



Application Effect of Emergency Nursing Process Optimization in the Rescue Process of Emergency Patients¹

Rong Shi

Emergency Department, Suzhou Wuzhong People's Hospital, Suzhou, Jiangsu, China.

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Abstract

Objective: This study aimed to analyze and explore the impact of optimizing the emergency nursing process on the rescue of emergency patients. **Methods:** A total of 80 emergency patients treated at our hospital from January 2019 to January 2021 were randomly assigned to either the observation group or the control group. The control group received standard emergency care, while the observation group received emergency care with an optimized nursing process for rescue. The time taken for each process in the emergency care of both patient groups, the survival rate of the patients, and the satisfaction of their family members were compared. **Results:** A comparison of the initial aid outcomes between the two patient groups revealed that the time spent on each procedure during initial aid in the observation group was lower than that in the control group. Additionally, the survival rate of the patients in the observation group was higher than that in the control group, and the satisfaction of the patient's family members was also higher in the observation group. There was a statistically significant difference in the comparison of family satisfaction data ($P < 0.05$). **Conclusion:** The optimization of the emergency nursing process has a positive impact on the rescue of emergency patients, effectively improving emergency efficiency, and patient survival rates, reducing nursing error rates, and enhancing the doctor-patient relationship. Therefore, it is worthy of promotion and application in pre-hospital rescue.

Keywords

Optimization of the emergency nursing process, emergency patients, rescue process, application effect

The emergency department, as a specialized medical unit within the hospital, plays a crucial role in providing prompt and effective diagnosis and treatment to patients experiencing sudden illness or accidental injury [1]. Despite following conventional emergency care procedures, the effectiveness of patient rescue is frequently compromised by various inappropriate factors. Therefore, optimizing the routine emergency care process is vital to minimizing rescue time and increasing the likelihood of patient survival [2]. This study seeks to analyze and assess the impact of optimizing the emergency nursing process on the rescue of emergency patients. The following report provides a detailed account of this

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analysis and exploration.

1. Materials and methods

1.1 General information

This study selected 80 emergency patients treated in our hospital from January 2019 to January 2021 as the observation objects. Inclusion criteria: (1) All patients have complete basic information and past medical records; (2) All patients did not receive other treatments before receiving rescue Measures; (3) There are no pregnant women, pregnant or lactating women among the patients; (4) All patients voluntarily accept treatment, and all patients' families are informed and signed consent forms with our hospital; (5) None of the patients have mental disorders, their hearing is intact, and their thinking The logic is normal and there is no family inheritance; (6) There is no drug allergy in the past medical history. The random number method was used to divide them into the observation group and the control group. There were 40 patients in the observation group, 26 males and 14 females, aged 20 to 76 years old, with an average of (41.00 ± 5.34) years old. The incidence type was: fracture in 9 cases, 4 cases of alcoholism, 8 cases of heart disease, 6 cases of hypertensive cerebrovascular accident, 4 cases of shock, 3 cases of soft tissue contusion, 4 cases of craniocerebral trauma, and 2 others; there were 40 patients in the control group, 28 males and 12 females Cases were aged 19 to 75 years old, with an average age of (43.20 ± 4.31) . The types of incidence were: 7 cases of fractures, 4 cases of alcoholism, 9 cases of heart disease, 8 cases of hypertensive cerebrovascular accidents, 2 cases of shock, 5 cases of soft tissue contusion, 3 cases of craniocerebral trauma, and other 2 cases had no statistically significant difference in basic information ($P>0.05$) and were comparable.

1.2 Method

(1) Control group

Patients in the control group receive routine emergency care. Nursing staff use flat cars to escort the patients, and their family members can accompany them. During the transfer process, the patient's blood pressure indicators, pulse, and other basic signs are monitored at any time, oxygen pillows are used to provide oxygen, and intravenous channels are established for infusion. operate.

(2) Observation group

Patients in the observation group adopt emergency nursing procedures to optimize rescue. (a) To improve the comprehensive quality of nursing staff, they must master professional skills such as cardiopulmonary resuscitation technology, artificial respiration, electrode defibrillation, atrioventricular puncture and indwelling needles, and complex trauma treatment; nurses are regularly organized to participate in simulation Drills, closely cooperate with doctors to conduct pre-hospital first aid drills; establish an evaluation system, and only those who pass the exam can participate in pre-hospital first aid work. (b) Flexibly adjust the scheduling system according to the characteristics of the hospital's work. Pre-hospital first aid time is variable and difficult to fix. This requires nursing staff at each position to do their job well, while also increasing flexible scheduling methods and optimizing scheduling efficiency. (c) Strengthen the management of first aid supplies, equipment, and telephone systems; the emergency hotline is open 24 hours a day, and inspections are carried out on time. If faults are found, damaged equipment should be repaired in a timely manner to ensure the normal operation of instruments and equipment and that all types of medicines are within the validity period. Standardize the system related to first aid on the way, follow the first aid principle of "rescue first and send later". After arriving at the scene, the patient's identity will be informed, the patient's condition will be assessed, and corresponding first aid measures will be taken. Taking patients with spinal injuries as an example, immobilization measures can be taken to avoid cervical spondylosis and reinjury. The patient lies flat on a spinal board, monitor the patient's vital indicators during the journey, quickly make a preliminary judgment based on the injury, and pay attention to the patient's complexion, Consciousness, breathing, external bleeding, position of the injured limb, degree of laceration and blood contamination. (d) Standardize the writing of first aid documents, and promptly record the patient's condition, first aid measures taken on site, rescue results, and patient satisfaction, as well as the patient's information, disease, and clinical manifestations; no unauthorized changes are allowed to avoid omissions. Using nursing documents for hospitalization diagnosis can provide detailed reference data for treatment. (e) Strengthen the legal awareness of nursing staff. If some emergency patients commit homicide, assault, suicide, etc., they can call the police.

1.3 Observation indicators

(1) Compare the time spent in each process during the emergency treatment of the patients in the observation group and the control group, including the response time to get out of the car, the time to arrive at the patient's location and the

time to transfer the patient back to the hospital; (2) Compare the survival rates of the two groups of patients; (3) The satisfaction of patients' family members is investigated, and the full score system is divided into three categories: satisfied: the score is 80 points and above, generally satisfied: the score is 60-79 points, and dissatisfied: the score is below 59 points. grade, and calculate the total satisfaction of the patient's family members.

1.4 Statistical methods

The statistical research data were processed and analyzed using SPSS 20.0 software. Measurement data were expressed as mean \pm standard deviation ($\bar{x} \pm s$) and a t-test was used. Count data were expressed as a rate (%) and the χ^2 test was used. If $P < 0.05$, the difference is statistically significant.

2. Results

2.1 Comparison of time during first aid treatment between two groups of patients

Comparing the time spent in each process during the emergency treatment of patients in the observation group and the control group, it was found that the response time of patients in the observation group was (2.11 ± 0.18) min, and the time to arrive at the patient's location was (7.56 ± 2.13) min. The patient was transferred The time to return to the hospital was (6.92 ± 2.31) min; the reaction time of patients in the control group was (3.23 ± 0.96) min, the time to arrive at the patient's location was (13.25 ± 2.35) min, and the time to transfer the patient back to the hospital was (12.72 ± 2.58) min, the time spent on each process in the first aid process of the observation group was lower than that of the control group, and the difference was statistically significant ($P < 0.05$).

2.2 Comparison of survival rates between the two groups of patients

Comparing the survival rates of two groups of patients, it was found that in the observation group, there were 39 cases of successful treatment (97.5%), 1 case of paralysis (2.5%), and 0 cases of death (0.0%); in the control group, there were 29 cases of successful treatment (72.5%), 4 cases of paralysis (10.0%), and 7 cases of death (17.5%). The survival rates of patients in the observation group were higher than those in the control group, and the difference was statistically significant ($P < 0.05$).

2.3 Comparison of satisfaction of patients' families between the two groups

A survey on the satisfaction of patients' family members showed that 26 patients (65.0%) in the observation group felt satisfied, 12 patients (30.0%) felt generally satisfied, and 2 patients (5.0%) were dissatisfied. The total satisfaction was 95.0%; in the control group, 38 patients (95.0%) felt satisfied, 16 patients (40.0%) felt generally satisfied, and 13 patients (32.5%) were dissatisfied. The total satisfaction was 72.5%. The observation group's satisfaction was higher than that of the control group. The difference between the two groups was statistically significant ($P < 0.05$).

3. Discussion

For patients in the emergency room, their condition usually deteriorates rapidly, becomes more severe, and progresses faster. Every second during the emergency process is extremely precious. If patients do not receive timely and effective treatment during the onset of the illness, miss the optimal treatment window, or experience improper use of medical equipment by healthcare providers, inability to maintain effective intravenous access, improper oxygen supply, failure to promptly address changes in the patient's condition, it will directly impact the patient's prognosis, seriously threatening their life. In traditional emergency rescue processes, due to imperfect nursing procedures, the efficiency of various rescue stages is relatively low. Therefore, in the emergency treatment process of patients with acute myocardial infarction, it is necessary to focus on optimizing emergency nursing procedures on the basis of routine treatment [3].

In the process of optimizing the emergency care process, we must continue to strengthen on-site management, patient management, item management, personnel management, etc., and emphasize the standardized operation of each department to ensure the standardization and rationalization of emergency care [4]. For example, when transferring a patient, the patient's condition should be comprehensively assessed and the transfer gap analyzed so that it is easier to seize the golden time to save the patient's life and avoid wasting time in the preparation process. The whole process runs through the concept of time is life in pre-hospital first aid, reception, and interventional surgery, ensuring the smooth connection between the first aid process and the efficient and safe first aid process. This not only improves the emergency response ability of medical staff to acute myocardial infarction, but also shortens the time It shortens the patient's rescue time, seizes the patient's first chance of life, and promotes the improvement of the patient's rescue effect [5]. Optimizing the emergency nursing process has an important impact on patients. It can form a harmonious nurse-patient relationship and

more effective follow-up management, making the hospital's diagnosis and treatment progress smoothly.

4. Conclusion

In summary, strengthening the optimization of emergency nursing processes has a positive impact on improving the effectiveness of emergency rescue, can effectively improve patient survival rates, has important therapeutic significance for the recovery of patients' physical functions, and is worthy of promotion and application in clinical care.

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