



Detailed Nursing and Care Bundles on Mortality and Nursing Satisfaction of Patients with Septic Shock in ICU

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Abstract

The medical-nursing combination mode, which is aimed at treating elderly chronic diseases, has been proposed in light of the on-going advancement of medical technology. On this basis, a study on the nursing management of elderly chronic diseases against the backdrop of medical-nursing combination was conducted. A total of 100 elderly patients with chronic illnesses admitted to our hospital between April 2019 and April 2020 were chosen and split into two groups, one for the control group and the other for the experiment, with 50 patients in each group. In order to compare patients' nursing effectiveness rate, satisfaction with nursing, ability to care for oneself six months after nursing, quality of life (QLI) scores, blood glucose, blood pressure, and lipid levels at various times, continuous nursing was performed on patients in the control group and continuous nursing combined with comfort nursing was performed on patients in the experimental group. Continuous nursing was given to patients in the control group and continuous nursing combined with comfort nursing was given to patients in the experimental group in order to compare patients' nursing effectiveness rate, satisfaction with nursing, ability to care for oneself six months after nursing, quality of life (QLI) scores, blood glucose, blood pressure, and lipid levels at various times.

Keywords: Medical education, Medical-nursing, Care bundle, Interprofessional education, Systematic review

INTRODUCTION

Age-related chronic ailments include osteoporosis, osteotension, diabetes, sleeplessness, and constipation. All organ functions are constantly deteriorating as people age, which results in the inability to maintain daily human activities and subsequently chronic diseases. The integration of nursing technology and means with medical technology and means, which is more suitable to the senior population, in daily life, is referred to as the combination of medical and healthcare. As a result, medical-nursing teams are used more frequently with senior patients who have chronic illnesses. For various patient treatments and nursing periods, continuous nursing refers to many standard continuous nursing models (Giannini HM, et al.,

2019). Elderly chronic diseases demand a lengthy course of physical nursing and treatment, therefore it is more efficient to use continuous nursing to teach patients the value of chronic disease nursing and eventually develop the fundamental skills necessary for self-care. Continuous nursing, on the other hand, is an objective nursing mode carried out by the nursing staff, who may neglect certain of the patients' subjective requirements and sensations. As a result, patients receiving such nursing care are very likely to suffer some negative emotions or discomfort. As the name suggests, comfort nursing is a nursing approach that enables nursing patients to maintain their physical and mental pleasure while lowering negative feelings (Costa NA, et al., 2019).

Comfort nursing, as opposed to continuous nursing, is

more concerned on the feeling and comfort of the patient while readily ignoring some objective needs. Therefore, combining comfort nursing with continuous nursing is more complete and crucial for treating chronic diseases as well as promoting physical and mental growth. In this study, the impact of medical-nursing integration on the ability and satisfaction of elderly patients with chronic conditions to care for themselves was investigated. The findings are presented as follows. Most often affecting the elderly, severe pneumonia (SP) is a prevalent acute and dangerous illness (Yamamura H et al., 2018). Patients have a terrible prognosis, are gravely unwell, and may even experience complications like infectious shock, acute respiratory distress syndrome, gastrointestinal haemorrhage, and multiorgan failure, which lowers survival rates. Edema and congestion in the lung tissue are the patient's principal symptoms. Additionally, compared to before the sickness, the secretion in the respiratory tract is substantially higher, which makes it simple to clog some bronchioles and interferes with gas exchange in the alveoli, impairing the patient's ability to breathe. The most effective way to treat this condition is to improve oxygen intake, decrease CO₂ retention in the body, and keep breathing unobstructed (Domizi R, et al., 2020).

ICU monitoring is frequently utilised in clinics to enhance the efficacy of treatment. Improvements in the clinical symptoms of patients from both physiological and psychological perspectives, as well as their quality of life, can be achieved by scientifically sound nursing care practises. Individualized nursing care fully embodies the concept of serving patients, emphasises patient-centeredness, broadens the scope of nursing practise beyond the purely technical to encompass all facets of patients' physiology, psychology, and spirituality, and offers patients high-quality nursing care in a focused manner (Messina A, et al., 2021). These measures have brought nursing closer to patients and the clinic, which has greatly improved the doctor-patient relationship and decreased medical disputes. This is especially true in terms of nursing techniques and services, the number of nurses' rounds, and nurses' attitudes toward their jobs. By assessing the changes in blood lactate levels, acute physiology and chronic health assessment system (APACHE II) scores, and Seattle angina survival quality scale (SAQ) scores in SP patients after the adoption of nursing care interventions in this study, we adopted an optimised individualised nursing care intervention and gathered knowledge for rational nursing practise (Gengo RDC, et al., 2021).

DISCUSSION

In order to thoroughly assess the quality of life of cases, a self-created patient quality of life scoring scale was used in this study. The research group patients had lower quality of life scores, which suggest that specialised nursing care combined with targeted intervention improves the quality

of life for patients with multiple traumas and meets their physical and psychological needs. Patients who have suffered many traumas frequently have complicated and serious conditions. According to various statistics, severe multiple traumas account for up to 7% of all deaths worldwide and are one of the leading causes of death today. With crucial circumstances and quick shifts, many traumas can be fatal, which emphasises the importance of effective rescue procedures. Multiple traumas develop quickly and, if untreated effectively in a timely manner, can cause permanent impairment or even death (Piredda M, et al., 2015).

Additionally, patients may suffer from detrimental psychological effects, which could limit the effectiveness of the treatment and rehabilitation. In targeted intervention plus comprehensive nursing, specialised nursing plans are developed in accordance with the patient's condition to increase nursing effectiveness and meet the demands of modern medicine for personalised diagnosis and treatment. Additionally, psychological treatments successfully lower patients' stress levels and boosts their confidence in their ability to beat the illness. Results of LEARY showed that targeted intervention combined with thorough nursing improves patients' adherence to their treatment regimens, creates a positive nurse-patient relationship, and aids the patients in cultivating a healthy lifestyle, all of which have significant positive effects on prognosis (Guell E, et al., 2016).

Clinical study has discovered a substantial correlation between the distribution of medical staff and nursing satisfaction, which emphasises the wise use of human resources to guarantee the standard of treatment and enhance nurse satisfaction. The close collaboration of attending physicians and nursing personnel helps to ensure an efficient and prompt rescue when targeted action is combined with comprehensive nursing. The NSNS score was employed in the current study to assess clinical nurse satisfaction across all groups following the intervention (Demirel B, 2018). After the intervention, it was discovered that the average NSNS scores of the study group were significantly higher than those of the control group, demonstrating that comprehensive nursing combined with targeted intervention for patients with multiple traumas improves clinical nursing satisfaction and encourages treatment compliance. This study does, however, have some restrictions. First off, the individuals included in this study had a wide variety of injuries, and the outcomes of those injuries are quite heterogeneous. Second, because relatively few patients were enrolled in this trial, subgroup analysis was not feasible. Finally, there is a significant desire for individualised nursing interventions, although doing so is challenging (Lawal OA, et al., 2020).

CONCLUSION

Care bundles combined with thorough nursing care

for septic shock patients in the ICU increase nursing effectiveness and satisfaction, lower the mortality rate, and lessen the patients' clinical symptoms, showing tremendous promise for clinical application and promotion. The study's potential bias as a result of its small sample size and dearth of evidence-based translational studies, which necessitates additional incorporation of evidence-based evidence, is one of its limitations. In order to gather more trustworthy data, long-term follow-up will be done in future studies as there are no long-term follow-up data on the patients in this trial. A targeted intervention significantly improves nursing satisfaction and patient quality of life, which justifies clinical promotion.

CONFLICT OF INTEREST

None

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