



2 2020
VOLUME 9
ISSUE 2
ISSN: 2315-4578

JOURNAL OF NURSING

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Volume 9 Issue 2 • 2020

ISSN: 2315-4578

Journal of Nursing

Editor-in-Chief

Prof. Yingchun Tan

Xuzhou Medical College, China

Journal of Nursing

<http://nursing.usp-pl.com/index.php/Nursing>

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The Strategy Analysis of Integrating the Idea of "Curriculum Thinking and Politics" into the Teaching of Surgical Nursing

Pingli Huang*

Qiandongnan Vocational & Technical College for Nationalities, Guizhou 556000, China. E-mail: 729424618@qq.com

Abstract: In the course of the actual development of surgical nursing teaching, we constantly strengthen the transfer of professional knowledge to integrate ideological education into it. The concept of "curriculum thinking and politics" is integrated into all aspects of teaching. This paper mainly discusses the strategy of integrating the concept of "curriculum thinking and politics" into the teaching of surgical nursing, and the strategy of combining the concept of "curriculum thinking and politics" and the course content of surgical nursing teaching. During and after the teaching of surgical nursing, it carries out scientific and reasonable teaching design and runs "curriculum thinking and politics" through all stages before, so as to train more excellent medical talents for the society.

Keywords: Curriculum Thinking and Politics; Surgical Nursing; Teaching Strategies

Surgical nursing is an indispensable part of medicine. It needs rich practical experience, but many students pay great attention to professional knowledge in the process of learning instead of ideological and political education, which is not ideal for the construction of students' moral concept^[1]. Therefore, surgical nursing should infiltrate "curriculum thinking and politics" into teaching, while cultivating students' professional skills, it also helps students to shape the correct world outlook and outlook on life and values, so as to promote the progress and development of society.

1. The stage before class

The integration and combination of the concept of "curriculum thinking and politics" should not only be in the classroom teaching, but also run through the teaching from the pre-class stage to the post-class consolidation stage^[2]. In the process of concrete implementation, we should make clear the subjectivity of students. Teachers

should do a good job of leading, all-round implementation of "curriculum thinking and politics". After completing the teaching design, the teacher can first let the students make some autonomous preview to have a basic understanding of the course knowledge that will be learned soon, then the teacher can use some online teaching platforms to publish the relevant preview tasks, such as the questions that need students to consult and think^[3]. For example, in the course of nursing for lung cancer patients, teachers can ask students to think about the specific situation of lung cancer epidemiology and what are the related factors that cause lung cancer. Students will complete the learning task in the form of group cooperation and summarize the final answer through communication and communication. This can not only train students' autonomy, but also cultivate students' team spirit. What's more, students' communication ability can be improved, which gradually cultivate students' good study habits to promote students' all-round development.

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doi: 10.24294/jn.v9i2.164

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2. The stage in class

2.1 Summary of pre-class learning outcomes

The idea of "curriculum ideological and political" is to link ideological and political education with all curriculum teaching. It infiltrates the corresponding ideological and political theory in teaching, aiming at achieving a good effect of ideological and political teaching^[4, 5]. Therefore, in the stage of pre-class preparation, teachers will let ideological and political learning run through it. Pre-class preparation is a stage that requires students to learn independently. Many students do not invest enough energy in the process of practical preparation, so the understanding of professional knowledge and ideological and political theory is not deep. Then in the class stage, the teacher can first let the students to preview the knowledge of a corresponding summary. They divide students into groups to summarize the results of the report, and for other group reports in doubt can be timely communication and discussion. Through the group summary report, the student's impression to the pre-class preparation knowledge will be further deepened^[6]. For example, with regard to breast cancer patients, students are given a more comprehensive understanding of their hazards and a clear understanding of the importance of learning on the basis of which the correct concept of prevention is established. At the same time, it also arouse students' inner sense of social responsibility and a certain sense of mission. Teachers can publish questions and learning tasks with the help of online learning platforms, for example, Question 1: What factors are associated with breast cancer incidence ? Question 2: What are the current surgical treatment methods, surgical methods and methods for breast cancer ? After receiving the questions raised by the teacher, the students take the group as the unit. Making the PPT and hand-drawn mind map, consulting the relevant literature, completing the online and offline tasks, all of these can improve the students' learning ability teamwork ability, so that students can master the mechanism of breast cancer disease, influencing factors and surgical treatment methods in the process of autonomous learning.

2.2 Assessment of patients with cases

There are many links in the teaching of surgical

nursing, so it is necessary to analyze the actual cases, so as to understand the actual situation of the patients with related diseases more objectively, which is beneficial to master the professional nursing knowledge and operation techniques. Combined with the case to assess the patient's physical condition, this stage can also fully link the theory of ideological and political teaching. First of all, teachers will show students clinical cases through pictures and video materials such as PPT^[7]. For example, the observation of lung cancer patients can first let students watch the changes in the patient's lungs. It promotes students to think carefully to summarize the changes in the lungs accordingly with a correct understanding of the actual physical condition of the patient. In this process, teachers should fully mobilize the enthusiasm of students and the ability to think and sum up cases, so as to exercise students' thinking ability with more perfect professional literacy. Professional ethics and spirit are also very important parts of ideological and political education, and good professional accomplishment is also the foundation of the continuous development of surgical nursing professionals, which can promote the more professional nursing and meet the needs of social development.

2.3 Analysis of treatment protocols and cases

The evaluation of treatment plan is mainly to arouse students' enthusiasm to explore problems and facts. Students will understand the complexity of surgery and the corresponding prognosis, facing the disease with correct attitude and concept. They are guided to master the world view of materialistic science^[8]. In the process of case analysis, it is necessary for students to apply the nursing knowledge they have learned before. They need to sum up the corresponding nursing diagnosis and objectives to make clear the important and difficult points in nursing operation. This requires students to have a good working attitude, the spirit of innovation, the understanding the importance of unity and cooperation between medical teams, and the cultivation of team spirit, so as to achieve a good ideological and political education.

2.4 Summary of effective nursing measures

The formulation of nursing measures is the final learning achievement of surgical nursing teaching. It is

also the most important part of nursing. In the process of actual teaching, teachers can create perfect teaching situation for students and experimental simulation actual scene for nursing operation. According to the actual clinical nursing work content, the learning tasks in teaching are classified and assigned to different groups, so that students can not only feel the relationship between medical care and patients through practical simulation, but also deepen the impression of nursing operation.

3. The stage after class

The knowledge of surgical nursing is very complicated, so it needs to be consolidated accordingly after class. It is crucial for students to master nursing skills better, and in the process, ideological and political education is also infiltrated and the all-round development of surgical nursing students is promoted. First of all, making a comprehensive summary and evaluation of students' learning situation is necessary, so that students can understand their own learning situation more objectively. Secondly, the use of relevant online platform is needed to publish some homework after class, which mainly makes students participate in practice to further understand the knowledge related to disease. Students can make some publicity posters to appeal to people to pay more attention to health, so as to enhance the health awareness of the whole society. Such a teaching method can enable students to enhance their own ideological awareness with a good sense of social responsibility and a full sense of mission for nursing. It also can deepen the patriotic feelings of students, a good spirit of dedication, and constant practice of the core values of socialism.

4. Conclusion

To sum up, it is a trend of education development to integrate the concept of "curriculum thinking and politics" into surgical nursing teaching, and teachers play a very important leading role in this process.

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Research on Precision Health Management Model and Application Analysis

Lu Jiang*

Guangxi University of Chinese Medicine, Nanning 530200, China. E-mail: 32777056@qq.com

Abstract: With the development of network technology, various industries have begun to adopt people-oriented management based on big data technology, such as precise positioning, precision education, precision health, etc., which have become hot words for the general concern of the society and the prologue of the times. In the field of medical and health care, precision health intervention and precision medicine are developing in full swing. As a new health management model, the application of precision health management model in the new era can provide inspiration for the development of precision medicine and health. Therefore, the following article mainly focuses on the application research of precision health management. The aim is to explore more optimized and perfect models to meet the needs of social development.

Keywords: Precision Health Management Model; Application Status; Optimization Measures

The concept of "precision medicine" was first proposed by the American medical community as early as 2011. Based on the concept of precision medicine management, significant medical breakthroughs have been achieved in reducing the incidence of breast and rectal cancer in the United States in 2015. With the increasingly important role of precision medical management in the era of precision, China has also made efforts in investing and developing the field of precision medicine and health. Under this background, the precision health management system was created and operated based on the technical concept of precision medicine, individuals' health status, and genetic characteristics, to carry out the whole process of monitoring, analysis, evaluation, guidance and physical health intervention. It can be said that precision health management is the long-term goal of the development of precision medicine.

1. Application status of precision health management model

1.1 Status of precision health management application

Specifically, precision health management is based on individual genes to take precautionary approaches and interventions in advance for possible genetic defects in individual genes. For example, "treatment before disease" is one of the important aspects of precision health management. Compared with the traditional health management model, the application of precision health management has the following characteristics: first, precision health management has constructed comprehensive and detailed electronic personal health files. At present, the precision health management adopted by the society is mainly through various management methods to identify the individuals' physical conditions. It builds electronic health files with

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doi: 10.24294/jn.v9i2.163

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different management measures according to the records. Electronic personal health records are an important basis for accurate health management, which include the personal health status of residents, norms of self-health management, and relevant information on health management in where it is operated. It covers the entire life of residents. Second, precision health management provides the foundation for smart healthcare. The construction of smart cities is an important part of modern city construction. The current precise personal health management activities are the building blocks for smart medical care. At the same time, the resources for medical treatment can be effectively used to improve the accuracy and efficiency of diagnosis.

The application of health management is to improve the health level of the whole society with less resources and expenditures on the medical and health level. In this regard, precision health management can achieve the goal with half the effort through its accuracy and comprehensiveness.

1.2 General types of precision health management models

According to the application of precision health management, community residents should be able to undergo health checks to test their health level by collecting health data to construct electronic files for everyone. At present, due to the large gap between the rich and the poor in society, the development of medical technology is uneven, which makes precision health management applications develop different management modes. There are the following specific types:

First, a comprehensive and precision health management model. The comprehensive and precision health management model is mainly based on the national and social public welfare activities to carry out special health management activities. For instance, the "screening of two kinds of cancer" campaign launched at the grassroots level, which accurately monitors the health status of married women at the grassroots level. Another example is the regular medical team entering the community to participate in various health activities.

Second, the guarantee type of precision health management model. This model is mainly based on the management model developed by China's current social basic medical security system. Through the

establishment of various major disease insurance and basic vaccine protection in the medical security system, some basic physical health status of individuals can be accurately recorded. For example, for the management of smallpox vaccination for infants and young children, through the intervention of these measures in advance, the health protection of individuals can be achieved.

Third, the ability-training type of precision health management model. The ability-training type is based on the improvement of the socio-economic level and the continuous optimization of social infrastructure to achieve a higher level of health management activities. That is, through the network management of the whole society, the personal health-related data can be grasped in a synchronic and diachronic manner, thereby forming individual health records.

In short, the precision health management model is not only useful in the precise management of personal health but also in the diversified and precision health management for individuals at different economic levels and social status.

2. Optimized exploration of precision health management model

As can be seen from the above, the current precision health management model has gradually formed a system that meets the basic needs of individual health management at all levels of society. With the rapid development of big data technology, the precision health management model should continuously be optimized and upgraded in order to better adapt to social needs.

2.1 Application demands of precision health management in the new period

In the early stage of application development, the precision health management model mainly meets the basic needs of individuals in terms of health, that is, to prevent health problems by preventive interventions of diseases. However, as people's spiritual needs increase, their demands for health management have shown an in-depth increase. The focus of health management should be put on preventive medicine. For example, people are beginning to pursue anti-aging medical

services that involve new medical technology such as plastic cosmetic medical technology and stem cell technology. This greatly increases the difficulty of precision health management applications. It also requires that the existing precision health management model should be optimized and upgraded in time.

2.2 Optimization measures for the precision health management model in the new period

First, based on information technology, a precision health management model should be built. Medical service technology is the core of the application of precision health management. With the development of the humanistic concept in the new stage, it is also required to be able to introduce personalized health services in precision health management. In this regard, it is necessary to build an information-based precision health management platform based on information technology methods, and it is also crucial to analyze personal data on the platform to provide individuals with healthy lifestyle advice, high-quality health service management, and better access to health recommendations, for example, a health knowledge base set up on the platform. Based on personal health situations, the knowledge base will provide individuals with more relevant health information.

3. Achieve a systematic integration of multidimensional medical services

In the current application of precision health management model, it is constantly emphasized that innovating medical technology and applying the latest medical research results to health management are necessary. In fact, China has a rich system of traditional medical theories, such as Hua Tuo's Mafeisan thousands of years ago. The excellent technology and experience of ancient medicine are still the inspiring source of the modern precision health management model. To this end, it is necessary to realize a systematic combination of tradition and modern medical services. In addition, in the precision health management, it can be found that the state and society play an important role, and precision health management is ultimately for individuals, which requires that the future precision health management

model should achieve multiple cooperation between individuals and groups. For example, the society comes up with advanced medical technology for precision health management, and the government supports funds and resources for its development. The general public should also develop healthy lifestyles and habits based on health management activities, as well as active cooperation in health checks.

4. Conclusion

As we all know, the management level at the medical level directly affects the stability of society and even the construction level of a modern country. With the continuous advancement and development of modern medical technology, the health management model supported by core medical technology is in line with the needs of social groups. Therefore, it is necessary to continuously improve with the times to achieve optimization and innovation based on practical application. With the in-depth development of the application level of precision health management, the precision health management model requires not only the optimization and upgrading at the technical level, but also the popularity of the health awareness at the cognitive level. Only in this way can we ensure that the precision health management model can realize the advantages of precision and efficiency.

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Discussion on the Introduction of Psychological Behavior Evaluation and Intervention Countermeasures in the Whole Process of Children's Health Care

Jing Liu*

Zunyi First People's Hospital, Guizhou 563000, China. E-mail: 272132256@qq.com

Abstract: Objective: To explore the introduction of psychological behavior evaluation methods, intervention strategies and effects in the whole process of child care. Methods: From January 2017 to December 2018, 250 children who participated in health care services in our hospital were selected as data, and 125 children were randomly grouped. The control group was a traditional child health care model. The observation group increased children's psychological behavior assessment and intervention. The physical fitness and development quotient of the two groups after 1 year, and parents' awareness of children's health knowledge are compared. Results: The height, head circumference, weight, development quotient of children and parents' knowledge about children healthcare in the observation group ($P < 0.05$, 96.00%, 94.40%, 95.20%, and 92.00%) were significantly higher than those in the control group ($P < 0.05$, 81.60%, 76.00%, 77.60%, and 70.40%). Conclusion: The introduction of psychological behavior assessment and intervention application in children's health can promote the growth of children's physique and development quotient, which is conducive to healthy growth. It also enriches parents' knowledge of children's health knowledge. The value of intervention is high.

Keywords: Children Health; Psychological Behavior Assessment; Intervention Strategy; Physical Fitness; Development Quotient

The development of children's gross motors has certain regularity, but the growth rate of individuals during the entire growth period is uneven. Therefore, in order to ensure that children grow in the best condition, parents and carers need to pay attention to children's health to prevent diseases^[1]. Parents are faced with child-behavior problems in the process of childcare, which lack enough attention in child healthcare. Therefore, psychological behavior evaluation can be introduced throughout the child health care to achieve early intervention to ensure that parents have comprehensive child health care capabilities, which is conducive to child health development and development

quotient. The value of intervention is higher^[2]. To this end, this study discusses the introduction of psychological behavior assessment methods, intervention strategies and effects throughout the health care of children as follows.

1. Materials and methods

1.1 General information

From January 2017 to December 2018, 250 children who participated in health care services were selected as objectives from this hospital. 125 children were randomly divided into groups. None of them had inher-

-ited diseases. In the control group, there were 72 males and 53 females who aged 0 to 3 years old with an average age of (1.52 ± 0.42) years old. The highest educational level of parents: 24 junior high schools and below, 47 secondary and high schools, and 54 college and higher. In the observation group, there were 70 males and 55 females who aged 0 to 3 years old with an average age of (1.57 ± 0.45) years old. The highest educational level of parents: 22 junior high schools and below, 46 secondary and high schools, and 57 college and higher. Children who have not established health care files and complete data and those who have serious illnesses are excluded from the experiment. There was no statistical significance between the two groups, $P > 0.05$.

1.2 Method

1.2.1 Control group

According to plan to prevent common pediatric diseases such as anemia and diarrhea^[3], the traditional child care model includes regular physical measurements, nutritional guidance, life guidance, and immunization.

1.2.2 Observation group

On the basis of the above-mentioned children's health care, the observation group introduced child behavior assessment that is combined with the evaluation of the infant neurobehavioral scale (NBNA), a 0-6 year-olds' neuropsychological development checklist and infant temperament scale. What's more, the group increased the educational methods of infants prospective guidance on the intelligent development of young children, such as distributing questionnaires to parents on

the knowledge of sleep, feeding, disease prevention to formulate a health plan based on the feedback results, including growth and development monitoring, regularly measuring height, weight, head size, and bust. Dietary nutrition guidance and planning, control of calories (25-40kcal / kg), protein (1.8-2.4g / kg), psychological development assessment and consultation, timely answers parents' doubts to lecture about common diseases prevention guidance and early education.

1.3 Observation indicators

They will evaluate the height, head size, weight, and development quotient (DQ) of the two groups of children after 1 year. The indicators of parents' knowledge of children's health knowledge include feeding skills, care skills, hygiene knowledge, and growth and development.

1.4 Statistical processing

Using SPSS 17.0 analysis, measurement data is represented by $(x \pm s)$ and using t-test; count data is represented by (%) using the chi-square test. $P < 0.05$ means that the difference is statistically significant.

2. Results

2.1 Comparison of physique and development quotient between the two groups

Analysis of **Table 1** shows that the height, head size, weight and development quotient of children in the observation group are significantly higher than those in the control group, $P < 0.05$.

Group	Sample Size	Height (cm)	Weight (kg)	Head Size (cm)	Development Quotient
Observation Group	125	98.45±1.52	14.52±2.52	49.05±1.23	105.62±10.77
Control group	125	96.82±1.45	13.16±2.18	47.42±1.05	95.58±8.74
t	--	8.67	4.56	11.26	8.09
P	--	<0.05	<0.05	<0.05	<0.05

Table 1. Comparison of physique and development quotient between two groups ($X \pm S$)

2.2 Comparison of awareness of children's health care knowledge between two groups of parents

Analysis of **Table 2** shows that 96.00%, 94.40%,

95.20%, and 92.00% of the children's health knowledge of the observation group were significantly higher than the control group's 81.60%, 76.00%, 77.60%, and 70.40%, $P < 0.05$.

Group	Sample Size	Feeding Skills	Care Skills	Hygiene Common Sense	Growth and Development Conditions at Monthly Ages
Observation Group	125	120 (96.00)	118 (94.40)	119 (95.20)	115 (92.00)
Control Group	125	102 (81.60)	95 (76.00)	97 (77.60)	88 (70.40)
X ²	--	13.03	16.78	16.47	19.10
P	--	<0.05	<0.05	<0.05	<0.05

Table 2. Comparison of awareness of children's health care knowledge between two groups of parents (%)

3. Discussion

With the rapid development of China's health cause, more and more attention has been paid to the assessment and intervention of the health status of various groups, among which the growth and development of children's groups have received the most social attention^[4]. In the traditional child health care model, attention is paid to children's height, weight, immunization, etc., which reflects the role of protecting the body's development and health, but the assessment of children's psychological behavior is still insufficient. Nowadays, the introduction of psychological behavior evaluation in the whole process of child health care has been paid attention to. Through the establishment of child health files, the children will be tracked and recorded to understand the differences in their growth and development, and precautions and health care methods can be explained at various stages of children's growth and development, such as language function, training and movement guidance, training of children's thinking ability, movement continuity, etc., which prompts parents to master scientific parenting methods^[5]. Children's health care should pay attention to monitoring, evaluation and guidance to ensure the continuity and integrity of health care services. It provides professional guidance to reduce children's misbehaviors through improvement of parental awareness, thus benefiting children's health. The results of this study showed that the height, head size, weight, development quotient of children, and parents' child health knowledge in the observation group were significantly higher than those in the control group ($P < 0.05$. 96.00%, 94.40%, 95.20%, and 92.00% compared with 81.60%, 76.00%, 77.60%, and 70.40%, $P < 0.05$), which stresses the importance of introducing psychological behavior assessment methods

throughout the child care. The targeted intervention strategies can effectively promote children's growth and development, their development quotient, parents' correct knowledge of children's health knowledge, and a high application value.

In summary, combined with scales to analyze children's behavior problems, the traditional children's health care model should introduce psychological behavior evaluation throughout the process. Targeted educational interventions should be implemented to ensure that parents further master health care knowledge, which is conducive to children's growth and development, and it is worthy of promotion.

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Effect of Refined Nutrition Management on Nutritional Status of Patients with Decompensated Liver Cirrhosis

Weiying Li, Yusi Li, Min Liu, Liangqing Gao, Yujing Zhou*

Department of Digestive, The Fifth Affiliated Hospital of Sun Yat-Sen University, Zhuhai 519000, China. E-mail: zg18836@163.com

Abstract: Objective: To analyze the effect of refined nutrition management on nutritional status of patients with decompensated liver cirrhosis. Methods: 100 cases of patients with decompensated liver cirrhosis treated in the author's hospital from August 2018 to December 2019 were selected. The patients were divided into the control group and the observation group randomly and they were given routine nursing management and refined nutrition management respectively. The nutritional status of the patients in the two groups was compared. Results: The post-intervention level of albumin, hemoglobin and prealbumin in the observation group was significantly higher than those in the control group after intervention, while total bilirubin was significantly lower than that in the control group, $p < 0.05$. Conclusion: The application of refined nutrition management in patients with decompensated liver cirrhosis can promote the improvement of nutritional status of the body, which has the value of further promotion and implementation.

Keywords: Decompensated Liver Cirrhosis; Refined Nutrition Management; Nutritional Status

In recent years, abnormal metabolism and malnutrition have gradually become outstanding problems in changes of people's eating habits and living environment, and the clinical incidence rate of liver cirrhosis is increasing year by year^[1]. Liver is an important organ for nutrition metabolism. Patients with liver cirrhosis have malnutrition and metabolic disorders to varying degrees, of whom nutritional imbalance is a typical manifestation. Relevant clinical statistics showed that it is of great significance to implement scientific and reasonable nursing management for patients with decompensated liver cirrhosis in improving their survival rate and quality of life. This paper mainly analyzes the effect of refined nutrition management on nutritional status of patients with decompensated liver cirrhosis, aiming to provide reference for the selection of clinical

nursing programs in the future. The specific research contents are summarized as follows.

1. Materials and methods

1.1 Materials

100 cases of patients with decompensated liver cirrhosis treated in the author's hospital were selected as the observation objects of this paper, and the admission time was from August 2018 to December 2019. The patients were divided into the control group and the observation group randomly with 50 patients in each group. This study was approved by the Hospital Ethics Committee and it got the informed content of all patients.

The control group: according to the sex of the patients, the numbers of male cases and female cases

were 29 and 21 respectively; the average age was (52.73 ± 4.96) years old; the average course of the disease was (1.95 ± 0.24) years.

The observation group: according to the sex of the patients, the numbers of male cases and female cases were 31 and 19 respectively; the average age was (52.68 ± 4.85) years old; the average course of the disease was (1.79 ± 0.16) years.

The data of the patients with decompensated liver cirrhosis in the two groups was compared, $p > 0.05$.

Selection criteria: patients diagnosed with decompensated liver cirrhosis by clinical examination; patients with normal communication and cognitive abilities; patients with complete clinical medical records.

Exclusion criteria: patients with severe cardiac and pulmonary dysfunction; patients with diabetic nephropathy; patients with consciousness disorder that may affect the nursing work; patients with a history of mental disease; patients who lost contact.

1.2 Methods

Patients in the control group were treated with routine nursing. Based on the understanding ability of the patients, centralized explanation was carried out in the form of consultation and lectures to explain the effect of protein on the human body and to introduce the specific causes of hypoproteinemia in decompensated liver cirrhosis to the patients. The patients were told to increase the intake of foods rich in vitamins and high-quality protein in their diet and to develop good living habits and eating habits. Doctors carried out effective and active communication with patients. When patiently listening to patients' ideas, they mastered the factors affecting patients' psychology and emotions, so as to improve their mood and decrease negative emotions. Moreover, patients were told to rest in bed in a quiet and comfortable environment. Nursing work should be carried out other than their rest time to avoid affecting their rest.

The patients in the observation group were given refined nutrition management, the details of which are as follows.

(1) Most patients with decompensated liver cirrhosis suffer from portal hypertension and esophageal and gastric varices to varying degrees. If they eat hard and coarse food, it is easy to cause phleborrhesis that

increases bleeding rate. In addition, as the pressure in varicose veins increases, it is very likely to induce massive hemorrhage of upper gastrointestinal tract if phleborrhesis occurs, and it may even threaten the life in serious cases. Therefore, patients in such condition need to take soft food for a long time and they are forbidden to take hard, coarse and excitant food.

(2) If patients have no hemorrhage in upper gastrointestinal tract or hepatic encephalopathy, their diet is mainly bland digestible food with high protein, high vitamin, low salt, and low fat. Such patients should also appropriately increase the intake of various vitamins, folic acid and pantothenic acid, as well as the intake of fresh fruits and vegetables under the eating principle of small amount and multiple meals. They take in about 11700 KJ of calories, 120 g of protein and 50 g of fat per day. As for patients with serious damage in the liver function, they should reduce the intake of protein in the diet, and after the recovery of the disease, they increase it appropriately. The daily protein intake is usually below 50 g, which is mainly vegetable protein. If there is bleeding symptoms associated, fasting intervention is required. After bleeding disappears, the diet will gradually change from complete liquid diet to low-fat semi-liquid diet and soft food.

(3) If the patient has symptoms of ascites and edema of both lower limbs, the daily intake of water should be strictly limited. The patient should be told to reduce the amount of drinking water as much as possible unless thirsty. The daily amount of drinking water should be < 1000 ml.

1.3 Observation indicators

The nutritional status (albumin, hemoglobin, prealbumin and total bilirubin) of two groups of patients with decompensated liver cirrhosis were observed and recorded.

1.4 Statistical treatment

SPSS20.0 statistical software was used to process the relevant index and data of the two groups of patients with decompensated liver cirrhosis in this study. The mean \pm standard deviation refers to the index of nutritional status, assessed by t-test. $P < 0.05$ indicates that there is a statistical significance in the difference between the data.

2. Experimental results

As shown in **Table 1**, the level of albumin, hemoglobin and prealbumin in the observation group

were significantly higher than those in the control group, while the total bilirubin was significantly lower than that in the control group, $p < 0.05$.

Group	Albumin (g/L)	Hemoglobin (g/L)	Prealbumin (mg/L)	Total bilirubin (umol/L)
Control group	28.85±2.76	97.92±4.35	135.92±5.68	70.36±1.12
Observation group	34.93±3.04	115.75±5.94	168.03±7.17	50.98±0.89
t	10.47	17.12	24.82	95.79
P	0.01	0.01	0.01	0.01

Table 1. Comparison of nutritional status of two groups' patients with decompensated liver cirrhosis (n=50)

3. Discussion

Liver cirrhosis is one of the liver diseases with high incidence in clinic at present. It has main characteristics of many complications, long treatment period and poor prognosis^[2]. Since liver is an organ for human body to carry out nutrient metabolism, patients with decompensated liver cirrhosis suffer from various degrees of nutritional metabolic disorders, which lead to increased risks of ascites, hypoproteinemia, anemia and water-sodium retention. Therefore, clinical medical personnel need to implement targeted nutritional management according to the patient's condition and the body's nutritional status so as to improve the body's nutritional status^[3,4].

Routine nursing only pays attention to the basic nursing intervention of patients, which has mechanical and one-sided defects, and it cannot achieve ideal effects in improving the nutritional status of the body^[5]. Refined nutrition management means that medical staff should guide patients to increase the intake of food with protein, vitamins and carbohydrate in their diet according to the patient's condition and the body's tolerance, in order to maintain the balance and sufficiency of nutrition in daily diet^[6]. Through reasonable diet, the risk of bleeding can be reduced. If appropriate, some patients should increase protein intake in their diet to improve the body condition in strict control of intaking water-electrolyte to relieve the degree of edema in lower limbs and ascites^[7,8].

In this study, the nutritional status of patients in the observation group are significantly better than that in the control group, which confirms that refined nutrition

management can improve nutritional status of patients with decompensated liver cirrhosis. The reason may be that during the implementation of refined nutrition management, nursing staff can make a diet plan according to the patient's diet habit, nutrition composition in food, disease condition, etc., thus ensuring the intake of nutrients required by the patient's body in the diet, and staff reasonably adjust the patient's diet structure, so as to reduce the risk of bleeding and to relieve the symptoms of edema in lower limbs and ascites^[9,10].

To sum up, the application of refined nutrition management in patients with decompensated liver cirrhosis can improve their nutritional status, which has the value of further promotion and application in clinical practice in the future.

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Observation on the Effect of Comfortable Nursing in ICU Patients with Severe Infection

Yexin Li*

Yemeng Tianshui Medical Co., Ltd. E-mail: yx@163.com

Abstract: Objective: this article aims to explore the effect of comfortable nursing in ICU patients with severe infection. Methods: from January 2018 to January 2019, 44 patients with severe infection were selected as research objects. They were randomly divided into observation group (n=22) and control group (n=22). The control group was given routine nursing, while the observation group was given comfortable nursing on the basis of the control group. Pittsburgh Sleep Quality Index (PSQI), Self-rating Anxiety Scale (SAS) and the incidence of adverse reactions were observed and compared between the two groups before and after intervention. Results: the PSQI score and SAS score of the patients in the observation group were lower than those in the control group. The incidence of adverse reactions in the observation group was 4.59%, which was significantly lower than that in the control group (27.27%), and the difference between the two groups was statistically significant ($P < 0.05$). Conclusion: comfortable nursing intervention for ICU patients with severe infection can obviously improve their sleep quality and negative emotions, and reduce the incidence of adverse reactions during hospitalization, which has clinical application value.

Keywords: Comfortable Nursing; ICU; Severe Infection

Introduction

Severe infection is a common clinical disease. Patients are often treated in intensive care unit (ICU) because they are seriously ill. ICU patients mainly come from emergency department, operating room and other departments of hospitals. Their ability to deal with the stimulus from the hospital stress environment is poor. Besides, ICU patients will have various physical and psychological discomfort due to the lack of family members' companionship. Therefore, how to control patients' infection symptoms and improve their treatment effect has always been the focus of intensive care medicine. In this study, 44 patients with severe infection treated from January 2018 to January 2019 were selected

as the research objects, and the application effect of comfortable nursing in ICU patients with severe infection was discussed to achieve the purpose of promoting early rehabilitation of patients.

1. Materials and methods

From January 2018 to January 2019, 44 patients with severe infection admitted to the Department of Critical Care Medicine of Ninghe District Hospital, located in Tianjin, were taken as research objects, and were divided into observation group (n=22) and control group (n=22) according to random number table method. In the control group, there were 12 males and 10 females with an average age of (40.5 6.4) years, ranging from 25 to 55 years old. There were 11 males and 11 females in

the observation group, with an average age of (39.8 6.2) years, ranging from 28 to 54 years old. There was no significant difference in gender and age between the two groups ($P>0.05$). This study was approved by the Medical Ethics Committee of the hospital, and the patients and their families signed the informed consent form. Inclusion criteria: those who need intensive care according to the diagnostic criteria of severe infection in Diagnosis and Treatment of Severe Infection; Those who are conscious and have normal intelligence. Patients are over 20 years old or; Those who sleep normally before admission. Exclusion criteria: those with severe mental organic diseases; Patients with tumor diseases are unwilling to participate in the investigation.

1.3 Nursing methods

The patients in the control group were given routine nursing intervention, including routine vital signs monitoring, medication nursing, infection prevention, psychological nursing and prevention of related complications. Patients in the observation group were given comfortable nursing intervention, the main contents are as follows.

Environmental nursing: keep the indoor temperature at $22^{\circ}\text{C} \sim 24^{\circ}\text{C}$ and humidity at 50%~60%, disinfect the indoor air of ICU regularly every day, and enhance the living atmosphere in ICU, so that the indoor layout tends to be life-oriented. Because the light in ICU is bright, attention should be paid to taking morning and evening light care for patients, and keeping reasonable light at night to avoid stimulation. Studies have shown that the color of the ward will properly affect the psychological and physiological health of patients. Therefore, mild colors such as light green or blue should be used in the ICU room, which can obviously alleviate the negative effects such as headache, insomnia, fear and anxiety of patients. When there are other patients in the rescue state, pull up the curtain in time to reduce unnecessary psychological stimulation of patients. When conditions permit, you can listen to some music that is conducive to psychological relief and relieve the mental pressure of patients.

Nursing staff should take care of patients in a full and positive mental state, and wash patients with warm water every morning and evening. When washing, they should move warmly, and at the same time, avoid the thinker from seeing the cold. Do a good job in oral care of patients, and use 2%~3% NaHCO_3 every morning

and evening for oral care to prevent oral diseases. Do a good job in nursing nasal feeding, keep the food temperature at a proper temperature, feed it every 2h, wash the nasal feeding tube after feeding, and change the nasal feeding tube regularly. Do a good job in the whole body's pipeline nursing, and help patients to clamp the drainage tube regularly when turning over, so as to prevent the drainage tube from falling off due to turning over. According to the patient's condition, daily life operations such as manicuring nails, changing sheets, quilts, sick clothes, cleaning hair, etc. should be carried out in time to make the patient feel comfortable. When laying an air cushion bed for patients, be careful not to deflate too slowly and keep it at 34. When the patient is awake, the nursing staff should take the initiative to explain the purpose and steps of the operation to the patient when doing every operation, and at the same time, the action should be gentle and agile to avoid adverse effects on the patient.

Good sleeping condition is an important factor to promote patients' early recovery to health. Patients with severe ICU infection are in critical condition, so the room should be kept bright at any time, so as to better discover the changes of patients' condition. However, at the same time, the tightness and light condition in ICU will affect the rest of patients. Nursing staff should try their best to create a quieter and more comfortable sleeping environment for patients, such as reducing unnecessary light stimulation to patients, using bed curtains at rest, and doing good night care. If the condition allows, it can help patients soak their feet before going to bed, choose suitable pillows and bedding, assist patients to take appropriate sleeping position, and give appropriate sleeping and sedative drugs. At the same time, they should try their best to take centralized treatment during night treatment.

Psychological comfort: the intensive care unit is a closed environment. The fear caused by the lack of family members' companionship and unfamiliar environment in the ICU, as well as the anxiety about their own illness, can easily cause patients to have negative emotions such as anxiety, depression, irritability and fear, which seriously affect the treatment effect. Nursing staff should try their best to meet the needs of patients according to their own psychological characteristics, provide patients

with reading publications, display photos of relatives and familiar items, and allow family members to visit at fixed time every day. Popularize relevant CU knowledge to family members, assist family members to comfort patients, explain some successful cases of intensive care unit treatment for patients, build up the confidence of patients and their families to overcome diseases, encourage patients to actively treat and strive to overcome diseases as soon as possible.

Pittsburgh Sleep Quality Index (PSQI), Self-rating Anxiety Scale (SAS) and the incidence of adverse reactions were observed and compared between the two groups before and after intervention. PSQI Sleep Quality Score: It consists of 24 dimensions, with a score of 0~3, with a total score of 0~2. The higher the score, the worse the sleep quality of the patient. SASP score: it consists of 20 dimensions, and the total score is obtained by adding the scores of 20 dimensions and multiplying them by 1.25. The total score is 50~59 as mild anxiety, and 60~69 as moderate anxiety. More than 69 points are considered as severe anxiety. Observe whether the patients have adverse reactions such as respiratory failure, high fever, low blood pressure, worsening cold infection of limbs, failure of multiple organs of the whole body, and disturbance of consciousness. Incidence of adverse reactions = number of cases with adverse reactions/total number of cases $\times 100\%$. SPSS22.0 was used for data analysis, PSQI score and SAS score were expressed by ($\bar{x} \pm s$), and the comparison was conducted by test. The incidence of adverse reactions was expressed by (%) and analyzed by χ^2 test, with $P < 0.05$ as the difference.

2. Results

The comparison of PSQI score and SAS score between the two groups before and after the intervention showed that the PSQI score and SAS score of the observation group were lower than those of the control group after the nursing intervention, and the difference between the two groups was statistically significant ($P \leq 0.05$). Comparing the incidence of adverse reactions between the two groups, 6 patients in the control group had adverse reactions during hospitalization in ICU, and the incidence of adverse

reactions was 27.27%; There was one case of adverse reaction in the observation group, and the incidence of adverse reaction was 4.55%, with significant difference between the two groups ($\chi^2 = 4.247$, $P = 0.043$).

3. Discussion

ICU is a special ward in the hospital. Due to its closed treatment environment, more intensive care and invasive treatment, high indoor light intensity, and absence of family members and expensive treatment costs, the sleep quality of conscious patients with severe infection is affected. Patients of psychological barriers of different degrees occur, and thus the treatment effect is affected. However, some studies have shown that comfortable nursing intervention can significantly improve the negative emotions of patients with CU, thus improving the therapeutic effect. Comfortable nursing mode is nursing intervention for patients from physiological, psychological and life aspects, and comfortable nursing can improve the sleep quality of patients by controlling indoor illumination; Through careful life care, patients feel at ease and comfortable; Through psychological comfort to the patients, they can relax their mood, increase their confidence in overcoming the disease, improve the treatment effect and promote their early recovery. The results of this study showed that the PSQI score and SAS score in the observation group were [(741 0.20), (4937 5.26)] lower than those in the control group [(10.67 1.53), (58.74 3.40) 1, respectively. The incidence of adverse reactions in the observation group was 4.5%, which was significantly lower than that in the control group (27.27%), and there was significant difference between the two groups ($P < 0.05$). The result shows that comfortable nursing intervention can't be ignored for patients with severe infection.

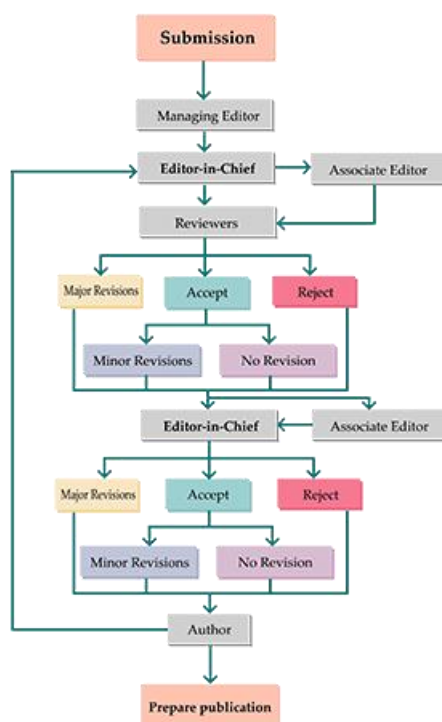
4. Conclusion

To sum up, the application of comfortable nursing intervention to ICU patients with severe infection can significantly improve their sleep quality and negative emotions. Incidence of adverse reactions is significantly reduced, which has important clinical significance.

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Contact Information

Address: 73 Upper Paya Lebar Road #07-02B-03 Centro Bianco, Singapore

Phone: 0065-9863-3408

E-mail: contact@usp-pl.com

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ISSN 2315-4578

