

Effect of emergency nursing process on emergency treatment efficiency of patients with acute cerebral infarction

Zhang Fengling

Emergency Department, the Second Department of the First Hospital of Jilin University, Changchun, Jilin, China

Keywords: emergency nursing process; Acute cerebral infarction; First aid

Abstract: Objective: To explore the effect of emergency nursing process on emergency treatment efficiency of patients with acute cerebral infarction. **Methods:** 100 cases of acute cerebral infarction patients received in our hospital under the emergency nursing process and 100 cases of acute cerebral infarction patients received under the traditional nursing process were taken as research objects, respectively classified into the experimental group and the control group, statistics of the success rate of first aid, the average time of first aid and nursing satisfaction of the two groups of patients. To analyze the effect of emergency nursing process on improving emergency treatment efficiency of patients with acute cerebral infarction. **Results:** Under the emergency nursing process, the rescue success rate of 100 patients with cerebral infarction in the experimental group was 96%, the average rescue time was short, and the total nursing satisfaction was 97%. The rescue success rate of patients in the control group was 91%, the average rescue time was longer than that of the experimental group, and the total nursing satisfaction was 84% ($P < 0.05$), the difference was statistically significant. **Conclusion:** The emergency nursing process improves the efficiency and success rate of first aid for patients with acute cerebral infarction, more timely grasp of the limited first aid time, patients' nursing satisfaction increased, mortality reduced, should replace the traditional nursing process.

1. Materials and Methods

1.1 General Materials

There were 100 patients in the experimental group, including 68 males and 32 females. Age ranged from 31 to 72, with an average age of (48.2 ± 3.6) years. The course of disease ranged from 6 months to 5 years, and the mean course of disease was (3.2 ± 0.2) years. There were 100 patients in the control group, including 59 males and 41 females. Age ranged from 35 to 69, with an average age of (42.3 ± 0.9) years. Course of disease ranged from 1 to 9 years, with mean course of disease (4.7 ± 1.1) years. All patients met the clinical diagnostic criteria for acute cerebral infarction. There was no statistically significant difference in the above information ($P > 0.05$).

1.2 Exclusion Criteria

This study excluded patients with acute cerebral infarction associated with heart disease, severe liver and kidney disease, infectious diseases, and mental and intellectual disabilities.

1.3 Methods

Routine nursing process and nursing measures were adopted for patients in the control group. After receiving the diagnosis, the patient was sent to the hospital for treatment. After arriving at the scene, the patient's vital signs were monitored, and basic care was given. For patients who go to the hospital directly, the severity and severity of the disease are judged according to the patient's condition and symptoms, and first aid is arranged according to the severity and urgency of the symptoms.

Patients in the experimental group received optimized nursing measures under the emergency nursing process: an emergency process nursing team was set up, composed of nursing staff, head

nurse, imaging examination personnel and doctors, all of whom had more than 3 years of working experience. All team members have received professional training in emergency nursing and have rich clinical experience. Combined with the actual situation to develop the emergency nursing process, practice for many times. Different people in the team are responsible for different tasks and assume corresponding responsibilities according to different positions. Strict time standards are set for each emergency work and the emergency task is required to be completed within the specified time. Different team shift system, ensure that 24h people on duty.

Training of first aid teams includes (1) professional skills training. It includes collecting patient data through observation and observation in a short period of time to understand the basic symptoms of patients and provide basis for judging the disease. Rapid cardiac monitoring and opening of venous channels for patients. (2) mutual cooperation. Nursing staff and specialist doctors need precise cooperation, so as to save the maximum time and effectively treat patients. In order to improve the efficiency of emergency treatment in the case of acute critical illness such as acute cerebral infarction, the personnel in the emergency care process team have gone through many training sessions. (3) responsibility awareness training. Emergency room facing critical patients, nursing staff and doctors' decision, behavior, sense of responsibility, are decisive factors in the success rate of first aid. Therefore, in the training, it is necessary to enhance the sense of responsibility of every health care worker in the team, assume the responsibility of the position, and be able to respond calmly and quickly in case of emergency.

Emergency nursing process: after receiving the patient's family to maintain a phone call, roughly understand the patient's situation from the family members, the family members for simple nursing guidance, do not change the patient's position, try to keep flat, and stabilize the family members' emotions. After arriving at the scene, we will understand the patient's condition, evaluate the patient's limb function and language function, identify the patient's consciousness and vital signs, report the situation to the hospital, and prepare for emergency treatment and surgery in the hospital. Give the patient simple first aid and oxygen in the ambulance. After the patient is admitted to the hospital, the specialist doctors will re-evaluate the patient's situation, quickly develop the treatment plan, enter the green channel, and first rescue and then register. Emergency drugs were administered to the patient within 3 minutes after admission. Routine examination was completed within 12min. The treatment regimen was implemented within 20min. During treatment, we communicated with patients' families to find out whether there were other medical histories, observed patients' reactions and recorded complications. For patients who go directly to the hospital, the doctors and nurses get to know the condition at the first time, and make rapid triage through rapid observation, physical examination and inquiry. After the diagnosis of acute cerebral infarction, the patient was treated through the green channel.

1.4 Observation Indicators

First aid success rate and average first aid time of the two groups of patients were statistically analyzed and compared. The nursing satisfaction questionnaire is filled out by patients or their families, which contains 20 items, each with 5 points and the full mark is 100 points. Patients or their families score 1, 2, 3, 4 and 5 points based on dissatisfaction, some dissatisfaction, relatively satisfaction, satisfaction and very satisfaction. If you score above 80, you are very satisfied, if you score above 60, you are satisfied, if you score below 80, you are not satisfied.

2. Results

2.1 Comparison of Success Rate of First Aid

Of the 100 patients in the experimental group, 96 were successfully rescued, and 4 patients died with a success rate of 96%. Among them, 83 patients had no sequential, and 13 patients had different degrees of language impairment and activity disorder sequential. Of the 100 patients in the control group, 91 patients were successfully rescued, and 9 patients died, with a success rate of 91%. A total of 22 patients had sequential to varying degrees.

2.2 Comparison of Average First Aid Time

According to statistics, each emergency treatment time of patients in the experimental group was shortened, and the detailed data were shown in table 1.

Table 1 comparison of rescue time between the two groups

group	number of patients(n)	triage time(min)	referral time(min)	ECG monitoring(min)
control group	100	0.5±0.7	38.41±3.26	9.25±0.71
experimental group	100	2.3±0.9	57.28±4.18	15.14±1.57

2.3 Comparison of Nursing Satisfaction

The average score of nursing satisfaction of patients in the experimental group was 93 points, and the average score of nursing satisfaction of patients in the control group was 85 points. The total nursing satisfaction of the experimental group was higher than that of the control group ($P<0.05$). Specific data are shown in table 2.

Table 2 comparison of nursing satisfaction between the two groups

group	number of patients(n)	dissatisfied (n/%)	satisfying(n/%)	Very Satisfied(n/%)	satisfaction rate
control group	100	3	52	45	97%
experimental group	100	16	56	28	84%

3. Discussion

Acute cerebral infarction is a serious acute disease, the pathogenesis is complex, the risk factors are many, a patient's bad habits, suddenly stimulated, may lead to the onset. Once the disease, the situation is critical, must immediately take first aid measures, otherwise it is likely to die or leave serious sequential. At present, the incidence of cerebral infarction in the state of increasing, the onset of age is also decreasing year by year. Despite the development of medical technology and the emergence of many drugs to control diseases, the number of patients who die and become disabled due to acute cerebral infarction remains high every year. After the onset of acute cerebral infarction, about 80% of patients have complications after successful rescue, and the quality of life is seriously affected. However, whether patients' lives can be saved and whether complications occur after treatment is directly related to the efficiency of first aid. The earlier a patient is treated, the greater the survival rate and the lower the chance of complications. Considering the particularity of the disease, it is very necessary to implement the emergency nursing process for patients with acute cerebral infarction.

When the emergency room receives the acute cerebral infarction patient, must race against time, the prompt processing, strives for the rescue time. The emergency nursing process includes three links of receiving, triage and treatment, and each work has strict standards. It is necessary to shorten the waiting time of patients before receiving treatment to the greatest extent, so as to seize the precious time after the onset of patients, improve the success rate of rescue, and save the lives of patients. Due to the difference between the emergency nursing process and the traditional nursing process, patients in contact are also special, so it is necessary to set up emergency nursing team by experienced medical staff, formulate standardized nursing process and clear time requirements in advance, and divide responsibilities for each post personnel. Patients transported by ambulance should judge their condition according to their family members' description before the ambulance arrives at the scene. After arriving at the designated place, they should quickly understand the patient's condition and report to the medical staff in the hospital, so as to shorten the time of triage.

The green channel of the hospital is mainly aimed at patients with acute and severe diseases, including patients with acute cerebral infarction. Therefore, after the diagnosis, should implement the priority rescue, priority inspection, priority principle of hospitalization, follow-up and then fill

the relevant procedures, so in the hospital resources, personnel shortage, can be more effective treatment of acute cerebral infarction patients, patients can enjoy priority.

Thrombolytic therapy is very effective for acute cerebral infarction, but this treatment method requires a short time window and a standardized nursing process. In the traditional emergency nursing process, it takes a lot of time to see a doctor, check up, wait for the test results, and return to see a doctor, which often delays the opportunity of treatment. Even if the treatment is finally obtained, it is inevitable to leave complications due to delayed time. In the process of emergency nursing, the time of patients staying in each link is shortened, and they can receive treatment as soon as possible, and the treatment effect will be significantly improved.

In this emergency nursing process, the success rate of emergency treatment for 100 patients with acute cerebral infarction is as high as 96%, which is higher than the success rate of conventional emergency treatment. The number of patients with sequelae was also smaller in this group than in the control group. Patients and their families gave high recognition to the nursing work. The professional quality of medical staff under the emergency nursing process has been improved, and they can cooperate more closely, making the best use of the limited time and improving the efficiency of first aid. Therefore, it is suggested to popularize the emergency nursing process instead of the traditional nursing process.

References

- [1] Cao Meiqin. Effects of optimizing emergency nursing process on emergency treatment efficiency and quality of life of patients with acute cerebral infarction [J]. *Qilu Nursing Journal*, 2016, 22(6):33-35.
- [2] Lv Xiao. Impact analysis of optimizing emergency nursing process on emergency treatment efficiency and quality of life of patients with acute cerebral infarction [J]. *China Continuing Medical Education*, 2016, 8(13):237-238.
- [3] Yang Guiping. Observe the effect of optimizing emergency nursing process on emergency treatment efficiency of patients with acute cerebral infarction [J]. *World Latest Medical Information Digest*, 2017(55):180-180.
- [4] Huang Ying. Impact of emergency nursing process on emergency treatment efficiency of patients with acute cerebral infarction [J]. *Chinese and Foreign Medical Research*, 2017, 15(15):73-75.
- [5] Zhang Xin. Discussion on the impact of emergency nursing process on emergency treatment efficiency of patients with acute cerebral infarction [J]. *China Continuing Medical Education*, 2017, 9(16):260-261.
- [6] Pan Kaiju, Ye Qiumei, Cao Xiaohong. Application observation of emergency nursing process in the treatment of patients with acute cerebral infarction [J]. *Primary Medicine BBS*, 2017, 21(36):5172-5173.
- [7] Li Meijia, xi wen. Application effect of emergency nursing process optimization in the rescue of patients with gynecological intra-abdominal hemorrhage [J]. *Journal of Practical Clinical Medicine*, 2018(4):103-106.
- [8] Ouyang Hua. Effect of emergency nursing process optimization on emergency patients' first-aid effect and nursing satisfaction [J]. *Chinese Contemporary Medicine*, 2017, 24(31):194-196.
- [9] Luo Jinzhu, Huang Jiangying. Effect observation of optimizing emergency nursing process in the rescue of patients with acute myocardial infarction [J]. *Chinese and Foreign Medical Research*, 2017, 15(5):65-66.
- [10] Xin Qiaoying. Effect analysis of the whole-process optimization of emergency nursing mode in rescuing patients with acute cerebral infarction [J]. *International Journal of Medicine and Health*, 2018, 24(8):1289-1292.
- [11] Lu Linghong. Application of emergency nursing process management in hospital transportation of patients with cerebral infarction thrombolysis [J]. *Chinese Rural Medicine*, 2018(8):79-80.