

气胸护理讲课

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01

气胸基本概念与分类





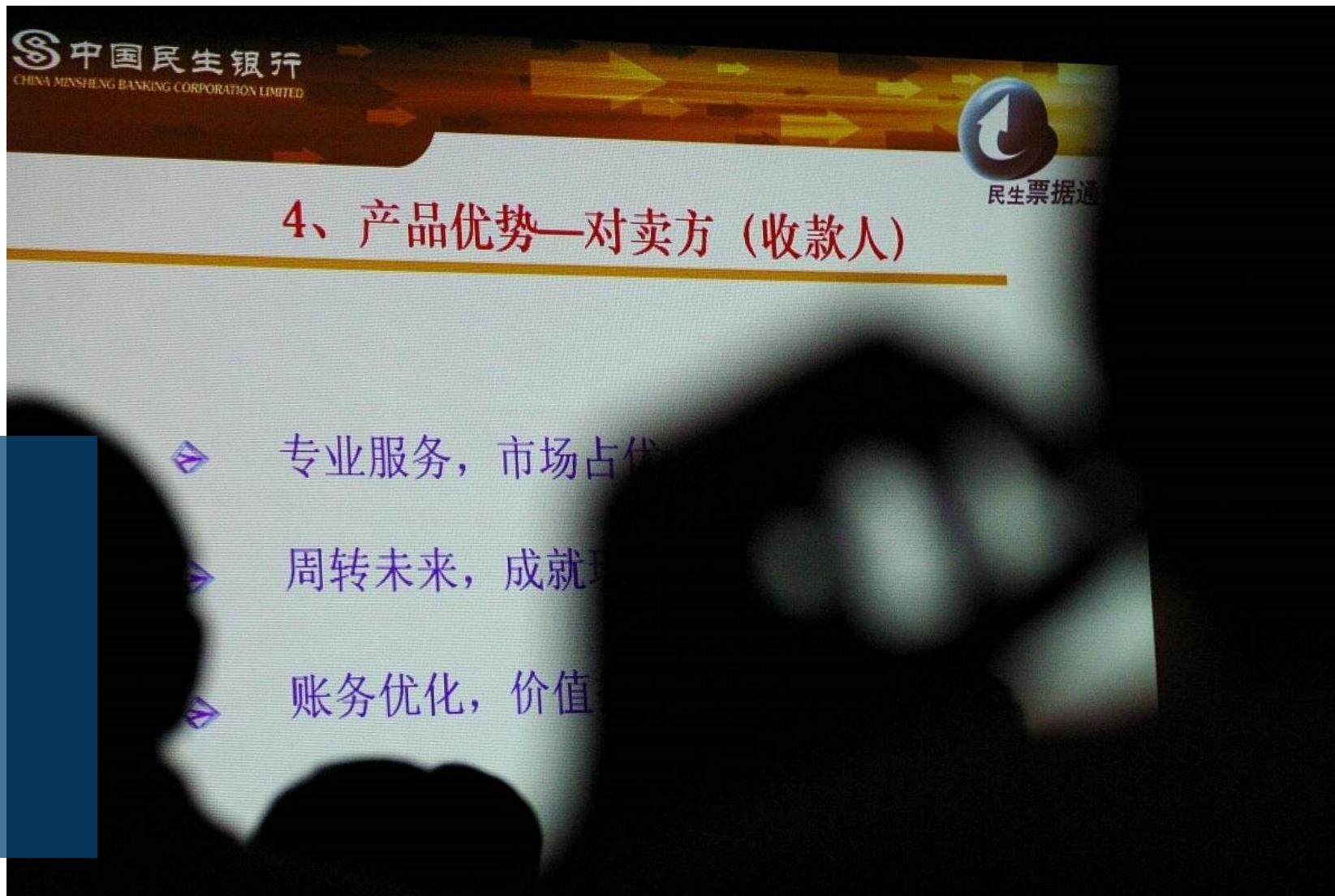
气胸定义及发病原因

定义

气胸是指气体异常进入胸膜腔，造成胸膜腔内积气的病理状态。

发病原因

气胸多因肺部疾病或外力影响导致肺组织脏层胸膜破裂，或靠近肺表面的细微气肿泡破裂，使得肺和支气管内空气进入胸膜腔。





气胸临床表现与诊断依据

临床表现

气胸患者可能出现突感一侧胸痛、针刺样或刀割样疼痛，随后出现胸闷和呼吸困难等症状，可伴有刺激性咳嗽。

诊断依据

气胸的诊断主要依据患者的病史、症状、体征以及影像学检查（如X线、CT等）结果。



以下附赠各项管理制度英文版（不需要可删）

急救药品、器材管理制度：

1. Rescue drugs and equipment should be "five fixed" (fixed quantity and variety, designated placement, designated person storage, regular disinfection and sterilization, regular inspection and maintenance) and "two timely" (timely inspection and maintenance, timely receipt and supplementation). The item is clearly marked and cannot be used arbitrarily.

2. The necessary rescue equipment is complete, in good performance, and in standby condition.

3. The rescue drugs are complete, with clear drug labels and no discoloration, deterioration, expiration, or damage. They should be placed and used in the order of drug expiration dates (from right to left).

4. Emergency drugs and items for each department's rescue vehicle shall be uniformly equipped according to requirements. Specialized emergency drugs and items must be reviewed and approved by the department director to determine the type, quantity, specifications, and dosage to be equipped. Rescue vehicles must be placed in designated locations and managed by designated personnel to ensure safety and ease of use.

5. After using rescue drugs and equipment, they should be fully replenished within 24 hours. If they cannot be replenished due to special reasons, they should be noted on the handover registration form and reported to the head nurse for coordination and resolution to ensure timely use during patient rescue.

6. There is a registration book for the provision of drugs and equipment. Ensure consistency between accounts and materials, and handover between shifts.

7. Management of sealed rescue vehicles: Before sealing, the head nurse (or nurse in charge) and another nurse shall count the drugs and equipment according to the registration book of drug and equipment, verify their accuracy, and seal them with a seal. Two people shall sign and fill in the sealing time. Nurses check the condition of the seals once per shift and complete the handover. The responsible nurses check once a week, and the head nurse and responsible nurses open the seals and inspect the drugs and equipment in the ambulance once a month, with records kept.

8. Non sealed rescue vehicle management: Each shift shall count the drugs and equipment according to the registration book and complete the handover. The responsible nurse shall inspect once a week, and the head nurse shall inspect once every two weeks and keep records, ensuring that the accounts match the materials.

护理文书书写制度：

1. Nursing staff strictly follow the latest requirements when writing nursing medical records.
2. The content of nursing records should be objective, truthful, accurate, timely, complete, and standardized.
3. All nursing documents should be written with a blue black or carbon ink pen.
4. All nursing documents should be written in Arabic numerals for date and time, with dates in years, months, and days, using a 24-hour system, specific to minutes. 5. Writing should use Chinese, medical terminology, and commonly used foreign language abbreviations; Complete record items; The text is neat, the handwriting is clear, and the layout is clean; Accurate expression, fluent sentences, simple and concise: correct format and punctuation, no typos.
6. When errors occur during the writing process, double line them on the wrong words, keep the original record clear and distinguishable, sign the modifier, indicate the modification time, continue to write the correct content, and do not use scraping, sticking, painting or other methods to cover up or remove the original handwriting. Each page should be modified no more than two times, otherwise the original recorder will promptly copy again (except for modifications made by superiors).
7. Nursing records written by intern nurses, probationary nurses, or unregistered nurses should be reviewed and signed by nurses with legal professional qualifications in this medical institution.
8. Further training nurses can only write nursing documents after being recognized by the medical institution receiving the training for their work ability.
9. Superior nursing staff have the responsibility to review and modify the written records of subordinate nursing staff. When making modifications, red double lines should be used to mark errors, write the modified content, sign and indicate the modification time.
10. Temperature records, medical orders, patient care records, and surgical inventory records should be archived on time.



气胸分类及严重程度评估



分类

气胸可分为创伤性气胸、自发性气胸和人工气胸。其中，自发性气胸又可进一步分为原发性气胸和继发性气胸。

严重程度评估

气胸的严重程度可根据患者的症状、体征以及影像学检查结果进行评估。轻度气胸患者可能仅有轻微胸痛和胸闷，而重度气胸患者可能出现严重呼吸困难、心率加快、血压下降等危重症状。



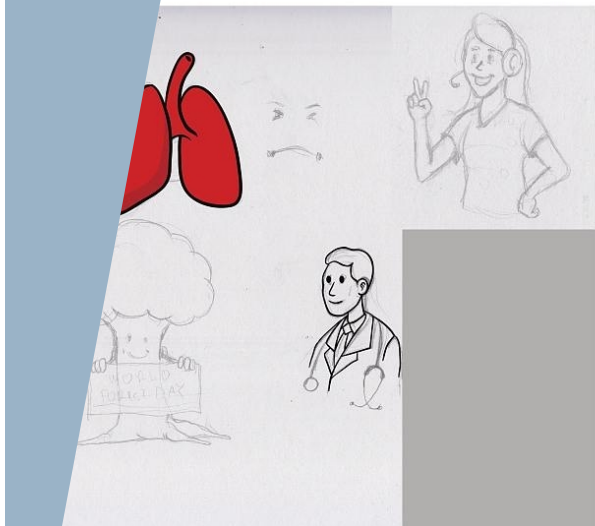
预防措施与重要性

预防措施

预防气胸的关键在于积极治疗肺部疾病，避免剧烈咳嗽、屏气等动作，以及注意安全防护，避免胸部外伤。

重要性

气胸是一种可能危及生命的急症，因此预防措施的落实对于降低气胸发病率和死亡率具有重要意义。同时，了解气胸的基本知识也有助于患者及其家属在发病时及时识别并寻求医疗救助。



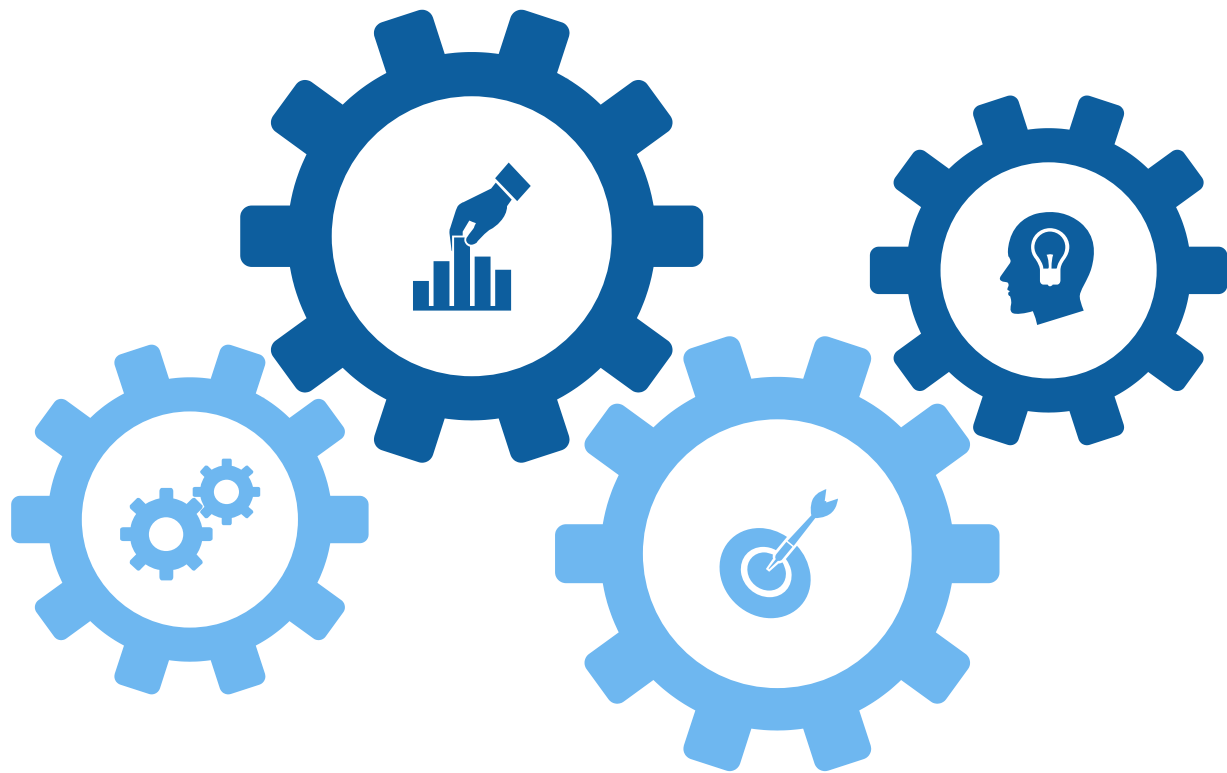
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急性气胸紧急处理流程





立即停止活动并保持安静



停止一切活动

当发生急性气胸时，患者应立即停止一切活动，包括工作、运动等，以避免加重气胸症状。

保持安静

患者需保持安静，避免情绪激动和紧张，以减少氧气消耗和降低呼吸频率。



迅速就医并告知相关病史

迅速就医

急性气胸是一种紧急情况，患者应立即前往医院就诊，以便得到及时诊断和治疗。

告知相关病史

在就医过程中，患者应主动告知医生自己的相关病史，包括肺部疾病、手术史、外伤史等，以便医生更好地了解病情并制定治疗方案。



紧急排气治疗适应证与禁忌证

紧急排气治疗适应证

对于严重急性气胸患者，如出现呼吸困难、心率加快等症状，需要立即进行紧急排气治疗，以缓解症状并防止病情恶化。

紧急排气治疗禁忌证

在某些情况下，紧急排气治疗可能不适用，如患者存在严重的心肺功能不全、凝血功能障碍等，此时需要医生根据具体情况进行评估和决策。



后续观察与注意事项



后续观察

在紧急处理后，患者需要进行后续观察，包括观察呼吸、心率等生命体征的变化，以及气胸症状的改善情况。



注意事项

患者需要遵循医生的嘱咐，按时服药、定期复诊，并避免剧烈运动、咳嗽等可能加重气胸症状的行为。同时，患者还需要保持良好的生活习惯和饮食习惯，以促进身体的康复。

03

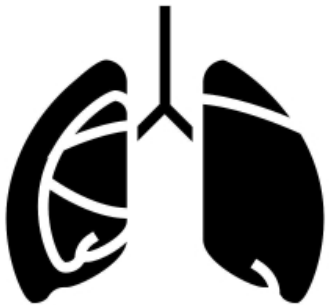
慢性气胸日常管理与自我监测





遵医嘱规范治疗方案执行

01



按时服药



根据医生开具的处方，按时服用相关药物，以控制病情。

02



保持呼吸道通畅



注意保持呼吸道通畅，如有痰液应及时排出。

03



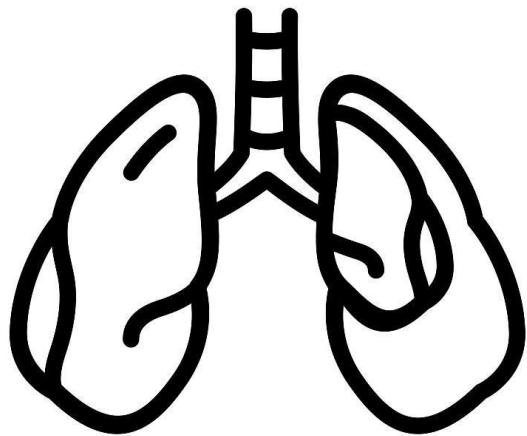
氧疗



对于需要氧疗的患者，应遵医嘱进行家庭氧疗，以改善低氧血症。



定期复查评估疗效调整方案



定期复查

患者应定期到医院进行复查，以评估治疗效果和病情变化。

影像学检查

复查时可能需要进行X线或CT等影像学检查，以了解气胸吸收情况和肺复张状况。

调整治疗方案

根据复查结果，医生可能会调整治疗方案，患者应积极配合执行。

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