

Self-Care Ability Development of 45 C Mode Heart Failure Patients

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Received Nov 10, 2009

Abstract

Self-care ability development of 45 C mode heart failure patients treated during 2005-2008, has been proved to be of great significance. The experience has illustrated that patients have been able to recognize subtle changes of self-health, to prevent inducing factors and to participate in assessing symptoms and pathological signs manifesting in the early period, and to moderately take part in treatment and care and to behave in a healthy way, which are very significant to improve patient's life, reinforce the results of clinical treatment and care to reduce frequency of being hospitalized. [Life Science Journal. 2009; 6(4): 74 – 77] (ISSN: 1097 – 8135)

Key words: C mode heart failure, self-care, ability development

1. INTRODUCTION

Congestive heart failure, a very common cardiovascular syndrome in coinic (abbr. heart failure), is the end period of various organic heart diseases. China has 36 million of chronic heart failure patients, among whom death rate is 37% within two years and within 6 years this rate is up to 82% ^[1]. Based on clinical treatment requirements ^[2], heart failure is usually divided into four modes of A, B, C, L, C mode of which is most dangerous. Its clinical treatment is so bad that patients have to be hospitalized frequently and their life was influenced badly. Statistically, it is quite helpful to teach patients about health with a clear aim, to help them obtain accesses to related information and skills and to strengthen the ability of self-care, which can improve their future expectations, and reduce death rate and the frequency of being hospitalized ^[3]. However the difficult and key points of developing self-care ability for heart failure patients are to present them and /or their family member's effective instructions in time, and to help them take an active part in self-health management, to recognize subtle changes of their disease and lead a healthy life. Under such guidelines, 45 C mode heart failure patients treated from Jan.2005-Jan.2008, have developed self-care ability and have received expected care results.

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2. Materials and Methods

2.1 Objects

Clinical objects: 45 C mode heart failure patients, who were finally diagnosed as this disease in department and received treatment from Jan. 2005-Jan.2008. This group is made up of 29 males and 16 females, whose average age is 68 ± 8 , 38 cases with coronary heart disease, 3 cases with rheumatic valve diseases and 4 cases with dilation myocardopathy.

2.2 Methods

2.2.1 Individual case collection: The designated nurse learns how patients and /or their family members think about the disease, masters their ability to participate in and coordinate treatment and care, and their compliance of leading a healthy life.

2.2.2 Questionnaire: In the questionnaire there are 18 questions covering five areas: the early symptoms and pathological signs of heart failure, inducing factors, drug reactions, responsive measures and further consultations on time with doctors. Questionnaires would be handed to patients or their family members by the nurse within a week when they were hospitalized and in the afternoon when they were to be out of hospital, then are required to be handed in for statistic after being filled in.

2.2.3 Training methods: Patients would be trained and instructed at proper moments based on conditions of their disease. Methods: (1) Individual training: The designated nurse would make an individual training plan for the patient at the beginning when he or she was hospitalized, including patient's self-examination contents, coordination in the process of treatment and result assessment. Training can be carried out in the form of oral instruction and explanation of instruction album, which is made by a fixed nurse to their patient individually. (2) Collective training The department of the hospital would prepare collective training plans personally for patient's self-care in various forms such as filmstrip, series lectures, handbooks, blackboard newspaper, etc. (3) Bedside instruction The sickbeds would be supplied with a list of nurses' instructions recording what self-cares should be done every day. During daily morning care, the nurse, patients and their family members would go over and summarize how self-care was carried out the day before, then assess and record it in the levels of "Excellent" "Better" and "Continuous improvement". Finally the nurse would tell patient and their family how treatment and self-care should be carried on this day, and reminds them of what should be specially paid attention to. As the nurses make rounds of the ward, they will immediately respond to all questions from patients and their family and learn how patients and their family think about self-cares according to patients' responses to their questions.

2.3 Training contents

2.3.1 Early symptoms and inducing factors of heart disease Patients and their family members will be instructed how to examine by themselves and how to recognize early symptoms and pathological signs of heart failure. Left heart failure shows itself as short breath, accelerated heart beat (faster 10 times/second than before) and being tired after activities, being stifled to wake during nights, coughing in the back, sleeping with high pillow (20-30 cm), bubbled-shaped sputum, etc; right heart failure shows itself as feeling sick, poor appetite, weight obtain, strong jugular vein pulse, compression edema in low-dropped parts, etc. Patients should be instructed to pay more attention to noticing changes of their pulse, urine volume and weight, and actively

communicate with their doctors and nurses so that effective treatment measures can be taken in the early period to improve the cure rate. Patients and their family members should be also taught how to recognize the relationship between heart failure and inducing factors, and how to avoid these inducing factors. Heart failure is usually induced from infections, irregular heart beat, over taken-in sodium salt, being overtired or excited, or taking medicine without following up doctor's advices, etc.

2.3.2 Moderate participation in treatment and cares

during the morning care, the nurse should learn how patients are getting along with self-care and their disease, such as emotion, sleep, diet, activities, treatment and cares, etc, and then tell patients and their family possible treatments and cares this day, and that what should be paid attention to. The nurse should also communicate with patients or their family to learn their practical difficulties, and then discuss with them to find out solutions to them, for instance, to teach to patients or their family self-test pulse, watch heart beat and pulse and find out irregular heart rate; in the process of injection, to remind patients or their family of drop speed, tell them not to change the speed without permission from the nurse and then teach them to feel if where there is liquid leakage. The nurse should watch drug function, poisonous after effects and ill reactions, such as low potassium blood symptoms resulting from diuretic and digitalis poison, which usually result from improperly taking medicine. The nurse should teach patients to recognize signs of digitalis poison. Once such things occur, patients or their family will contact with the doctors and the nurse so that they can take active and effective measures in the early period. The nurse should explain to patients and family the significance of long treatment, and tell them to take medicine according to doctors' advices, and not to stop or reduce medicine freely in order to help patients to comply with treatments.

2.4 Training in self-comfort adjustment

2.4.1 Psychological comfort: Since they have shouldered heavy economic burden, and being hospitalized frequently because of bad disease, most of C mode heart failure patients have to suffer from so much psychological pressure that their reactive ability to occurrences in life and compliance have been on decrease.

Patients will be focused on self adjustment in psychological comfort then they receive trainings in self-care ability development; they are also taught to make use of psychological defense system, to recognize responsibilities and value of self existence, and to realize significance of self existence and life quality to their family and society so that they can adjust their emotion themselves; at the meantime, encouragements from family and supports from society can strengthen their confidence to comply with treatments^[4].

2.4.2 Body comfort Patients should sit erect to reduce sufferings from being stifled; to wear loose clothing under the condition of edema; to protect their skin; often to cut their nails and change the body positions; to eat dark color of vegetables, red jujube and the mushrooms, which can supplement potassium; to control the take-in volume of sodium salt, to prevent cold and to strike the balance between work and rest, which can effectively avoid inducing factors; actively to prevent complications. Patients should be instructed to take moderate activities or be given moderate passive activities, and to soak upper limbs from time to time in order to reduce vein thrombosis. Since C mode heart failure patients have to be in bed for long time and have extravagated blood in their lung, which can easily cause complications in lung, the patients' room should be kept in proper temperature and well ventilated, and patients' family should help them turn over, pound their back and encourage them to discharge sputum.

2.4.3 Pay subsequent visits to doctors on time: It is an effective way for doctors to master their patients' disease, so they should pay subsequent visits to doctor on time in accordance with their doctors' advices after they got out of hospital for recuperation at home. When they are about to leave hospital, according to their specific conditions, patients would be offered individual "out-of-hospital instructions" containing the date when they should pay subsequent visits to doctors, their medicine usage and volume, side effects of the medicine, notices when the medicine is taken, the precautions against ill reactions, restricted foods, food exchange when different complications occur, and so on. Patients will also be instructed to form the habit of writing diary recording diet, activities and conditions of taking medicine, which are very important for doctors to find out changes of their patients' disease, so such information should be offered when patients pay subsequent visits to doctors or communicate with their doctors on line.

3. RESULTS

In comparison of patients' mastering related self-care information before and after being trained in is shown in Table 1. The results demonstrated that all the effective factors are relatively promoted in Master % after training.

Table 1. Conditions of 45 C mode heart failure patients before and after being trained in mastering related self-care information

Time	Cases	Symptoms and body signs		Inducing factors		Drug reactions		Self-comfort adjustment		Subsequent visits on time	
		Master (%)	Not (%)	Master (%)	Not (%)	Master (%)	Not (%)	Master (%)	Not (%)	Master (%)	Not (%)
Before training	45	19/45 (42.2%)	26/45 (57.8%)	12/45 (26.7%)	33/45 (73.3%)	17/45 (37.8%)	28/45 (62.2)	18/45 (40.0%)	27/45 (60.0%)	30/45 (66.7%)	15/45 (33.3%)
After training	45	43/45 (95.6%)*	2/45 (4.4%)	41/45 (91.1%)*	4/45 (8.9%)	40/45 (88.9%)*	5/45 (11.2%)	44/45 (97.8%)*	1/45 (2.2%)	45/45 (100%)*	0

Note: Compared with the pre-training, *P<0.001.

4. Conclusion

Self-care is conscious and continuous behaviors that can be obtained though learning when an individual of human beings is guaranteeing their life and existence,

and keeping and strengthening their health^[5, 6]. For patients, it enables them to get related information and self-care methods to prompt them to take an active part in cares and self-management which can infiltrate into

people around the instructed objects so that consciousness of people groups can be improved. When patients are active in participating in forming correct and healthy life habits and take effective self-cares, it can intensify treatment effect on C mode heart failure [7]. However as nurses are training C mode heart failure patients in developing self-care ability, their focuses should be put on how patients can recognize self-symptoms and body signs, how patients can manage to lead a healthy life, how patients can take medicine correctly and how patients can realize poisonous after-effect of medicines. The aim of training patients in developing self-care ability is to improve C mode heart failure patients' life quality, to decrease death rate and to reduce the frequency of being hospitalized.

Experiences have shown that there are noticeable differences ($p < 0.05$) between being hospitalized and out of hospital in many aspects such as recognition of early symptoms and body signs, preventing from inducing factors, avoiding ill reactions of medicine as possible as patients can, self-comfort adjustment ability, paying subsequent visits to doctors on time, etc. through training plan with clear aim, which have improved patients and their family's initiative, displayed their self-function to the fullest, improved patients' life quality and reduced occurrence of complications. Patients and their family's moderate participation in treatment and cares can

improve patients' emotion, reduce the gap between nurses and their patients, and improve the relationship between doctors and their patients.

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