

Analysis of Clinical Care of Respiratory Medicine Patients

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Abstracts: The rapid development of industrialization has brought serious pollution to the living environment of human beings, and the respiratory system of human beings is vulnerable to the invasion of foreign germs, which poses a great threat to human health. The chances of respiratory disease patients to feel heavy after treatment are very high, therefore, it is necessary to provide effective nursing care for respiratory internal medicine patients to realize the harmony between doctors and patients and to cure the disease together. The authors of this paper analyze the clinical care of respiratory medicine patients.

Keywords: Respiratory system; Clinical care; Measures

1. Characteristics of the performance of patients with inhalation diseases

1.1 Psychological problems

Patients with respiratory diseases are susceptible to recurrent episodes due to low systemic immunity, and these people are more sensitive to the environment, with a high degree of susceptibility to temperature and climate change. Their work and life are often disturbed by the disease, which in the long run will cause patients to be depressed, anxious, etc., and the bad mood will in turn affect the recovery of the patients, which in turn will cause a vicious circle. In addition, patients with serious respiratory diseases, such as respiratory failure, assisted breathing artificial respiratory machine will often be rejected by the patient, one as a machine is easy to give people a cold feeling, in addition to the discomfort to the patient, the long-term use of the patient will also make the patient to produce low mood, inner anxiety, depression, fear, suspicion, and other adverse psychological.

1.2 Physiological problems

Respiratory medicine patients have problems such as dyspnea, foreign bodies in the respiratory tract, chest tightness, asthma and so on, and their respiratory frequency, respiratory depth, respiratory rhythm, pulse, blood pressure, sputum volume and other indicators will be abnormal. They can seriously affect the patient's quality of life, respiratory diseases are prone to recurrent episodes, leading to a high level of mental stress, which in turn affects the patient's overall health.

1.3 Characteristics of the composition of the population

According to the survey, the majority of patients with respiratory diseases are middle-aged and elderly groups, because with age, human body functions such as the respiratory system, cardiac machinery, excretory functions, etc. also become weaker, coupled with the accumulation of long-term dust, smoke and other toxic substances in the body, once there is a morbidity-inducing factors, respiratory symptoms will be manifested; There are also some young people due to long-term work in dusty environments, such as coal miners, they are exposed to a large number of dust-containing particles for a short period of time with a very high frequency, even if the body is healthy, but the harmful substances have far exceeded the body's load, exceeding the normal capacity of its own purification, and can not be eliminated in a timely manner, which ultimately leads to serious respiratory diseases. There are also some children due to the weaker body and patients with respiratory diseases, while some people are congenital respiratory diseases.

2. Clinical care challenges and solutions for common critically ill patients in respiratory medicine

2.1 Elderly patients with severe respiratory diseases

Elderly people are prone to respiratory diseases, and such diseases are usually chronic and have a long history. For example, chronic bronchitis in the elderly is prone to attacks in cold weather and prolonged, causing great psychological and physical torture to the elderly. In addition, older people are more prone to falls, and falls are also a cause of death in older people. If an older adult has a respiratory medical condition, a fall can trigger respiratory failure, which can lead to death. In the care of elderly respiratory medicine critically ill patients. (1) Pay attention to the matter of maintaining indoor temperature and humidity, which should not be too cold or too hot, nor too dry or too wet. (2)

Keep the floor of the activity area of the elderly dry, or set up a special handrail for the elderly in the activity area.

2.2 Patients with severe asthma

Severe asthma is also common. The disease is usually characterized by breathlessness and stuttering breathing, and a sudden attack can be life-threatening. Nursing staff encountering such patients should: (1) keep the temperature and humidity in the ward appropriate, to maintain the stability of the patient's condition, do not make the condition worse because of the stimulation of the indoor environment. (2) Keep the patient's mood tranquil. (3) Adopt mechanical ventilation nursing methods to relieve the patient's respiratory muscle fatigue.

2.3 Patients with severe respiratory infections

Patients with severe respiratory infections are more common. There are many causes of respiratory infections, such as misuse of antibiotics and cross-infection. In this condition, the ward should be sterilized regularly, and isolation is necessary for very serious infections to prevent the spread of infection. If bacterial culture reveals a fungal infection, antifungal treatment measures are also used.

3. Clinical nursing measures for respiratory medicine patients

3.1 Psychological care

Patients should be concerned about any confabulation and deal with it in a timely manner; be patient with patients who are slow to respond and verbose, and do not interrupt their topics arbitrarily; do not disregard the patients' feelings and end the conversation patiently and appropriately; use honorific titles when calling patients, and avoid calling them by their names or bed numbers; take the initiative to greet patients and greet them warmly when they enter the ward at normal times to eliminate the sense of loneliness and fear, lift their depression, and let the patients maintain a healthy and positive attitude to cope with the disease. Patients maintain a healthy and positive attitude to cope with the disease; Daily treatment and care period should be good at stabilizing the patient's mood, health care personnel must be able to answer questions, conduct appropriate professional health education and psychological education, guidance to improve the quality of sleep, and explain and comfort for the condition; in the condition permitting the condition of the patient's preferences, so that he or she can feel the care, understanding and respect.

3.2 To do a good job of disease detection

(1) Consciousness observation: if the patient appears to be unconscious, daytime drowsiness, flutter-like tremor of both hands and other clinical manifestations, observation should be strengthened and reported to the doctor in time.

(2) Respiratory observation: early respiratory failure is characterized by rapid or slow respiration, and nodding respiration in case of severe respiratory distress, nursing staff should pay extra attention to it.

(3) Infusion observation: the speed of infusion should be grasped, and pay attention to observe the patient's performance, if nausea and vomiting, arrhythmia, etc. should be appropriately slowed down; fourth, urinary output observation: patients with cardiogenic shock often appear hypotension, neurological disorganization, urinary output is reduced, and other symptoms, the caregiver should pay attention to the observation of the changes in blood pressure and urinary routines.

3.3 Dietary care

It is necessary to pay attention to the supplementation of patients' nutrition, enhance their own immunity, and effectively improve their physical condition. Many patients in respiratory medicine are malnourished and weak, and are often accompanied by diarrhea and constipation, and health care personnel should give dietary guidance and advice. Patients should be advised to use more high-calorie, high-protein, vitamin-rich foods, recommended to drink more water, eat less and more meals, and instruct patients' families to give patients abdominal circular massage to promote the patient's gastrointestinal motility.

3.4 Nursing care in respiratory medicine during remission and acute exacerbations

Disease remission should be to enhance physical fitness, improve disease resistance and prevention of relapse, take measures to enhance the patient's body immune function, encourage them to strengthen respiratory exercise, increase effective ventilation, encourage patients to quit smoking, quit drinking, improve the patient's respiratory function. Acute exacerbation and chronic migratory period of care to control infection and expectorant, cough suppressant; with wheezing, add antispasmodic and asthma medication, acute exacerbation and chronic migratory period of time should be encouraged to cough, more changes in position, regular turning, patting the back, respiration is generally appropriate to the lateral or semi lateral lying; Observe pulse, blood pressure, respiratory changes, especially changes in pulse rate and heart rhythm and consciousness, and prepare first aid, defibrillator and pacemaker to effectively cooperate with resuscitation; pay attention to comorbidities, such as pulmonary embolism with end-point pain, and observe the side effects of drugs.

4. Conclusion

Respiratory diseases are mostly chronic processes, for the causative factors of respiratory diseases, in the nursing process, only a comprehensive understanding of the patient's condition, close observation of the changes in the condition, mastery of the characteristics of the disease, good communication with the patient to understand and master their psychological state, good basic care and psychological care, and actively prevent complications, can successfully save the patient.

References

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