

## Application analysis of diversity nursing in the nursing of diabetes combined with coronary heart disease

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**Keywords:** diversity nursing; Diabetes combined with coronary heart disease; Nursing; Application analysis

**Abstract: Objective:** To analyze the effect of diversity nursing in the nursing of diabetes combined with coronary heart disease. **Methods:** To choose his own hospital make a diagnosis and give treatment intervention and treatment of 100 cases of diabetic patients with coronary heart disease to carry on the investigation, the patients in the form of natural classification, divided into observation group in 50 cases, to take care of diversity, 50 cases of control group adopted routine nursing, two group than in diabetic coronary heart disease during the period of treatment and nursing, irregular heartbeat, fatigue, infections, the probability of adverse symptoms such as fever, chest pain, anxiety self-assessment scale SAS evaluation in nursing the patients with psychological anxiety levels, under the questionnaire to check the final statistical patients satisfaction value. **Results:** In the observation group, 1 patient had irregular heart rate, 2 patients had fatigue, 0 patients had infection, 2 patients had fever and 1 patient had chest pain. In the control group, there were 1 case of arrhythmia, 2 cases of fatigue, 1 case of infection, 3 cases of fever and 2 cases of chest pain. There were 37 cases of mild anxiety, 12 cases of moderate anxiety and 1 case of severe anxiety in the observation group. In the control group, 34 patients had mild anxiety, 10 patients had moderate anxiety, and 6 patients had severe anxiety. The overall satisfaction rate of patients in the observation group was 96% higher than that of the control group was 84%. **Conclusion:** Diabetes combined with coronary heart disease, the disease itself has the characteristics of diversity, the nursing also from the perspective of diversity, multi-angle analysis and discussion, intervention in patients with various diseases of various problems, can improve the nursing effect.

### 1. Introduction

Of residents in our country diabetes is familiar with a kind of clinical disease, the incidence of advancing with time and climb, not only the onset age also gradually to younger, diabetes is no longer the exclusive diseases of old people, and poor blood glucose control in everyday, the case of long-term do not take the lead to chronic complications are numerous, including diabetic coronary heart disease (CHD) is a common clinical manifestation, cause diabetes mortality significantly improve, diversity nursing is focus on the bust of complicated disease, adopted more levels of nursing mode, pay attention to patients after onset of all kinds of problems, to nursing form is more comprehensive, This makes the form of care and treatment process more close.

### 2. Materials and Methods

#### 2.1 General Materials

100 cases of patients with diabetes combined with coronary heart disease who received treatment and intervention in our hospital were selected for investigation and evidence collection. The patients were naturally classified into two groups, the observation group and the control group, with 50 cases each. The observation group received diversified nursing, and the control group received routine nursing. In terms of gender, there were 21 males and 29 females in the control group, 26 males and 24 females in the observation group; In terms of age range, the age of the control group

hovered from 55 to 82 years old, and that of the observation group hovered from 54 to 88 years old; The mean age in the control group was  $(62.36 \pm 7.52)$  years old, and the mean age in the observation group was  $(66.35 \pm 5.84)$  years old. All the enrolled patients received formal diagnosis in our hospital, no other complications, no history of major surgery, continued treatment and nursing in our hospital, and the data were complete.

## 2.2 Methods

Routine nursing: carry out admission education for patients, introduce the diagnosis results of corresponding diseases, requirements for doctors' orders, etc., require patients to pay attention to control blood glucose in diet, protein should account for 15% of the total energy. Protein intake for light manual workers was 1.26 grams per kilogram of standard body weight per day, and 1.75 grams for very heavy manual workers. Eat less than 2 grams of salt a day to reduce the burden on your heart. Drink less or do not drink strong tea, coffee, chili, mustard, wine and other spicy food should not be edible. Monitor patients' blood glucose changes regularly, pay attention to the health environment in the ward, etc.

Diversity of care:

(1) various diet care: provide recipes for Fried tofu with agaric: but people with gout, kidney disease, peptic ulcer should not eat tofu. Kiwi apricot juice: kiwi and apricot cubes together into the juicer juice, into the cup can be drunk. In addition, according to the preferences of patients, we can provide a quick mix of celery beancurd, carp winter melon soup, tomato Fried mushroom, Chinese yam chop soup and other diet list. Patients are not completely unable to eat fruit, to eat fruit in a specific environment: ideal blood glucose control (fasting  $< 7\text{mmol/L}$ , after meal  $< 8.7\text{mmol/L}$ ); between two meals (10:00 am, 16:00 PM); low sugar fruit (cucumber, tomato, green apple, orange, grapefruit, strawberry, plum, etc.); calculated in total calories (deduct half two meals).

(2) the risk prevention: patients in the bath, the water temperature should not be too high, and at the same time bath time is less than 30 minutes, if the bath in the bathtub, time should be less than five minutes, don't go to public bath sauna, etc., to avoid patients with dilated vessels in the skin, more blood flow to the surrounding blood vessels, reduce blood flow to the heart, a lack of oxygen and induce myocardial infarction, or even death, nursing in consultation with their families, in patients being alone, should every half an hour talking to patients, found that the condition of the patients in a timely manner.

(3) psychological care: mood changes cause the burden of the heart, should close communication with patients during patient rounds, understand the patients' sleep quality, presence of constipation, etc., should be timely use of drugs to help patients relieve stress, while keeping the ward at night so quiet, remind patients before sleeping to drink a cup of hot milk and sleeping, can drink honey promote under the condition of constipation defecate, eliminate the bedside prone to anxiety, in order to reduce the pressure of the patients, prompting the patient's mood to relax, to distract the patient, at the same time take music therapy, listen to soothing music to relieve tension. Explain the process and treatment plan of the disease to the patient. Fully understand the patient's personality. By using the psychotherapeutic effect of language and the confidence expressed by language skills in conversation, we can enhance patients' confidence in treatment, maintain emotional stability and make patients actively cooperate with treatment.

(4) exercise care: improper sports meeting aggravate the patient's heart burden, but is not required in patients with no participation in sports, but the proper exercise, can reduce patients' psychological anxiety, improve the patient's immune function, exercise in general rhythm slow, can make the upper and lower limbs large muscle activities appropriate set of projects, such as tai chi, walking, cycling, etc. Do not eat enough food or drink exciting drinks within 2 hours before exercise. Prepare activities should be carried out at the beginning of each exercise, and do not stop suddenly at the end of each exercise to avoid a sudden increase in exercise. Heart rate can be monitored with electrocardiogram 4 to 8 weeks before exercise.

(5) detail care: when the patient wakes up in the morning, ask the patient to stay in bed for more than 5 ~ 10 minutes. With the help of family members, massage the patient's anterior cardiac area

and head, guide the patient to take deep breaths, yawn and stretch, and then prepare a cup of warm water for the patient, dress and eat slowly, so as to slow down the pace of life. If possible, take a nap for half an hour every day. Keep warm in cold season and prevent heat in summer.

(6) Drug care: patients are advised to take nifedipine orally to slowly change the body position, do not take aspirin without permission, during the medication to observe whether there is subcutaneous bleeding and gingival bleeding. Allow patients to monitor their own pulse as they learn to take betalog orally. Report to your doctor immediately if pulse rate is below 60 beats/min. Keep nitroglycerin tablets on hand for emergency use.

## 2.3 Observation Indexes

The two groups compared the incidence of abnormal heart rate, fatigue, infection, fever, chest pain and other adverse symptoms during the treatment and nursing of diabetes combined with coronary heart disease. The anxiety self-rating scale SAS was used to evaluate the degree of psychological anxiety of patients in nursing, and finally the patients' satisfaction value checked in the questionnaire was counted.

## 2.4 Statistical Treatment

Excel software such as medical office under the discrete data statistics and classified count ( $X^2$  test, is used to infer that two or forming than there is difference between the overall rate), matching measurement data comparison between samples or groups (t test, observe the differences of this group of samples with overall),  $\bar{x}$  (average)  $\pm s$  (Standard Deviation) said mean add and subtract Standard Deviation, the small probability event of statistical quality control ( $P < 0.05$  said have significant difference (one hundred trials, the frequency is less than 5 times).

## 3. Results

In the observation group, 1 patient had irregular heart rate, 2 patients had fatigue, 0 patients had infection, 2 patients had fever, and 1 patient had chest pain.

In the control group, there were 1 case of arrhythmia, 2 cases of fatigue, 1 case of infection, 3 cases of fever and 2 cases of chest pain.

Table 1 comparison of the incidence of adverse symptoms between the two groups

group	n	irregular heart rate	fever	fatigue	chest pain	infection	total rate
the observation group	50	1	2	2	1	0	12%
the control group	50	1	3	2	2	1	18%
$X^2$	-	2.365	2.485	2.485	2.694	2.754	2.158
P	-	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05

There were 37 cases of mild anxiety, 12 cases of moderate anxiety and 1 case of severe anxiety in the observation group.

In the control group, 34 patients had mild anxiety, 10 patients had moderate anxiety, and 6 patients had severe anxiety.

Table 2 comparison of anxiety between the two groups

group	n	mild anxiety	Moderate anxiety	severe anxiety	total rate
the observation group	50	37	12	1	98%
the control group	50	34	10	6	88%
$X^2$	-	3.241	4.257	3.265	2.574
P	-	<0.05	<0.05	<0.05	<0.05

The overall satisfaction rate of patients in the observation group was 96% higher than that of the control group was 84%.

Table 3 satisfaction scores of patients in the two groups during nursing [n(%)]

group	n	satisfaction	general satisfaction	dissatisfaction	the satisfaction rate
the observation group	50	36	12	2	48 (96%)
the control group	50	29	13	8	42 (84%)
X <sup>2</sup>	-	6.352	4.253	3.265	3.745
P	-	<0.05	<0.05	<0.05	<0.05

#### 4. Discussion

In the nursing of diabetes combined with coronary heart disease, intervention measures based on improving lifestyle (reasonable diet, increasing exercise, weight control, etc.) should be taken, and glucose-lowering drugs should be applied according to the situation of patients. For patients with advanced age, long history of diabetes, high overall cardiovascular risk level, history of severe hypoglycemia, short life expectancy, and multiple co-existing diseases, the recommended target blood glucose level is FBG<7.8mmol/L (140mg/dl) and blood glucose <11.1mmol/L (200mg/dl) 2 hours after loading. In nursing, based on basic dietary requirements, appropriate disease recipes should be formulated for patients. It is more urgent to specify what patients should eat more and what should be prohibited, so that patients can have an intuitive understanding of diet. At the same time, in the exercise nursing, combined with the patients' age and exercise habits, guide the patients to carry out relatively gentle exercise that can self-control strength and time. During the process of exercise, monitor the patients' corresponding blood glucose value and heart rate continuously, so as to avoid excessive exercise and improper exercise that may cause cardiac burden. Psychological nursing should be throughout the course of the patients admitted to hospital in communicating with patients in the nursing ward rounds, ask the patient's feelings at the same time give opinions, a series of problems for patients during treatment and care should be taken, such as ease of patients with constipation problems, and reduce the patients psychological pressure, etc., at the same time pay attention to health education, by making the patients understanding of disease more fully, and compliance with nursing care plan. At the same time, we should pay special attention to the latent risk of the patient after the disease, mainly in the patient alone may occur during the risk, the patient should pay attention to the water temperature when bathing, and the family should also regularly patrol, to ensure the safety of the patient. Combined with the patient's medication requirements for guidance, patients should be clear about their medication requirements, so that the effectiveness of the drug play out, the nursing staff should continue to observe patients, in the above nursing at the same time add details, so that the nursing more thoughtful and meticulous, to achieve the expected standard of care.

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