

## Effect Analysis of Comfort Nursing Intervention in Nursing Care of Elderly Patients with Chronic Heart Failure

Su Tian<sup>1</sup>, Xiaochao Li<sup>2\*</sup>

<sup>1</sup> First Hospital of Jilin University--the Eastern Division, Changchun, Jilin, 130000, China

<sup>2</sup> Changchun Hospital of Integrated Traditional Chinese and Western Medicine, Changchun, Jilin, 130000, China

\*Corresponding Author

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**Abstract:** Objective: To investigate the clinical effect of comfort nursing in elderly patients with chronic heart failure. Methods: 80 elderly patients with chronic heart failure admitted to our hospital were divided into the control group and the observation group, with 40 cases in each group. The control group received routine nursing and the observation group received comfort nursing. Clinical evaluation was conducted on the patients, and the asthma relief time, heart rhythm recovery time and hospital stay were compared during the nursing intervention, and the patients' mental ability was evaluated by SAS and SDS data of the patients before and after the nursing, and the overall nursing efficiency of the two groups was compared. Results: The time of asthma relief, heart rhythm recovery and hospital stay in the observation group were less than those in the control group. The SAS and SDS data of the observation group were lower than those of the control group. The effective rate of nursing in the observation group was higher than that in the control group on the whole, and there was a significant difference in the comparative analysis between the two groups ( $P < 0.05$ ). Conclusion: Elderly chronic heart failure needs comfort nursing intervention to improve the comfort of patients, which is conducive to the improvement of clinical treatment effect and psychological resistance of patients, and is an effective nursing mode to control elderly chronic heart failure.

### 1. Introduction

Elderly chronic heart failure in recent years has become one of the life safety of elderly patients with disease in our country, is common in patients with clinical manifestations of breathing difficulties, decreased activity tolerance and so on, due to the characteristic of chronic heart failure disease, patients with combined with the characteristic of the age, in the process of treatment and nursing, elderly patients with the demands of comfort is higher, through the comfortable nursing mode, help reduce the elderly patients with psychological stress, enhance psychological resist confidence for the disease, so as to shorten the course of the disease, in patients with chronic heart failure problem timely and effectively control the occurrence and development.

### 2. Materials and Methods

#### 2.1 General Materials

The observation group had a total of 40 patients, including 7 male and female patients under 55 years old. 19 patients aged 56 to 65 years; There were 14 cases over 65 years old. There were 40 patients in the control group, including 11 male and female patients under 55 years old. 14 patients aged 56 to 65 years; There were 15 patients over 65 years old. The patients with severe organ diseases were excluded. Exclude patients with drug allergy; Patients who did not cooperate with treatment and dropped out of the study were excluded. All the selected patients are elderly patients, accompanied by the patient's family care. The nursing investigation did not take the basic data, course of disease and cause of the patient as the statistical basis,  $P > 0.05$ .

## 2.2 Methods

The control group:

Cases data reporting, analysis, percussion, auscultation of patients with respiratory, consciousness as a result, records and data, such as patients life index, combined with the test results retained data, and evaluation of patients with chronic heart failure process, analysis of patients with cardiac function, ecg monitoring of prescribed to patients, oxygen nursing, combining with the doctor's advice antiplatelet drugs to give patients, diuresis, cardiac intervention, such as under the action of a drug reaction were observed. Combined with the clinical symptomatic treatment plans, give corresponding nursing support, advised patients not to heavy manual work, charged families without causing mental stimulation, patients avoid emotional patients, regulating electrolyte patients, and patients with sodium restriction, assess the infusion speed of the reaction of the patients, adjust the speed of transfusion, reduce the temperature and humidity change ward, maintain indoor temperature, to avoid patients affected by environmental stimuli, analysis of the factors of patients with cardiac load, relative to adjust dosage, reduce the burden of patients of cardiopulmonary viscera, combined with patient medical history, history of treatment, such as chief complaint, the nursing care of patients, Combined with the data of the patient's chronic heart failure location, development speed, cardiac output and so on, the adverse reactions of the patient were observed in nursing and emergency treatment was prepared.

The observation group:

More detailed analysis of patients with clinical manifestations, aiming at the condition of the patients with dyspnea, observing patients cause breathing problems cause, combines the condition of patients with labor, sports activities, such as analysis of the law of the patients with dyspnea, respectively in patients with difficulty breathing, breathing difficulties and other action, at night to help patients improve breathing problems, can guide the patients at night padding needles, avoid recumbent, head up a radian, patients to sleep early, should have qi, nursing staff to help patients, through the form of massage, down the patient's respiratory tract, qi, starting from neck to the navel, make patients breathing law gradually to fall asleep, Patients characterized by systemic blood, loss of appetite, annoyed, dietary guidance should be given patients, drug application, consider the problem such as digitalism, closely observe the patient's drug reaction, analysis of patients' activity decreases stamina, gas exchange too damaged, body fluids, the fundamental factors, and from blood, heart discharge to evaluate different aspects such as sodium and water retention, report to the doctor for drug control in a timely manner. When the patient has severe dyspnea, the patient can be guided to take a semi-sitting and lying position, keep the feet down, or the use of the limbs round tourniquet, in order to reduce venous reflux. Limit fluid intake to less than 2 ml per day.

Make detailed records of the patient's amount of defecation, guide the patient to defecate, should encourage the patient to form the habit of regular defecation, to avoid constipation during bed rest, if the patient's stool is dry, remind the patient to avoid exertion in defecation, if the patient defecation pain, can be appropriately given lubricant, after defecation remind the patient to clean.

During the bed period of the patient, there is the possibility of edema of both lower limbs. The patient should be helped to increase the number of times of turning over to protect the integrity of the patient's skin. When the patient sweats and has more body fluids, the patient should be reminded to change clothes for many times to help the patient change body position and avoid partial skin compression. If patients defecation in bed, but also increase the number of clothes, sorting and check sheets in patients with neat and smooth, pay attention to check the patient's skin is dry, such as patients often sweating, should pay attention to wipe the sweat at any time, reduce clothings, scores in patients in the process of scrubbing, should avoid to pull the skin of the patients, pay attention to the patients psychological induction, various periods based on patients, respectively, to give patients psychological comfort, can guide the patients take a deep breath, establishing life interest, organization to help patients to develop recreational activities, such as reducing disease in patients with tension, reduce disease psychological pressure, improve the disease resistance in patients with confidence.

Teach patients or their families the self-monitoring method, remind patients to feel their heart

rate, pulse, etc., for their own problems, such as difficulty in falling asleep, more nocturia, strong sense of satiety, should take the initiative to report to the medical staff, in order to facilitate nursing staff to know more about patients' demands, give them relatively comfortable nursing intervention.

### 2.3 Observation Indicators

Contrast during the nursing intervention in patients with asthma relieving time, heart rate, recovery time, hospital stay, and nursing care of patients before and after the SAS, SDS data to evaluate patients mental abilities, overall compared two groups of efficient care, observation of patients without obvious dyspnea, cough, physical recovery and normal urinary system and patients without obvious lung and heart disease characteristics, electrolyte disorder corrected, no obvious gastrointestinal tract digestive problems, and laboratory tests in patients with various physiological functional recovery is regarded as effective; Observation of patients with the above mild symptoms, and from the admission of the symptoms have significantly reduced, disappeared, is considered to be effective; The symptoms of the patients were observed to remain basically when they were admitted to the hospital.

### 2.4 Statistical Methods

In this medical data analysis, SPSS21.0 software was used for data statistics. The unit of data counting test was  $\chi^2$ , and the unit of measurement test was t. The mean value was  $\bar{x} \pm s$  (mean  $\pm$  standard deviation), and  $P < 0.05$  and  $P > 0.05$  were used to evaluate the statistical difference between the two groups.

## 3. Results

Table 1 Comparison of Treatment Recovery Time between the Two Groups

group	n	duration of asthma relief	heart rate recovery time	LOS
the observation group	40	4.2 $\pm$ 0.5	8.5 $\pm$ 0.3	12.5 $\pm$ 1.3
the control group	40	6.1 $\pm$ 0.4	10.5 $\pm$ 0.9	14.6 $\pm$ 1.2
$\chi^2$	-	2.36	2.41	2.51
P	-	<0.05	<0.05	<0.05

Table 2 Comparison of Sas and Sds Data Evaluation Indexes between the Two Groups

group	n	SAS		SDS	
		before nursing	after nursing	before nursing	after nursing
the observation group	40	55.26 $\pm$ 6.24	31.52 $\pm$ 2.84	65.41 $\pm$ 2.15	35.29 $\pm$ 4.12
the control group	40	54.78 $\pm$ 5.12	41.62 $\pm$ 5.36	61.85 $\pm$ 5.26	42.59 $\pm$ 2.74
t	-	2.452	4.152	2.632	2.856
P	-	< 0.05	< 0.05	< 0.05	< 0.05

Table 3 Effective Rate Analysis of Clinical Nursing Effect of Two Groups of Patients

group	effective	generally effective	noneffective	total effective rate
the observation group	26	10	4	90%
the control group	20	14	6	85%
$\chi^2$	2.452	2.152	2.714	2.963
P	< 0.05	< 0.05	< 0.05	< 0.05

## 4. Discussion

In elderly patients with chronic heart failure, the clinical characterization of more diverse, under the complex clinical response, patients should be combined with bad feelings, all levels of comfortable nursing intervention, not only to strengthen the diet for patients, health care, education and psychological nursing, should also help patients with chronic heart failure during the existence of complications, and help patients better sleep, defecate, etc., combining with the clinical manifestations of the patients adjust the dose, and the doctor report, detailed analysis of the patient's

respiratory problems, help patients more carefree breathing, reduce respiratory discomfort, Attention to patients during treatment environment, drugs and infusion velocity of the possibility of stimulating effect, conform to the demand of comfortable nursing in patients with plan, observation of patients' blood, heart discharge, different performance, such as water sodium retention to closely monitor patients, in the midst of comfortable nursing, giving timely drug control patients, physical testing analysis, psychological support, improve during the treatment of chronic heart failure patients with autologous disease-resistant ability. In this nursing investigation, the patients in the observation group received comfortable nursing, and the time of asthma relief, heart rhythm recovery and hospital stay were all less than those in the control group. The SAS and SDS data of the observation group were lower than those of the control group. The effective rate of nursing in the observation group was higher than that in the control group on the whole, and there was a significant difference in the comparative analysis between the two groups ( $P<0.05$ ). Clinical nursing assessment of chronic heart failure should be carried out for patients, and the concept of comfort care should be tried to promote the recovery of patients.

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