

VISOKA ZDRAVSTVENA ŠOLA V CELJU

DIPLOMSKO DELO

**UPORABA POSEBNIH VAROVALNIH UKREPOV V SPLOŠNI
BOLNIŠNICI**

USING ON SECLUSION AND RESTRAINT IN GENERAL HOSPITAL

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POVZETEK

Uvod: Posebne varovalne ukrepe (PVU) uvrščamo med ukrepe, ki omogočajo, da se v procesu zdravstvene obravnave pacientu omeji pravico do svobodnega gibanja in odločanja o sebi. Najbolj restriktiven ukrep je odvzem svobodnega gibanja s pasovi. Tovrstni ukrepi se uporabljajo tako v psihiatričnih bolnišnicah kot tudi v splošnih bolnišnicah. PVU se uvajajo zaradi različnih vzrokov, za omogočanje obravnave pacienta, npr. pri premedikaciji pred posegi in fiksaciji roke med aplikacijo intravenozne terapije. Drugi razlog pa je odprava in obvladovanje agresivnega vedenja. Namen diplomskega dela je raziskati izvajanje in zaznavanje uporabe PVU pri medicinskih sestrah v Splošni bolnišnici Celje.

Metoda: Raziskava je temeljila na kvantitativni metodi raziskovanja, metodi deskripcije in tehniki anketiranja. Kot instrument je bil uporabljen anketni vprašalnik, oblikovan na osnovi pregleda literature. Uporabili smo neslučajnostni namenski vzorec, v katerega smo vključili 100 izvajalcev zdravstvene nege, ki so zaposleni na različnih oddelkih Splošne bolnišnice Celje. Ustrezno izpolnjenih je bilo 90 vprašalnikov, kar predstavlja 90 % realizacijo. Podatki so bili analizirani s pomočjo programa Microsoft Office Excel 2010.

Rezultati: 78 % anketirancev 1-krat mesečno sodeluje pri uvedbah PVU. Povprečno trajanje PVU je 24 ur ali manj. 46 % jih pravi, da je najpogosteje uporabljena vrsta PVU kombinacija oviranja in medikamentozne terapije. Najpogostejši vzrok za uvedbo PVU je ogrožanje sebe in delirij. Da medikamentozno terapijo prejmejo skoraj vsi pacienti, odgovarja 53 % udeleženi v raziskavi. V splošni bolnišnici ne prihaja do poškodb in zapletov ob uvedbi PVU oziroma so ti v tako majhnem številu, da so zanemarljivi. V kolikor pride ob uvedbi PVU do poškodbe pacienta, gre predvsem za padec. 48 % sodelujočih odgovarja, da se PVU uvaja 1-krat na teden, pri čemer je 49 % teh že opravljalo stalni nadzor več kot 7-krat.

Razprava in sklep: Izkušnje zdravstvenega osebja s PVU so zelo različne. Zato smo določene rezultate primerjali tudi z rezultati poročila o vodenju PVU v splošni bolnišnici. Ugotovili smo, da je glede na število sprejetih pacientov izvedba PVU 2,6 %. Seveda pa je sodelovanje in vrsta PVU na posameznih oddelkih različna. Najpogosteje gre za medikamentozno terapijo in fizično oviranje. Razlog pa je predvsem v tem, da pacient ogroža sebe. Mnogi avtorji opozarjajo na to, da je poročanje o poškodbah in zapletih pri uvedbi in izvedbi posebnih varovalnih ukrepov velikokrat povezano s spolom in poznavanjem protokola uvedbe. Ugotovili smo, da je potreba po PVU v splošnih bolnišnicah pogosta, pri čemer gre predvsem za pomiritev pacienta in preprečitev ogrožanja sebe in drugih. Vsekakor je v splošnih bolnišnicah znanja o PVU treba redno obnavljati in ob izvajanju ter poročanju tega delovati objektivno s polno mero znanja in spretnosti.

Ključne besede: posebni varovalni ukrepi, medikamentozna terapija, oviranje, poškodbe, splošna bolnišnica.

SUMMARY

Introduction: Special protective measures (SPM) are classified among measures, which enable that during the process of medical treatment the patients are restrained from free movement and making decisions about themselves. The most restrictive measure is mechanical restraint (applying straps for restraint to take away the patient's freedom of movement). Such measures are used both in psychiatric hospitals as well as in general hospitals. Special protective measures are introduced for different reasons, to enable patient treatment, for example with premedication before procedures and arm fixation during intravenous therapy application. The second reason is elimination and control of aggressive behaviour. The purpose of this diploma thesis was to research how the nurses at the General hospital Celje apply and perceive use of special protective measures.

Method of work: The research was based on quantitative method, descriptive method and questionnaire technique. The measurement instrument was a questionnaire. It was formed on the basis of literature research. We used non-probability purposive sample, which included 100 employees in medical care, working in different departments of the General hospital Celje. 90 questionnaires were filled out correctly, which represents 90% realization. The results were analysed with Microsoft Office Excel 2010 computer programme.

Results: 78% of the interviewees cooperate in applying special protective measures once a month. On average special protective measures last for 24 hours or less. 46% stated that the most frequently used special protective measure is a combination of restraint and medicament therapy. The most frequent reasons for applying special protective measures are delirium or that the patients may harm themselves. 53% of the interviewees answered that almost all patients receive medicament therapy. Injuries or other complications do not occur at the general hospital or they are so rare that they can be neglected. If the patient is injured, it is mostly by falling. 48% of the interviewees answered that special protective measures are applied once a week, where in 49% have performed constant supervision more than seven times.

Discussion and conclusion: Experiences of employees in medical care with special protective measures differ a lot. Therefore specific results were compared with the results of special protective measures management reports at the general hospital. We established that regarding the number of admitted patients special protective measures application is 2,6%. However, cooperation and type of special protective measures are different in individual departments. Medicament therapy and physical restraint are most frequent. The reason lies mostly in the fact that the patients may cause harm to themselves. Numerous authors warn that reporting about injuries and complications when introducing and applying special protective measures is largely connected with sex and knowing the introduction protocol. It was established that the need for special protective measures in general hospitals is frequent, wherein it is mostly calming down the patients and preventing the patients from harming themselves or others. By all means knowledge about special protective measures in

general hospitals needs to be regularly renewed and objective action with full measure of knowledge and skill is required when applying and reporting back.

Key words: special protective measures, medicament therapy, restraint, injuries, general hospital.