Application of Nursing Signs in Safe Nursing of Urology Wards

Liang Qiongqiong

Zhongshan Hospital of Traditional Chinese Medicine, Zhongshan, 528400, Guangdong, China
Corresponding author: 382136901@qq.com

Abstract: *Objective: To study the application effect of nursing signs in the safe nursing of urological wards. Methods: 80 patients with urology in our hospital from January 2019 to January 2021 were randomly divided into two groups. The control group was given routine nursing management, and the observation group was given nursing label intervention. The nursing satisfaction of the two groups was compared. Biochemical immune index level; Master level of health knowledge; Nursing quality index; Incidence rate of unsafe nursing events. Results: The nursing satisfaction of the observation group was higher than that of the control group (P < 0.05). Before nursing, the biochemical immune indexes of the two groups were compared (P > 0.05), and after nursing, the biochemical immune indexes of the observation group were better than those of the control group (P < 0.05). The level of health knowledge in the observation group was better than that in the control group (P < 0.05). The nursing quality index in the observation group was higher than that in the control group (P < 0.05). The incidence of unsafe nursing events in the observation group was lower than that in the control group (P < 0.05). Conclusion: The application of nursing signs in the safe nursing of urology wards can effectively improve the nursing effect and is worth popularizing.*

Keywords: *Nursing identification; Urology; Safety nursing; Nursing effect*

1. Introduction

Patients admitted to urology departments are mainly middle-aged and elderly, and surgical treatment can remove lesions and improve the quality of life of patients, but due to their age, they lack self-protection awareness, and surgery is stressful and invasive, which can cause varying degrees of trauma, and if they do not receive effective postoperative care, the probability of complications is higher. In recent years, with the gradual formation of health consciousness and awareness of rights, the concept of medical services has changed, and the requirements for quality of care have become higher and higher. It is significant that the use of nursing signs during urology safety management care can promote postoperative recovery of patients. In this paper, the authors selected 80 urology patients admitted to our hospital between January 2019 and January 2021, aiming to analyze the effect of the application of nursing signs in safety care. The following elaboration is made [1].

2. Information and Methods

2.1. General Data

Eighty urological patients admitted to our hospital between January 2019 and January 2021 were selected. Randomly grouped, the control group implemented conventional nursing management and the observation group implemented nursing marker intervention, and the general information of the patients in both groups is shown in Table 1.

Table 1: Comparison of general information of patients in the two groups

Group	Number of cases	Age group (years)	Mean age (years)	Male patients	Female patients
Observation group	40	19-46	32.16±9.65	26	24
Control group	40	19-44	32.06±9.46	27	23
X^2/t	-		0.047		0.056
P	-		0.963		0.813

2.2. Methods

Control group: conventional safe care: ① Basic care: after surgery, the patient's degree of disease, pain and psychological state need to be comprehensively assessed, and targeted nursing interventions should be carried out according to the patient's actual situation, strengthening oral and skin care, and then it is necessary to closely observe the patient's urination. If the patient develops hematuria, it should be reported to the doctor for effective treatment, and the patient should be encouraged to drink more water and given antibiotics for treatment as prescribed by the doctor. ②Infection care: after surgery, we need to do a good job of strict disinfection, monitor pathogenic bacteria, confirm whether the patient is infected, then intervene according to the test results, use ultraviolet light to irradiate the ward twice a day, each irradiation time needs to last half an hour, then use disinfectant solution to wipe the ward's items, replace the contaminated bed linen and medical treatment in a timely manner, and at the same time, we also need to control the number of personnel movements in the ward to avoid infection [2]. ③ Bedside marking care: filling out the patient's bedside card in detail to ensure that the patient's details need to be grasped quickly after a risk event. ④Drainage care: The condition of urological patients is very special, and they need to be left with catheters, etc. after surgery, so patients need to be well managed for drainage after surgery to ensure smooth drainage and reduce the rate of postoperative bleeding. If there is hematuria in the patient's drainage fluid, the cause of the occurrence of hematuria needs to be analyzed, and if necessary, secondary surgery can be performed, and infection prevention is also required. ⑤ Complication care: the patient's organism is special and has a high probability of pressure injury, infection and bed fall, which will have a serious impact on the patient's treatment effect as well as quality of life, so the patient needs to be given personalized care after surgery and a complication prevention and treatment manual to reduce the complication rate [3].

Observation group: application of nursing identification management: nursing staff need to undergo unified training to learn nursing identification-related knowledge, and only after passing the training assessment can they enter nursing positions. Nursing staff need to have a detailed understanding of patients' basic conditions, and make detailed records of patients' age, gender, changes in condition, and past medical history. The nursing staff needs to record the general information of the patient on the bedside identification card, and when the patient is discharged or needs to change wards, the bedside card needs to be checked in time to prevent miscalculation when the nursing staff identifies the patient. In addition to the bedside identification card, the patient's wristband identification, which is made of non-toxic and non-hazardous material and contains the patient's general information, should be given [4]. The patient's transfusion card is placed in a conspicuous place and the patient needs to check the care marker before going through the transfusion treatment to confirm that it is correct. Because urological patients need to be treated with invasive catheters during hospitalization, the management of catheter safety signs requires the application of nursing signs to confirm the patient's nursing risk level and mark the time of placement and the name of the placement. In the process of drug safety management, special drugs need to be marked with different colors, with red indicating no intravenous injection and green indicating analgesic drugs. At the same time, it is necessary to label the storage method to prevent adverse events [5].

2.3. Observation Indexes

①Nursing satisfaction: the nursing satisfaction of the patients was understood according to the questionnaire. During the questionnaire, nursing staff must not interfere with patients, all in the form of anonymous surveys. Nursing staff can only explain when the patient does not understand the questionnaire options, and when the patient decides the answer, nursing staff need to recuse themselves. Nursing satisfaction = (very satisfied + satisfied) / total number of cases between groups.

②level of biochemical and immunological indicators.

③level of health knowledge acquisition.

④Nursing quality indicators.

⑤ Incidence of nursing unsafe events.

2.4. Statistical Treatment

SPSS 20.0 statistical software was used for analysis, mean + standard deviation ($\bar{x}$ ±s) indicates

the measurement data, t-value test, rate (%) indicates the count data, X2 test, and when P < 0.05, the difference between the two groups of data is statistically significant [6].

3. Results

3.1. Comparison of Nursing Satisfaction

The nursing satisfaction of patients in the observation group was higher than that of patients in the control group (P < 0.05), as shown in Table 2.

Table 2: Comparison of nursing satisfaction [n (%)]

Group	Number of cases	Very satisfied	Satisfied	Dissatisfied	Total satisfaction
Observation group	40	25	14	1	39(97.5)
Control group	40	21	11	8	32(80.0)
X^2	-	-	-	-	6.135
P	-	-	-	-	0.013

3.2. Comparison of Biochemical Immune Indexes

Before care, TRIG, TCHO, Alb, ApoE, IgG and IgM were compared between the two groups (P＞0.05), and after care, TRIG, TCHO, Alb, ApoE, IgG and IgM of patients in the observation group were better than those in the control group (P＜0.05), see Table 3.

Table 3: Comparison of biochemical and immunological indicators ($\overline{x}$ ±s)(points)

Group	Number of cases	TRIG(mmol/L)		TCHO(mmol/L)		Alb(g/L)	
		Before care	After care	Before care	After care	Before care	After care
Observation group	40	2.12±0.86	0.68±0.25	4.13±1.15	1.03±0.21	34.16±7.56	31.16±5.15
Control group	40	2.06±0.81	0.92±0.23	4.16±1.18	1.62±0.43	34.11±7.42	33.96±5.26
t	-	0.321	4.468	0.115	7.798	0.030	2.406
P	-	0.749	0.000	0.909	0.000	0.976	0.019
Observation group	40	6.46±1.35	2.38±0.76	4.26±1.36	2.98±1.05	0.59±0.23	0.18±0.06
Control group	40	6.53±1.82	2.98±0.82	4.40±1.26	3.68±0.79	0.61±0.26	0.32±0.09
t	-	0.195	3.394	0.478	3.369	0.364	8.186
P	-	0.846	0.001	0.634	0.001	0.717	0.000

3.3. Comparison of Health Knowledge Mastery Levels

The scores of drug knowledge, healthy diet, healthy life and disease knowledge of patients in the observation group were higher than those of patients in the control group (P < 0.05), see Table 4.

Table 4: Comparison of health knowledge acquisition level ($\overline{x}$ ±s)(points)

Group	Number of cases	Drug Knowledge	Healthy Eating	Healthy Living	Disease Knowledge
Observation group	40	88.96±3.68	82.59±3.83	81.91±4.14	87.78±3.71
Control group	40	80.44±2.27	74.36±3.50	72.84±3.39	78.15±2.41
t	-	12.462	7.594	10.720	13.767
P	-	0.000	0.000	0.000	0.000

3.4. Comparison of Nursing Quality Index Scores

Quality of care index scores were higher in the observation group than in the control patients (P < 0.05), as shown in Table 5 [7].

Table 5: Comparison of nursing quality index scores ($\overline{x}$ ±s)(points)

Group	Number of cases	Hospitalization evaluation	Observation of illness	Complication intervention	Writing nursing records
Observation group	40	94.24±1.68	95.26±2.04	96.28±2.06	96.71±2.29
Control group	40	84.65±3.21	87.95±2.62	86.73±2.34	90.21±1.82
t	-	16.741	13.923	19.374	14.054
P	-	0.000	0.000	0.000	0.000

3.5. Comparison of the Incidence of Unsafe Nursing Events

The incidence of unsafe nursing events in the observation group was lower than that in the control group (P < 0.05), as shown in Table 6.

Table 6: Comparison of incidence of unsafe nursing events [n(%)]

Group	Number of cases	Falls	Fall from bed	Abnormal drainage tube	Bed sores	Incidence
Observation group	40	1	0	1	0	2(5.0)
Control group	40	2	3	4	3	12(30.0)
X^2	-	-	-	-	-	8.658
P	-	-	-	-	-	0.003

4. Discussion

Surgical treatment in urological patients can remove lesions and promote the health level of the organism, but surgery can cause trauma to patients and increase the rate of postoperative infection. In addition, urology patients are older and have degenerative reactions to physical functions, which can affect the prognosis if postoperative care is not provided.

The application of safety management model can promote patients' recovery and ensure smooth drains through good drainage tube care, the application of basic care can provide patients with a comfortable and safe recuperation environment, and the application of infection care. Through the good nursing mark care, complication care can control the incidence of nursing risk events, thus ensuring the effectiveness of postoperative patient care [8].

In the implementation of the safety management model, the application of nursing signs can further enhance the safety factor of patients during their hospitalization. The nursing signs can help nursing staff to quickly understand the basic conditions of patients and control the handover time as much as possible when performing shift handover, so that the nursing efficiency can be improved. In the process of daily nursing implementation, the application of nursing signs for nursing care can further enhance the standardization of nursing staff's operation and control the incidence of nursing defects. For example, urological patients need to keep multiple tubes in place, and the application of nursing signs can effectively and quickly distinguish various types of catheters and ensure the life and health of patients, which is of great significance.

In conclusion, the application of nursing signs in the process of safe nursing management in urology can greatly improve the quality of patient care management as well as patient safety, which is worth promoting [9-10].

References

[1] Gacci Mauro, Sakalis Vasileios I, Karavitakis Markos, Gravas Stavros. Reply to Meny Lv, Xufei Luo, and Yaolong Chen's Letter to the Editor re: Mauro Gacci, Vasileios I. Sakalis, Markos Karavitakis, et al. European Association of Urology Guidelines on Male Urinary Incontinence. Eur Urol. In press. https://doi.org/10.1016/j.eururo.2022.05.012.[J]. European urology, 2022(4):82-88.
[2] Ljungberg Börje, Bedke Jens, Capitanio Umberto, Bex Axel. Reply to Yongbao Wei, Ruochen Zhang, and Le Lin's Letter to the Editor re: Börje Ljungberg, Laurence Albiges, Yasmin Abu-Ghanem, et al. European Association of Urology Guidelines on Renal Cell Carcinoma: The 2022 Update. Eur Urol. In press. https://doi.org/10.1016/j.eururo.2022.03.006.[J]. European urology, 2022(4):82-88.

[3] Vejlgaard Maja, Andreas Røder Martin. Reply to Djaladat H and Ghoreifi A's Letter-to-the-Editor Re: Vejlgaard M, Maibom SL, Stroomberg HV, et al. Long-term Renal Function Following Radical Cystectomy for Bladder Cancer. Urology. 2021; S0090-4295(21)01083-9. doi: 10.1016/j.urology. 2021.11.015.[J]. Urology, 2022:164.

[4] Jeong Hyoeun, Nam Keumhee, Kim Heuiyeoung, Son Yujung. Patient Safety Silence and Safety Nursing Activities: Mediating Effects of Moral Sensitivity [J]. International Journal of Environmental Research and Public Health, 2021(21):18-24.

[5] Ghoreifi Alireza, Djaladat Hooman. Re: Xu AJ, Shakir NA, Jun MS, Zhao LC. Robotic Assisted Repair of Post-Ileal Conduit Parastomal Hernia: Technique and Outcomes. Urology. 2021; S0090-4295(21)00819-0. doi:10.1016/j.urology.2021.08.030.[J]. Urology, 2021:161.

[6] Boissier Pr Romain, Deledalle FrancoisXavier, Baboudjian Michael, Lechevallier Pr Eric. Reply to Kokayi A, Warren H, Tranb M's Letter to the Editor-Active Surveillance for Biopsy Proven Renal Oncocytomas: Outcomes and Feasibility. Urology 2021. doi: 10.1016/j.urology.2021.05.034. Online ahead of print.[J]. Urology, 2021:159.

[7] Campodonico Fabio, Ennas Marco, Capponi Giacomo, Introini Carlo. Re: Falcone et al.: Total Glans Resurfacing for the Management of Superficial Penile Cancer: A Retrospective Cohort Analysis in a Tertiary Referral Center (Urology 2020;145:281-286)[J]. Urology, 2020(1):25-28.

[8] Porpiglia Francesco, Checcucci Enrico, Amparore Daniele, Verri Paolo, Campi Riccardo, Claps Francesco, Esperto Franceso, Fiori Cristian, Carrieri Giuseppe, Ficarra Vincenzo, Mario Scarpa Roberto, Dasgupta Prokar. Slowdown of urology residents' learning curve during the COVID-19 emergency.[J]. BJU international, 2020(6):125.

[9] Huh Ayoung, Shin Juh Hyun. Person-Centered Care Practice, Patient Safety Competence, and Patient Safety Nursing Activities of Nurses Working in Geriatric Hospitals[J]. International Journal of Environmental Research and Public Health, 2021(10):18-23.

[10] Young Mi Lee, Hyunjin Oh. The Influence of Patient Safety Culture and Patient Safety Error Experience on Safety Nursing Activities of Emergency Nurses in South Korea[J]. Journal of Emergency Nursing, 2020:88-93.