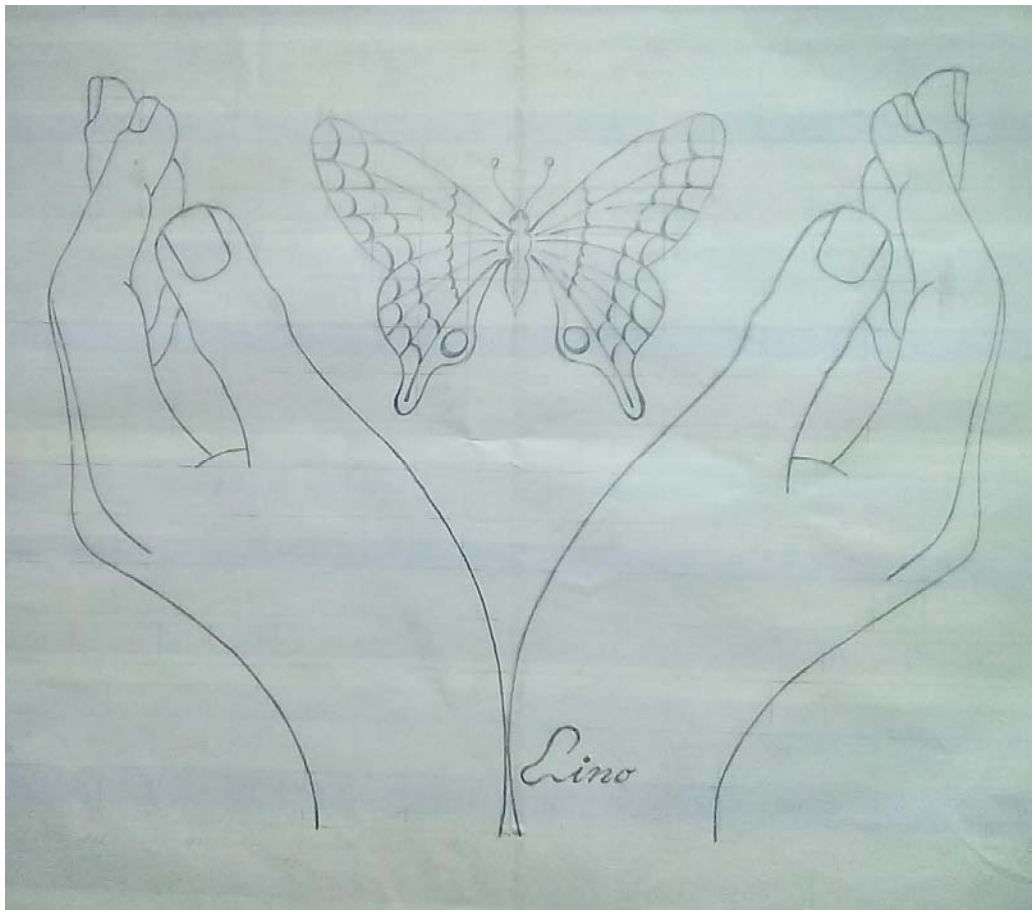


INTERNATIONAL JOURNAL OF MEDICAL AND NURSING APPROACH (IJMNA)

Volume 6 (issue 1)

December 2023

MEDICAL AND NURSING



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LOWER LIMB ISCHEMIA AND CRITICAL STAGE AMPUTATIONS: MEDICAL AND NURSING ASPECTS.

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KEY-WORDS: Burnout, Maslach, nursing approach.

ABSTRACT

BACKGROUND: The objective of the research is to evaluate how many patients, who have undergone minor amputations, subsequently developed complications of the lesion in relation to the clinical and nursing framework adopted. By analyzing the medical records, the medical team is entrusted with the planning of the drug therapy, the evaluation of the wound, the prescription of blood chemistry and laboratory tests. From the analysis of the nursing records, the nursing team is entrusted with taking care of the patient by carrying out an evaluation of vital parameters, executing blood tests, controlling the diuresis and prescribing cultures in order to prevent any infection. The team is also in charge of evaluating the drainage, taking care of the dressing of the surgical wound and administrating the therapy reported on the SUT. An adequate mobilization and a correct nutrition are also overlooked, along with the assessment of the psychological state, assistance to the patient during medical visits and therapies, planning and managing nursing assistance interventions based on the needs identified. **AIM:** The research is aimed at people who have undergone minor lower limb amputation at the UOC vascular surgery of the Santa Maria Goretti hospital in Latina. The aim is to observe the evolution of the lesion and the complications it develops in relation to the type of treatment used. The study was carried out with data obtained from the analysis of the medical and nursing records of patients who underwent minor lower limb amputation.

Commento [CHIARA1]: Prop
ongo una resa diversa
dall'originale

MATERIALS and METHODS: INCLUSION/EXCLUSION CRITERIA: The following exclusion criteria were used in the selection of the samples: 1) patients who have undergone procedures other than the one being examined; 2) patients who have undergone a major amputation and the following inclusion criteria were used in the selection of the samples: 1) patients with arterial disease of the lower limbs; 2) patients undergoing minor amputation of the lower limbs. **RESULTS and DISCUSSION:** Patients presenting critical ischemia of the lower limbs were evaluated by analyzing the complications developed in a group of patients examined. Seven subjects (6 males and 1 female), aged between 58 and 87 years, who underwent minor amputation of the lower limbs and were admitted to the vascular surgery unit were taken into consideration. During the period of hospitalization, the post-operative period was observed, the clinical and nursing records of the patients subjected to the study were analyzed, and a comparison of the values of the pre- and post-surgical blood tests was carried out. From the study conducted in the patients examined, the post-operative complications developed were studied. The pain assessment was carried out with the MC Gill Questionnaire (MPQ): a self-assessment questionnaire that allows for an accurate description of the quality and intensity of the pain that the subject is experiencing. The results of the questionnaire suggested that 100% of the patients developed post-operative pain. Through objective lesion analysis, 14% of patients developed dehiscence. The statistical study was carried out taking into consideration the following variants: 1) white blood cell count pre-/post-surgery; 2) pre-/post-intervention red blood cell value; 3) pre-/post-surgery hemoglobin value; 4) need for transfusion. **CONCLUSION:** from the analysis we carried out as a pilot study it emerges that the variations of the main blood parameters are not statistically significant in patients undergoing surgery, confirming the quality of the intervention and assistance. Statistical significance emerges only in the subgroup of patients who reported bleeding complications and needed transfusion therapy.

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