

Analysis on the Effect of Operating Room Nursing Based on Simulated Teaching of Wound Infection

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Abstract: Objective To investigate the preventive effect of nursing intervention on wound infection in the operating room. Methods A total of 128 patients who underwent surgery in our hospital from October 2012 to October 2013 were randomly selected and divided into two groups according to the random number table method, 64 patients in each group. The control group received routine nursing, and the study group received nursing intervention. The patient's care effect, wound healing and wound infection. Results After treatment with different nursing programs, the effective rate of the study group was 96.88%, which was significantly higher than that of the group (79.69%). The difference was statistically significant ($P < 0.05$). The rate of grade A healing of the surgical incision was 81.25%. The difference was statistically significant ($P < 0.05$). The incidence of infection in the study group was 3.12%, which was significantly less than that of the control group ($P < 0.05$). Conclusion The application of nursing intervention in the operating room can effectively improve the patient's curative effect and wound healing, and reduce the incidence of postoperative wound infection. It has certain clinical application and research value.

1. Introduction

Incision infection after surgery is a common nosocomial infection in clinical surgery, which can seriously affect the prognosis of patients and hospitals. In order to effectively reduce the incidence of wound infection, strengthening and paying attention to related prevention and control has always been an important topic in hospital research. Strengthening the nursing management of the operating room, including strict management of the environment, strict control of aseptic operation, and rational application of antibacterial drugs during surgery, is of great significance for the prevention of wound infection in the operating room. This article mainly analyzes the effect of operating room intervention on 64 patients who underwent surgery in our hospital from October 2012 to October 2013. The report is as follows.

2. Simulated Teaching

Operating room nursing is a professional discipline with high practicality and high aseptic technique. With the transformation of medical models and the development of nursing concepts, operating room nursing teaching needs to keep pace with the times. The operating room is different from the ward environment, which is very strange to the intern nurses; the operating room has a fast pace of work and the patient is in a nervous process; the staff in the operating room is complex and the aseptic operation is strict. In recent years, new equipment and equipment have emerged, which makes the nursing students feel at a loss in the operating room. The new situation puts forward higher requirements for clinical nursing teaching. The traditional indoctrination teaching mode can not meet the requirements of modern teaching. It is imperative to explore a new teaching mode. The operating room nursing teaching method based on the simulated teaching is as follows.

The traditional infusion type is introduced directly to the environment and the operating room nurses job responsibilities. Nursing students reflect that this introduction is blunt and not easy to understand and accept. We took the first day of the department to introduce environmental questions and ask the nursing students to review the relevant operating room knowledge. For example, in the process of teaching, you can ask questions about the ways of disinfection and sterilization commonly used by nursing students to introduce the following contents, and answer the questions raised by the teacher to deepen the impression of the students on the problem. Let the teacher teach the nurse to master the knowledge of the operating room. After getting familiar with the environment, lead the nursing students to watch the multimedia video, let them have a preliminary understanding of the job duties, work content and several important aseptic operations of the operating room nurse.

Teachers with teaching often ask questions to the nursing students. After class, ask the nursing students to find answers to relevant questions and ask their own questions. Then, the general teacher will lead the nursing students to discuss and explain the problems raised by the nursing students, thus deepening the impression. To achieve the purpose of mastering knowledge.

Apply the holistic concept of care to preoperative visits. Preoperative visit is an important manifestation of the overall care of the operating room. The church nurses explain the problems raised by the patients in a popular, clear, accurate and personalized language during the visit, and comfort the patients to eliminate their nervous fear. Psychology, so that it is treated with surgery in the best state of mind. Encourage nursing students to ask relevant nursing problems, propose nursing measures together, and wait for postoperative evaluation. At the same time as regular visits to inpatients, we prepared more than 20 typical pre-operative patient simulation data from different departments, and the teachers were randomly simulated to simulate different preoperative patients. If the weight is only 45 kg before the simulation, the height is 1. During the surgical teaching of 75 m esophageal cancer patients, the nursing students discussed the risk of skin damage and needed protective measures during surgery to avoid skin damage. The selected simulated case data is representative and extensive, which can expand the knowledge of nursing students and reduce the limited shortage of clinical patients and disease types in a single time period.

The key contents of the simulated teaching include the three-way check after the patient enters the room, how to carry out the oral doctor's advice, the check of the blood transfusion, the main work contents of the hand washing nurse and the roving nurse. The teacher with the teacher scored the quantitative score in the simulation teaching, and the performance of the nursing students in the simulated teaching during surgery accounted for 60% of the scores of the subjects. In the intraoperative simulation teaching, the nursing students independently completed the contents required for the syllabus such as washing hands, wearing sterile surgical gowns, placing sterile operating tables, and assisting physicians to apply towels, so that the teaching content becomes intuitive and image. It can enable nursing students to master the most operating room knowledge and skills during a short operating room internship.

3. Materials and Methods

128 patients who underwent surgery in our hospital from October 2012 to October 2013 were randomly selected. The patients were divided into study group and control group according to the random number table method, 64 cases in each group. The study group consisted of 34 males and 30 females, aged 18-59 years, with an average of (29 ± 6.38) years, including 14 cases of appendicitis, 12 cases of gastric surgery, 11 cases of biliary surgery, 10 cases of abdominal surgery, and 8 cases of intestinal surgery. For example, there were 9 cases of thyroid surgery; 33 cases of males and 31 females, aged 19-58 years, mean (28 ± 6.76) years old, including 13 cases of appendicitis surgery, 10 cases of gastric surgery, 12 cases of biliary tract surgery, abdominal surgery Eleven cases, 9 cases of intestinal surgery, 9 cases of thyroid surgery, excluded other infection factors. There were no significant differences in gender, age, and type of surgery between the two groups ($P > 0.05$). Inclusion criteria: age > 18 years old and < 60 years old; all met the signs of surgical treatment; signed informed consent for treatment and care programs; no

contraindications for surgery and application of anesthetics. Exclusion criteria: serious diseases such as heart, liver and kidney; chronic diseases such as diabetes and hypertension; those with mental and mental illness; those with unclear understanding and awareness; those who do not cooperate with treatment and care programs. Strengthening the bactericidal awareness of nursing staff The operating room belongs to the important clinical department. The quality of disinfection directly affects the health of patients. Therefore, the operating room needs to strengthen the awareness of sterilization and disinfection of nursing staff and strengthen the concept of sterile surgery for doctors. In actual management, regular ideological education and operational guidance can be used to regulate and establish a special supervision team to improve the system. The diagnostic criteria for wound infection are based on the "Diagnostic Criteria for Nosocomial Infections" of the Ministry of Health, and targeted nursing interventions are developed in conjunction with the infection of the patient's incision. Pre-operative nursing intervention, the problem of wound infection caused by unqualified disinfection of the patient's skin, the clinical measures to be taken are divided into pre-operative skin disinfection and cleaning, reducing the amount of bacteria in the skin. For the surgical site where the hair needs to be removed, the removal time is close to the operation time, and the optimal time is one day before surgery or the day; and attention is paid to the infection of the patient's skin caused by pain, damage and scratches on the skin epidermis of the patient. operating room nursing intervention, first of all need to strictly strengthen the air quality of the operating room, air quality can cause airborne bacteria, particles into the incision and the body infection. Nursing staff need to perform wiping and air purification in strict accordance with relevant regulations, and regular operating room disinfection is required for clinical application equipment in the operating room. The medical staff in the operating room needs strict aseptic operation and limits the number of operating rooms to reduce the amount of bacteria. For the equipment in the operating room, the nursing staff needs to perform disinfection of the humidified bottles and instruments for each regular period of oxygen, and strengthen the management and examination of the instruments, thereby reducing the infection of the patient's incision. Surgical sutures are strictly in accordance with the surgical procedures of Surgery. The postoperative care and disinfection of the dressings in the operating room will directly affect the healing of the patient's incision. Therefore, surgical dressing change can be given to a single package change kit and stitch pack. Doctors and nurses need to wash their hands and disinfection strictly. Apply disposable paper towels, and each person needs to wipe their hands when changing the medicine. The dressing is mainly operated by the doctor, and the nurse helps to change the medicine. Pay attention to the cleanliness and disinfection of the air in the ward, and keep the surface and ground of each object clean. The hospital needs regular ventilation every day. The air before the dressing is disinfected by ultraviolet rays, and the ground is disinfected. The waste is treated regularly. The dressing change requires special personnel and strict aseptic operation. At the same time, attention should be paid to the nursing intervention of the incision and the drainage tube, and the sterile gauze should be given. In addition, the dressing should be fixed, and the flow backflow of the patient in the drainage tube should be prevented to prevent the infection.

4. Results Analysis

In the clinic, the occurrence of wound infection after surgery often occurs, which will seriously affect the clinical efficacy of the patient and the quality of life of the prognosis. A large number of clinical research literatures show that operating room management is closely related to wound infection, and surgical instruments, air, medical personnel's operation and patient's physique can cause infection in patients. Strengthening and attaching importance to the nursing intervention in all aspects of the operating room has important clinical significance for the infection of the incision, the reduction of postoperative complications and the improvement of medical quality and quality of care. When a patient has a surgical incision infection, it may cause delayed healing of the incision, or even splitting, which may affect the patient's later treatment. Therefore, the operating room needs to pay attention to the patient's postoperative incision infection and preventive care work, so as to effectively improve the patient. Prognosis recovery. In this study, the clinical effects of nursing

intervention were analyzed. It was concluded that the effective rate of the study group was 96.88%, which was higher than that of the control group (79.69%). The difference was statistically significant. The results of this study show that the surgical room intervention for surgical treatment can effectively improve the patient's efficacy and has important clinical significance. In view of the multiple factors of incision infection after surgery, the operating room intervention needs to be managed in detail according to the specific situation, reducing the causes of various infections. Therefore, it is necessary to strengthen the nursing intervention of the operating room. The nursing intervention can effectively improve the protection of the health care workers' awareness of infection, strengthen the concept of aseptic operation, effectively reduce the bacterial microorganisms in the operating room, and ensure the regular sterilization of the operating room air and equipment. Effectively reduce postoperative infection in patients, and ultimately improve the quality of life and prognosis of the quality of life restored. In the operating room intervention interventions, the nursing staff needs to combine the possible causes of postoperative incision infection, develop a corresponding nursing intervention program, and modify and improve as the disease progresses. Nursing staff must strictly control the prevention and occurrence of other diseases of patients after surgery, and give patients targeted medical care. Advocate patients to eat high-vitamin, low-fat and high-protein foods, maintain adequate nutrient intake, improve the body's immunity, and thus effectively resist the occurrence of bacterial infections, while the surgical prognosis pay attention to the strict and rational application of antibiotics.

5. Conclusion

After nearly three years of exploration and continuous improvement, we believe that the new method of operating room nursing based on simulated teaching can obviously mobilize the enthusiasm of nursing students, improve the efficiency and performance of practice, and it is worth promoting. Operating room intervention interventions for patients can effectively reduce the rate of postoperative incision infection, shorten the length of hospital stay, improve patient satisfaction, and reduce disputes between doctors and patients. It is worthy of clinical promotion and application.

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