

Nursing Effects of Medical Treatment Combination on Patients at High Risk of Developing Pressure Ulcers at Rural Homes

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Abstract: Objective: To explore the nursing effects of medical treatment combination on patients at high risk of developing pressure ulcers at rural homes. **Methods:** From January 2018 to December 2018, 86 patients at high risk of developing pressure ulcers at rural homes who were in Wenjiang Hospital were randomly divided into a control group and an observed group. The control group received the routine publicity and education and visiting, while the observed group adopted the cooperative nursing model of medical treatment combination. Then compare the healing status and nursing satisfaction of the two groups. **Results:** Of the 43 patients with pressure ulcers in the observed group, 18 had been in the second stage of pressure ulcers and 16 had been healed; 14 had been in the third stage of pressure ulcers and 8 had been healed; 11 had been in the fourth stage of pressure ulcers and 5 had been healed. The nursing satisfaction of the patients in the observed group was 95.35%. **Conclusion:** Conducting medical treatment combination on patients at high risk of developing pressure ulcers at rural homes can effectively improve the patients' and their families' awareness of pressure ulcer nursing, standardize their nursing behaviour, help recover the patients themselves and promote the patients' satisfaction.

Keywords: Medical treatment combination; Nursing effects; Patients at high risk of developing pressure ulcers

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1 Introduction

The medical treatment combination, also known as the regional medical treatment combination, is a resemble of medical resources at the same area^[1]. The medical treatment combination is generally composed of village hospitals, community hospitals, secondary hospitals and tertiary hospitals in the region, with a main purpose to facilitate patients to get medical treatment^[2]. Pressure ulcers are caused by persistent ischemia, hypoxia or malnutrition due to long-term stress of certain tissues in the body, causing tissue ulceration and necrosis^[3]. Pressure ulcers belong to common clinical problems in healing treatment and nursing. Relevant literature reports show that about 60,000 people die of pressure ulcer complications every year^[4]. To explore the nursing effects of medical treatment combination on patients at high risk of developing pressure ulcers at rural homes, an investigation is conducted, and the report is as follows.

2 Information and methods

2.1 Basic information

In this study, 86 patients at high risk of developing pressure ulcers at rural homes who were in Wenjiang Hospital from January 2018 to December 2018 were chosen as the research subjects. The admission criteria: Patients who met the standard of high risk of developing pressure ulcers and volunteered to participate in this

study. The exclusion criteria: patients with severe kidney disease. 86 high-risked patients with pressure ulcers were randomly divided into the observed group and control group, 43 cases respectively. The observed group: 27 males and 16 females, from 67 to 78 years old, at the average age of (62.57 ± 4.72) years old. The control group: 29 males and 14 females, from 65 to 77 years old, at the average age of (62.24 ± 4.36) years old. There was no obvious difference in the age and sex ratio between the observed group and the control group ($P > 0.05$).

2.2 Method

The control group received the routine publicity and education and visiting nursing, while the observed group adopted the cooperative nursing model of medical treatment combination. The specific measures are as follows.

2.2.1 On-site consultation

For the ulcers that cannot be dealt with by the rural nursing staff, the village hospital submits a consultation form to the tertiary hospital within the affiliated medical union according to the needs of the patients with pressure ulcers. The tertiary hospital evaluates the patients, and the patient's main doctor explained the treatment plan, and the family members signed an informed consent. The ostomy therapist handles the patients' ulcers on the spot, conducts teaching on the knowledge of pressure ulcer prevention and nursing, and issues health manuals. After the treatment, the patients with pressure ulcers and their families filled out the satisfaction questionnaire on the spot, and the doctor made an appointment with the patients with pressure ulcers for the next consultation. After the patient's pressure ulcers have been diagnosed, the ostomy therapist assesses whether the rural nursing staff can deal with the patient's ulcers. Each treatment must be taken photos and sent to the ostomy therapist as required, and the staff should communicate with the ostomy therapist in time.

2.2.2 Remote consultation

The ostomy therapist at the tertiary hospital within the Medical Association is responsible for the technical guidance for the pressure ulcer treatment in the hospitals at their respective areas. They check and reply to emails and WeChat groups daily, and give professional guidance on difficult problems. In case of urgent need of treatment for patients with pressure ulcers, the nurses in charge of the village hospital upload photos of the ulcers and then contact with the ostomy therapist on telephone and conduct a remote consultation.

2.3 Observation indicators

Observe and calculate the healing status of two groups of patients with pressure ulcers; adopt the nursing satisfaction questionnaire to calculate the nursing satisfaction of patients with pressure ulcers, satisfaction is very satisfied plus satisfied.

2.4 Statistical processing

The data in this article were processed by SPSS22.0 version, using digital expression method to indicate the healing status of two groups of patients with pressure ulcers, using the square card test and the form of "%" to express the nursing satisfaction of the two groups of patients with pressure ulcers, using t to test. If P is less than 0.05, the indicators of the two groups of patients make a great difference.

3 Results

3.1 Compare the healing status of the two groups of patients with pressure ulcers

Of the 43 patients with pressure ulcers in the observed group, 18 were in the second stage of pressure ulcers and 16 were healed. 14 were in the third stage of pressure ulcers and 8 were healed. 11 were in the fourth stage of pressure ulcers and 5 were healed, as shown in Table 1.

Table 1. Comparison of healing status of the two groups of patients with pressure ulcers

Group	cases	Second stage/ healed		Third stage/ healed		Fourth stage/ healed	
Control group	43	19	12	14	3	10	1
Observed group	43	18	16	14	8	11	5

3.2 Compare the nursing satisfaction of the two groups of patients with pressure ulcers

The nursing satisfaction of patients with pressure ulcers in the observed group was 95.35%, which was significantly higher than that in the control

group, 79.07%. The difference was statistically significant ($P < 0.05$), as shown in Table 2.

Table 2. Comparison of nursing satisfaction of two groups of patients with pressure ulcers [n (%)]

Group	Very satisfied	satisfied	unsatisfied	Degree of satisfaction
Control group	18(41.86)	16(37.21)	9(20.93)	79.07
Observed group	30(69.77)	11(25.58)	2(4.65)	95.35

4 Conclusion

Pressure ulcer treatment is an important part in the basic nursing. With the increasing of aging population and the number of seriously ill patients, the quality of clinical care of ill patients has received more and more attention. The medical treatment combination cooperates with ostomy therapists and rural nursing staff to conduct on-site consultations and remote consultations, alleviating the lack of hospital beds, indirectly reducing the conflicts between doctors and patients and improving patients' satisfaction^[5].

The results of this study showed that the healing status of patients with pressure ulcers in the observed group under the medical treatment combination was better than that in the control group under the routine nursing ($P < 0.05$), and the nursing satisfaction of patients with pressure ulcers in the observed group was 95.35%, which was significantly higher than 79.07% in the control group, the difference was statistically significant ($P < 0.05$).

In conclusion, the medical treatment combination on patients at high risk of developing pressure ulcers at rural homes has improved the rural nursing staff's

professional ability in treating pressure ulcers, promoted patients' recovery, and improved people's satisfaction. In a word, this research made great sense in research.

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