

Single eye care risk assessment is applied to safety management effect observation of low vision patients

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Abstract: objective: to study the safety management of patients with low vision of ophthalmology, use the effect of nursing risk assessment sheet. Methods: August 2015 - April 2016 our hospital outpatient clinic of 48 patients with low vision as the research object, using a single nursing risk assessment of patients with safety management, the other will be in January 2015 - July 2015 low vision clinics in our unused 48 patients with nursing risk assessment list as a reference object, risk happening on two groups of patients care and nursing service satisfaction in the comparison. Results: the team of nursing service satisfaction 91.7% higher than that of control group patients were 75.0%, compared with control group, the statistical differences ($P < 0.05$). Conclusion: eye the safety management of patients with low vision, application of risk assessment sheet can effective nursing measures against risk, reduce risk, ensure the safety of patients.

key words: an eye; Single nursing risk assessment; Low vision patients. Safety management; The effect

In the clinical nursing management, nursing safety is an important content, this is to ensure that patients can enjoy the high quality nursing service based ¹. Ophthalmic patients had different degrees of vision loss, but also accompanied by a narrow field of vision, diplopia symptom such as², therefore, compared with other families and patients, are more likely to happen security issues. And eye refers to low vision patients after treatment or standard after refractive correction, eyesight is still less than 0.3, or sight radius less than 10° . Existed in the work of low vision patients clinical unsafe factors, this study will be in August 2015 - April 2016 low vision clinics in our use of 48 patients with nursing risk assessment list as the research object, and in January 2015 - July 2015 our hospital outpatient clinic of low vision patients who were not using single nursing risk assessment 48 cases comparison, is presently as follows two groups of nursing risk assessment report.

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1. Data and methods

1.1 General information

Will be August 2015 - April 2016 our hospital outpatient clinic of 48 patients with low vision as the research object, 26 patients with male, 22 patients with female, aged 5-75, average age in the (51.9 + 3.8), the other will be in January 2015 - July 2015 in our outpatient clinic of 48 patients with low vision as a reference object, 27 patients with male, female patients 21 cases, aged 6-76, the average age in the (52.6-3.9). Collection of two groups of patients with general process of data entry to statistical software, the result shows that the difference between the two groups is not significant in statistics ($P > 0.05$), the basic balance. From this study is to obtain patients' families informed and agreed to beforehand.

1.2 Method

1.2.1 Design review list

Eye care of risk assessment sheet design should conform to the characteristics of outpatient eye care work, with low vision patients in clinic existing or potential risks. According to the relevant medical documents and guidelines, to develop. Content consists of three parts, respectively is the patient fall occurring during the period of evaluation, fall down told that books and the prevention measures³. Assessment includes seven content in single, see table 1, any kind of situations exist in the table as a fall, the risk of falling bed, low risk 2 minutes or less, moderate risk 3 to 4 points, high risk 5 points or more⁴.

Table 1 eye care evaluation list

The patient name Age and gender

Evaluated the project date score

Visual acuities were 0.05 5

> 0.05 0.10 3

There are double vision 2

Balance function and abnormal gait 1

Use of sedatives 2 drugs

Blood pressure medication 1

Was 1

1 other high-risk drugs

Fall in the history of risk, drop 2 bed

Ability to care for no 5

Part 3

1 sleep insomnia

1.2.2 method is used to assess the single

Before using evaluation of single, single outpatient nursing personnel understand the evaluation of the content, the

concrete use methods of learning, training, work to ensure the correct use of, make the right evaluation on the patients. Inform the patient and family to existing or potential risk events, as well as the right way to guard against, after risk events, can actively take correct nursing measures. After the assessment is for the first time patients in clinic, the clinic nurses according to patients condition for dynamic evaluation, the existing risk events of patients, to the related content of the patient and family education, education on patients and their families after grasps the content of the evaluation, please inform the patients' families signed book. In addition, to formulate corresponding measures to prevent, nursing staff should attach great importance to the risk of patients, a comprehensive and accurate assessment of patients, safety nursing plan according to the results of the assessment. Adopts grading nursing method, set up the warning labels, according to the regulations in ophthalmic clinic nursing staff will warning marks \"the fall\" affixed to the patients can see the location of regular patrol in outpatient service scope, to understand the needs of the patients, reminding family members to accompany patients should pay attention to the safety of the patients at the time of their examination. On the environment, waiting, clinic room wants enough light, corridor, the bathroom to have a solid arm, no obstacle, the ground to dry, prevent slippery, dangerous places to have obvious signs, increase the effectiveness of the line of sight of low vision patients, in addition, doctor clinic inspection equipment to put a reasonable, safe place. At the same time, to strengthen the preventive use of my driatic drugs in patients, to evaluate whether patients have adverse reactions to the drugs used, preventing patients for pupil big or orthostatic hypotension caused by risk events, informed patient when the activity needs to be done with the help of nurses or family members.

1.2.3 Assessment frequency and monitoring

During the period of the patient, the clinic nurses comprehensive assessment was performed in accordance with the relevant provisions, according to the patient's illness prevention measures of risk events. In patients receiving visual function is affected, diagnosis and treatment for the nurse to the patient's condition for continuous assessment. Outpatient nursing team leader daily inspection, the supervision of the head nurse weekly spot check, nursing department monthly, which guarantees the safety of the patients.

1.3 Evaluation index

The occurrence of nursing risk in patients with two groups of statistics, use our homemade nursing satisfaction questionnaire, please fill in the patients, after the patient satisfaction is divided into three, satisfaction and general satisfaction, not satisfied.

1.4 Statistical processing

Will get in the process of this study was to study the distribution of the gaussian to professional data analysis and processing of data for statistical processing, statistical software version for SPSS22.0, USES the percentage (%) said the sex ratio, nursing satisfaction count indexes such as, using the average + / - standard deviation (+ / - s) says the average age of measurement indicators, such as chi-square (χ^2) were used respectively (t) and independent samples test index of two groups of patients in the type difference, $P < 0.05$, there exists significant difference between.

2. Results

2.1 compared two groups of patients to nursing service satisfaction

According to the results, the team patients to nursing service satisfaction is higher than the control group patients, there are significant differences compared with control group ($P < 0.05$), are shown in table 2.

Table 2 two groups of patients to nursing service satisfaction more [n] (%)

Group were generally satisfied not satisfied with their satisfaction

Reference group 48 20 16 (33.3) (41.7) 12 36 (75.0) (25.0)

X² 4.800

Team of 48 24 (50.0) 20 (41.7) 4 (8.3) and 44 (91.7)

The P value is 0.028

3. Discussion

With entering the aging society, on the type of eye disease, in addition to the common cataract disease, fundus macular degeneration, glaucoma, diabetic retinopathy and other eye disease incidence is rising year by year⁵, become the leading cause of low vision or blindness clinically. Patients with visual acuity, cannot guarantee its own security in daily life, can't live independently, need careful care⁶. And when the patient, the outpatient service environment are not familiar with, there is no doubt that increase the risk of the fall, knock against. With the progress of medical technology, ophthalmic diagnosis and treatment technology progress, the basis of nursing work to improve the effect of treatment, the patient during the implementation of safe and effective in patients with low vision nursing is the focus of nursing staff.

In nursing safety management, risk assessment is the first step, nurses have risk awareness, accurate to make a risk assessment, according to the result of risk assessment take effective way to prevent the happening of the risk, in order to provide effective guarantee for the safety of the patients. Therefore, single become commonly used in clinical nursing risk assessment, risk assessment sheet is designed according to the potential risk of patients exist, formulate corresponding precautionary measures, has the characteristics of timely, comprehensive, accurate. At present, in the design and application of nursing risk assessment for object more for internal medicine, orthopedics, or elderly patients, the eye is rare in the safety management of low vision patients. Eye is low vision after treatment or standard after refractive correction, eyes still exist in patients with functional damage, that is, radius of vision < 0.3 or $< 10^\circ$, but for patients with residual vision but also can make a visual activity, not completely lose sight.

Patients with eye diseases in clinic, because examination way cause changes in the visual function, such as corneal edema, photophobia, would give affect vision or perspective. And examination, use of mydriatic drugs, the pupil will loose big, cause according to the condition of nearly blurred and discomfort, thereby increasing the probability of risk in patients with. Apart from the above reasons, patients in check to maintain body posture for a long period of time, such as head, face an inferior, will cover the field of vision, suddenly got up, after checking and patients will be dizzy unexpected fall. Therefore, in the risk assessment in the single, to nurse the patient to implement sustainability evaluation. Single eye care risk assessment is based on the three levels of ophthalmic hospital accreditation standards (2011 edition) and ophthalmology clinic nursing characteristics, combining the potential risk of low vision patients exist designed, single use in ophthalmic clinic nursing risk assessment management of patients with high risk of low vision, not only increased the nursing staff, patients and their families, risk prevention consciousness, standardize the nursing, also to prevent the happening of the risk. In this study, using a single nursing risk assessment team risk rate is lower than patients who were not using single nursing risk assessment, while for the nursing satisfaction higher than that of patients who were not using single nursing risk assessment, compared two ways, obvious differences. During the visits, analysis the reason, patients accepted the safety nursing, thereby reducing the occurrence of the risk, and on the continuity, patients and their families through the guidance of the nursing personnel, mastered the knowledge of nursing safety management, after the patients left the hospital can implement in the home, prevent the happening of the risk.

Above all, single eye care risk assessment in patients with low vision plays an important role in safety management, to standardize the safety management, prevent the occurrence of risk events, improve patient satisfaction to nursing service.

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