

# **Clinical Nursing Care of Chronic Bronchitis Complicated with Pulmonary Infection**

Hong Liu

The First People's Hospital of Hefei City, Jiangsu Province, Hefei, Jiangsu, 230000, China

**【Abstract】** Objective: Aanalysis of the clinical nursing of chronic bronchitis with pulmonary infection. Methods: The symptoms and nursing methods of 46 patients with chronic bronchitis and pulmonary infection were discussed. Results: To understand the clinical symptoms and nursing characteristics of 46 cases of chronic bronchitis with pneumonia and lung infection. Conclusion: At the same time of active treatment,nursing staff can effectively reduce the occurrence of complications by taking medication,diet,and psychological care for patients.

**【Keywords】** chronic bronchitis; lung infection; nursing

## 1 Introduction

Chronic bronchitis [1] refers to chronic non-specific inflammation of the trachea, bronchial mucosa and surrounding tissues. It is characterized by recurrent chronic cough, expectoration and wheezing symptoms. Most of them occur in spring and winter and worsen year by year. In order to enable people to correctly understand the disease, do a good job in disease prevention and reduce the number of attacks, maintain chronic bronchitis in remission, the patient life care and health care guidance, to reduce the pain of patients, improve the quality of life of patients, prevent complications have a great role. The paper introduces the nursing and health care methods of chronic bronchitis combined with pulmonary infection, and analyzes and discusses through clinical practice, aiming to continuously improve the level of clinical nursing and pathological health care, and provide necessary guidance for the majority of patients with chronic bronchitis.

## 2 Nursing methods for patients with pulmonary infection in chronic bronchitis

### 2.1 Psychological nursing care

Because the patient has experienced long-term and repeated pain, the daily work

of the patient is seriously affected. Over time, the patient is depressed and anxious, and the family members are tired, which is easy to make the patient lose confidence in the treatment of the disease and even do not cooperate with the treatment. To this end, it is necessary to timely explain to the patients and their families, increase the patients' understanding of the disease, stimulate the patients' desire to survive, establish the confidence to overcome the disease, so as to actively cooperate with the treatment and strive for early recovery.

## 2.2 Avoid inducement

Maintain a good family environment health, indoor air circulation is fresh, there is a certain humidity, generally about 60%. Control and eliminate all kinds of harmful gases and smoke, quit the habit of smoking, pay attention to keep warm. The general temperature is around 22 degrees, in order to prevent chronic bronchitis attacks.

## 2.3 Dietary care

(1) High protein, high fiber and easy to digest diet, fast raw, cold, fat and greasy, spicy food. Patients are told to drink more water to facilitate the discharge of sputum, generally drinking about 1000ml every day.

(2) Do not rush to supplement, ginseng, deer antler and other tonic crystal in the acute attack period or phlegm, greasy tongue coating should not be used, otherwise the chest tightness is more urgent, but the condition is aggravated.

(3) should avoid the food, avoid eating raw and cold, salty, spicy, greasy and tobacco, alcohol and other stimulating items, so as not to aggravate the symptoms.

(4) eat more vegetables, each meal can eat more vegetables and soy products, such as white radish, carrots and green leafy vegetables and other light and easily digestible food.

(5) Drink more fruit juice, fruit juice has a good effect on chronic bronchitis. It can not only relieve cough and reduce phlegm, but also supplement vitamins and minerals, which is very beneficial to the recovery of the disease. You can cut raw radish, fresh lotus root, pear chopped ground juice, add honey to take well. Hot cough and dry cough in chronic bronchitis.

(6) Eat more food to bite and asthma, eat more cough, asthma, expectorant,

warm lung, spleen food, such as ginkgo, loquat, pomelo, north melon, yam, chestnut, lily, kelp, seaweed, etc.

(7) Drink milk, suffering from chronic bronchitis of smokers to drink milk is beneficial. People who drink milk have a significantly lower risk of chronic bronchitis than those who do not.

#### 2.4 Respiratory exercise guidance

Strengthen physical exercise, enhance physical fitness, improve cold tolerance and body resistance. Insist on breathing exercise to improve respiratory function, help to gas exchange, promote carbon dioxide discharge.

#### 2.5 Disease observation

Carefully observe the patient's cough, sputum cough, sputum volume and appearance, observe the patient's mental condition, skin and mucous membrane, labial nail have cyanosis and other symptoms.

### 3 Daily health care methods of pulmonary infection in chronic bronchitis

Family oxygen therapy is beneficial to relieve the symptoms of the disease, reduce the ventilator fatigue, can effectively relieve the condition of patients with chronic bronchitis, and is one of the treatment means to improve the survival. Long-term, low concentration (25%~30%), low flow <math><1 \sim 2 \text{ L/min}</math> humidification of oxygen, not less than 15 hours a day, and pay attention to the safety of oxygen, inform the sample precautions.

In addition, chronic bronchitis lung infection patients must be on time, according to the amount of medication, can not stop medicine or increase the amount of medicine, these practices are not conducive to health, and even improper medication will produce danger.

In short, in order to do a good job in the care and health care of patients with chronic bronchitis, it is necessary to give the patients' life adjustment and care, spiritual encouragement and comfort, so that they correctly understand the disease, treat the disease, can achieve the purpose of delaying the progress of the disease, improving the quality of life and prolong the life of patients.

### 4 Clinical nursing practice study of chronic bronchitis combined with pulmonary

infection

In order to explore the effective treatment methods and nursing measures of chronic bronchitis combined with pulmonary infection, the clinical data of 46 cases of chronic bronchitis combined with pulmonary infection admitted to our hospital from January 2011 to December 2013 are selected, as follows:

#### 4.1 Case profile and clinical presentation

Of the 46 patients with chronic bronchitis and pulmonary infection, 27 were male and 19 were female, aged 45 – 87 years.

Most pulmonary infections caused by chronic bronchitis take a long time, start slowly at the beginning, and gradually worsen after repeated attacks. The main symptoms of the cases in this group were cough, expectoration, and wheezing.

#### 4.2 Treatment methods

46 patients with chronic bronchitis combined with lung infection were given infusion, correcting acid-base imbalance, oxygen inhalation to correct hypoxia, relieving asthma and expectorant, so as to keep the respiratory tract unobstructed. According to the bacterial culture and drug sensitivity results, select antibiotics for treatment. In acute attack, various measures are taken to relieve bronchospasm, improve lung ventilation function, and control infection.

#### 4.3 Clinical nursing measures

##### 4.3.1 General care

Keep the indoor air fresh and moist, regular air disinfection, keep a quiet and comfortable environment, so that the patient maintains a comfortable position, it is appropriate to take a seat or half seat, back cushion, to facilitate ventilation and reduce consumption.

##### 4.3.2 Dietary care

Chronic bronchitis is a wasting disease, through diet appropriate supplement nutrition, long-term sputum protein consumption, should give high calories, high protein, high vitamin and easy to digest liquid, semi-liquid diet; avoid picky, ensure adequate nutrition; fast spicy, fat, greasy and some allergic food, such as fish, shrimp, crab, slow patients most blood thick, appropriate drink water, phlegm thinning, cough,

often eat garlic, fungus, can reduce platelet aggregation and thrombosis.

#### 4.3.3, care of complications

- ① Nursing staff should guide and help the patients according to their condition;
- ② encourage and guide patients to cough and remove sputum, disinfect the suction tube once a day, turn long-term bedridden patients and spray the [2] 15-20min times a day;
- ③ Use anti-infective drugs reasonably.

#### 4.3.4 Psychological nursing care

Due to long-term breathing difficulties, patients easy to lose confidence, often have obvious loneliness, anxiety, depression, especially when the first attack, patients and parents fear and tension, psychological and loneliness and helplessness, nurses should listen to the feelings of the patient, completes the communication of patients with their families, channel psychological pressure, give encouragement in spirit. Psychological nursing guidance should be given according to the patients' age and characteristics.

#### 4.3.5 Rehabilitation and nursing care

- ① Active health education for the patients and their families, Pay attention to food hygiene, reasonable arrangement of time, exercise regularly, invigorate health effectively, Reduce infection in the respiratory tract, At the same time, do a good job of patients and parents' return guidance;
- ② According to the patient's health status and hobbies, Choose sports, Such as doing gymnastics, tai Chi, walking, self-massage, internal training, etc., Because exercise can improve the body's adaptability to external temperature changes, To enhance the body's immunity and the ability to actively cough sputum discharge;
- ③ In addition to cold tolerance exercise and strengthening nutrition, For transfer factors, interferon, BCG, bronchial vaccine and herbal medicine, To enhance the immune function of the body;
- ④ Reduced elasticity of the bronchial tube wall in chronic branch patients, Early occlusion of the tube wall during expiration, To increase the pulmonary residual lung volume, Cato and aggravated emphysema. Respiratory exercises can delay the bronchial occlusion time, and in the meantime, exercise the diaphragm function, increase the alveolar ventilation volume, and improve the hypoxia state, thus delaying the progression of

the disease. The method is the patient sitting or upright, first deep inhalation, at the same time, chest, and then shrink lips (fish mouth) slowly exhale and abdomen, chest naturally decreased. The expiration time depends on the patient's ability to tolerate it, so repeatedly and gradually. Exercise time and number of times should be no fatigue, it is best in outdoor activities or physical exercise. Slow branch, especially patients with lung infection, can not take strong sedative sleeping pills, so as not to inhibit the respiratory center, respiratory disorders [3].

#### 4.4 Evaluation criteria and results

##### 4.4.1 Evaluation criteria

① Cure: After 7 days of treatment, the clinical symptoms of expectoration, cough and wheezing improved significantly, basically no pulmonary rales, body temperature returned to normal, neutrophils and white blood cells returned to normal, inflammation and infection symptoms disappeared by X-ray or chest X-examination; ② improved: the clinical symptoms, lung rale decreased, body temperature returned to normal, inflammation under the X-ray; ③ failure: no clinical symptoms or signs were improved within 7 days of treatment.

##### 4.4.2 Result

In this group, 46 patients were hospitalized for 7-25d. After applying effective antibiotics to control the infection, maintaining respiratory tract patency, and symptomatic treatment, a total of 37 cases were cured, accounting for 80.4%, and 9 cases were improved, accounting for 19.6% [4].

#### 4.5 Conclusion

Chronic bronchitis is characterized by low resistance, high age, long course of disease and recurrent attacks. Pulmonary infection is an important factor for the occurrence and development of chronic bronchitis in patients, which has a serious negative impact on the recovery and improvement of patients. In serious cases, it can even cause serious complications such as heart failure or respiratory failure in patients. Therefore, on the basis of effective treatment, combining scientific and systematic clinical nursing measures has a positive effect on maintaining patients' physical comfort, psychological balance and improving patients' quality of life. The paper

analyzed 46 patients with chronic bronchitis and lung infection in terms of medication, diet, psychological care and other aspects and put forward the corresponding nursing measures. The results showed that the cure rate was 80.4%.

## 5 Conclusion

To sum up, through the chronic bronchitis patients with pulmonary infection after effective clinical care and psychological rehabilitation nursing measures, can greatly help patients to establish long-term struggle with disease courage, to improve patients with clinical symptoms, also reduce the pain of patients, the patient stability and rehabilitation has played an important role in [5].

## Reference Documentation

- [1] Li Sanying, Shi Suzhen, Lin Nengbo. Clinical care for inhalation treatment of chronic bronchitis in the elderly [J]. Chinese Practical medicine, 2011 (11) 4.
- [2] Yang Li. Nursing experience of preventing pulmonary atelectasis and pulmonary infection in perioperative patients [J]. Contemporary Care, 2011 (S1).
- [3] Zhang lotus. Rehabilitation care for chronic obstructive emphysema [J]. Harbin Medicine, 2008 (70): 1.
- [4] Ye Mingxia, Hou Liping. Clinical observation of azithromycin in the treatment of chronic bronchitis combined with pulmonary infection [J]. Pharmaceutical Frontier, 2013 (21): 149-150.
- [5] Gao Zhiye. Analysis of clinical care for chronic branch secondary infection combined with COPD [J]. Clinical Care, 2014 (5): 206.