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Effect of Health Education on Aspiration and Nutrition Improvement in Patients with Dysphagia after Stroke

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ABSTRACT. *This paper mainly studies the effect of health education on the misabsorption and nutrition improvement of stroke patients with dysphagia. Through the summary of practical experience and previous medical records of patients in the hospital, we use the conventional health education method and the health education method of medical cooperation to carry out a comparative study to study the effect of health education on the misabsorption and nutrition improvement of stroke patients with dysphagia. Finally, we get the relevant results. For the patients with mild dysphagia after stroke and the caregiver' scomprehensive health education, we can improve the level of care of the caregiver, so as to effectively reduce the risk of aspiration, help the eating situation improve, and reduce the occurrence of malnutrition.*

KEYWORDS: *health education; effect of improving nutritional status; patients with dysphagia after stroke*

1. Introduction

Introduction: Dysphagia often occurs in stroke patients. The incidence of dysphagia after acute stroke is as high as 37-78%. Many stroke patients with dysphagia will have aspiration by mistake, increase the possibility of aspiration pneumonia, reduce the amount of food taken from the mouth, cause dehydration, electrolyte disorder and Malnutrition and other phenomena, in one month after stroke, aspiration pneumonia is likely to cause death. Dysphagia caused by stroke is often accompanied by malnutrition, which increases the incidence of various infections, stroke recurrence and death, resulting in a tragic outcome. According to the incidence and severity of dysphagia caused by stroke, it is necessary to use enteral and parenteral nutrition regulation for improving the nutritional level of patients. Therefore, the effect of this health education on aspiration and nutrition improvement of stroke patients with dysphagia 100-200 cases were selected from patients with mild dysphagia to study the health education on food intervention, eating methods and

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other aspects of patients & apos; control caregivers, so as to reduce the probability of aspiration, increase nutrition intake and avoid malnutrition.

2. Objects and Methods

2.1 Research Object

In this study, 100-200 stroke patients with dysphagia in our hospital were selected for comparative study, and the criteria for selection were as follows:

1) The patients must meet the requirements of the Fourth National Conference on cerebrovascular diseases for stroke recognition. The Wada drinking water experiment screened the patients with grade 2-3 dysphagia, who could use their mouth for nutrition intake, or feed the patients in nutrition recovery period.

2) Patients have clear consciousness and volunteer to cooperate with hospital treatment.

The criteria that cannot be selected are:

1) The Disease Has Serious Gastrointestinal, Heart and Liver, Renal Dysfunction, Tumor and Other Serious Diseases.

2) The Patients with Dysphagia Were Higher Than Grade 3 or Treated with Total Parenteral Nutrition.

3) Patients with Mental Problems or Those Who Are Unwilling to Cooperate with the Hospital for Treatment.

4) Patient Caregiver: The Daily Life of the Patient is Often Taken Care of, and It is Ok to Be Familiar with the Living Caregiver or Non Caregiver of the Patient.

The effect of health education in this study on aspiration and nutrition improvement of stroke patients with dysphagia must be reviewed and approved by the ethics committee. All patients participating in this study and the caregivers who care for the patients must sign the informed consent to ensure that the patients are willing to participate in the study and know the truth of the study.

2.2 Research Methods

100 to 200 patients in this study were divided into observation group and control group according to random number table. Patients in the control group received routine health education and nursing. Patients in the observation group and caregivers took part in comprehensive health education and training. The main contents were as follows: 1. Food and food improvement training: according to the results of Wa Tian drinking water experiment of patients in the observation group, according to the three kinds of controlled facts of pudding, custard and syrup made by the national diet guide for dysphagia in the United States International cookbook allows caregivers to make

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different personal cookbooks suitable for patients, guides caregivers to use thickeners to change the shape of food at a certain time, and adjusts the actual cookbook and food consistency according to patients & apos; actual conditions. At this time, we can teach patients and caregivers to have food nutrition according to the Chinese residents & apos; dietary guide In combination, for patients with diabetes, renal function and other diseases, as well as caregivers who take care of patients, they should be taught in disease nutrition management, and the nurses and nutritionists should be given separate health education once a month.2. For the teaching of patients & apos; eating posture, it is recommended to teach patients to adopt the upright posture or 30-45 degree semi sitting and lying way as much as possible during the food intake process, with the middle of the head slightly forward or inclined to the healthy side for about 30 degrees; After food intake, the patient should keep sitting or semi sitting posture for more than 30 minutes to avoid aspiration; turning over, spitting and other actions should be banned within 30 minutes after food intake, encouraging the patients to take food by themselves as much as possible, encouraging them orally at a certain time and assisting them to complete the movements nearby. Eating position instruction should be demonstrated at the bedside more than 2 times during the patient & apos;s hospitalization.4. Make a nursing health education manual to publicize and explain the basic health knowledge, which mainly includes the above food preparation, basic diet and nutrition matching theory, food intake posture, methods, rehabilitation exercise, psychological education and other professional contents. The nursing staff and rehabilitation exercise staff carry out bedside actual health for the patients and the caregivers who care for the patients during the hospitalization Education instruction, once a day. After discharge, patients can use wechat or telephone communication for on-site guidance. The frequency of visits can be twice a month, and the intervention time for patients can be as long as three months.

2.3 Evaluation indicators and measurement

The knowledge of dysphagia of caregivers can be divided into two parts: using the self-designed scale of dysphagia stroke patients & apos; dietary care knowledge, comparing with caregivers' baseline period and two surveys after intervention. The main contents are: 5 questions for basic diet and nutrition matching, 5 questions for dysphagia patients & apos; food intake, 5 questions for food intake posture and rehabilitation There are 3 questions in total for exercise and 2 questions for patients & apos; psychological mood maintenance, with a total of 100 questions.2. Patient & apos; aspiration: those who study the effect of health education on aspiration and nutrition improvement of patients with dysphagia after stroke will give the record of aspiration to patients in the observation group and the control group respectively, and train patients or caregivers to record the patient & apos;s aspiration during hospitalization, mainly including frequency of aspiration, type of ingestion and aspirationShape.3. Use the general screening tool for malnutrition to assess the risk of malnutrition, master and screen the malnutrition of patients, mainly for BMI, patients with light weight and patients with low status of food intake caused by diseases. Through the evaluation of these three aspects, the score is intuitively analyzed. 0 is the lowest risk, 1 is the medium risk, 2 and More than 2 points are high risk.

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3. Effect Evaluation

3.1 Criteria for Swallowing Function

The recovery of swallowing function was evaluated on the day of hospitalization and the day before discharge, and the results were compared. The recovery degree of swallowing function can be divided into four conditions: recovery, effectiveness, effectiveness and no effect. If the swallowing function is improved by level 7, the swallowing function can be regarded as cured if there is no difficulty in swallowing food. If the swallowing function is improved by Level 3 to 4, the patient can swallowing food, it means the swallowing function is restored effectively. If the swallowing function is improved by level 1 to level 2, it means the swallowing function is restored to some extent. If the swallowing function is not improved clearly, it means the swallowing function is restored Effective. Through the evaluation and comparison of the swallowing function of the patients in the observation group and the control group, to understand the effect of health education on the patients with dysphagia and nutritional improvement in stroke, to arouse people & apos;s attention to the popularization of health education, so that patients can get better care.

3.2 Evaluation Criteria of Aspiration Pneumonia

On the day of hospitalization and the day before discharge, the incidence of aspiration pneumonia should be tested once, and the results of the two tests should be compared to judge the condition of aspiration pneumonia. The main criteria of aspiration pneumonia are as follows: 1. No bronchitis or history of lung disease.2. Stroke patients have cough, expectoration, shortness of breath and other clinical manifestations. The patient & apos; s temperature is overheated for more than 3 days, and the above clinical manifestations have no obvious guiding factors.3. The two lungs of the patient have dry and wet rales, and the temperature of the patient is above 37 ℃.4. The number of leukocytes in peripheral blood was more than the normal number, and the proportion of neutrophils was more than 70%. The patients were examined by CT or X-ray chest film, and the results showed that both lungs had sheet shadows.

4. Research and Discussion

Stroke combined with dysphagia is a common complication of stroke, because the status of stroke is slight and significant, and the degree of dysphagia is different from the treatment and nursing. In the treatment and nursing of patients with mild dysphagia, basic health education should be carried out to reduce the psychological disorders of patients, so that patients have certain confidence in the recovery of the disease and help the patients It is the key person to ensure the normal nutrition intake of the patients that the patients correctly achieve the food intake posture and swallowing mode, improve the efficiency of the patients & apos; food intake, and the

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main caregivers who take care of the patients should prepare suitable food for the patients and help the patients increase the nutrition intake. Therefore, in the study of the effect of health education on misabsorption and nutrition improvement of stroke patients with dysphagia, we should not only popularize health education for the patients, but also carry out health education for the caregivers who care for the patients, especially for the health education content of food improvement, the rationality of recipes, the patients & apos; eating posture, etc., so as to explore the effect of this health education method on the improvement of swallowing To evaluate the effect of health education on nutritional improvement of patients with dysphagia after stroke.Analysis of research results: because of the popularization of health education, the nursing skills and knowledge of the patients in the observation group and the caregivers who care for the patients have been improved. They have learned to adjust the consistency of food according to the swallowing disorders of the patients. Using thickeners at a certain time can reduce the occurrence of aspiration errors of the patients. During the expected period, the patients in the observation group are better than those in the control group The situation is much better. In addition, through the clinical guidance and teaching of the rehabilitation teacher, the occurrence of the patient & apos;s aspiration is reduced, and the patients in the observation group and the caregivers who take care of the patients are proficient in mastering the correct eating posture, which proves that the appropriate eating posture can reduce the occurrence of the patient & apos;s aspiration.

The improvement of the nursing ability and skills of the caregivers who take care of the patients has a serious impact on the occurrence of the patients & apos; aspiration, and the popularization of health knowledge and skills for the patients with dysphagia and the caregivers who take care of the patients. Therefore, the study on the effect of health education on the aspiration and nutrition improvement of the patients with dysphagia after stroke will add the caregivers who take care of the patients together In the health education plan, through the comparison of patients & apos; situation and scores between the control group and the observation group, the importance of training knowledge and skills of patients and caregivers in clinical health education is proved. Through the comparative experiment, the patients in the observation group and the control group improved with the treatment and nursing, but the patients in the observation group improved faster than those in the control group, which is inseparable from the patients & apos; intervention in food improvement and eating, so health education can really improve the patients & apos; aspiration and malnutrition.

Conclusion: from the perspective of the effect of health education on aspiration and nutrition improvement of stroke patients with dysphagia, health education on food production and food intake knowledge for patients and caregivers can effectively reduce the eating error of stroke patients with mild dysphagia by increasing the understanding of patients and caregivers on the nursing knowledge of dysphagia This method should be paid more attention to in clinical practice, so that more patients can have better care and treatment.

References

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[1] Liang Fu, Hu Shaomin, Huang Da, et al (2018). Effect of health education on aspiration and nutrition improvement of stroke patients with dysphagia. China health education, vol.34, no.8, pp.742-745.
[2] Chen Shaokang (2019). Study on the effectiveness of pharyngeal dynamic radiography in patients with dysphagia after stroke. Baotou medicine, vol.43, no.4, pp.3-5.
[3] Yuan Jian, Liu Hua (2019). Effect of swallowing therapeutic apparatus combined with pharyngeal ice stimulation training in patients with dysphagia after stroke. Medical equipment, vol.32, no.21, pp.193-194.
[4] Liu Xietian, Du Mingyu, Li Haiyan (2019). Analysis of the intervention effect of early rehabilitation nursing on patients with dysphagia after stroke. Psychological monthly, vol.14, no.22, pp.40.
[5] Lu Hongfeng (2019). The influence of standard swallowing function evaluation and predictive nursing on the rehabilitation of elderly stroke patients with dysphagia. World latest medical information abstract, vol.19, no.90, pp.302-303.
[6] Zhao Wenru (2019). Rehabilitation and nursing of therapeutic eating for stroke patients with dysphagia. Journal of psychology, vol.14, no.21 pp.110-111.
[7] Wang Xingchun (2019). Effect analysis of neuromuscular electrical stimulation combined with swallowing function training in patients with dysphagia after stroke. Shanxi Medical Journal, vol.48, no.20, pp.2492-2494.
[8] Cui Jing, Zhang Xiuying (2019). Application of early eating training monitoring sheet in patients with dysphagia after stroke. Nursing practice and research, vol.16, no.20, pp.66-68.
[9] Zhao Yulian (2019). Effect of stroke unit nursing on patients with dysphagia after stroke. Journal of Henan Medical College, vol.31, no.5, pp. 659-662.