

Application of continuous nursing model in chronic disease nursing of the aged

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Keywords: continuous nursing mode; Chronic diseases of the elderly; Nursing; application

Abstract: Objective: To explore the application value of continuous nursing mode in chronic disease nursing of the elderly. **Methods:** 100 cases of elderly patients with chronic diseases in our hospital were randomly divided into control group and observation group, 50 cases each. The control group was treated with routine nursing, while the observation group was treated with continuous nursing model. The Barthelindex of ADL was compared to calculate the dependence rate of patients on diet, bathing, dressing, urination and movement, and the nursing satisfaction score of patients in the two groups. **Results:** Compared with the observation group, the patients in the observation group had a relatively strong ability to take care of themselves, a low demand for common life dependence, and a small number of dependent cases. The satisfaction score of the observation group on nursing care was relatively high, and there was a significant difference between the two groups ($P < 0.05$). **Conclusion:** Chronic diseases of the elderly need long-term nursing, continuous follow-up investigation in nursing, follow-up of the patient's condition for nursing help, can improve the patient's ability to take care of themselves, promote patients in chronic disease relief, control, reduce the pressure of life, access to the actual help of nursing.

1. Introduction

The physical function of elderly patients is gradually reduced, more or less all of them have chronic diseases that affect their body and mood. In China's elderly population, there are nearly 150 million people with chronic diseases, and the number of disabled and partially disabled elderly people is 37.5 million. Predicts 2020, disability, the elderly will amount to 42 million, this paper investigates the senile chronic diseases in the top five of the high blood pressure, diabetes, ischemic heart disease, cerebrovascular disease, chronic obstructive pulmonary disease, investigate the statistics of the basic data, the implementation of continuous nursing observation of patients, further investigate the status of the patient's life and active jamming, traceability patients after extended care disease occurrence and development time, increase the intensity of the nursing intervention.

2. Materials and Methods

2.1 General Materials

100 elderly patients with chronic diseases admitted to our hospital were randomly divided into the control group and the observation group, with 50 cases each. In terms of gender, there were 29 males and 21 females in the control group, 28 males and 22 females in the observation group. In terms of age range, the age of the control group hovered between 52 and 86 years old, and that of the observation group hovered between 57 and 88 years old. The mean age in the control group was (60.26 ± 7.15) years old, and the mean age in the observation group was (62.39 ± 6.75) years old. In this investigation, 23 patients had hypertension, 26 had diabetes, 25 had ischemic heart disease, 19 had cerebrovascular disease, and 13 had copd.

2.2 Methods

Routine care:

(1) To understand the patient's detailed medical history, the elderly may be associated with a

variety of diseases and endless pain, part of the elderly oral is not clear, communication is difficult, the mood depressed or not willing to disclose information, communication, should be paid attention to induce patients say history with you, accompanied by family members, should ask family members of the corresponding problem, added and record, if patients in our hospital see a doctor, should draw on the patient's medical record to carry on the summary, part of the old man, not willing to pay the medical expenses, shall specify the benefits of earlier treatment, communicate with family members, let family members require hospitalized patients, at the same time make patients feel be love, Initially improve patient compliance.

(2) Change the old bad habits, if patients with long-term drinking, smoking habits, and in old age is not easy to fix, and elderly patients more self, it is not easy to comply with care, attention should be paid to persuade the patient to ban all activities related to the negative treatment, and list the list with family members, family care, ensuring patients take medicine on time, and able to abide by the medical requirements.

(3) Elderly patients in the process of examination, nursing staff should advance their professional quality, complete the examination quickly and neatly, and gently introduce the examination related, ask patients to cooperate, pay attention to patience in the introduction, for the understanding ability is poor, slow patients, should pay attention to step by step guidance.

(4) Pay attention to patients to strengthen life guidance, ask patients to develop regular habits of life, pay attention to reasonable sleep during the hospital, neither too early to go to bed, nor lazy bed, diet remind patients to eat slowly. When the patients rely on bathing and dressing, they should communicate with their family members and monitor the situation of the patients 24 hours a day to avoid problems such as falls and depression.

Continuous care model:

(1) Follow up the medication effect of patients, such as in hypertension care, the medication dose of patients should not be too large, generally 1/2 or 1/3 of the constant dosage, and gradually increase when necessary. Should investigate whether the patient has the habit of taking health care products, instruct the patient not to take drugs randomly, continue to ask the patient's medication time and feelings, the patient should not take antihypertensive drugs before sleep, should emphasize repeatedly, continuously observe the patient's blood pressure changes after medication, make the patient's blood pressure changes statistical table. During coronary heart disease, patients should continue to understand the law of angina attack, observe the series of reactions of patients to find the law, other patients should continue to observe whether there are complications, understand the clinical changes and main manifestations of patients.

(2) Continuous dietary intervention, which not only proposed the prohibition of dietary conditions, but also made a dietary plan for the patients based on the results of continuous observation, continuously asked the patients about their dietary feelings, etc. Finally, an exclusive dietary manual was developed before the patients were discharged, and the patients' dietary status was followed up by telephone.

(3) Understand the patient's movement, under the premise of exercise capacity in patients, should regularize the exercise like walking, tai chi, qigong, pay attention to a few days ago in the movement of the heart rate monitor patients such as index, compared with the indexes of patients after exercise, find the patients exercise time data, follow-up tracking the movement of patients, and combined with the patient's medication and clinical condition changes, such as exercise plan adjustment.

(4) Continue to focus on the patient's psychological change, patients before and after medication, check, etc. Series of medical activities, psychological change and so on, pay attention to patients with psychological evaluation, close communication with patients, patients with induced expressing your feelings and aspirations, attention, by transferring patients placed flowers in the room, spraying perfume, played like TV programs such as improve the patient's psychological motivation.

(5) For health education to patients, and the communication with the family, make families master first aid measures, if patients with long-term hospitalization, patient communication activities, such as playing chess, strengthen the movement and thinking in patients with nerve,

reduce the distance the patient at the same time, gradually permeate health information in daily life, let the victim "long illness into medical," understanding of yourself more fully.

And contact with the patient's nursing staff should avoid frequent replacement, patients should continue to contact the same nursing staff, formed between the credibility, nursing staff to learn more about the patient's specific situation and habits characteristic, patients to reduce the stress response, the strange nurses to give confidence to each other, mutual concern, is helpful for the optimization of continuing care.

2.3 Observation Indexes

Compared two groups of Barthel index (the Barthelindex of ADL), statistics patients in eating, bathing, dressing, urine, action depend on chance, diet: patients to nursing staff to help water, diet need to take back, and so on, to be independent to eat but eat easy breathing disorders, the heart rate of the patients, in the understanding of diet taboo is not clear, remember to remind patients, patients need to family members or nursing staff to assist in the eating; Patients who are prone to fainting when the water temperature is too high in the bath and need the inquiry and help from family members or nursing staff; Patients who need help from family members or nursing staff in dressing; Patients who need the assistance of nursing staff or family members in defecating or urinating, with poor mobility, poor mobility and physical discoordination. And the nursing satisfaction scores of the two groups were calculated.

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 survey of daily dependence of patients in the observation group, 1 patient had diet, 3 patients had bath, 2 patients had dressing, 1 patient had urine and 2 patients had action. A total of 9 patients had dependence, and the overall dependence rate was 18%.

In the survey of daily dependence of patients in the control group, 2 patients had diet, 4 patients had bath, 2 patients had dressing, 1 patient had urine, and 3 patients had action. A total of 12 patients had dependence, with the overall dependency rate of 24%.

Table 1 comparison of the number of dependent cases of patients in the two groups under the Barthelindex of ADL

group	n	diet	bath	dressing	urine	action
the observation group	50	1	3	2	1	2
the control group	50	2	4	2	1	3
X^2	-	3.263	3.415	2.542	2.856	3.745
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

36 patients in the observation group were satisfied. 12 cases indicated general satisfaction. 2 cases were not satisfied. The investigation found that the patient's condition did not change much in nursing, and the nursing staff did not timely guide the patient to do examination and other work when they were busy and had a large number of patients, so the low score was worthy of attention.

25 patients in the control group were satisfied. 16 cases showed general satisfaction. 9 patients were dissatisfied, and the 9 patients were mainly emotional problems, with great psychological pressure and low trust in the hospital. In addition, they did not receive timely intervention of nursing, so their scores were not high, which was worthy of attention in routine nursing.

Table 2 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	25	16	9	41(82%)
χ^2	-	2.369	4.125	5.263	3.274
P	-	<0.05	<0.05	<0.05	<0.05

4. Discussion

Elderly chronic disease treatment is a slow process, care should be step by step, gradually increase the understanding of the clinical situation, meanwhile to improve patient's scientific cognition, family members of the master primary care requirements, which in the hospital care or home care, patients were able to get a better guide, continuous care model is on the basis of conventional nursing, longer time, continue to observe and understand, continuous communication and records, adjust the low of the patient's care plan, rather than a form of care throughout, nursing form more flexible as the patient's condition change and change, Continuous nursing should strengthen nurses' sense of responsibility and patience, in patients with continuous attention, to make appropriate care of tilt, protection of patient factors, and can take care of the patients, reduce the possibility of bad problems such as infection, through continuous care to make the patient stabilization, so as to recover at an early date.

Patients in the survey and statistics for continuity of care, life's dependence is reduced, the overall quality of life improved, to this kind of care satisfied at the same time, should respect the wishes of patients, and listen to the patient, in the continuous care to take a more positive way, follow up characterization of patient care, nursing effect is greatly improved.

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