

改良胃管置入法在昏迷气管切开病人护理中的应用研究

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摘要 目的 探讨改良后胃管置入法在昏迷气管切开病人护理中的应用。方法 患者采取平卧位,保持头部、颈项、躯干在同一水平线上。置入胃管之前,先清理口、鼻、气管内分泌物。根据患者情况,选择合适型号硅胶胃管。操作者量好胃管置入长度后,用液体石蜡充分润滑胃管,左手托住胃管后端,右手持镊子夹住胃管前端,沿一侧鼻孔鼻中隔缓慢插入到合适距离,固定胃管。胃管末端连接注射器抽吸,如有胃液抽出,表示已插到胃内。结果 所有病例,均采用此种方法。24例病例中,一次性操作成功18例(占75.0%),4例(占16.7%)病例应用此法两次后成功置入胃管,2例(占8.3%)患者应用传统昏迷病人胃插管术三次均未获成功,改用此法后一次即成功。结论 改良胃管置入法操作简单、实用、安全,在昏迷气管切开病人护理中是促进患者早日康复的重要措施。

关键词 改良胃管置入法;昏迷气管切开病人;应用研究

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Application of Improved Gastric Intubation in Nursing of Coma Patients with Tracheotomy

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ABSTRACT Objective: To explore the applying of improved gastric intubation in the nursing of coma patients with tracheotomy.

Methods: Patients were supine, keeping the head, neck, trunk, at the same level. Gastric tube inserted before cleaning mouth, nose, and tracheal secretions. According to patient condition, select the appropriate type silica gel tube. The operator measured the length of insert tube, fully lubricated gastric tube with liquid paraffin, hold the tube back left, hold the tube front right, slowly along the side of the nasal septum into the right nostril distance, and fixed tube. Syringe suction tube end connections, if any juice out of that is plugged into the stomach. **Results:** All the patients were in this way. 24 cases, the one-time operation is successful in 18 cases (75.0%), 4 cases (16.7%) cases should be twice this method successfully implanted tube, 2 cases (8.3%) patients with gastric intubation traditional unconscious, three times have not been successful, after the time change this method is successful. **Conclusion:** Modified gastric tube insertion method in a coma patient care tracheotomy is simple, practical, safe, and important to promote measures for early recovery of patients.

Key word: Improved Gastric Intubation; Coma Patients with Tracheotomy

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昏迷病人因意识障碍及各种反射不同程度的丧失,不能自主呼吸和吞咽,因此常常实施气管切开及插入胃管给药或提供营养物质^[1-2]。气管切开是应用于抢救危重病人呼吸不畅时的一种及时有效的措施,但是昏迷病人因吞咽反射和咳嗽反射消失,无法配合留置胃管操作,而且气管切开病人由于气管套管占据咽喉的部分空间等一些因素,也会导致留置胃管困难^[3-4]。近年来,我们采用改良胃管置入法改变患者体位对2008年8月~2010年8月我院神经外科收治的24例昏迷气管切开病人进行胃管置入,取得满意效果,现将操作方法和护理体会报告如下。

1 资料与方法

1.1 一般资料

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笔者收集我院神经外科2008年8月~2010年8月间昏迷气管切开的24例患者资料,其中男20例,女4例,年龄26~82岁。其中重型颅脑损伤患者16例,脑出血患者8例。

1.2 方法

所有患者取平卧位,医护人员对患者抬颌,保持其头部、颈项、躯干在一个水平线上。在置入胃管之前,先清理口腔及鼻腔分泌物,应用吸痰器吸净气管内分泌物,以保持呼吸道通畅。根据每个患者情况,选择合适型号硅胶胃管。操作者量好胃管置入长度后,用液体石蜡充分润滑胃管外壁,左手托住胃管后端,右手持镊子夹住胃管前端,沿一侧鼻孔鼻中隔缓慢插入到合适距离,固定胃管。胃管末端连接注射器抽吸,如有胃液抽出,表示胃管已插到胃内。

1.3 统计分析

采用Spss15.0统计学软件分析Excel数据库, χ^2 检验分析采用率表示的计数数据。 $P<0.05$ 说明具有统计学意义。

2 结果

24 例中 ,采用改良胃管置入法一次性操作成功 18 例(占 75.0%) ,4 例(占 16.7%)病例应用此法两次后成功置入胃管 ,有

2 例(占 8.3%)患者应用传统昏迷病人胃插管术三次均未获成功 ,改用改良胃管置入法后一次即获成功。改良胃管置入法患者成功率明显高于采用传统昏迷病人胃插管术的患者 ,两者比较存在明显差异 $P<0.05$,说明具有统计学意义。

表 1 患者采用两种方法成功病例分析(例)
Table 1 Analysis of the successful cases by using two methods (n)

方法 Methods	例数 n	一次成功 One-time success	二次成功 Second-time success
改良胃管置入法 Improved gastric intubation	22	18(75)	2(16.7)
传统昏迷病人胃插管术 Gastric intubation in traditional unconscious patients	2	0(0)	0(0)

3 讨论

气管切开是解除患者呼吸道不畅的一种紧急有效方法 ,胃管置入是气管切开昏迷病人给药或供给营养物质 ,抢救患者生命的重要举措^[5]。但昏迷气管切开病人往往病情危重 ,胃管置入困难较大 ,不能像清醒病人可配合护理人员操作进行吞咽动作 ,而且气管内壁受到气管导管对其的推压作用 ,从而间接压迫食管壁 ,胃管置入会厌处时 ,遇到阻力 ,极易在咽部或口腔内打折盘曲 ,甚至误入气管内 ,反复操作插入又会损伤咽喉粘膜 ,产生对病人不利的影^[6-7]。

我们应用上述方法 ,操作简单、实用、安全、一次性成功率高 ,无需器械配合 ,减少多次重复插管对患者带来的不必要的损伤。由于食管的开口位于颈前正中气管的背后 ,食管是由粘膜、粘膜下层、肌层、外膜组成的官腔 ,气管是由软骨、肌肉、粘膜和结缔组织构成的管腔 ,因此 ,气管的软骨支架对食管构成一定的压迫^[8]。当患者取平卧位 ,抬高下颌会上提舌骨下肌群 ,喉部提高喉头也相应抬高 ,前移紧贴会厌 ,使得食管上口张开 ,会使插入的胃管更易进入食道^[9]。

传统的胃插管术 ,针对昏迷病人 ,在插管前要使病人头部后仰 ,胃管插入 15cm 至会厌部时 ,助手要以左手托起头部 ,使患者下颌靠近胸骨柄 ,以增大咽喉部通道的弧度 ,然后继续插管 ,胃管即可沿后壁滑行至胃内^[10-11]。我们改变患者体位呈平卧位 ,然后进行胃插管的方法一个护理人员即可完成操作 ,既可以节省材料、节约人员、减轻护理人员工作量 ,又可以减轻患者的痛苦、避免了传统胃插管术的并发症 ,大大提高了对昏迷气管切开病人实施胃管置入的成功率。

笔者应用硅胶胃管 ,是考虑到其管壁柔软 ,组织相容性大 ,对患者刺激相对较小 ,头端稍硬 ,便于插入 ,管腔透明 ,易于观察 ,通于胃中管口侧孔较大 ,便于药物灌注及鼻饲营养物质 ,且其末端连接封闭塑料塞子 ,不但防止胃液外流 ,而且可以防止细菌污染^[12-13]。每次鼻饲操作结束 ,用具都应冲洗干净。需长期鼻饲患者 ,每周应更换胃管一次即可 ,不可过频 ,否则容易损伤鼻部咽喉粘膜 ,产生炎症 ,同时也会加重患者及家属精神紧张。更换时须注意胃管应交替插入两侧鼻孔 ,以免一侧鼻腔粘膜因

胃管长期压迫引起局部炎症或坏死^[14]。另外 ,对于长期鼻饲者 ,还可以应用 1%薄荷油滴鼻 ,2~4 次 / 日 ,防止鼻粘膜炎症或鼻部不适^[15]。应用改良胃管置入法在昏迷气管切开病人护理中是促进患者早日康复的重要措施。本组 24 例病例中 ,一次性成功置入胃管者 18 例(占 75.0%) ,而且操作简单、实用、安全 ,一人即可独立完成操作 ,此法值得临床推广。

参 考 文 献(References)

[1] 颜峰.气管切开患者胃管置入法的改良[J].山东医药, 2004, 44(18): 69
Yan Feng. The improvement of gastric tube insertion method in tracheotomy patients[J]. Shandong Medicine, 2004, 44(18):69

[2] Mota ML, Barbosa IV, Studart RM, et al. Evaluation of intensivists-nurses' knowledge concerning medication administration through nasogastric and enteral tubes [J]. Rev Lat Am Enfermagem, 2010, 18(5):888-894

[3] 卢芳.球麻痹气管切开病人胃管留置失败的原因分析及护理对策 1 例[J].中国实用护理杂志,2004,20(增刊):136-137
Lv Fang. The failure reason and nursing strategy of one palsy patient with tracheotomy tube indwelling [J]. Journal of Practical Nursing, 2004, 20(suppl):136-137

[4] Christensen T, Christensen M. The implementation of a guideline of care for patients with a Sengstaken-Blakemore tube in situ in a general intensive care unit using transitional change theory [J]. Intensive Crit Care Nurs, 2007, 23(4):234-242

[5] Burns SM, Carpenter R, Blevins C, et al. Detection of inadvertent airway intubation during gastric tube insertion: Capnography versus a colorimetric carbon dioxide detector[J]. Am J Crit Care, 2006, 15(2): 188-195

[6] 罗连君.昏迷病人行气管切开后留置胃管操作的体会[J].当代护士(学术版),2007,(5):70-71
Luo lian-jun. The experience of indwelling gastric tube in coma patients after tracheotomy operation[J]. Contemporary Nurse(Academic Edition) , 2007, (5):70-71

[7] Mathus-Vliegen EM, Duflou A, Spanier MB, et al. Nasoenteral feeding tube placement by nurses using an electromagnetic guidance system (with video)[J]. Gastrointest Endosc, 2010, 71(4):728-736

- [8] 王晓丹. 气管切开伴昏迷患者胃管置管法 [J]. 中国民族民间医药, 2010,(17):243
Wang Xiao-dan. Stomach tube method in coma patients with tracheotomy[J]. Chinese folk medicine, 2010,(17):243
- [9] 黄艳丽,王勇. 气管插管病人下胃管的临床体会[J]. 陕西医学杂志, 2007,36(2):254-255
Huang Yan-li, Wang Yong. The experience of using stomach tube with intubated patients [J]. Shanxi Journal of Medicine, 2007,36(2): 254-255
- [10] 廖继鸿. 昏迷病人人工气道管理的护理现状[J]. 当代护士(专科版), 2010,(6):7-9
Liao Ji-hong. Conservation status of coma patients with artificial airway[J]. Contemporary Nurse(Specialized version), 2010,(6):7-9
- [11] Juvé -Udina ME, Valls-Miró C, Carreño-Granero A, et al. To return or to discard? Randomised trial on gastric residual volume management[J]. Intensive Crit Care Nurs, 2009, 25(5):258-267
- [12] 黄燕萍,钱洪松,扬玉芸. 改良胃管置入法在气管切开气囊气管套管患者中的应用与分析[J]. 护士进修杂志, 2004,19(1):77-78
Huang Yan-ping, Qian Hong-song, Yan Yu-yun. The application and analysis of tracheotomy patients with tracheal tube balloon by using improved gastric tube insertion [J]. Journal of Nursing Education, 2004,19(1):77-78
- [13] Metheny NA, Clouse RE, Chang YH, et al. Tracheobronchial aspiration of gastric contents in critically ill tube-fed patients: frequency, outcomes, and risk factors[J]. Crit Care Med, 2006, 34(4):1007-1015
- [14] 时晓红. 气管切开病人留置胃管的护理[J]. 医学信息(内·外科版), 2009,22(11):1066-1067
Shi Xiao-hong. Nursing of gastric tube insertion in patients with tracheotomy [J]. Medical Information (Internal medicine and Surgery Edition), 2009, 22(11):1066-1067
- [15] 闭夏静. 昏迷病人留置胃管的特殊插管及护理[J]. 广西医科大学学报, 2006,(23):163-164
Bi Xia-jing. Special intubation and nursing in coma patients with gastric tube insertion[J]. Guangxi Medical University, 2006,(23):163-164

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- [10] Weichert W, Ullrich A, Schmidt M, et al. Expression patterns of polo-like kinase 1 in human gastric cancer [J]. Cancer Sci, 2006, 97(4): 271-276
- [11] Feng YB, Lin DC, Shi ZZ, et al. Overexpression of PLK1 is associated with poor survival by inhibiting apoptosis via enhancement of survivin level in esophageal squamous cell carcinoma [J]. Int J Cancer, 2009, 124(3): 578-588
- [12] Pellegrino R, Calvisi DF, Ladu S, et al. Oncogenic and tumor suppressive roles of polo-like kinases in human hepatocellular carcinoma [J]. Hepatology, 2010, 51(3): 857-868
- [13] Chhavi, Saxena M, Singh S, et al. Expression profiling of G2/M phase regulatory proteins in normal, premalignant and malignant uterine cervix and their correlation with survival of patients [J]. J Cancer Res Ther, 2010, 6(2): 167-171
- [14] He ZL, Zheng H, Lin H, et al. Overexpression of polo-like kinase1 predicts a poor prognosis in hepatocellular carcinoma patients. World J Gastroenterol, 2009, 15(33): 4177-4182
- [15] Spänkuch B, Heim S, Kurunci-Csacsko E, et al. Down-regulation of Polo-like kinase 1 elevates drug sensitivity of breast cancer cells in vitro and in vivo [J]. Cancer Res, 2006, 66(11): 5836-5846
- [16] Weichert W, Schmidt M, Jacob J, et al. Overexpression of Polo-like kinase 1 is a common and early event in pancreatic cancer [J]. Pancreatology, 2005, 5(2-3): 259-265
- [17] HAN Shu-mei, MA Ting-hang, TANG Xiao-yong. Expression and clinical significance of PLK1 and PCNA in breast carcinoma [J]. SHANDONG MEDICAL JOURNAL, 2007, 47(8): 18-20