

Effect of Neurology Nursing on Rehabilitation of Stroke Patients

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Abstract: Objective: To investigate the curative effect of neurology nursing on rehabilitation of stroke patients. **Method:** A total of 48 subjects in our department from January 2016 to February 2017 were randomly divided into observation group and control group (n = 24). Control group: routine care, including environmental management, condition monitoring, symptomatic support and so on. The observation group: on the basis of nursing group care plan, based on the actual condition of the patient to give rehabilitation care, including psychological care, complications nursing, rehabilitation care, emotional support and life guidance in five areas. And then the patient's nursing effect, limb function recovery and nursing satisfaction were analyzed statistically. **Results:** After treatment with different regimens, the patients were improved. The total effective rate (91.67%), limb function score and nursing satisfaction (100%) were significantly higher in the observation group than in the control group (P <0.05). The difference was statistically significant. **Conclusion:** Through the comprehensive non-targeted neurology care, can effectively promote the patient's condition improved and limb function recovery, improve the quality of life and social adaptability.

Key words: Neurology Nursing, stroke, rehabilitation, effect

Introduction

Stroke is a common morbidity and neurological diseases, caused by various factors of the cerebral artery is too narrow, occlusion or even rupture, leading to acute cerebral blood circulation disorders, the clinical manifestations of permanent brain function obstruction or transient symptoms and signs¹. The number of new cases each year showed an increasing trend, more than half of the patients due to disabled independent living ability, a serious decline in quality of life, to patients and their families to bring a heavy psychological and economic burden². Once the disease occurs, the patient's movement, feeling, swallowing and emotional control and other aspects will be obstacles. Nursing work in the disease treatment system, an important part of its quality improvement in promoting the recovery of patients in the process of increasingly prominent role. This article on the stroke patients with neurological care effects to explore, the

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results reported as follows.

1. Materials and method

1.1 General information

Collected from January 2016 to February 2017 in our hospital neurology outpatient or hospitalized patients in 48 cases as the object of study. And 24 cases were divided into observation group and control group by randomized single-blind method. The average age (57.2 ± 3.6) years old; the control group: 14 males and 10 females; aged 31 to 73 years, mean age (56.8 ± 4.5) ($P > 0.05$). The difference between the two groups was statistically significant ($P > 0.05$). All patients in this trial signed informed consent and were accredited by the hospital ethics.

Inclusion criteria: ① Meet the diagnostic criteria for stroke in Western medicine, and the brain CT or MRI scan confirmed; ② Signs of life after the onset of stabilization within 6 months; ③ Excluding previous history of cerebral infarction, but mRS score of more than 2 points; ④ Exclusion of heart, liver, kidney and other vital organs, in which there are serious dysfunction; ⑤ Excluded with cognitive impairment or visual impairment.

1.2 Nursing methods

Control group: Routine care, including environmental management, condition monitoring, symptomatic support and so on. The patient placed in a comfortable and clean ward, to maintain the appropriate indoor temperature and humidity, to ensure adequate light, air circulation, to keep quiet, to prevent noise interference for patients to create a good treatment environment, which is conducive to the patient's sleep. Nursing workers to do a good job ward patrol, record the patient's condition changes, given the appropriate symptomatic treatment.

Observation group: In the control group based on the care program, the actual condition for the patient to give rehabilitation care, including: ① Psychological care: Stroke patients often occur in the event of sudden aphasia, hemiplegia and other symptoms, the patient's communication and action inconvenience, the patient not only bear the physical and mental illness, but also bear from the spirit and economic pressure, anxiety, anxiety, irritability, pessimism and other negative emotions arising from this. Therefore, nurses to strengthen communication with patients in the process of patrol to understand the patient's condition and psychological needs, patience for their Q & A, timely correct their understanding of the disease, ease the psychological pressure of patients, and actively cooperate with the relevant treatment. ② Complications Nursing: Health care workers to the patient's own condition, improve the complications of care, strict guidance of patients medication, close observation of treatment and other adverse reactions. For patients with hemiplegia bedridden, need to regularly help patients turn over to avoid the occurrence of pressure sores. ③ Rehabilitation care: In the drug treatment on the basis of the application of acupuncture and massage to promote patient rehabilitation. Regularly help patients with massage involving joints and muscles, according to the patient's own condition, appropriate to strengthen the patient's limb function training and standing walking training, and gradually improve the training strong. ④ Emotional support: Stroke patients have their own motor dysfunction, which will have a self-consciously that drag the family's bad mood. For the patient's family, friends, in ideological work and actively cooperate with the hospital's treatment program, can often visit the patient, to encourage patients to keep patients happy mood, to avoid the sense of loneliness. ⑤ Life guidance: Encourage patients to eat more fish and other high protein foods, fruits and vegetables and other high-fiber content of food, to ensure a balanced diet, improve the body resistance. Encourage patients to do more tai chi, walking and other outdoor sports, which can promote the secretion of endorphins in the brain that will help improve the body resistance. Warm sunshine and beautiful natural environment also helps patients to maintain in a pleasant mood.

1.3 Standard of efficacy

According to the quality control standard of the Ministry of Health to assess the recovery of patients³, cure: Neurological function of the basic group of recovery, language function, level of consciousness, physical function, daily activities and other aspects of recovery to the level of disease, neurological deficits reduced by 91% to 100%; Significant improvement: Significantly improved neurological function, patients with various aspects of functional and daily living ability improved significantly. Neurological deficits decreased by 46% to 90%; Improved: Neurological function improved, all aspects of patients with functional and daily living ability improved. Neurological deficits decreased by 18% to 45%; invalid: neurological deficit score decreased by 18%, patients with various aspects of functional and daily living ability without improvement; Deterioration: Neurological deficit score increased > 18%, patients with various aspects of function and the daily life ability deteriorated. Total efficiency = (number of cure + significant improvement + improvement) / total * 100%. FMA evaluation scale was used to evaluate the limb motor function before and after patient care. The higher the score, the better the therapeutic effect was.

1.4 Statistical methods

All the valid data were analyzed by SPSS26.0 statistical software. The indexes of each group were expressed as mean ± standard deviation ($\bar{X} \pm S$). The t test was used to check the data. χ^2 test was used for the difference. $P < 0.05$ was significant and statistically significant significance.

2. Results

(1) Two groups of patients after treatment by different programs, the condition has improved. The total effective rate of the observation group was significantly higher than the control group, $P < 0.05$, the difference was statistically significant, see Table 1.

Table 1 Comparison of two groups of patients with nursing efficacy [n (%)]

Group	Cured	Significant improved	Improved	Ineffective	Deterioration	Total effective rate
Observation group (n=24)	7 (29.17%)	12 (50.00%)	3 (12.50%)	2 (8.33%)	0 (0.00%)	22 (91.67%)
Control group (n=24)	3 (12.50%)	6 (25.00%)	9 (37.50%)	5 (20.83%)	1 (4.17%)	18 (75.00%)
χ^2						3.8015
P value						<0.05

(2) FMA scores were not significantly different between the two groups before treatment, and the FMA scores of the two groups were increased after treatment with different regimens. The scores of the observation group were significantly higher than those of the control group ($P < 0.05$). The difference was statistically significant meaning, see Table 2.

Table 2 Comparison of FMA scores before and after treatment in both groups

Indicator	Group	n	Before treatment	After treatment	Differences
FMA Upper limb	Observation group	24	41.05±15.27	51.35±12.57	10.30±4.61
	Control group	24	41.13±14.68	44.26±14.54	4.13±3.65
FMA Lower limb	Observation group	24	21.08±7.36	26.17±6.53	5.38±3.47
	Control group	24	20.85±7.92	23.43±6.91	2.85±1.76
FMA Total score	Observation group	24	50.36±19.74	75.23±18.14	25.02±5.49
	Control group	24	50.48±19.45	61.08±19.36	11.28±3.62

(3) The satisfaction degree of nursing staff was significantly higher than that of the control group, $P < 0.05$, the difference was statistically significant, see Table 3.

Table 3 Comparison of two groups of patients with nursing satisfaction [n (%)]

Group	Very satisfied	Satisfaction	Not satisfied	Total Satisfaction
Observation group (n=24)	20 (83.33%)	4 (16.67%)	0 (00.00%)	24 (100%)
Control group (n=24)	15 (62.50%)	7 (29.17%)	2 (8.33%)	22 (91.67%)
P value				<0.05

3. Discussion

In recent years, although the mortality rate of stroke patients has a downward trend, but its morbidity has been high. In particular, ischemic stroke often cause motor dysfunction and even limb hemiplegia, mainly to limb weakness, joint flexion and extension activities and activities are not the main performance. Rehabilitation care refers to the process of care for stroke patients with mental and physical status and other indicators of the analysis of patients with targeted care program⁴. Rehabilitation training can effectively improve the neurological deficits of stroke patients, improve the efficiency of the relative ineffective synapses, promote synaptic regeneration, and inhibit the abnormal movement pattern and help to reconstruct the normal exercise pattern⁵.

The purpose of rehabilitation care for stroke patients is to stabilize the condition in time and to ensure that the patient is able to carry out appropriate activities⁶. So the patient's condition permit, to help patients with relevant rehabilitation training, improve self-life ability. Nursing staff in the process of care should also strengthen the patient and its families to strengthen health education, to encourage patients and their families summed up self-care experience, focusing on improving the ability of independent life of patients, and thus help patients to restore the original state of life as soon as possible. Studies have shown that⁷, scientific and comprehensive rehabilitation can effectively restore the patient's neurological function, the treatment effect is the drug can not be achieved, this group of research data show that the observation group of patients with comprehensive, timely and targeted rehabilitation care, In the patient's physical activity, disease pain, emotional cognition, sleep quality, social function, bad mood and other aspects to help patients to restore health and improve the quality of life.

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