

Application of Holistic Nursing Care in Emergency Treatment

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Abstract

Objective: To analyze the value of holistic nursing for patients during emergency treatment. **Methods:** The study selected emergency patients who met the criteria and randomly divided them into two groups. The control group received routine nursing and the observation group received holistic nursing. The effects of different nursing modes on patients during emergency treatment were compared, including negative emotions, treatment time, and satisfaction. **Results:** Before nursing, there was no statistically significant difference in SAS and SDS scores between the two groups ($P > 0.05$); after nursing, the SAS and SDS scores of the observation group were lower than those of the control group ($P < 0.05$); the emergency time and the time from admission to discharge in the observation group were shorter than those in the control group ($P < 0.05$); the satisfaction of the observation group was higher than that of the control group ($P < 0.05$). **Conclusion:** Holistic nursing for patients during emergency treatment can shorten the treatment time of patients, reduce their negative emotional distress, and improve their satisfaction with nursing services. This nursing method has application value.

Keywords

Holistic nursing; emergency first aid; satisfaction; negative emotions

Patients admitted to the emergency department are in critical condition and need timely treatment to avoid delaying the best treatment time. Nursing during the emergency treatment period can assist treatment and is of great significance for rescuing critically ill patients. Most patients are psychologically anxious after the onset of the disease and worry about the impact of the disease on their health. Therefore, heart rate fluctuations are likely to occur during treatment. However, the workload of the emergency department is large and the pace is fast, making nursing work more difficult [1]. Nurses should improve their own quality and perform rescue in a short period of time after admission to the hospital so that the patient's vital signs can be stabilized as soon as possible. Holistic nursing is a new nursing model. While caring for patients, nurses should pay attention to the impact of environmental and psychological factors on patients, so as to implement demand-centered nursing and achieve better nursing results [2]. In addition, holistic nursing comprehensively considers the perspectives of patients and medical staff, formulates a complete and systematic nursing plan, and improves the comprehensiveness of nursing services and the quality of nursing. To this end, this study took the emergency patients admitted to our hospital as the observation objects and analyzed the clinical application value of holistic nursing.

1. Materials and Methods

1.1 General information

The study selected 100 emergency patients admitted from February 2022 to September 2024 as the research subjects and grouped them according to the random number method. Control group ($n = 50$ cases), 28 males and 22 females,

aged 22-75 (46.65±6.21) years old, time from onset to admission 1-3 (1.85±0.62) hours; observation group (n=50 cases), 26 males and 24 females, aged 21-77 (46.87±6.43) years old, and the time from onset to admission was 1-3 (1.74±0.58) hours; there was no significant difference in the basic information of the two groups ($P > 0.05$).

Inclusion criteria: (1) All are emergency patients; (2) Including acute myocardial infarction, acute trauma, and other diseases; (3) Patients and their families cognitively agree to the treatment.

Exclusion criteria: (1) Death on the way; (2) Organ failure on admission; (3) Language disorder.

1.2 Methods

1.2.1 Control group

routine nursing care was provided during emergency treatment. After a routine examination and diagnosis of the disease, the nurse opened intravenous access for the patient, delivered drugs, and supplemented oxygen for the patient according to the doctor's instructions. The nurse cooperated with the doctor to provide cardiopulmonary resuscitation or wound repair and other treatments. After treatment, the patient's electrocardiogram and other monitoring instruments were closely observed. If the patient's condition suddenly changed, the nurse promptly informed the doctor and took follow-up treatment measures until the patient's condition stabilized.

1.2.2 Observation group

The holistic nursing intervention was given to patients. (1) Assessment of condition: After the nursing staff received the patients, they observed the affected parts of the trauma patients, asked the family members or patients about the cause of the disease, and recorded the factors of the disease. In order to be treated as soon as possible, the patients were arranged to complete CT scans to determine the internal tissue damage and facilitate the classification of their lesions. Monitoring equipment was placed to monitor changes in heart rate, blood pressure, and body temperature. During the first aid process, the nursing staff used the shock index and other assessment methods to assess the risk of shock in patients. If the shock index has exceeded 1.0, it means that the patient has a high risk of shock and the patient's condition is also serious. Nursing staff should analyze potential risk factors through the safety risk assessment matrix, assess the impact of risks on the patient's body function, and pay attention to the assessment aspects, including severe pain and insufficient disease monitoring, to enhance the risk prevention awareness of nursing staff. (2) Emergency treatment: According to the patient's condition, intravenous access and oxygen supplementation were opened during the assessment period. Before oxygen inhalation, the patient's respiratory tract was cleared to prevent the patient from suffocating. If the patient has lost a lot of blood, more than two intravenous accesses should be established. When the blood volume is insufficient, blood should be matched and supplemented as soon as possible to prevent circulatory dysfunction. In addition, patients may have severe pain reactions after the onset of the disease. Nursing staff need to implement multimodal analgesia. According to intervention measures such as pain cognition and pain treatment, analgesia expectations, and standardized implementation of analgesia plans, if the patient's pain reaction is relatively mild, analgesia can be achieved through music therapy or attention diversion. If the patient cannot tolerate the pain, drug analgesia is implemented. Patients need to be carried correctly to avoid irritation of the fracture end to the surrounding tissues. Oral non-steroidal anti-inflammatory drugs can be taken, and psychological counseling and attention diversion can be used to reduce pain reactions. (3) Prevention of complications: During emergency treatment, nursing staff actively prevent possible complications in patients, conduct a comprehensive examination of the patient's organs, and require gastrointestinal decompression for patients with severe gastrointestinal injuries. If the patient has severe chest trauma, closed drainage is required to ensure that the operation is in a sterile state. In addition, nursing staff set up a risk warning system in emergency nursing services, and special personnel monitor the patient's condition changes. In the early stage of the disease, the patient's heart rate and blood pressure may change. During the rescue process, the patient's risk factors should be assessed and possible complications should be prevented. Record the patient's urine volume, central venous pressure, and general condition, and assess the state of consciousness, temperature, and capillary return time. If the patient's condition is critical, record once every 15-30 minutes, and wait for the condition to stabilize before recording again. If the patient's body function is abnormal, rescue in time. In order to effectively identify patients with high risk of complications, nursing staff assess the patient's risk of complications every day and manage the patients according to the doctor's orders. Post labels for high-risk patients to strengthen the risk assessment of complications. If the patient is at moderate risk, a yellow label can be posted. The nursing staff monitors the patient's physical signs within 24 hours, transfuses and infuses the patient according to the doctor's orders, and observes the patient's reaction after medication. If the patient is at low risk, a green label is posted. If it is a red label, it indicates that the patient's condition is critical, the risk of

complications or death is high, and such patients need to be managed with emphasis. (4) Psychological counseling: After the onset of the disease, the patient's mental state is generally poor. If the patient has irritability, restlessness, depression, and other emotions, and the heart rate and blood pressure increase repeatedly, the nursing staff will implement psychological care for the patient to avoid the stimulation of physiological functions by psychological factors, cooperate with the family members, and comfort the patient's emotions together, such as "Don't worry, it will be fine soon", and stabilize the patient's emotional state through motivational language, so that the patient can stabilize the heart rate and blood pressure, and actively cooperate with the treatment. When the patient can express himself, tell the patient to express his discomfort and inspire the patient's confidence through the case motivation method to avoid his sadness and anxiety. (5) Post-first aid care: In order to adjust the patient's treatment environment, the nursing staff pays attention to the hygiene in the ward, disinfects the equipment, opens the window for ventilation appropriately, and adjusts the indoor temperature to maintain the comfort of the environment after treatment. As the patient's condition stabilizes, let the patient eat a light diet. Once the condition is effectively controlled, semi-liquid food can be supplemented, and attention should be paid to the nutrition needed by the body, and attention should be paid to drinking more water. The condition of many patients remains serious after treatment and they need to stay in bed for a long time. Nursing staff will appropriately move the patients' bodies to prevent deep vein thrombosis or pressure sores. After the patients have the ability to move, they will guide them to get out of bed and move around to promote recovery.

1.3 Observation indicators

(1) Negative emotions: The SAS and SDS scales were used for the survey, with a score of 100 for both scales. A high score indicates a more serious negative emotion [3].

(2) Treatment time: emergency time, time from admission to discharge.

(3) Satisfaction: A self-made satisfaction assessment scale was filled in before discharge, with indicators including highly satisfied, generally satisfied, and dissatisfied.

1.4 Statistical analysis

The software used in the research institute was SPSS27.0. The measurement data were expressed as standard deviation $\bar{x} \pm s$, test value t , counting data were expressed as probability %, and the chi-square test was used. $P < 0.05$ was considered statistically significant.

2. Results

2.1 Comparison of SAS and SDS scores between groups

Before nursing, there was no statistically significant difference in SAS and SDS scores between the two groups ($P > 0.05$). After nursing, the SAS and SDS scores in the observation group were lower than those in the control group ($P < 0.05$), as shown in Table 1.

Table 1. Comparison of SAS and SDS scores between groups ($\bar{x} \pm s$, points)

Group	SAS		SDS	
	Before Care	After Care	Before Care	After Care
Observation group (n=50)	64.12±5.68	41.36±4.78	59.36±4.78	38.46±4.12
Control group (n=50)	64.26±4.85	50.46±5.05	59.45±4.26	44.65±5.02
<i>t</i>	0.148	6.418	0.521	6.218
<i>P</i>	0.865	0.001	0.485	0.001

2.2 Comparison of treatment time between groups

The emergency time and the time from admission to discharge in the observation group were shorter than those in the control group ($P < 0.05$) (see Table 2).

Table 2. Comparison of treatment time between groups ($\bar{x} \pm s$)

Group	Number of cases	First aid time (min)	Time from admission to discharge (d)
Observation Group	50	65.12±5.21	5.16±0.65
Control group	50	75.65±2.68	7.12±2.03
<i>t</i>		8.546	4.126
<i>P</i>		0.001	0.001

2.3 Comparison of nursing satisfaction between the two groups

The satisfaction of the observation group was higher than that of the control group ($P < 0.05$) (see Table 3).

Table 3. Comparison of nursing satisfaction between the two groups (n, %)

Group	Number of cases	Highly satisfied	Generally satisfied	Dissatisfied	Incidence
Observation Group	50	21 (42.00)	27 (54.00)	2 (4.00)	48 (96.00)
Control group	50	18 (36.00)	22 (44.00)	10 (20.00)	40 (80.00)
χ^2					5.126
<i>P</i>					0.025

3. Discussion

With the improvement of medical standards, higher requirements are placed on emergency work and services. As a group of nursing services, emergency department nurses face patients with critical conditions who are prone to anxiety and depression after the onset of the disease [4]. If there are problems in nursing work, it will cause dissatisfaction among patients and their families, and even disputes between nurses and patients will occur, reducing patients' satisfaction with nursing services. In addition, emergency diseases are difficult to treat and safety hazards are likely to occur, which poses a huge challenge to nursing work. Nursing in the new era has changed the connotation of conventional nursing, focusing on patients and meeting patients' medical needs as much as possible. Holistic nursing is a new and comprehensive nursing model that reduces accidents and avoids safety hazards through physiological and psychological nursing and complication prevention nursing [5]. During emergency treatment, nurses cooperate with family members to enable family members to take patients for examination as soon as possible and calm patients' emotions to avoid excessive anxiety and continuous increase in heart rate and blood pressure. After nursing, it was found that the emergency time and hospitalization time of the observation group were shorter than those of the control group. The reason is that during holistic nursing, intervention measures were implemented as soon as possible after the patient was admitted to the hospital, which improved the initiative of nursing services and changed the current situation of waiting for doctors' instructions for conventional nursing. The psychological state of the observation group was better than that of the control group, indicating that psychological care soothes the patient's emotions, prevents the patient from being overly anxious during the visit, reduces the patient's psychological stress response, and builds a harmonious nurse-patient relationship [6-8]. The satisfaction of the observation group was higher than that of the control group, indicating that the overall nursing content was rich, in line with the needs of the patient, reduced the physical and mental burden, and enabled the patient to be discharged as soon as possible. The patients all expressed their approval of the nursing services. In the nursing plan established this time, based on early detection and early treatment, the patient's blood volume was restored while the body's hypoxia was improved and shock was corrected. For example, risk monitoring or resuscitation treatment was implemented according to the patient's condition to improve the patient's organ perfusion status and avoid secondary bleeding. In risk assessment, the patient's potential risks were identified in the short term, and rescue was carried out with professional technology and equipment to reduce the incidence of risk events and improve the overall quality of treatment. In addition, the emergency department should improve the professional ability of nurses, conduct regular training for nursing staff, standardize rescue behavior and improve the efficiency of rescue, realize the connection of various emergency links, simplify the overall nursing process, and improve emergency efficiency. In addition, in daily department training, we should also improve process drills and first aid skills, so that nurses' professional abilities can be further improved, the first aid

process can be smoother and more convenient, and the disability and mortality rates of patients after first aid can be reduced. We should continuously improve the nursing system under the overall nursing plan so that nursing staff can provide overall care for different types of emergency patients.

In summary, providing holistic care to emergency patients can improve the quality of emergency services, maintain the physical and psychological stability of patients, and promote their early recovery.

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