

# Observation and nursing countermeasures of the upper gastrointestinal bleeding patients

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**Abstract.** the upper gastrointestinal bleeding in medical emergency is common in surgery, patients with critical illness, the short time may be life-threatening, nursing staff in addition to actively assist doctors do all kinds of rescue, hemostatic measures should strengthen close observation of the completes the patient care is successful rescue of the important link, to ensure that patients have men back to health.

## Clinical data

Sixty-nine patients with the upper gastrointestinal bleeding who were treated from 2012 to 2014 were selected, with 49 males, 20 females, and ages ranging from 30 years to 65 years, and males than females. The young patients accounted for 65.5% of total patients, older accounted for 34.5%. The stomach and duodenum ulcer bleeding patients 52 cases, 9 cases of gastric cancer and 8 cases are gastric varices rupture hemorrhage caused by portal hypertension. Of 69 cases of patients with upper gastrointestinal bleeding, 56 cases were the bleeding at most critically ill patients. Except 2 cases of gastric cancer salvage treatment is invalid, the remaining 67 cases were all improved out of the hospital. The disease onset nasty and progress fast, if not be given closely observation, not be taken effective measures in time, and don't do a good job in the patient's psychological nursing and rescue the patients appeared uncontrolled hemorrhagic shock in a short period of time, the patients will be life-threatening. Therefore, nursing in patients with upper gastrointestinal bleeding in the rescue, simply complete the rescue work is not enough, the more important is to make the patients nursing.

## To observe the bleeding

Observe bleeding reason: the upper gastrointestinal bleeding must be observed closely to identify the bleeding reason from hematemesis or haemoptysis. For hematemesis and haemoptysis were viscera lesions, the performance of symptoms and causes were different, and the treatment measures and principles were also different. Firstly must grasp and understand the patients' medical history and the performance before and after bleeding, and observe the nature and contents of vomit, also can identify by auxiliary examination. Hematemesis patients much more have the history of gastriculcer or cirrhosis, and before bleeding have the performance of upper abdominal discomfort, pain, nausea and vomiting. The bleed was dark red or brown, acidity(alkaline after a large number of bleeding). At the same time, observe the pseudo gastrointestinal bleeding such as oral bleeding, rhinitis department bleeding. When the bleeding wae swallowed possible lead to vomiting or discharge from the stool, or appear hematemesis or black stool. The hematemesis do not contain food scraps generally, also without clot formation. If there were patients of pure black stool and occult blood test was negative or weakly negative, should understand if be taken alkaloids, iron and blood food.

Observe the amount and part of bleeding: in general, the bleeding amount with hematemesis was larger than the bleeding with pure black stool. Hematemesis with bright or dark blood was larger amount than brown blood. The bleeding with dark red stool was larger amount than the bleeding with tarry stool. But the bleeding with tarry stool was larger than the bleeding with black stool. There was a large amount bleeding with obvious bowel sounds and abdominal distention. From the part of bleeding, there was much more hematemesis at above of pylorus, and lead to blood

stool at below of pylorus. If bleeding is less and the blood in the stomach which lead to nausea and vomiting, then all blood was unleashed with black stool<sup>[1]</sup>. If haemorrhage amount is large, although the bleeding part below of pylorus, the blood can also lead to nausea and vomiting. Therefore, the emergence of hematemesis and black stool except associated with bleeding part, and reflects the bleeding amount in a certain extent. Therefore, the color, nature, amount and parts of the bleeding and the active degree of bowel sounds will be observe closely.

## **Nursing measures**

**Psychological care:** Patients with poor psychological can increase bleeding, patients to estimate uncertainty of her illness, will heavier soul burden and serious impact on disease' recovery. Medical staff should do some interpreted psychological treatment aimed to the negative emotions of patients, care for the patients, keep a good communication with them, explaining the importance of healthy psychology, explain disease knowledge, encouraged them to establish the confidence of conquer disease, actively cooperate with treatment and nursing, and notify treatment effect to patients in time, make the patients eliminate mental tension, and comply with relaxation therapy and life guidance. Respect patients, should hide in patients with heavy illness and do not use offensive language, otherwise easy to cause patients' soul burden. The patients should Absolute bed rest, try to reduce the patients physical extinction consumption, reasonable arrangement of diet. Medical staff should targeted do some explain and comfort to the patients by using good attitude and appropriate language. Different patients with personality and age were given different psychological nursing, to make patients establish faith of rehabilitation, prompting them to cooperate consciously with scientific nursing management for example psychological treatment, drug therapy, self-monitoring, self care so as to achieve the aim of treatment. Also should explain to patient with modern medicine, the new development and new achievement of science and technology and cured cases, collect information, language communication, and thus to achive consolation and comfort which less than the therapeutical efforts on treatment<sup>[3]</sup>.

**Treatment care:** Just make sure bleeding have hematemesis and black stool, should be regarded as an emergency, patients should stay in bed, keep respiratory tract unobstructed, prevent hmatemesis was inbound cause suffocation. When clinical manifestations showed shock with low blood volume, the patients should be given oxygen immediately. During bleeding, the patients should fasting, active added blood volume, establishing intravenous immediatedly, cross-matching of blood, input the whole blood when necessary, indwelling catheter to observe the urine output per hour, close observed blood pressure and pulse frequency, combined with the observation of urine output and monitoring of central venous pressure, can be used as more reliable indicators of rehydration, transfusion speed and amount of blood transfusion. Close observation of vital signs, such as blood pressure drops, pulse pressure shrink, weak and fast pulse prompt shock. Patients with dizziness, weak, clammy skin, mental restlessness and so on, should be reported the doctor immediately. Pay attention to the daily temperature changes, most of the patients showed with low thermal phenomena. In recent years, a variety of hemostatic method and modern medicine technology, science and technology continue to improve. About 80% of the upper gastrointestinal bleeding patients can be achived the purpose of stop bleeding and cured by non-surgical therapy<sup>[2]</sup>.

**Life care:** Patients in bed for a long time should be give the necessary life assistance. During fasting, should pay attention to supple nutrition for patients. For patients with a small amount of bleeding, can be used without excitant liquid diets. Transfusion amount should be detail recorded, and pay attention to all kinds of catheter unobstructed. To do a good job on various of duct cleaning and care work. To give massage on pressed skin, prevent bed sore occurred, observe the skin of mucous membrane with pigmentation or not and acar temperature change. Do a good daily oral care to prevent the occur of complications.

**Rehabilitation guidance:** Spreading the knowledge of the disease, making patients understand their disease, do a good job in self care to prevent relapse, form a good life way, give up smoking, to reduce the risk factors of disease.

## **Discussion**

Through the observation of 69 patients with upper gastrointestinal bleeding and nursing, we recognized that in the process of perfecting the system of nursing, along with the social development and progress of science and technology, the medical model has been from the biomedical mode into modern biology - psychology - social medical model, in this way we can adapt the nursing requirement in new form, thus proved effective nursing measures was an important means of patient rehabilitation, and played an important role at the same time.

## **Reference**

- [1] Zhu HM. Internal medicine[M]. Beijing: People's Medical Publishing House, 2001: 259-261.
- [2] Wu ZD. Surgery[M]. Beijing: People's Medical Publishing House, 2002:636-639.
- [3] Xia QY. Clinical medicine[M]. Beijing: People's Medical Publishing House, 2003: 280-282.