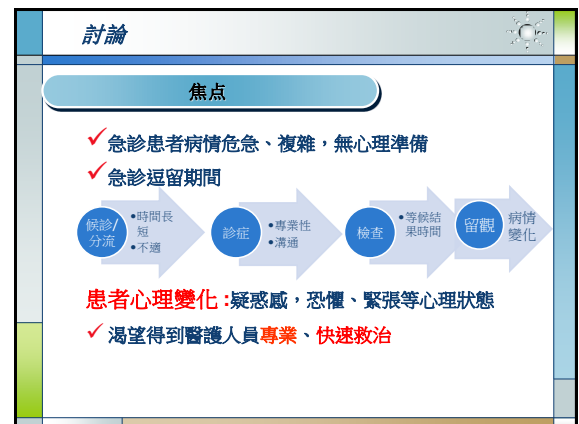
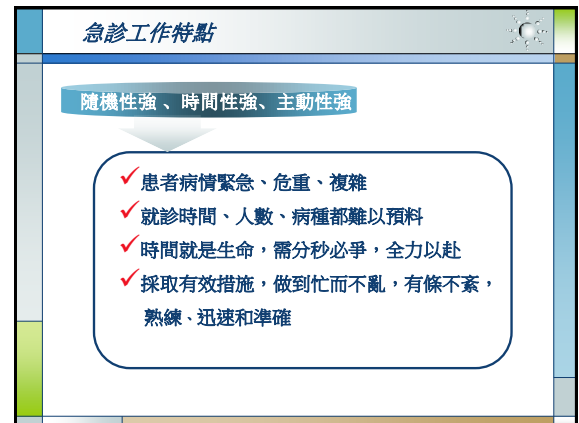
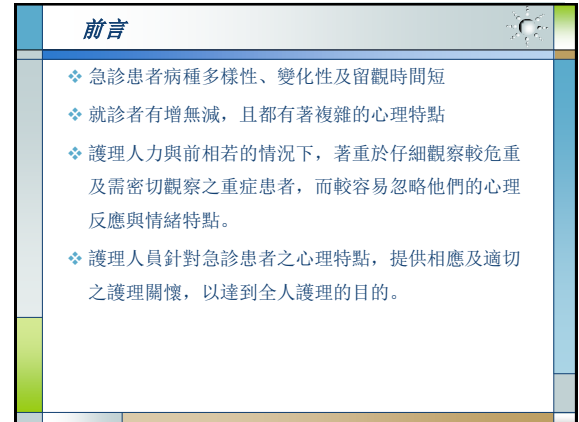




討論

護理重點

溝通

- ✓ 病患很多不滿原因來自缺乏護患間溝通多於輪候時間本身的長短(Göransson, K.E., & von Rosen, A., 2010)。

急診患者的護理關懷

➢ 迅速救治、穩定情緒

➢ 提供“一站式”護理照顧

➢ 提供良好的急診環境

➢ 提供人性化關懷

➢ 真誠溝通

➢ 提供照護時尊重、耐心、細心、責任心

➢ 重視患者家屬的護理配合

➢ 重視健康宣教，提供個性化的護理

舉例(急診分流)



- ✓ 運用心理學中關於“等候”之心理特點技巧:

- ✓ 重視家屬的參與

如“具充分理由解釋等候時間總比沒理由解釋的來得滿意”，“群體等候總比單獨輪候感覺的時間短，鼓勵家人或朋友陪伴患者，相互交流的情況下候診時間會顯得較短”等等。(IHI, 2007)

舉例(急診分流)



- ✓ 使患者隨時能得到候診期間急症室內的及時資訊。

- ✓ 真誠溝通，個性化

如遇到重症病人搶救情況、某些患者優先處理之原因等，讓其明白等候的明確原因、分流等級之公平性(Pitrou, I. et al., 2009)及同時感受到被護理人員之持續關懷，可有效降低患者容易憤怒或不滿的情緒。

舉例(急診分流)



- ✓ 每天三百多求診患者，緩解患者身體不適而致焦急緊張的情緒顯得至為重要。

- ✓ 溝通

病人輪候過程中，必須讓他們感受到護理人員持續之關顧性(State of Victoria Department of Human Services, 2007)及分流評級之原則(Welch, S.J., 2010)

舉例(急診觀察室)



- ✓ 護理人員需根據病情持續關顧患者的生理與心理變化，重點是持續評估、實施護理措施及評價護理效果。

- ✓ 責任心

定時評價治療效果、跟進檢查結果及告知患者護理人員再次評估之預計時間等，可使患者充分感受到被護理人員持續關懷與照料的感觉(Dunn, L., 2010)。

個案分享

一位七十歲的老婆婆，已患糖尿病三十多年，風雨不改地堅持每天晚上及節假日到本院急診進行胰島素注射。

一位五十歲的男性患者，因呼吸困難及胸痛由兒子送來急診，ECG確診為廣泛前壁心肌梗死，馬上啟動搶救綠色通道，令其得到及時的救治轉危為安。



關懷是護理的核心，是持續的，
每個環節都同樣重要，進入急診的
每一個患者都是我們關懷的對象！

快

精

良

結語



可親、可敬、可信的急診護士形象！



TEAMWORK

When the best and the brightest come together, the possibilities are endless.

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參考文獻

1. 李嫻. 急診患者心理護理的需求分析及其運用. 中國醫藥導刊. 2011,13(7),1255-1256.
2. 李雪梅,宋文娟. 危重病人的心理問題與護理措施. 井岡山醫專學報. 2009,16(6),56-57.
3. 沈小飛. 在急診患者中實施心理護理干預對心理情緒影響德研究. 中國現代醫生. 2011,49(33),91-92.
4. 吳煥娟. 急診住院患者心理問題調查與護理干預實踐. 中國急救復蘇與災害醫學雜誌. 2010,5(3),285.
5. 舒莉. 急診危重患者的心理特點及護理. 中外醫學研究. 2011,9(33),86.
6. 張曉春. 急診患者的特點及心理護理. 中國中醫急症. 2012,21(2),337-338.

A

參考文獻

7. AHRQ Health Care Innovations Exchange. (2009). Comprehensive emergency department inpatient changes improves department patient satisfaction, reduce bottlenecks that delay admissions. Rockville, MD: AHRQ. Retrieved from <http://www.innovations.ahrq.gov/content.aspx?id=1757>
8. Dunn, L. (2010, Jan. 25). Quint Studer: Four Best Practices for improving Emergency Department results. Becker's Hospital Review Magazine: Business & Legal Issues for Health System Leadership Online. Retrieved from <http://www.hospitalreviewmagazine.com/news-and-analysis/business-and-financial/quint-studer-four-best-practices-for-improving-emergency-department-results.html>
9. Göransson, K.E., & von Rosen, A. (2010). Patient experience of the triage encounter in a Swedish emergency department. International Emergency Nursing, 18(1), 36-40.
10. Gordon, J., Sheppard, L.A., & Anaf, S. (2010). The patient experience in the emergency department. A systematic synthesis of qualitative research. International Emergency Nursing Journal, 18(2), 80-88.

B

参考文献

11. Institute of Healthcare Improvement (IHI). (2007). IHI ED Community Change Ideas Dec07. Retrieved from, <http://www.ihi.org/NR/rdonlyres/1A7AEDE9-C739-4997-BC33-ECC3B019A847/6044/IHIEDCommunityChangeIdeasTeamAssessmentDec07.pdf>
12. Perez-Carceles, M.D., Girona, J.L., Osuna, E., Falcon, M. & Luna, A. (2010). Is the right to information fulfilled in an emergency department? Patients' perceptions of the care provided. Journal of Evaluation in Clinical Practice, 16(3), 456-463.
13. Pitrou, I., Lecourt, A.C., Bailly, L., Brousse, B., Dauchet, L., & Ladner, J. (2009). Waiting time and assessment of patient satisfaction in a large reference emergency department: A prospective cohort study, France. European Journal of Emergency Medicine, 16(4), 177-182.

C

参考文献

14. State of Victoria Department of Human Services. (2007). Improving the Patient Experience Program. (2007). Melbourne, Victoria, AU: Metropolitan Health and Aged Care Services Division, Victorian Government Department of Human Services. Retrieved from, <http://health.vic.gov.au/emergency/edaudit.htm>
15. Welch, S. & Davidson, S. (2010). Exploring new intake models for the emergency department. American Journal of Medical Quality, 25(3), 172-180.
16. Welch, S.J. (2010). Twenty years of patient satisfaction research applied to the emergency department: A qualitative review. American Journal of Medical Quality, 25(1), 64-72. Retrieved from, <http://ajm.sagepub.com/cgi/content/abstract/25/1/64>

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