

· 论著 ·

耳穴压丸联合神阙穴贴敷在危重症急性胃肠损伤患者护理中的应用效果

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【摘要】目的 探讨耳穴压丸+神阙穴贴敷用于危重症急性胃肠损伤中的效果。方法 收集2020年1月至2022年6月在本院就诊的危重症患者80例,采用随机数字表法分组,即对照组(n=40)、观察组(n=40)。对照组常规护理,观察组耳穴压丸联合神阙穴贴敷。统计两组患者干预前及干预后1周、2周AGI分级,临床症状恢复时间,1周后生化相关指标水平,如血红蛋白(HGB)、血尿素氮(BUN)、白蛋白(ALB)、肌酐(Creatinine, CREA)、天门冬氨酸氨基转移酶(AST)、丙氨酸氨基转移酶(ALT),病死率及不良反应发生率。结果 干预前,两组AGI分级比较, $P>0.05$;干预后1周、2周,两组AGI分级比较, $P<0.05$ 。两组临床症状恢复时间比较, $P<0.05$ 。两组HGB、BUN、ALB、CREA水平比较, $P<0.05$,两组AST、ALT水平比较, $P<0.05$ 。两组病死率比较, $P>0.05$ 。结论 耳穴压丸联合神阙穴贴敷应用于危重症急性胃肠损伤患者,胃肠功能、临床症状均明显得到改善。

【关键词】耳穴压丸;神阙穴贴敷;危重症急性胃肠损伤

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Application Effect of Auricular Acupoint Pressure Pill Combined with Shenque Acupoint Sticking in Nursing Care of Critically Ill Patients with Acute Gastrointestinal Injury

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Abstract: Objective To investigate the effect of auricular acupoint pressure pill + Shenque acupoint sticking on severe acute gastrointestinal injury. **Methods** 80 critically ill patients admitted to our hospital from January 2020 to June 2022 were collected and divided into control group (n=40) and observation group (n=40) by random number table method. Control group routine nursing, observation group auricular point pressure pill combined with Shenque point sticking. AGI classification, recovery time of clinical symptoms, and levels of biochemical related indicators, such as Haemoglobin (HGB), Blood Urea Nitrogen (BUN), Albumin, before intervention and 1 and 2 weeks after intervention, were analyzed in the two groups. ALB, Creatinine (CREA), Aspartate Transaminase (AST), Alanine Transaminase (ALT), mortality and incidence of adverse reactions. **Results** Before intervention, AGI grading of the two groups was compared, $P>0.05$; 1 week and 2 weeks after intervention, AGI grading of the two groups was compared, $P<0.05$. The recovery time of clinical symptoms was compared between the two groups, $P<0.05$. The levels of HGB, BUN, ALB and CREA were compared between the two groups ($P<0.05$), and the levels of AST and ALT were compared between the two groups ($P<0.05$). Comparison of case fatality rate between two groups ($P>0.05$). **Conclusion** Auricular acupoint pressure pill combined with Shenque acupoint applied in critically ill patients with acute gastrointestinal injury can significantly improve gastrointestinal function and clinical symptoms.

Keywords: Auricular Acupoint Pressure Pill; Shenque Acupoint Paste; Acute Gastrointestinal Injury in Critical Condition

急性胃肠损伤表示危重症患者因急性疾病导致的胃肠功能障碍^[1-2]。急性胃肠损伤患者胃肠道黏膜受损,易出现缺血缺氧情况,屏障功能损伤,一定程度上可加速脓毒症及其他综合征进程^[3-4]。急性胃肠功能障碍在危重症患者中占据27%至54%^[5]。由此,积极改善胃肠功能障碍尤为重要^[6]。目前临床上对于急性胃肠损伤主要集中在药物治疗方面,但药物存在副作用,可加重患者胃肠不耐受程度。研究称^[7],与单一重症护理技术比较,在其基础上增加中医护理技术效果更优。多项研究均称^[8-9],耳穴压丸联合神阙穴贴敷方案,经穴位和药物双重作用,可改善胃肠损伤患者胃肠功能。本次研究探讨耳穴压丸联合神阙穴贴敷在危重症胃肠损伤中的应用,内容如下。

1 资料与方法

1.1 一般资料 收集2020年1月至2022年6月在本院就诊的危重症患者80例,采用随机数字表法分组,即对照组(n=40)、观察组(n=40)。对照组:男性人数为18例,女性人数为22例,年龄分布范围70~85岁,平均(77.6±1.5)岁,APACHE II评分分布范围为12~15分,平均急性生理与慢性健康评分(APACHE II)(14.6±0.5)分,原发性疾病:重症肺炎24例,急性脑梗死6例,心力衰竭10例。观察组:男性20例,女性20例,年龄分布范围70~85岁,平

均年龄(76.5±1.2)岁,APACHE II评分分布范围为12~15分,平均APACHE II评分(13.9±0.7)分,原发性疾病:重症肺炎22例,急性脑梗死6例,心力衰竭12例。两组患儿一般资料比较,差异无统计学意义($P>0.05$)。

纳入标准:年龄≥18岁;AGI≥I级;APACHE II<20分。排除标准:合并精神异常;原发胃肠引起胃肠功能障碍;合并其他恶性肿瘤疾病。

1.2 研究方法 对照组常规护理,观察组耳穴压丸联合神阙穴贴敷。对照组:内容包括按摩、翻身等,抬高头胸部30°,避免反流。观察组:耳穴压丸,选取大肠、直肠、便秘点、三焦、腹、脾穴、肺以及艇中。采用王不留行籽,先予以75%酒精消毒,左手固定,右手确定穴位,若出现护耳、躲避等应激反应,则为阳性反应点。单耳贴穴,每2天更换1次,双耳交替,按摩3次/d,30下/次。神阙穴贴敷,主要成分包括木香、丁香、香附、砂仁、青皮、豆蔻、苍术及太子参等,加入适量醋调糊状,并清洁脐部,用单层纱布包好调好的药物,覆盖脐部,胶布固定,1次/日,4h/次。贴敷期间观察皮肤情况,若存在过敏现象,及时停止用药,并进行对症处理。

1.3 观察指标 统计两组患者干预前及干预后1周、2周AGI分

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级,临床症状恢复时间,1周后生化相关指标水平,如血红蛋白(haemoglobin, HGB)、血尿素氮(blood urea nitrogen, BUN)、白蛋白(albumin, ALB)、肌酐(creatinine, CREA)、天门冬氨酸氨基转移酶(aspartate transaminase, AST)、丙氨酸氨基转移酶(alanine transaminase, ALT),病死率及不良反应发生率。

1.4 统计学方法 将本次研究中所涉及到的两组病人的数据均录入到SPSS 25.0软件中,针对两组中的计量资料进行表述时,通过t值对检验结果进行检验,通过($\bar{x} \pm s$)进行,对于计数资料进行表述,通过 χ^2 对结果获取,当 $P<0.05$ 表明存在显著性差异。

表1 两组干预前及干预后1周、2周AGI分级对比

组别	例数	干预前					干预后1周					干预后2周				
		0级	I级	II级	III级	IV级	0级	I级	II级	III级	IV级	0级	I级	II级	III级	IV级
对照组	40	0	6	14	12	8	28	6	4	2	0	33	6	1	0	0
观察组	40	0	8	12	12	8	19	8	8	3	2	26	9	3	2	0
Z			0.763					3.221					3.883			
P			>0.05					<0.05					<0.05			

表2 两组临床症状恢复时间对比

组别	例数	腹痛	恶心呕吐	腹胀	自主排便	肠鸣音减弱
对照组	40	3.51±0.92	4.21±1.52	4.91±1.31	4.71±1.21	5.42±1.31
观察组	40	5.83±1.11	5.45±1.61	6.62±1.22	5.92±1.03	7.02±1.22
t		10.178	3.542	6.042	4.816	5.653
P		<0.001	<0.001	<0.001	<0.001	<0.001

表3 两组干预1周后生化相关指标水平对比

组别	例数	HGB(g/L)	BUN(mmol/L)	ALB(g/L)	CREA(umol/L)	AST(U/L)	ALT(U/L)
对照组	40	102.66±8.65	8.19±1.21	30.55±2.14	76.98±6.65	22.85±4.13	22.72±3.09
观察组	40	139.11±9.41	6.55±1.13	44.52±2.07	70.54±6.32	22.39±3.52	23.51±2.56
t		18.036	6.265	29.676	4.440	0.536	1.245
P		<0.001	<0.001	<0.001	<0.001	0.593	0.217

2.4 两组病死率对比 对照组1例死亡,死亡率2.50%(1/40),观察组2例死亡,死亡率5.00%(2/40),两组病死率比较, $P>0.05$ 。

2.5 两组患者不良反应发生率 两组均未出现不良反应,安全性高。

3 讨论

胃肠黏膜缺血再灌注,对胃肠功能存在很大影响,常表现为胃潴留、腹内高压等^[10]。临床常通过AGI分级反映患者病情和预后情况^[11]。现认为胃肠功能受损发生原因与患者年龄、心态、疾病本身及手术创伤等有关,导致正气消耗、气血两亏,由此,中医学者一般认为胃肠功能受损表现为阴阳两虚或气血亏虚^[12-13]。

本次研究结果发现,与对照组比较,观察组AGI分级、临床症状恢复时间改善效果均显著更优,与目前相关研究结果具有一致性^[14]。且观察组患者血液生化指标HGB、BUN、ALB、CREA水平均与对照组存在统计学意义,表明耳穴压丸联合神阙穴贴敷治疗可改善胃肠道,促进营养物质的吸收。两组患者均无明显不良反应,且病死率比较不存在显著差异,说明其安全性高。分析其原因,耳穴压丸既可通过多个系统,如内分泌、自主神经、丘脑等发挥调节作用,也可通过丘脑-垂体系统发挥调节作用,进一步刺激机体非特异性防御反应,改善免疫功能,促进机体恢复。耳穴压丸搭载王不留行籽,不仅可经过经络治疗,还辅助药物^[15-16]。于耳廓处,躯体内脏病变常表现为压痛、结节、色素沉着等,通过刺激耳穴,可调节经络、脏腑气血,进而发挥治疗作用。以大肠、直肠及腹部作为治疗部位,可改善机体肠道蠕动。肺,可调节水液代谢;三焦可调节脏腑功能;便秘点位经验穴,上述穴位合用,具有疏通气血、修复气机的作用。穴位贴敷,选取神阙穴,具有通经活络、调节脏腑的作用。脐部存在丰富血管网、神经,有利于药物透皮吸收^[17]。本次研究贴敷方药含有的成分木香、香附具有疏肝理气、止痛功效;苍术燥湿健脾;青皮具有行气燥湿、散结消积的作用;砂仁理气化湿;丁香、豆蔻具有醒脾开胃功效,上述药物合用具有健脾理气、和胃理肠的作用。

2 结果

2.1 两组干预前及干预后1周、2周AGI分级对比 干预前,两组患者AGI分级比较, $P>0.05$;干预后1周、2周,两组患者AGI分级比较, $P<0.05$,见表1。

2.2 两组临床症状恢复时间对比 两组临床症状恢复时间比较, $P<0.05$,见表2。

2.3 两组干预1周后生化相关指标水平对比 两组HGB、BUN、ALB、CREA水平比较, $P<0.05$,两组AST、ALT水平比较, $P<0.05$,见表3。

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