

Nursing Intervention Strategy of 56 Cases with Severe Drug Eruption

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ABSTRACT. *Objective: To analyze the nursing intervention measures of severe drug eruption. Methods: 56 patients with severe drug eruption were selected from January 2018 to December 2019, and effective nursing measures were taken to observe the nursing effect and summarize the nursing experience. Results: The results of this study showed that only 1 of the 56 patients had skin infection, and the rest of the patients did not have large area of wound exudation or pressure ulcers and other complications, which confirmed that most of the patients recovered well. Conclusion: Patients with severe drug rash should adopt strict intervention and nursing measures for the skin, facial features and perineum through strict aseptic operation plan and disinfection and isolation measures, so as to ensure good nursing effect and promote the prognosis and recovery progress of patients.*

KEYWORDS: *Severe drug eruption, Nursing intervention, Strategy*

1. Introduction

Drug eruption is essentially the skin and mucous membrane reaction caused by drugs entering the human body through different channels, which has a great impact on the body system. In terms of types, severe drug eruptions include erythema multiform, epidermal necrolysis and dermatitis exfoliative eruptions. In terms of common treatment measures, antibiotic drugs and serum products are common treatment measures. At present, severe drug eruption is considered as a disease spectrum, and the different severity represents the development of the disease itself. As a clinical critical disease, such patients will not only suffer from necrosis of skin and mucosa and a large area of erythema, but also suffer from gastrointestinal bleeding, respiratory failure, infection and even death. In order to avoid the occurrence of long-term complications or severe interference of respiratory system, we need to take active treatment and nursing intervention measures to increase the long-term survival rate of patients.

2. Materials and Methods

2.1 General Information

The study subjects selected 56 patients with severe drug eruption admitted to our hospital from January 2018 to December 2019. All the patients met the clinical diagnostic criteria and were admitted to hospital for the first time with detailed admission information. Among the 56 patients, 37 patients had severe erythema multiform drug eruption, 12 patients had epidermal necrolysis drug eruption, and the remaining 7 patients had exfoliative dermatitis drug eruption. Most patients at the time of admission to the degree of control has been relatively good. In addition, all patients before the onset of the disease had a significant history of medication, using antibiotics, antipyretic, sulfa drugs. The specific distribution is shown in Table 1.

Table 1 Main Allergenic Drugs

Drug type	The number of cases
Antiepileptic	28
Antibiotics	14
Traditional Chinese medicine preparation	7
Antigout drugs	7

Among the patients, there were 21 males and 35 females, aged 4-56 years with an average age of (34.4±0.8) years. The length of hospital stay was 10-20d with an average length of (16.1±1.0) days. The age distribution of patients is shown in Table 2.

Table 2 Age Distribution of Patients

Age	The number of cases	The proportion
Under the age of 18	10	17.9
18 to 45 years old	26	46.4
45 years of age or older	20	35.7

Exclude patients with other organ diseases or mental diseases; A pregnant or lactating woman.

2.2 Methods

Upon admission, all patients ceased their original drug treatment regimen and were treated with dexamethasone 15mg/d intravenous drip. Some of the more severe patients may consider increasing their drug use at first. As the patient improves, the drug dose can be gradually reduced or even stopped. During the treatment, systemic nutritional support is provided to maintain water, electrolyte and acid-base balance. The nursing measures revolve around the following aspects.

(1) Conventional psychological intervention

Psychological intervention is mainly carried out through communication with patients. Since most patients will develop skin rashes, blisters and even skin ulcers, many patients are concerned about the effect of treatment and the effectiveness of

prognosis recovery, and are vulnerable to external stimuli. Especially for some young women, they have high requirements for appearance, which may easily affect the compliance of treatment and recovery under the premise of adverse psychological stimulation. Life and basic care for patients and good treatment for the patient group to maintain a healthy and positive psychological state has a clear role in promoting the rehabilitation of patients.

(2) Health education

During the whole hospitalization period, the nursing staff should communicate with the patient in gentle language, explain in detail the mechanism of drug allergy and the cause of drug eruption, and explain some allergenic drugs that have been identified, so that the patient can avoid using such drugs in the future. In addition, patients should be informed that they should enter the hospital for treatment in time if they have unexplained skin symptoms and abnormal conditions in any drug use process, and they should persist in taking medicine after discharge to develop good living habits in daily life. Reduce the use of similar or potentially less sensitive drugs when prescribed, and conduct a rigorous skin allergy test before use.

(3) Specialist care

The nursing mode should be adjusted according to the actual condition of the patients. Due to the occurrence of blisters, rashes and more exudate in the whole body of patients, the protective and barrier functions of the skin have been completely destroyed, which is very important for the disinfection and isolation of such patients. Therefore, the nursing link should be set up and maintain the appropriate degree of the ward internal environment, disinfection ventilation and temperature and humidity control. Medical staff and family members should take quarantine measures when entering and leaving the hospital, wear masks and hats, and carry out strict disinfection of all kinds of equipment and instruments, such as blood pressure meters and thermometers, before and after use. For the patients used sheets, quilt cover and clothing should also do a good job of disinfection, on the one hand to avoid the occurrence of cross-infection, on the other hand to reduce patients secondary infection. In the process of skin care, we should focus on assisting some patients with severe degree of turning over, and keep the gentle degree of movement to prevent skin damage again. For larger existing blisters, puncture and aspiration should be performed with a sterile syringe after iodophor disinfection, and patients should not scratch the itching area directly. In the process of wound cleaning, normal saline was used for washing and infrared light was selected to keep the wound clean and dry every day to accelerate the healing of the wound. During infusion, cover the puncture area with sterile gauze to reduce the degree of skin damage. During the recovery of the epidermis peeling is a normal phenomenon, but patients are advised not to remove by themselves.

(4) Oral care and diet care

In oral care work, patients should avoid contact with spicy, pungent food or eat too hard things. Use distilled water cotton balls for oral care before and after breakfast every day. Some patients with oral papules can be considered to use the

external coating such as Indigo powder to promote wound healing. Of course, some severe patients are prone to eyelid conjunctiva edema, corneal ulcers, etc., in addition to good oral care should also do a good job of eye security.

In terms of dietary care, patients are encouraged to eat some high-protein, high-calorie foods to promote healing. According to the recovery of mucosa, patients can transition from liquid food and semi-liquid food to soft food. Allow patients to drink more water in daily life to accelerate the excretion of toxic and harmful substances. Parenteral nutritional support is considered if the patient has a large wound exudation or water and electrolyte disturbance.

(5) Privacy care

Private care refers to perineal care given to the patient. Remove all pubic hair, and then clean the vulva daily with an iodophor cotton ball. Use neosporin if there is erosion. A good perineal area should also be cleaned and kept after each defecation to dry the perineal area and reduce the risk of infection.

2.3 Observation Index

To understand the complications of patients and analyze the effectiveness of nursing measures.

2.4 Data Analysis

All the research data were analyzed by Excel.

3. Results

The results of this study showed that only 1 of the 56 patients developed skin infection, while the rest of the patients did not develop complications such as large area wound exudation or pressure ulcers, which confirmed that most of the patients recovered well. See Table 3.

Table 3 Complications of Patients (n, %)

Types of complications	The number of cases	The proportion
Infection	1	1.8
Large area of wound oozing	0	0.0
Pressure sores	0	0.0
Corneal ulcer	0	0.0

4. Discuss

The adverse reactions caused by drugs themselves refer to all kinds of harmful

reactions under the treatment dose of drugs. The clinical symptoms are mainly skin symptoms, which are also the severity of the disease in the daily work of dermatology. For example, common adverse reactions in clinical work include fixed drug eruptions and urticaria drug eruptions, and in most cases, the number of female patients is higher than that of male patients. Due to the clear changes in people's lifestyle in modern society and obvious differences in disease spectrum, many new drugs have been applied to clinical treatment, resulting in more and more adverse drug reactions [1]. Because different patients have great differences in response to drugs, even the same individual may have differences in drug sensitivity at different stages [2]. Such patients will have all kinds of long-term complications, such as chronic eye damage, urogenital diseases, functional diseases of the respiratory system, etc. Taking positive measures to improve the treatment prognosis of patients is the key work during the whole recovery period, which is also the research entry point of this paper.

Because the onset of severe drug eruption patients is relatively urgent, and most of the patients will appear typical systemic poisoning phenomenon, so the focus of the nursing process is to reduce the sensitization of drugs, and at the same time, the patients used various items for separate treatment. It should be noted that in order to avoid cross infection, both medical staff and family members need to do their own disinfection [3]. And drug eruption mixed with Nepal's character positive, in the process of treatment measures to keep enough soft, such as to reduce the use of pressure pulse with infusion reduced the likelihood of skin lesion, medical personnel can hand pressure vessels under the protective measures, and the piercing area selection sterile gauze covering, finally choose elastic bandage fixation. In the whole nursing stage, medical staff should do a good job in monitoring patients' condition to understand the progress of prognosis and recovery of patients. Some severe patients may consider using glucocorticoids for treatment [4]. For example, close monitoring should be carried out for skin color, character and blister recovery, and relevant nursing staff should also do well in psychological intervention, health education, specialized care and general life care, so as to guide patients to better cooperate with treatment measures and reduce the possibility of complications [5]. The study results show that only 1 case of 56 patients, skin infection in patients with the rest of the patients does not appear large wounds effusion, pressure sores, or complications such as corneal ulcer, confirmed the effective nursing measures, at the same time of drug sensitization to avoid using maximum to the protection of the basic needs of the patient during recovery.

To sum up, patients with severe drug rash need strict intervention and nursing measures for the skin, facial features and perineum through strict aseptic operation plan and disinfection isolation measures, so as to ensure good nursing effect and promote the prognosis and recovery progress of patients.

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