

Monitoring and Nursing of NICU in Severe Craniocerebral injury

Jian-chun Zhao, Xiao-li Li, Ying-ying Shi

Department of Neurosurgery, The forth hospital of Baotou, Baotou, Inner Mongolia

Abstract: Objective: To investigate the monitoring and nursing of severe craniocerebral injury (NICU) and improve the rescue rate to ensure the safety of patients. Methods: Fifty patients with severe craniocerebral trauma were enrolled in the study group, and 50 patients with severe craniocerebral trauma in the same ward were selected as the control group. The patients were monitored and compared with routine nursing. The hospital stay, adverse events Incidence. Results: The incidence of adverse events in the study group was significantly lower than that in the control group ($P < 0.05$). In the study group, the hospitalization time was short and the hospitalization cost was less than that of the control group ($P < 0.05$). Conclusion: NICU monitoring and nursing can reduce the incidence of adverse events, shorten the hospitalization time and reduce the economic burden of the patients with severe craniocerebral injury.

Key words: Severe head injury; NICU; Monitoring; Nursing

Traumatic brain injury is a common traumatic neurosurgical disease, the disease developed rapidly, the difficulty of treatment, the majority of patients admitted to NICN ward, to strengthen the clinical care of critically ill patients has been the focus of health care workers^[1]. But how to take nursing intervention is the key to improving the prognosis. In order to explore the nursing application and effect of patients with severe craniocerebral injury, the purpose of this study is to monitor the NICU and nursing care of patients with severe craniocerebral trauma, to observe the clinical effect, to provide reliable and valuable clinical basis for severe traumatic brain injury patients. Reported as follows:

1. Materials and methods

1.1 General Information

50 patients with severe craniocerebral trauma were selected as the control group. The data of gender, average age and

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GCS score of the two groups were as shown in Table 1, There was no statistically significant difference between the two groups ($P > 0.05$), so the data of the grouping had further comparison value.

Table 1. Comparison of general information between the two groups of patients

Group	Ccase	Gender(Male/ Female)	age (years)	GCS
Research group	50	29/21	48.2±6.3	8.54±3.08
Control group	50	28/22	49.0±6.1	8.60±3.11
P	-	$P > 0.05$	$P > 0.05$	$P > 0.05$

1.2 Methods

Patients in the control group after admission, into the general wards, to take routine monitoring and care, in a timely manner to unlock the patient collar, take the patient supine position, head to the lateral, timely clean-up of respiratory foreign body, oxygen inhalation, airway humidification. Patients in the study group received NICU monitoring and care, as follows:

1.2.1 Set up monitoring and nursing group, develop nursing programs

First of all, the establishment of monitoring and nursing group, clear nurses responsibilities, regular severe traumatic brain injury nursing training, improve the transitional care process, standardize the operation, carefully assess the rapid needs of patients and their families, combined with individual patients to develop targeted monitoring care program.

1.2.2 Care and care

Close observation of the patient's vital signs, pupil conditions and blood oxygen saturation, close observation of patients with lesions, master the degree of awareness of patients; dynamic monitoring of the patient's pupil size, eye movement and light response, if the patient pulse, blood pressure rise If the patient is high fever, the right to distinguish between infectious high fever, high blood pressure, high blood pressure, the need to guard against brain failure; if the patient is high fever, Central high fever, fever for different reasons, to take appropriate treatment. At the same time, pay attention to monitoring the patient's blood oxygen saturation, pay attention to whether the organization of hypoxia, regulate oxygen flow.

1.2.3 Nursing intervention

Comprehensive assessment of the patient's condition, to take targeted care measures: for patients and their families, cultural level, the ability to explain to the patient to disease-related knowledge, and more to encourage patients to comfort and improve patient compliance; attention to patients found nursing problems And potential problems, to take targeted care measures to avoid complications; for the patient's condition recovery, the patient is about to discharge, to take home care guidance, told the patient to the hospital on time to review, if in life, the relevant disease, Need to go to hospital for treatment. At the same time, throughout the monitoring and care, attention to care, evaluation of patients with the implementation of the measures of care measures to continuously improve the nursing program to protect the

lives of patients.

1.3 Evaluation criteria²

① Comparison of adverse events in two groups of patients, including electrolyte imbalance, pressure sores, aspiration, artificial airway obstruction, respiratory infections, accidental detachment. ② The hospital stay and hospitalization cost were compared between the two groups.

1.4 Statistical methods

Statistical analysis software SPSS19.0, $P < 0.05$ was considered statistically significant.

2. Results

2.1 The incidence of adverse events in both groups

The incidence of adverse events in the study group was significantly lower than that in the control group ($P < 0.05$). The incidence of adverse events in the two groups was as shown in Table 2:

Table 2 Comparison of adverse events in the two groups

Group	Case	Electrolyte imbalance	Pressure sores	Aspiration	Artificial airway obstruction	Respiratory tract infection	Accidental detachment	Incidence
Research group	50	0	0	1	1	0	0	2 (4%)
Control group	50	2	2	1	2	1	1	9 (18%)
P	-							$P < 0.05$

2.2 The two groups of patients hospital stay, hospital costs compared

In the study group, the hospitalization time was short and the hospitalization cost was small, both of which were better than the control group ($P < 0.05$). The detailed data are shown in Table 3:

Table 3 Comparison of hospitalization and hospitalization costs between the two groups

Group	Case	Length of hospitalization(d)	Hospitalization cost(Million)
Research group	50	21.8±2.17	4.28±0.87
Control group	50	32.1±3.25	6.27±1.32
P	-	P<0.0	P<0.0

3. Discussion

The common causes of severe traumatic brain injury include natural disasters, falls, falls, traffic accidents and work-related injuries, etc. Because brain tissue damage, secondary hematoma, and then manifested as different degrees of disturbance of consciousness, and easy to digestive system, circulatory system, respiratory System and urinary system diseases, seriously endangering the lives of patients, if patients can be effectively treated, can improve the prognosis and improve the success rate of rescue³. In recent years, with the continuous improvement of medical service system, the medical model is changing, the public groups to improve the quality of medical service requirements, which, our hospital patients with severe traumatic brain injury to NICU monitoring care, monitoring the establishment of care Group, to provide patients with first aid, monitoring and related care, to promote patient recovery, improve patient compliance, nurse-patient relationship has an important role in the development of good.

In this study, patients with severe traumatic brain injury in our hospital were divided into different groups to provide appropriate ward care services, the results showed that the study group of patients with low incidence of adverse events, hospital stay is short, It is necessary to strengthen the monitoring and nursing of patients with severe craniocerebral injury. At the same time, we need to communicate and cooperate with many departments, multi-disciplines and multi-disciplines to strengthen the collaboration among departments. As a result, we have a good understanding of clinical practice, Continuous learning and improve their own quality and ability to provide patients with better quality of service.

All in all, the implementation of NICU in patients with severe traumatic brain injury monitoring and care, can provide effective rescue, treatment and care work, and improve the clinical treatment, to promote harmonious relationship between nurses and patients, to improve the prognosis of patients with a positive effect.

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