary Embolism

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Abstract: objective: to explore and analyze the methods and effects of emergency nursing for patients with acute pulmonary embolism. Methods: 24 patients with acute pulmonary embolism admitted to our hospital during the period from december 2018 to december 2019 were selected as the subjects of the study, and their clinical data were retrospectively analyzed and summarized to explore the methods to be adopted and the effects to be achieved in emergency care for such patients. Results: among the 24 patients, only 1 patient died due to the failure of rescue, while the other 23 patients passed the critical period after rescue. In addition, during the subsequent nursing, the condition gradually improved. Under the doctor's advice, the patient continued to take warfarin orally until she was discharged from the hospital. The overall improvement rate was 95.83%. Conclusion: for patients with acute pulmonary embolism, effective emergency treatment with the most standardized measures in the shortest time can greatly improve the final emergency effect and save more patients' lives.

1. Introduction

In Essence, the Occurrence of Acute Pulmonary Embolism Has a Lot to Do with the Obstruction of Pulmonary Circulation. When a Deep Vein Thromboembolus Falls Off, It Blocks the Pulmonary Artery and Its Branches, Preventing Circulation in the Lungs. and When This Acute Pulmonary Embolism Breaks out, the Patient's Life Will Be Greatly Threatened. At This Time Only in the Shortest Time, to the Rapid Judgment of the Disease, and the Most Accurate and Effective Rescue Means, to the Greatest Extent to Save the Patient's Life. in Addition, in This Process, the Patient Should Be Monitored for 24 Hours, So That the Patient's Condition Can Be Placed under Airtight Monitoring, So That the Patient Can Get out of the Danger Period as Soon as Possible. Therefore, in This Study, 24 Patients with Acute Pulmonary Embolism Admitted to Our Hospital during the Period from December 2018 to December 2019 Were Randomly Selected as the Objects of This Study by Small Computer Program. in Order to Explore the Effective Methods of Emergency Care for This Disease. Here is the Report.

2. Materials and Methods

2.1 General Materials

24 patients with acute pulmonary embolism admitted to our hospital during the period from December 2018 to December 2019 were selected as the subjects of the study. All of the above 24 patients underwent more than three examinations and were diagnosed with acute pulmonary embolism. Among the three examinations, one is color doppler ultrasound, the other is spiral CT, and the third is pulmonary angiography. Of the 24 patients, 11 were male, and the remaining 13 were female, with the lowest age being 25 years old and the highest 58 years old, with an average age of (49.4 ± 10.5) years old. After the analysis of general data, no significant difference was found in the clinical data of the 24 patients, so a comparative study could be conducted, where p was greater than 0.05.

2.2 Methods

First, patients were treated with two methods: anticoagulant therapy and thrombolytic therapy. The main drugs used in this process are warfarin, LMWH and urokinase. In addition, a series of nursing measures are adopted to give first aid to patients. Such as thrombolytic care and psychological care, and 24-hour monitoring and observation to ensure the safety of patients' lives.

3. Results

Among the 24 patients, only 1 patient died due to ineffective rescue, while the other 23 patients passed the critical period after rescue. In addition, during the subsequent nursing, the condition gradually improved. Under the doctor's advice, the patient continued to take warfarin orally until she was discharged from the hospital. The overall improvement rate was 95.83%.

4. Discussion

4.1 Analysis of First Aid Measures

Because this acute pulmonary embolism is characterized by rapid, severe and sudden progression, accurate and effective first aid measures must be taken. Here's how it works: first, the patient stays in the supine position, then tilts the patient's head to one side to prepare for emergency treatment. Next, the patient's blood routine examination, as well as a series of basic tests of liver function and kidney function, is quickly completed to prepare for the following emergency. Next, establish the appropriate venous access for the patient and prepare the appropriate first aid items, such as norepinephrine. Invite the following three departments and other doctors for joint guidance, to jointly carry out emergency repair work. One is the anesthesiologist, the other is the cardiologist, and finally the icu. In addition, because of the disease more quickly, thus inevitably causes that not allow to ignore to the patients and their families psychological pressure, the nursing staff should also know about their emotional status and channel, and will inform the family members of the relevant, making family can eliminate misgivings, gives patients psychological support.

4.2 The Patients' Hypoxemia Should Be Corrected and Monitored Regularly

During the treatment, always keep the patient in bed. In the case of dyspnea, the patient can be kept in a semi-lying posture, and with a high flow of oxygen to help the patient to keep breathing normally, the frequency of oxygen intake controlled at four to six liters per minute. At the same time, in order to keep the patient's respiratory mucosa moist, so that the patient can avoid the phenomenon of sputum viscosity, the medical staff must also use two milliliters of saline and gentamicin, to atomize the way to make the patient inhaled. And to ensure timely discharge of sputum. In special cases, sputum aspiration can be performed for the patient, making sure that the patient's respiratory tract remains open.

In addition, in order to make the patient's circulation can be effectively improved, at the same time, which makes the hypoxemia patients get effective corrective and relief, health care workers must constantly monitor the patient's PaCO₂ indicators, such as if such indicators get significant improvement, then indicates the seriousness of the patients with pulmonary embolism has been effectively alleviated.

4.3 Analysis of Thrombolytic Nursing

Thrombolytic nursing is mainly divided into two steps, one is the nursing before thrombolysis, the other is the nursing after thrombolysis. Before thrombolysis, the patient should first carry out a detailed physical examination and illness inquiry, and on this basis to develop a scientific nursing plan. At the same time, patients were given intravenous indwelling of the tee tube to ensure that the following thrombolytic care process can reduce the patient's pain. Secondly, in the process of thrombolysis, in order to effectively avoid complications such as bleeding, it is necessary to closely observe the presence of bleeding points in the patient's mucous membrane and skin. In addition,

patients are advised in advance to avoid bleeding caused by damage to the skin and mucous membrane. During brushing and skin care, use soft tools, such as soft toothbrushes, and be careful not to scratch the surface of the skin. In addition, medical staff also need to know whether the patient has a headache or abdominal pain, and if such symptoms occur, then the patient must immediately stop medication. During the course of treatment in this study, all patients maintained absolute bedridden posture within 12 to 14 days of treatment. In order to ensure that the thrombus can be organized, so as to avoid the new emboli can not fall off the phenomenon. During this process, three patients were asked to get out of bed for activities because they felt better after treatment, and the medical staff gave them patient explanations immediately, so that the patients could understand the necessity of bed rest for physical recovery, and then followed the doctor's orders.

4.4 Analysis of Basic Nursing

During the treatment period, patients need to stay in bed for more than ten days, so in this process, it is easy to appear pressure ulcers or urinary tract infections and other complications, causing extra pain and burden to patients. Therefore, basic nursing care is crucial and will determine the patient's recovery. When necessary, nurse personnel should use the material such as water mat, will undertake nursing for the patient, make the compression that the patient skin suffers thereby can get effective alleviate. For example, in the process of preventing the occurrence of pressure ulcers in patients, nursing staff can use water pad and pressure sores stick together, to carry out nursing for patients, so that the frequency of patients turning over can be greatly reduced at the same time, nursing staff can also be effectively reduced the difficulty of nursing. At the same time, this kind of nursing way still has safe, effective characteristic, and operate rise very convenient.

4.5 Analysis of Psychological Nursing

Because this disease is relatively rapid in the onset, and the change of the condition is relatively rapid, and in the process of treatment, the patient will appear a series of symptoms, such as hypoxemia, breathing difficulties, and so on, and thus experience a sense of dying. And this kind of dying feeling, can make the patient's mood worsen further. At this point, in order to prevent the patient's anxiety, depression and other emotions from worsening, the medical staff must explain the symptoms of the disease to the patient with patience and a gentle attitude, so that the patient can face with a calm state of mind. At the same time, it is necessary to create a warm and clean treatment environment for patients, so that patients can obtain emotional comfort and spiritual understanding, and then gradually recover their own health.

5. Conclusion

For the patients with acute pulmonary embolism, effective first aid with the most standardized measures within the shortest time can greatly improve the final first-aid effect and save more patients' lives.

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