

A close-up of a human hand, palm up, reaching towards the top of the frame. The background is a vibrant blue sky filled with soft, white, fluffy clouds. The lighting is bright, suggesting a sunny day. The overall composition is clean and uplifting.

IN THE NAME OF GOD

“His Name Shall Be Revered”



Evidence-based nursing

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- Evidence-based nursing is a concept that first emerged in Canada (1980) for medical education with an approach of using and valuing research findings derived from clinical data and beliefs.
- Evidence-based nursing is based on a complete and comprehensive review of the results and findings of scientific research.

The continuous scientific developments along with the changing condition of the patients, prompts the nurses to design, implement and evaluate the care plan to solve these problems by combining their technical skills and professional knowledge based on scientific evidence.

Seket et al. (2000) consider evidence-based care to be "the integration of the best research evidence with clinical experience and patient values" in care.

Evidence-based nursing is defined as the systematic process of making decisions about patient care, using available evidence, and includes:

evaluating the quality and applicability of existing research, patient preferences, specialties, and clinical situations.

The ultimate goal of nursing services is to provide quality care in order to improve service results for patients and society.

Naturally, it is expected that the services of the health system are based on scientific evidence, methods and decisions.

Despite this, many medical and care practices are based only on traditional processes, guesses and working hypotheses, individual skills and unorganized clinical evidence.

During a research study, researchers have reported that, in the opinion of nurses, performing clinical actions based on research evidence leads to an increase in the quality of care. But only 46% of nurses considered their clinical practice based on research evidence.

Reasons for not using evidence-based nursing

lack of time

Lack of access to resources

Lack of financial support

The high costs of adopting new methods

Nurses' resistance to changes

The nurses' information is not up to date

Lack of self-confidence

Lack of research authority

Traditional thoughts

The work environment is constantly changing

lack of knowledge

Lack of support from managers and doctors

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The efficacy of evidence-based nursing for patients with myocardial infarction complicated by heart failure

Introduction

Coronary artery disease develops when the major blood vessels that supply the heart with blood become atherosclerotic, which can lead to a mechanical obstruction or a spasm of the coronary arteries, further causing myocardial ischemia or infarction, resulting in chest pain, chest tightness, heart failure, or other clinical manifestations

Acute myocardial infarction (AMI) is one of the leading causes of death and disability, with about 3 million new cases every year. Acute heart failure after AMI is one of the most critical conditions seen in the Department of Cardiology, and it is characterized by a sudden onset and high fatality. Its incidence and mortality rates are 32.4% and 21.6% respectively, so it has been studied extensively in modern medicine

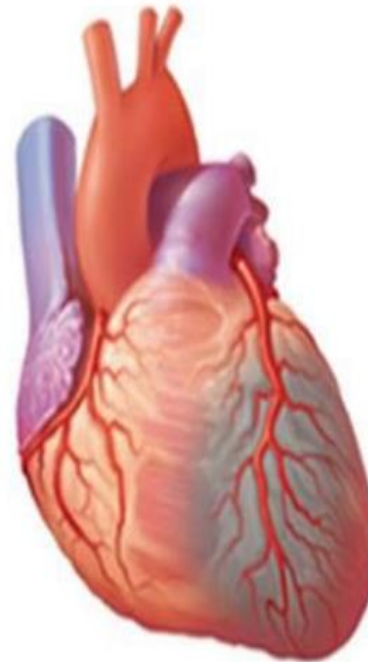
ACS



Plaque rupture/erosion with occlusive thrombus



Plaque rupture/erosion with non-occlusive thrombus



Atherosclerosis and oxygen supply/demand imbalance



Vasospasm or coronary microvascular dysfunction



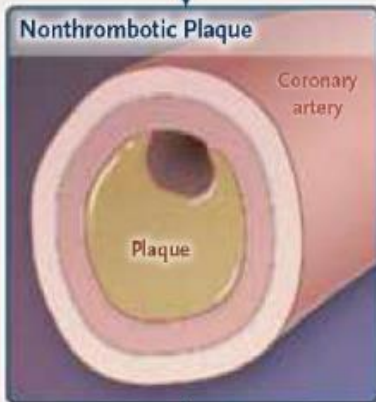
Non-atherosclerotic coronary dissection



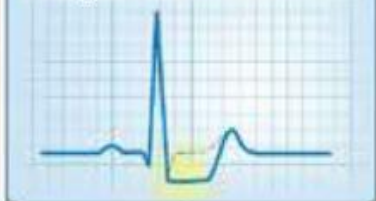
Oxygen supply/demand imbalance alone

WORKING
DIAGNOSIS

Supply-demand imbalance
(predominantly nonthrombotic)



ST-Segment Elevation Absent



Acute coronary syndrome
(atherothrombotic)

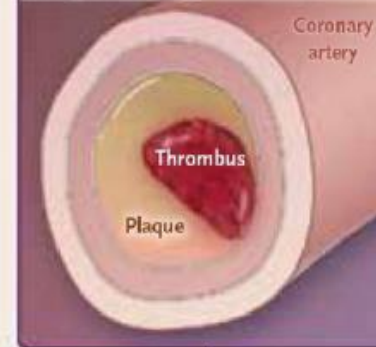
Partially Occluding Thrombus



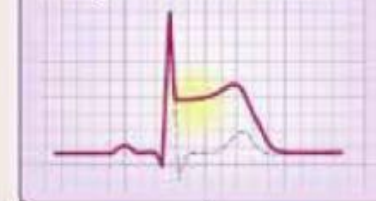
ST-Segment Elevation Absent



Fully Occluding Thrombus



ST-Segment Elevation Present



12-LEAD
ECG

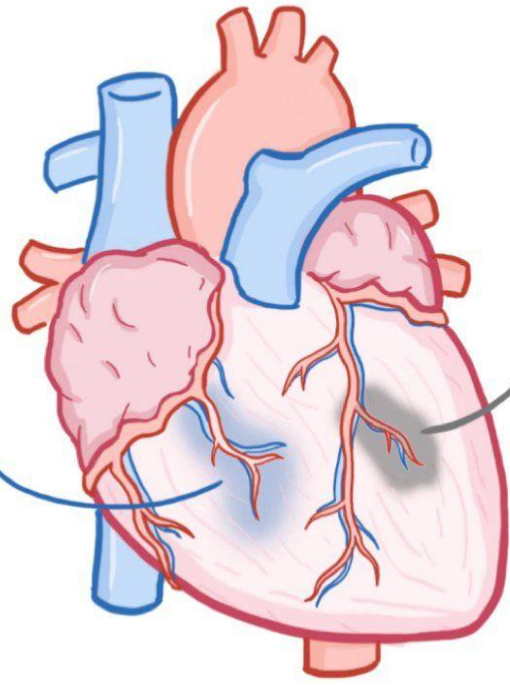
ISCHEMIA or INFARCTION

BLOOD FLOW DECREASED



HYPOXIA

* INSUFFICIENT OXYGEN



BLOOD FLOW CUT OFF



NECROSIS

* CELLULAR DEATH

Materials and methods

A total of 108 patients with ST-segment elevation myocardial infarction complicated by heart failure treated in the Department of Coronary Care Unit at Affiliated Hospital of Nantong University from July 2017 to September 2018 were selected.

They were divided into a control group and an observation group according to a random number table, with 54 cases in each group.

Treatment:

All the patients received stent implantation according to their own degree of atherosclerosis after admission. After each operation, the patients were transferred to the coronary care unit (CCU) and received percutaneous coronary intervention (PCI) monitoring.

Those with stable conditions were transferred to the general ward and continued to receive oxygen therapy, positive inotropic agents, nitrate esters, diuretics, aspirin, and clopidogrel, as well as treatments to reduce the heart rate and regulate lipids.

Routine nursing care:

Routine nursing care, including oxygen therapy, bed rest and ECG monitoring (ECGs were recorded once an hour) was given to the patients after they returned to the general ward. Nurses visited patients every half hour and informed the doctors immediately if there were any abnormalities.

Evidence-based nursing:

The observation group received routine nursing care and evidence-based nursing care. A special team for implementing the evidence-based care plans for the patients was established.

The evidence-based care plans for the patients were finally formulated by the chief physician and cardiovascular specialist nurse after meticulously reviewing the most current, relevant research available on this disease (i.e. the risk factors and treatments for myocardial infarction complicated by heart failure; the physiological and pathological characteristics of this disease; the priority of nursing care).

counseling services were provided to the patients to relieve their negative emotions such as anxiety and irritability

Nurses maintained effective communication with patients

nursing care to each patient according to his/her educational

emotional support and help them overcome negative thought

emphasis was placed on the correct use of medications

description of the pharmacological effects, efficacy, usage and dosage, and the incidence of adverse reactions of the drugs on the patients before administering them according to a doctor's instructions.

optimal diet and exercise plan was worked out for the patients.

The patients were encouraged to eat light and include foods that are liquid, high in cellulose and digestible in their diet.

Low-fat diet with fiber and laxatives

Quality of life questionnaire (general health, physical role, social function, emotional role, physical performance, body pain, mental health) and the nursing care satisfaction questionnaire was completed one week after discharge by phone by asking the patients.

Results

The average length of hospitalization of patients in the experimental group decreased.

The average score of quality of life and satisfaction with nursing care was higher in patients of the experimental group.

With the rapid development of society and medicine, the current clinical nursing model has gradually changed from “treatment centered” (passive care) to “patient-centered” (active care). In addition, modern nursing pays special attention to patients’ mental state and quality of life after treatment

Evidence-based nursing mainly applies direct and effective clinical experience to nursing practice and switches from passive care to active care, which can improve patients' negative moods in time, make patients more cooperative during treatment, and ultimately nursing. nursing staff can react promptly to any change in the patient's condition.

Any Questions?

