

Feasibility Analysis of Applying Comfortable Service Concept in Nursing of Femoral Neck Fracture

Gao Fenghui, Zhao Ding, Wang Fengdan, Yu Wenjun *

The First Hospital of Jilin University-the Eastern Division, Changchun, Jilin, 130031, China

*Corresponding Author

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Abstract: Objective: To analyze the feasibility of applying comfort service concept in nursing of femoral neck fracture. Methods: Eighty patients with femoral neck fracture in our hospital were randomly divided into the observation group and the control group, with 40 cases in each. The control group received routine nursing intervention, and the observation group received comfortable nursing in our hospital. Using Visual Analogue Scale Scale (Visual Analogue Scale, VAS), the evaluation of patients with pain domain, painless, mild pain, mild pain, severe pain four grades, assess the patient's pain, to collect the opinions of the patients, in combination with the evaluation of patients, a comfortable, comfortable, generally not comfortable contrast, and care for femoral neck fracture in patients with a swelling, dysfunction, pressure ulcers, urinary tract infection common concurrency problems, such as investigation and statistics. Results: There were more patients with mild pain than severe pain in the observation group, and more patients with severe pain in the control group. In the observation group, the number of patients who felt comfortable was higher than that of the control group. The number of cases of common concurrent problems such as swelling, dysfunction, bed sore and urinary tract infection in the observation group was lower than that in the control group, and there was a significant difference in the comparative analysis between the two groups ($P < 0.05$). Conclusion: Taking comfort care is helpful for functional recovery of patients with femoral neck fracture and reducing the adverse symptoms and pain during hospitalization. Comfort service is more suitable for patients with femoral neck fracture and can be implemented and optimized clinically.

1. Introduction

Due to the elderly and women with more severe osteoporosis, produce relatively more cases of femoral neck fracture, influenced by the shear force is not healing may, under the influence of blood attack bad may also necrosis, femoral neck fracture surgery or conservative treatment, the patients have different degree of pain, and not the pain for a long time, some patients because of bed rest, could lead to limb during cure, the contralateral dysfunction, urinary tract infection and other problems, care should be as far as possible let patients maintain a comfortable, help patients from the perspective of the Angle of the mind and body, debugging problems accordingly, Prevent the occurrence of adverse femoral neck fractures during treatment, thus helping the patient to achieve overall comfort.

2. Materials and Methods

2.1 General Materials

All the patients were diagnosed with femoral neck fracture and were divided into 26 cases of type I according to the degree of displacement. II type 24 cases; III type 22 cases; Type IV 8 cases. The time of admission of all the patients with fractures was within 48 hours. Most of the elderly patients suffered from falls and fractures, and most of the young patients suffered from external injuries. The ratio of male to female patients was 32:48, and the age of the patients ranged from 17 to 77 years old, with an average age of (52.36 ± 8.46) . In this nursing, all the patients received

surgical data, and finally recovered well without serious complicated organ diseases, with statistical difference ($P < 0.05$). There was no statistical difference in the basic data such as the incidence factors of femoral neck fracture, gender and age of the patients ($P > 0.05$).

2.2 Methods

The Control Group:

Patients should be prepared before surgery, given nutritional supplements, and quit smoking and drinking. Understand the status of femoral neck fracture patients, in the process of handling patients, patients with fixed avoid touching limb, guidance on patients with functional training, the contralateral activities to avoid stiff limbs, to assist the patient to discharge and other activities, if patients need to stay in bed, unable to function, particular attention should be paid to the health and safety of patients, limb should be in outreach neutral position, in the early postoperative rehabilitation, should avoid to families of patients with too greasy for soup, signs in patients with primary healing after it is advisable to drink bone soup, should record the patient's condition of incision, timely replacement of dressing, observe patients' nature, drainage of liquid, color, etc., Analysis of drainage fluid status, check the patient's limb blood circulation ZangKuang, if observed in patients with skin color variation, limb swelling in the non disease, should be timely to give drugs, external processing, such as basic guidance to patients, postoperative considerations, guide the patient take medicine to eat regularly, if patients with cough, sputum, should be taken back in time for patients, patients with combined with other concurrency issues, through massage, physical therapy, alleviate the pressure of the patients.

The Observation Group:

In combining the control group of nursing, nursing refine nursing content at the same time, makes the patient more comfortable, for bed patients, should prevent the occurrence of bed sore, the series after medication side effects were observed, and the doctor communication appropriate to adjust the dose, patients should be early postoperative rehabilitation training, if patients with postoperative mental state is good, can be carried on the second day of the limb ankle flexion and simple exercise, or combined with the situation of the patients, flexion and simple activities can be in three days after surgery, the patient can be pulled out after the drainage tube, for hip and knee, according to the order of the 1, gradually increase the movement range, Enables the patient to voluntary movement gradually, after seven days, can sit, rehabilitation training, through the seat if patients exercise capacity is insufficient, can use the yoga belt and other auxiliary, place the yoga belt between the patients with ankle and toe joints, by pulling the yoga belt, drive the ankle and toe joints between before and after the activity, under the ankle pump movement, the patients combined with self awareness can be repeated several times over, and every hour exercise time, patients with limb place should be prepared to soft pillow, patients in flexion, if feel movement support is insufficient, the nursing staff hold the patient's heel, exercise helps patients slow bends to hip bend your knees, Nursing staff to observe the range of flexion, reduce the patients' body sense of pulling in the movement, the patient in the sitting position after training, the training should be gradually expanded bed to the bed, moving to the edge of the body, patients with lower leg natural prolapse, and makes the limb outreach and nursing staff to assist patients transferred from the seat for the stance, patients in the early part of the position, can use a walker auxiliary activities, make the limb parts of a gradually increasing weight. During giving patients psychological care, encouragement of an independent movement, and in nursing staff, can strengthen the exercise, increase the difficulty of movement, make patients to see their limb movement function of the recovery, restore confidence, guide the patients self dry observation, if there is a swelling limb parts problems, self assessment of pain and nursing personnel communication, so that the situation of the patients with a more accurate judgment, patients in the sit and walk, should observe the patient's position, avoid limb adduction, spin, hip flexion and risk is less than 90 degrees, increase the pain. Discharge when giving continuous guide patients to remind patients to stay in bed, and the increase of family communication, charged families to protect patients and know more about the patient's condition, to avoid patients with relatively heavy housework work, avoid secondary fractures, family activities,

in patients with limb should be able to spread out, with the patient consultation appointment time, need to X-ray examination in combination with the doctor's advice after proper weight-bearing walking, patients at the early stage of the review should hold crutch not weight-bearing activities as much as possible, but should adhere to the family self flex movement.

2.3 Observation Indicators

Using Visual Analogue Scale Scale (VAS), the evaluation of patients with pain domain, painless, mild pain, mild pain, severe pain four grades, assess the patient's pain, to collect the opinions of the patients, in combination with the evaluation of patients, a comfortable, comfortable, generally not comfortable contrast, and care for femoral neck fracture in patients with a swelling, dysfunction, pressure ulcers, urinary tract infection common concurrency problems, such as investigation and statistics.

2.4 Statistical Treatment

In this medical data analysis, SPSS21.0 software was used for data statistics. The unit of data counting test was χ^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

Explained to patients in VAS assessment, assessment with the link between the actual pain patients, allowing patients to combine self feels marked pain bearing, use scale, at 0 ~ 10 on the scale of positioning, should be accurate to the corresponding number of mm, part of the elderly patients due to lack of awareness, measurement for many times, can be from 0 ~ 10 objective record with pain scale score, at the same time avoid stress patients, for patients with moderate or more pain, should give in the assessment of psychological nursing, reduce the patients psychological burden.

Table 1 Comparison of Vas Index between the Two Groups

group	n	painless	mild	moderate	severe
the observation group	40	22	11	6	1
the control group	40	20	8	9	3
χ^2	-	7.596	6.241	6.324	6.398
P	-	<0.05	<0.05	<0.05	<0.05

Table 2 Comparison of Comfort of Patients in the Two Groups during Nursing

group	n	comfortable	General comfortable	uncomfortable	the total rate of comfortable
the observation group	40	21	12	7	33 (82.5%)
the control group	40	11	18	11	29 (72.5%)
χ^2	-	3.298	3.485	3.769	3.251
P	-	<0.05	<0.05	<0.05	<0.05

4. Patients in the Observation Group Had Adverse Symptoms, while 12 Patients in the Control Group Had Adverse Symptoms.

Table 3 Incidence of Adverse Events in Nursing Care of Patients in the Two Groups

group	n	swelling	dysfunction	bedsore	urinary infection
the observation group	40	1	2	1	1
the control group	40	3	5	3	1
χ^2	-	6.253	5.284	5.263	6.412
P	-	<0.05	<0.05	<0.05	<0.05

5. Discussion

Patients with femoral neck fracture, the limb cannot undertake normal activities, patients are characterized by hip pain, local swelling, partial patient initial stage performance is not obvious, but the limb performance, such as shorten and reverse deformation after X-ray check, can be combined with the doctor's advice to conservative treatment and surgical treatment, and patients' perioperative, around the time of treatment, psychological pressure, due to the difficult to restore limb parts for short periods of time, patients need insist for a long time to training, and proper control of training intensity, make the limb can load gradually, the basic function of the recovery movement. The comfort of patients in nursing is closely related to the recovery status of patients. The comfort of patients without occurrence or early elimination of adverse symptoms can also be naturally improved, while the pain of patients is reduced and the comfort is naturally strengthened. Comfort care is conducive to the evaluation of fracture recovery of patients and is suitable for nursing promotion.

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