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Rehabilitation Nursing for Patients with Dysphagia after Stroke

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Abstract

Objective: To explore the application and effect of rehabilitation nursing in patients with dysphagia after stroke. Methods: 60 patients with dysphagia after stroke admitted to our hospital from August 2016 to October 2018 were randomly divided into control group and observation group, 30 cases in each group. The control group was given routine clinical nursing, while the observation group was given early rehabilitation nursing on the basis of the control group. The nursing effects of the two groups were compared. Results: Compared with the control group, the effective rate of recovery of swallowing dysfunction and ADL score in the observation group were higher, while the scores of NIHSS and Hamilton Depression Scale (HAMD) were lower, with statistical significance (P < 0.05). Conclusion: Rehabilitation nursing for stroke patients with dysphagia can promote the recovery of swallowing function and improve their health status, which is worthy of clinical application.

Keywords

Rehabilitation nursing; Stroke; Dysphagia.

1. INTRODUCTION

Stroke is a common nervous system disease in clinic. After the onset of stroke, it can easily lead to various degrees of neurological dysfunction, which seriously affects the daily life of patients and dramatically reduces the quality of life. Among the manifestations of neurological deterioration or loss of basic daily living ability, dysphagia is one of the common complications of stroke [1]. Its clinical manifestation is difficulty in advancing food or liquid from mouth to stomach. It is easy to cause complications such as dehydration, aspiration pneumonia and malnutrition, which affect the rehabilitation process, prolong hospitalization time and increase mortality [2].Studies have shown that early rehabilitation nursing has a positive effect on the prognosis of stroke patients with dysphagia. This study carried out early rehabilitation nursing for 60 patients with dysphagia after stroke in our hospital from August 2016 to October 2018. The results are reported as follows.

2. MATERIALS AND METHODS

2.1. General Materials

Sixty stroke patients with dysphagia who received rehabilitation treatment in our hospital from August 2016 to October 2018 were selected. They were divided into control group and observation group by random number method, 30 cases in each group. There were 16 males and 14 females in the control group, with an average age of (60.5 + 3.1) years. There were 17 males and 13 females in the observation group, with an average age of (59.8 +3.4) years. There was no significant difference in general data between the two groups (P > 0.05), which was comparable.

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2.2. Inclusion and Exclusion Criteria

Inclusion criteria: meeting the diagnostic criteria for stroke issued in 1995; approved by the hospital ethics committee; voluntarily participating in the study and signing the informed consent. Exclusion criteria: those with serious organic diseases such as heart, liver and kidney; those with mental status (frequent emotional fluctuations) unable to complete the researcher; those with severe language and motor dysfunction; those with dysphagia and cough before stroke onset; those with unstable vital signs and without informed consent[3].

2.3. Nursing Methods

The control group chose routine clinical nursing, mainly including bed-rest nursing, daily life nursing, medication nursing and so on. Bed-rest nursing requires nurses to help patients turn over and pat their backs every two hours. Daily life nursing requires nurses to formulate a scientific, reasonable and feasible diet plan for dysphagia and to give liquid food through straws. Medication nursing requires nurses to strictly instruct patients and their families to take drugs according to the medication requirements and instructions, inform the importance of correct medication, and help patients recover quickly [4].

The observation group was given early rehabilitation nursing on the basis of routine clinical nursing.

Psychological nursing: the rehabilitation time of stroke patients is longer, and there is a certain gap between the rehabilitation effect and patients'expectations. Neurological impairment and persistent dysfunction are prone to depression, irritability, pessimism, anxiety, sensitivity and other psychological problems, which lead to poor subjective initiative in rehabilitation treatment. Doctors, nurses and therapists are required to communicate patiently and meticulously with family members and patients and explain the purpose, methods, key points and short-term rehabilitation objectives of swallowing training. At the same time, patients are actively encouraged to compare the video before and after rehabilitation training so that patients can see their progress and increase their confidence in rehabilitation. Patients with post-stroke depression were intervened by the choice of drugs by clinicians.

Rehabilitation training: First, oropharyngeal muscle training. The patients were instructed to practice tightening their lips before the mirror and then pout upward. Smiling, grinning, frowning and drumming were performed 10-15 minutes per time to strengthen the strength of the lips. Then, the swallowing reflex initiates delayed training. The soft palate, palatal arch, pharynx and larynx wall and tonsil were stimulated repeatedly with frozen cotton swab, 30 times. After completing one group, the patients were guided to swallow and stimulated continuously for 20 minutes. To induce laryngeal muscle contraction and improve swallowing function. Finally, tongue and soft palate training were performed. Instruct patients to carry out tongue stretching training. Use gauze to help patients extend their tongue out of their lips as far as possible, lick the left and right lips, upper and lower lips and hard palate. After retracting the tongue, help patients move their mandible 5-10 times.

Food training: First of all, environmental nursing for eating. When eating, keep quiet as far as possible to prevent distracted attention from affecting eating. Eating time is more than 30 minutes. Before eating, assist patients in oral care. Secondly, body position guidance. When eating, the patient can not lie on his back, the head should be raised properly, the trunk and the bed should be kept above 45 degrees, the head should be flexed forward, and the hemiplegic side should be cushioned with soft pillows. First, the food temperature should be tested, then the healthy side should be placed and the tableware should be selected reasonably. Choose a spoon with shallow depth as far as possible. The amount of each spoon should be controlled at about one mouth. If it is serious, liquid food should be ingested by syringe or straw. After eating, the mouth should be checked to prevent food residue in the mouth, so as to avoid accidental

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inhalation. Finally, choose food reasonably. Choose smooth, uniform, appropriate viscosity, not easy to loose food, such as bread, meat, fruit, etc., when swallowing difficult, can be made into muddy food, so that patients eat smoothly. Food should pay attention to color, aroma and taste, so that patients have the desire to eat.

The four-in-one working mode of "doctor-patient-nurse subordinate" should be implemented. On the basis of holistic nursing under the responsibility system, a medical and nursing responsibility group was set up. The doctors, nurses and therapists in charge of the responsibility system were responsible for the patients and jointly participated in the rehabilitation treatment of the patients. Doctors formulate treatment programs, therapists are responsible for rehabilitation programs, and responsible nurses are responsible for health education and family supervision. Firstly, holistic treatment and nursing. In the process of rehabilitation nursing, the doctors in charge, the therapists in charge and the responsible nurses in charge of the patients in each group can receive the patients jointly, make a joint ward round on the second day of hospitalization, and formulate rehabilitation goals. Secondly, the rehabilitation effect was evaluated regularly. Doctors in charge, therapists in charge and nurses in charge evaluate and comment on the rehabilitation effect of the patients in charge every week. They continuously track the completion of rehabilitation goals. Responsible nurses supervise the completion of patients'homework and guide their families or patients to fill out the "implementation form of rehabilitation week training plan" by themselves. Finally, rehabilitation extends to the family. Stroke patients have a long rehabilitation period. In order to continue their rehabilitation better, their family members can follow up the rehabilitation effect continuously with their doctors, therapists and nurses, and guide rehabilitation training regularly.

2.4. Observation Indicators

The degree of dysphagia was assessed before and after nursing. ADL score, NIHSS score and Hamilton Depression Scale (HAMD) score.

2.5. Statistical Analysis

SPSS19.0 statistical software was used to analyze the data. The data were expressed by $\bar{x} \pm s$, $P < 0.05$ was statistically significant.

3. RESULTS

Compared with the control group, the recovery rate of swallowing dysfunction and ADL score in the observation group were higher, while the scores of neurological deficit degree (NIHSS) and Hamilton depression scale (HAMD) were lower, and the difference was statistically significant ($P < 0.05$). The results were as shown in Table 1 and Table 2.

Table 1. Observation on the recovery of swallowing dysfunction in two groups [n (%)]

Group	Invalidity	Improvement	Cure	Total effective rate
Observation group (n = 30)	2(6.7)	12(40)	16(53.3)	28(93.3)
Control group (n = 30)	6(20)	11(36.7)	13(43.3)	24(80)
P	/	/	/	<0.05

Table 2. Observation on the recovery of swallowing dysfunction in two groups [n (%)]

Group	ADL score	NIHSS score	HAMD score
Observation group (n = 30)	72.53±3.26	15.32±2.03	11.02±1.86
Control group (n = 30)	56.31±3.94	18.91±2.26	16.25±2.35
P	/	<0.05	/

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4. CONCLUSION

In order to carry out rehabilitation nursing for patients with dysphagia after stroke, early functional rehabilitation training should be carried out according to the severity of dysphagia. In this process, nurses need to consider the influence of patients'emotional factors on the effect of rehabilitation nursing, do a good job of health education, actively conduct psychological counseling, and improve their psychological state. On this basis, functional rehabilitation training should be strengthened. Swallowing, breathing, pronunciation and eating training should be carried out step by step to alleviate the dysphagia and resume normal eating. The improvement and recovery of dysphagia play a positive role in the recovery of activities of daily life.

In conclusion, the development of rehabilitation nursing has a good role in accelerating the rehabilitation process of patients with dysphagia after stroke.

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