Structural visualization of expert nursing: 外来受診時における結核感染防止ケア

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Opening Summary

日本の医療施設の感染防止上、大きな問題となっているのが結核感染である。よって我々は、結核の感染防止において、最も重要とされる外来～入院までの結核感染防止ケアに関するアルゴリズムを開発した。

Keywords:

結核感染防止のアルゴリズム、結核感染の予防的ケア

Introduction

空気感染である結核は、感染力が強く発症時には医療施設から地域まで連携した迅速な対応を迫られる。しかし日本において結核病床を有する施設は少なく、結核病床を有しない施設において、結核感染患者、または結核感染の可能性のある患者のケアを行っている現状がある。よって、結核感染防止と感染看護の発展に資するために、「結核病床を有しない施設における結核感染の予防的ケア」のアルゴリズムの開発に取り組んだ。

Methods

1. 結核感染防止に関する看護実践用語は、結核予防法、日本看護協会とCDC(Centers for Disease Control and Prevention)のGuideline、日本感染看護学会関連の研究を資料として、感染管理認定看護師、衛生管理者が存在する当研究グループで精選した。
2. 精選した看護実践用語を、水流聡子らの「看護実践用語標準マスター」を用いて、「結核病床を有しない施設における結核感染の予防的ケア」のアルゴリズムを作成した。

Results

当アルゴリズムは、「法律に基づく地域医療施設との連携や命令入所」、「科学的根拠に基づく検査・感染防止」、「感染看護に基づく患者・家族への精神的ケア」により構成された。その３つの構成には、看護師・医師の密接な連携と判断能力が必要不可欠となった。よってアルゴリズムのアウトカムに、院内感染防止・職業感染防止・市中感染防止が成立した。

Discussion

当アルゴリズムを遂行により結核感染は防止できるが、外来看護師に基礎的な感染管理能力と多くの業務量を要するものとなった。今後は外来看護師を対象にヒアリング調査

などを用いて、このアルゴリズムの有用性を　　検討する必要がある。

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Structural visualization of expert nursing: care to prevent tuberculosis infection for outpatients at their hospital visits

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Background: Problems with tuberculosis (TB) infection

World's biggest three infections: TB, HIV/AIDS and malaria

↓

The increase of HIV-infected people accelerates the spreading of TB.

Emergence of multidrug-resistant *Mycobacterium tuberculosis*

Number of TB-infected patients = 2 billion

Number of patients newly reported of TB infection = 8 million per year

Number of deaths from TB = 2 million per year

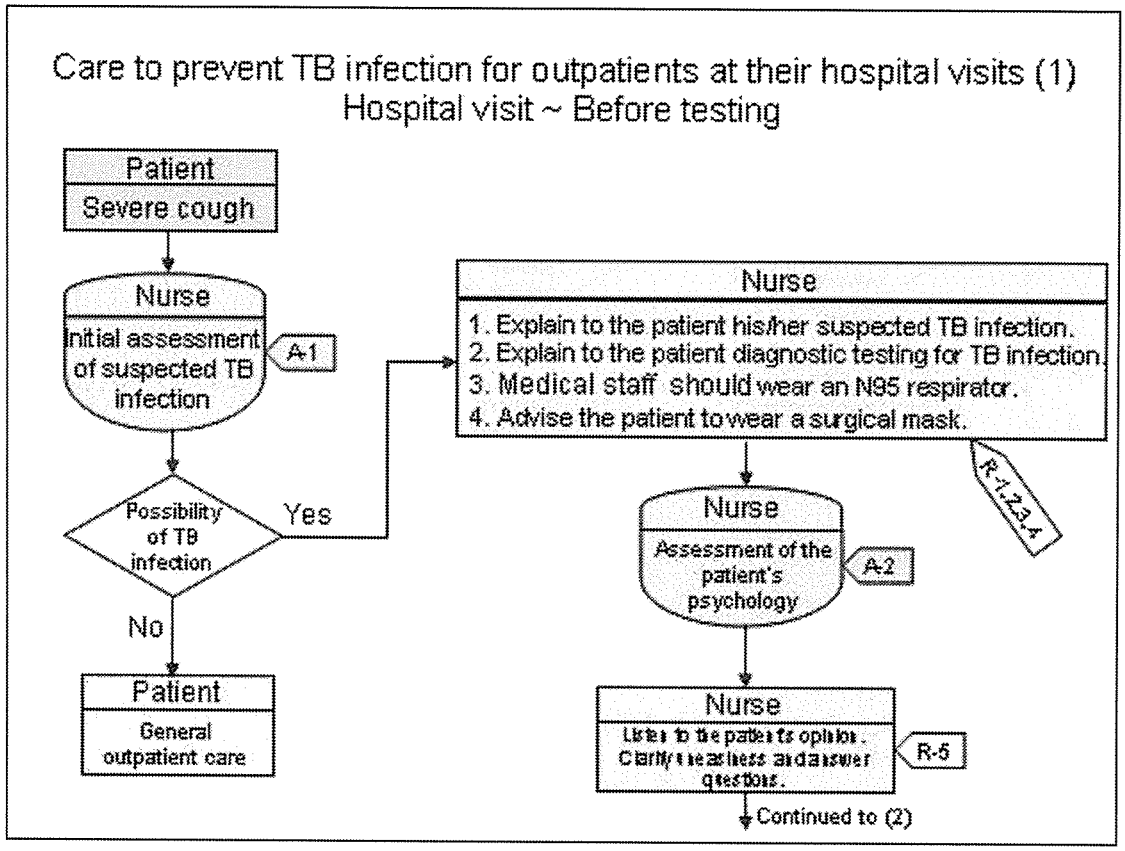
↓

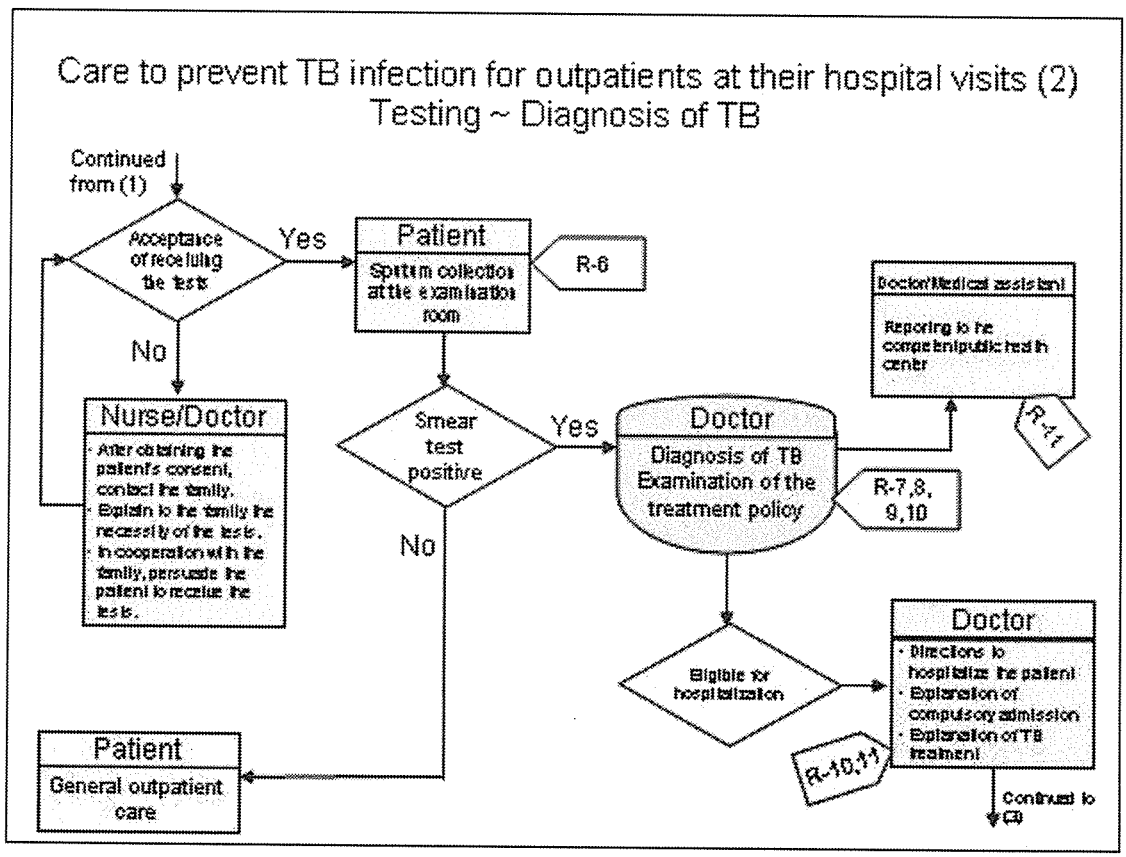
Number of patients newly reported of TB infection = 29,736 per year (in Japan; 2004)

Number of deaths from TB = 2,328 per year (in Japan; 2004)

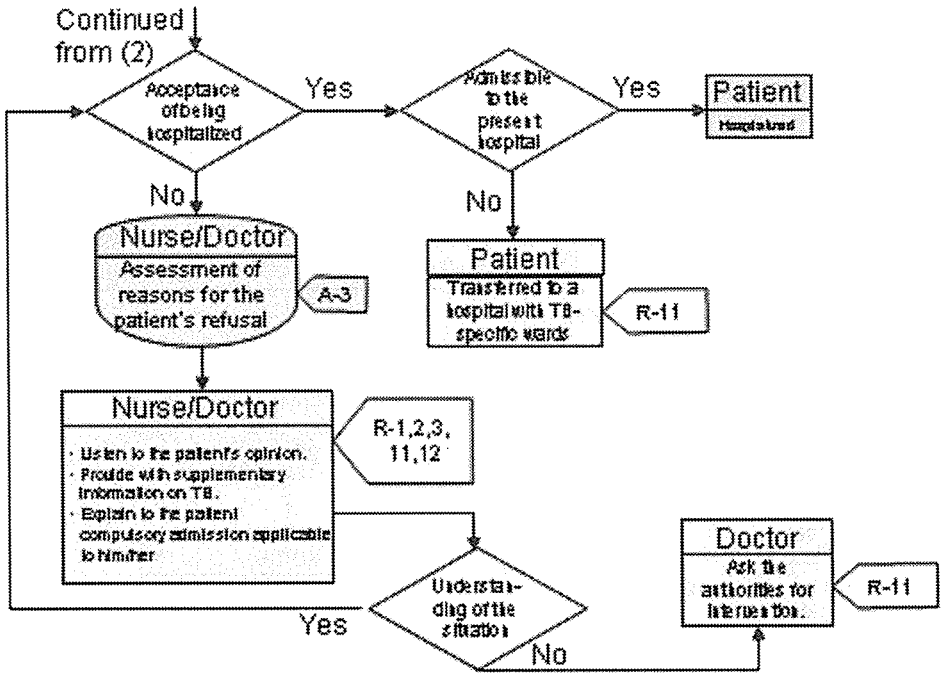
↓

TB remains a major infectious disease in Japan, making it a moderately affected country.


Care to prevent TB infection for outpatients at their hospital visits (1)
Hospital visit ~ Before testing
Patient
Severe cough
Nurse
Initial assessment of suspected TB infection
A-1
Possibility of TB infection
Yes
No
Patient
General outpatient care
Nurse
1. Explain to the patient his/her suspected TB infection.
2. Explain to the patient diagnostic testing for TB infection.
3. Medical staff should wear an N95 respirator.
4. Advise the patient to wear a surgical mask.
R-1,2,3,4
Nurse
Assessment of the patient's psychology
A-2
Nurse
Listen to the patient's opinion. Clarify weakness and answer questions.
R-5
Continued to (2)


Care to prevent TB infection for outpatients at their hospital visits (2)
Testing ~ Diagnosis of TB
Continued from (1)
Acceptance of receiving the tests
Yes
No
Patient
Sputum collection at the examination room
R-6
Nurse/Doctor
· After obtaining the patient's consent, contact the family.
· Explain to the family the necessity of the tests.
· In cooperation with the family, persuade the patient to receive the tests.
Smear test positive
Yes
No
Doctor
Diagnosis of TB Examination of the treatment policy
R-7,8, 9,10
Doctor/Medical assistant
Reporting to the competent public health center
R-11
Eligible for hospitalization
Doctor
· Directions to hospitalize the patient
· Explanation of compulsory admission
· Explanation of TB treatment
R-10,11
Continued to (3)
Patient
General outpatient care

Care to prevent TB infection for outpatients at their hospital visits (3)
Explanation of compulsory admission ~ Hospitalization



A-1 Initial assessment of suspected TB infection

- Cough persistent for more than 2 weeks
- Presence of fever
- Presence of sputum
- Knowledge of airborne-infected

A-2 Assessment of the patient's psychology

- Uneasiness of possibly infecting (or having infected) others
- Uneasiness over being quarantined and the unclearness of how to prevent others from infection
- Concern about tests for his/her suspected TB infection and the time required to obtain the results
- Uneasiness over TB itself and treatment for TB
- Expectation of not being infected with TB

A-3 Patient's psychology when directed to be hospitalized to treat TB

- Denial of being infected with TB
- Concern about hospitalization expenses
- Concern about the time required to return to work (school)
- Uneasiness of possibly airborne-infecting others
- Concern about the duration of quarantine
- Concern that even the family may not be allowed to visit the patient

R-1 **What is TB?**

TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected

CDC

R-2 Standard Precautions Guidelines

Standard Precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; (3) nonintact skin; and, (4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

1) Handwashing(or using an antiseptic handrub)
2) Gloves 3) Masks,goggle,face masks 4) Gowns 5) Linen
6) Patient care equipment 7) Environmental cleaning
8) Sharps 9) Patient resuscitation 10) Patient placement

CDC

R-3 Airborne Precautions

A. Place the patient in a private room that has 1) monitored negative air pressure in relation to the surrounding areas, 2) 6 to 12 air changes per hour, and 3) appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is circulated to other areas in the hospital.

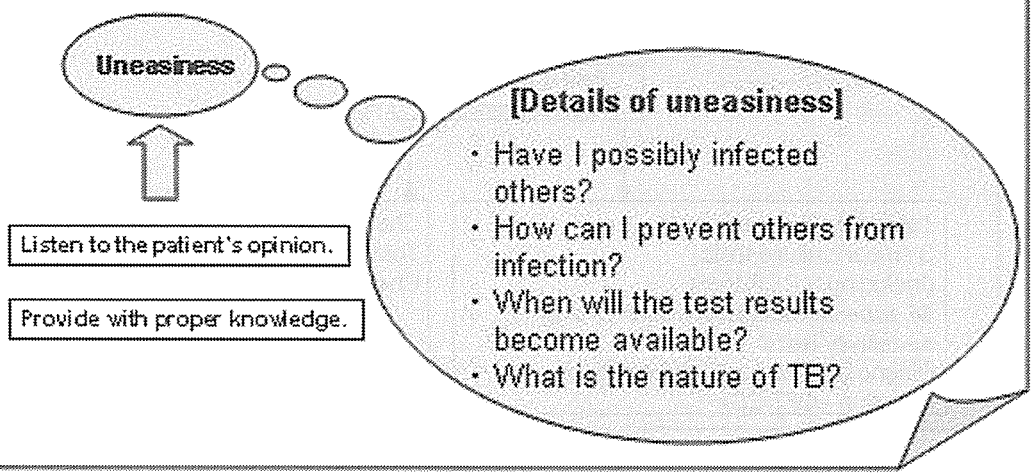
B. Wear respiratory protection (N95 respirator) when entering the room of a patient with known or suspected infectious pulmonary tuberculosis.

C. Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient, if possible.

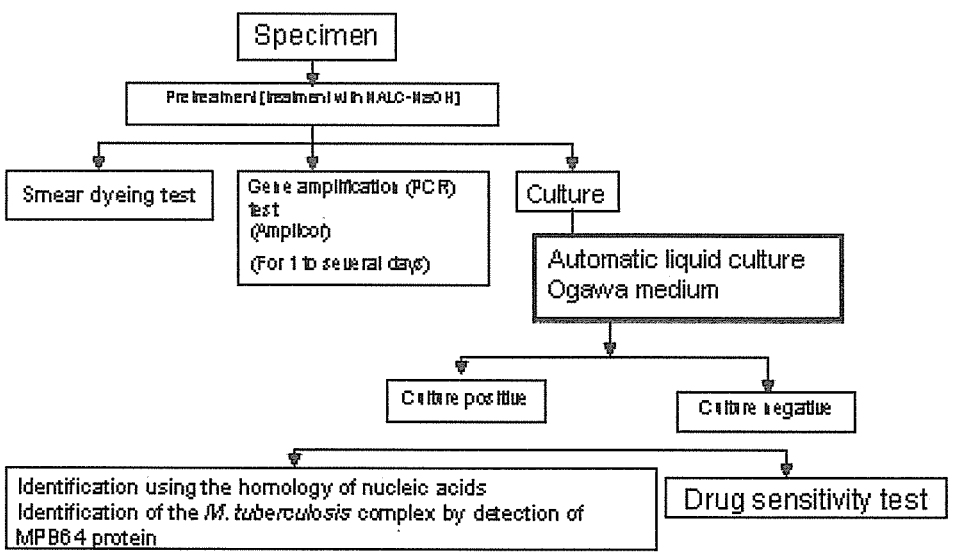
R-4 Tests often include

- Chest X-ray
- Tuberculin skin test
- Pathologic diagnosis
- DNA amplification methods
- Chest CT
- Sputum culture
- Bronchoscopy
- ESR
- Thoracentesis
- QuantiFERON-TB

R-5 Care of patients suspected/informed of TB infection

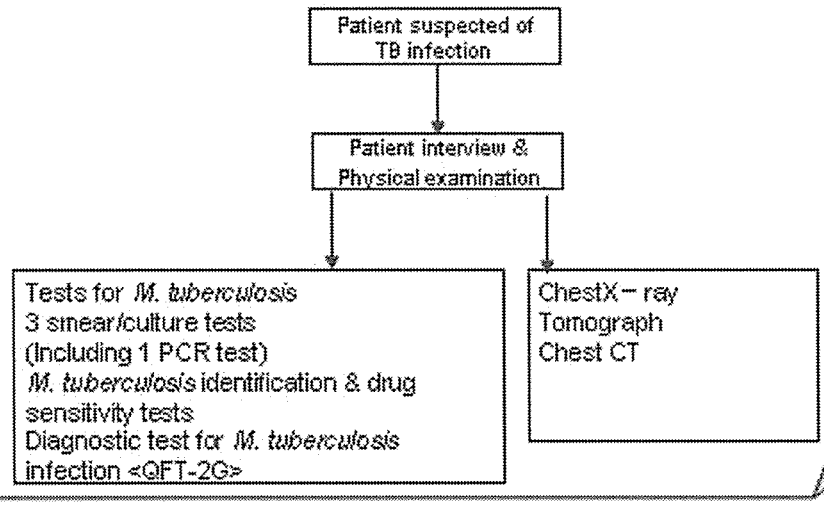


R-6 Tests for *M. tuberculosis*



Time for detection of the bacillus (at the present institution): several hours for smear test; within 24 hours for PCR; 2-8 weeks for culture

R-7 Diagnostic criteria for TB infection



R-8 Differential diagnosis

- Lung cancer
- Bacterial pneumonia
- Pulmonary suppuration
- Pulmonary mycosis
- Atypical (non-tuberculous) mycobacteriosis

The Japanese Society for Tuberculosis

R-9 QUANTITATION SCALE FOR ACID-FAST BACILLUS

SMEARS ACCORDING TO STAIN USED

Carbolfuchsin (× 1,000)	Fluorochrome (× 250)	Quantity Reported
No AFB/300 fields	No AFB/30 fields	No AFB seen
1-2 AFB/300 fields	1-2 AFB/30 fields	Doubtful, repeat test
1-9 AFB/100 fields	1-9 AFB/10 fields	Rare (1+)
1-9 AFB/10 fields	1-9 AFB/field	Few (2+)
1-9 AFB/field	10-90 AFB/field	Moderate (3+)
>9 AFB/field	> 90 AFB/field	Numerous (4+)

R-10 Medical Treatment of Tuberculosis

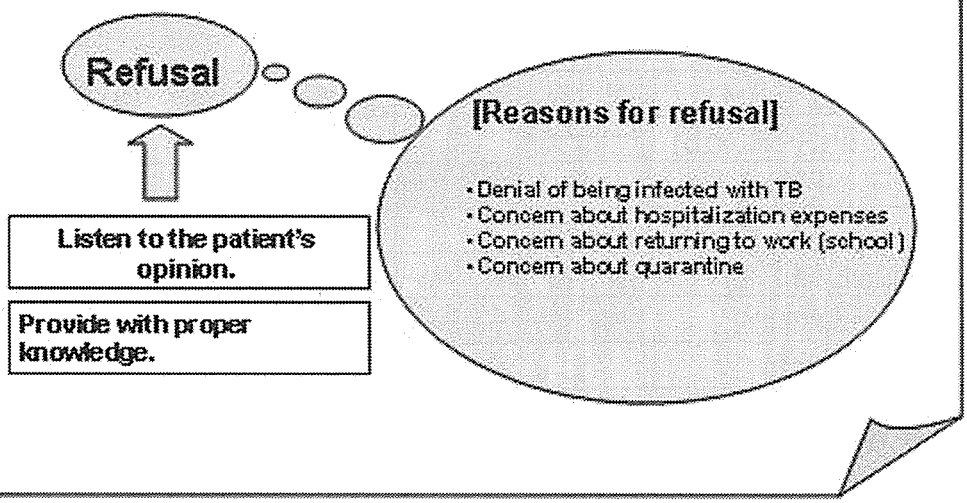
1)2HRZS(orE)/4HR(+E)	1M	2M	3M	4M	5M	6M	7M	8M	9M
INH·RFP·PZA·SM(orEB)	←	→							
INH·RFP·(+EB)			←			→			
2)6HRS(orE)/3HR(+E)	1M	2M	3M	4M	5M	6M	7M	8M	9M
INH·RFP·SM(orEB)	←					→			
INH·RFP·(+EB)							←		→

Note: Promotion of DOTS(Directly Observed Treatment ,short-course)

R-11 The Tuberculosis Control Law

- Compulsory admission
- Obligation to report to the nearest public health center within 2 days
- Public expenditure on healthcare (for patients, their families and those who had contact with the patients)
- Medical examination available for free for 2 years after treatment

R-12 Care of patients refusing to be hospitalized



Discussion

- This algorithm is composed of "law-based cooperation with community medical facilities and compulsory admission," "science-based testing and infection prevention," and "infection care-based psychological support for patients and their families."
- The threefold algorithm absolutely requires close cooperation among nurses/doctors and their ability to make decisions.
- By visualizing the entire picture of TB care, the algorithm will finally achieve prevention of in-hospital infection, occupational infection and community-acquired infection.

助産関連　成田伸

Structural visualization of highly-specialized practice on nursing and midwifery: Nurse-Midwife's Monitoring and Caring during labor and delivery

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Abstract

Structural visualization was implemented on nurse-midwife's care during labor and delivery requiring highly-specialized practice on nursing and midwifery. From discussion about our former researches and literature review, and using algorithm notion method, we made the algorithm of monitoring and caring process by the nurse-midwife. It is thought that visualization of nursing and midwifery practice and the thinking processes of expert nurse-midwives which have not been expressly stated previously can become a foundation for more advanced nursing care throughout the profession.

Keywords: Monitoring and Caring by Expert Nurse-Midwife, Structural Visualization, Algorithm

Introduction

In our former researches, we reported expert nurse-midwives have tendencies to use no / low invasive manner to gather the data of the pregnant woman and her fetus through continuous monitoring, and their monitoring and caring take place simultaneously. Because of the no / low invasive manner and sound process used by them, we hard to realize what happen between expectant mother and midwives. So, we tried to structural visualization on monitoring and care during labor and delivery by the expert nurse-midwife using algorithm notion method.

Method

1. The literature review and discussion by researchers
2. Structuring of monitoring and caring process by expert nurse-midwife following algorithm notation method.
3. Feedback from clinical nurse-midwives regarding this structuring.

Results

From the discussion of our former researches and the literature review, it was suggested that nurse-midwives gather the data continuously, assess the progress repeatedly under appropriate timing, select the direction of caring, and take care to them to support natural process of labor and delivery. And this process occurred simultaneously. In our former researches, the framework of gather the data was reassuring the fetus's wellness, reassuring the woman's safety, grasping the progress of delivery, and grasping the woman's sense of control. And the directions of care selected were continuation / keeping that situation, promotion, and suppressing. If medical risk arise, it is needed the rapid shifting of the direction of caring from natural caring by nurse-midwife to medical interventions by cooperation between obstetricians and nurse-midwives.

From the results of our discussion, we tried to make the program of the monitoring and caring process, apply the program to clinical cases, and brush up the program. Using algorithm notion method, we made the algorithm of monitoring and caring process during labor and delivery by the nurse-midwife.

Conclusion

We tried to make structural visualization of the process of nurse-midwife's monitoring and caring during labor and delivery using algorithm notion method. Visualizing the thinking processes and the practice of expert nurses-midwives which have not been expressly stated previously can become a foundation for more advanced nursing care throughout the profession.

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看護-助産領域の高度専門実践における構造的な可視化作業
- 看護-助産師による分娩時のモニタリングとケア -

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抄録

看護-助産領域の高度専門実践における分娩経過中の看護-助産師によるケアについての構造的な可視化の作業を行った。研究者間の討議と文献レビューとアルゴリズムの表記法に基づいて、看護-助産師によるモニタリングとケアのプロセスのアルゴリズムを作成した。看護と助産のケア実践やエキスパート助産師による思考プロセスを可視化することは、この領域の専門職全員がより高度な看護を実践するための基礎となると考える。

キーワード：エキスパート助産師によるモニタリングとケア，構造的な可視化作業，アルゴリズム

イントロダクション

我々は先行研究において、エキスパート助産師は持続的なモニタリング状況下で産婦と胎児の情報収集の方法として、より侵襲性のない／低い方法を用い、またそれらのモニタリングとケアが同時発生している傾向があることを報告した。より侵襲性のない／低い情報収集の方法や静かな実践プロセスを用いているために、産婦と助産師の間にどのようなことが起こっているのかを理解することが難しい状況にある。そこで、我々は、エキスパート看護-助産師が分娩経過中の産婦に対して行っているモニタリングとケアを、アルゴリズムを用いての可視化を試みたので報告する。

方法

1．文献検討と研究者間のディスカッション

2．エキスパート看護-助産師によるモニタリングとケアのプロセスを、アルゴリズム表記法を用いて構造化する。

3．この構造化に対して臨床の助産師に検証してもらい、フィードバックしてもらう。

結果

我々の先行研究のディスカッションと文献検討の結果から、看護-助産師は産婦の情報を継続的に収集し、適切なタイミングで繰り返し分娩進行状態をアセスメントし、ケアの方向性を決定し、分娩がより自然なプロセスで進行するようにサポートしていることが明らかとなった。またこのプロセスは、同時発生していた。さらに、我々の先行研究において、情報収集の枠組みが明らかとなっており、それは「胎児のWellnessの保証」「産婦の安全の保証」「分娩進行状態の把握」「産婦の身体的・心理的頑張り度の把握」の４つの方向性を持っていた。選択されたケアの方向性は、「ケアの

継続する方向の関わり（現在の状況を維持する)」「促進する方向の関わり」「抑制する方向の関わり」であった。医学的なリスクが発生した場合には、看護-助産師による自然な方向のケアから産科医と看護-助産師の協働で行われる医学的介入へと急速にシフトする。

上記のような我々の討議の結果から、モニタリングとケアのプロセスのプログラムを作成し、臨床のケース数例に対して適用し、プログラムの精選を行った。最終的に、我々は、アルゴリズム表記法を用いて、我々は、看護-助産師による分娩経過中のモニタリングとケアのプロセスのアルゴリズムを開発した。

結論

我々はアルゴリズム notion method を用いて、助産師による分娩経過中のモニタリングとケアのプロセスを構造的に可視化する作業を試みた。先に述べたように、エキスパート助産師の思考プロセスと実践を可視化することは、この領域の専門職がより高度な看護を実践するための基礎となると考える。

本研究は、文科省科研(基盤研究(c)(2), 2004, No.16592221) と厚労省科研（主任研究水流, No.15150501) の助成を受けて行われた。

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Structural Visualization of Highly-Specialized Practice on Nursing and Midwifery: Nurse-Midwife's Monitoring and Caring during labor and delivery

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Introduction

In our former researches, we reported expert nurse-midwives have tendencies to use no / low invasive manner to gather the data of the pregnant woman and her fetus through continuous monitoring, and their monitoring and caring take place simultaneously. Because of the no / low invasive manner and sound process used by them, we tried to realize what happen between expectant mother and midwives. So, we tried to structural visualization on monitoring and care during labor and delivery by the expert nurse-midwife using algorithm notion method.

Method

The literature review and discussion by researchers

Structuring of monitoring and caring process by expert nurse-midwife following algorithm notation method

Apply this process to the clinical cases to verify.

Results

From the discussion of our former researches and the literature review, it was suggested that nurse-midwives gather the data continuously, assess the progress repeatedly under appropriate timing, select the direction of caring, and take care to them to support natural process of labor and delivery. And this process occurred simultaneously. In our former researches, the framework of gather the data was reassuring the fetus's wellness, reassuring the woman's safety, grasping the progress of delivery, and grasping the woman's sense of control. And the directions of care selected were continuation / keeping that situation, promotion, and suppressing. If medical risk arise, it is needed the rapid shifting of the direction of caring from natural caring by nurse-midwife to medical intervention by cooperation between obstetricians and nurse-midwives.

From the results of our discussion and using algorithm notion method developed by Tsuru et al, we made the algorithm of monitoring and caring process during labor and delivery (Figure 1), the clinical process chart (Figure 2), and the logic table of transfer from one unit to another unit (Table).

Then we applied the process chart to 60 clinical cases these were relatively low-risk (41 vaginal delivery cases and 19 cesarean section cases) and brush up the process chart. All of these cases could clear the process of that process chart but we need to develop more unit to transfer for example rupture of membrane.

Conclusion

We tried to make structural visualization of the process of nurse-midwife's monitoring and caring during labor and delivery using algorithm notion method. Visualizing the thinking processes and the practice of expert nurses-midwives which have not been expressly stated previously can become a foundation for more advanced nursing care throughout the profession.

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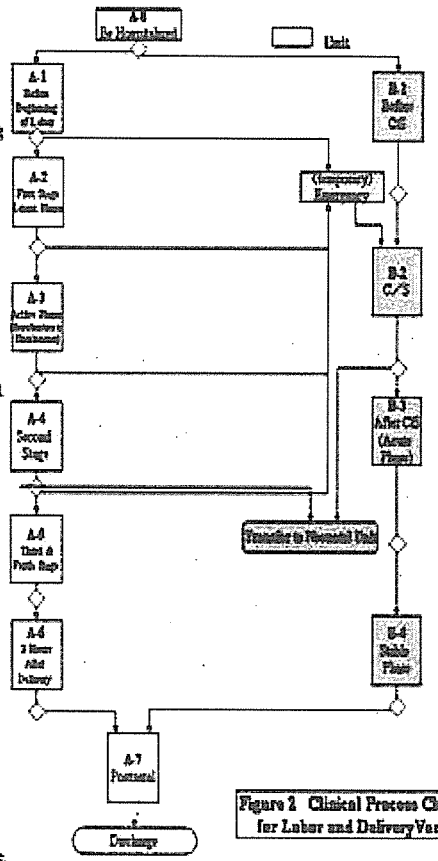

Figure 2 Clinical Process Chart for Labor and Delivery Ver2

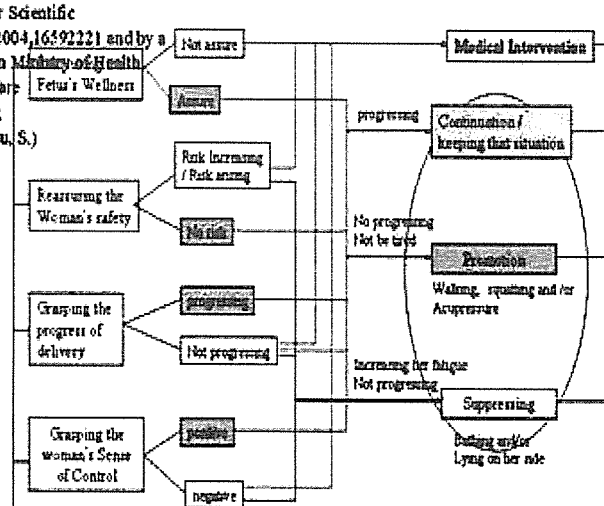

Figure 1 Direction of Care for the Delivering the Baby

Table Logic Table of Transfer from A-3 Unit to Another Unit

	Criteria Regulated by The woman's Situation	Unit to Transfer
Logic of Transfer	①Full Open of the Cervix ②Cycle of Contraction From 2 to 4 minutes ③Contraction Within 30 to 60 seconds	A-4
	Decision of C/S	B-2
	Except Above Situations	Staying at A-3

Structural Visualization of Expert Nursing: Expert Nursing Care for a Patient undergoing outpatient Radiotherapy

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Opening Summary

In past, almost all patients underwent radio therapy during the hospital stay. So nurses take care of patients after radio therapy in hospital where patients can receive nursing care for 24 hours. However, recently more and more patients have undergone radio therapy at clinic as outpatient. This benefits them in enabling them to receive the therapy with improving QOL and remaining their style of living, on the other hand this requires their much self-care ability and patient compliance of outpatient visit depends on their own positive decision making. Nurses are considered to make decisions or take implementation of various kinds of intervention in limited time of pre and post proceedings of the therapy when they accommodate patients directly. The process of their intervention has not so far clarified so that quality of the care depends on degree of each individual's capacity or devotion. In addition, with trend of decrease of hospitalized days, it is predicted that more and more patients undergo outpatient radiotherapy. So it is significant to clarify the process for quality assurance of nursing.

Keywords: Nursing Practice Terminology, outpatient, radiotherapy nursing

Introduction

This study provides the report on survey of outpatient radiotherapy focusing on what practice nurses take and what decision they make

Method

Collecting information from the literature review and web searches on radiotherapy nursing, the interview was held with 5 nurses in pursuance of radiotherapy nursing, who accepted of the purpose of this study. The subject nurses were 1 charge nurse, 2 chief nurses and 2 staff nurse in several hospitals with 300-500 beds.

Results

Basic knowledge and information about process of radiotherapy were available from the literature review and web search. From the interview we extracted 3 types of important intervention. "Interventions for patient compliance of outpatient visit", "Predictive education for radiotherapy side effect" and "judgment of necessity for doctor intervention and proposal of it"

Among others, about radiotherapy side effect nurses were clarified to make expert decision and take implementation of intervention adaptive for patient conditions

Discussion

Resource of time when nurses can take interventions to patients is limited. For implementing process from screening, judgment to intervention within the resource, it is useful to show the structure of the thinking process. In addition, radiotherapy involves not only nurses but also doctors, radiologic technologist and etc. So development of the structure for sharing the information and the process is supposed very significant hereafter.

References

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[2] Tsuru S. et al. 2004. Standardization of Nursing Practice Terminology for Electric Health Record system in Health Care and Welfare service in Japan. Research report in grant from Japan Ministry of Health, Labor and Welfare, total 698 pages (Japanese)

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外来放射線治療における看護実践

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Opening Summary
過去において放射線療法はその大半が患者の入院期間中に実施され、照射後のフォローも病棟において２４時間の看護ケア提供体制のもとで行われていた。しかし近年、外来通院によってその治療が実施されるケースが増加してきている。このことは、患者のＱＯＬを高め現状の生活を維持しつつ治療を行うことができるというメリットを生むが、医療機関内以外で過ごす間の患者自身のセルフケア能力の必要性が高く、受診行動も患者の能動的な意思決定にゆだねられることとなる。看護者が直接患者と接する時間は、外来において患者が治療を受ける前後と限られており、この間に看護者は患者が治療を継続していくために様々な介入の判断・実施を行っていると考えられるが、現在このプロセスに関して明らかにされたものはなく個人の努力によるところが大きい現状である。また、在院日数が減少にともない、今後外来における放射線治療はますます増加していくと予測され、患者への看護の質を保証するためにもこのプロセスを明らかにしていくことの意味は大きいと考える。

Key Word: 看護実践用語、外来、放射線治療看護

Introduction
本研究では、外来放射線治療において看護職がどのような実践を行っているのか、どのような判断をしているのかに着目し、調査を行ったのでここに報告する。

Method
文献レビューとウェブ上から放射線治療における看護について調査するとともに、外来放射線治療に携わる看護職で研究の主旨に同意し了承の得られた５名を対象に半構成インタビューを行った。
対象は、300-500 床規模の病院に所属する師長１名、主任２名、スタッフ２名の計５名であった。

Results
文献や web 情報からは、放射線療法の経過についての概略に関する基礎的な知識を得ることができたが。またインタビュー結果からは、放射線治療において重要な介入として「治療継続のための介入」「副作用に関する予測的な教育」「医師介入の必要性の判断と提案」の３つが抽出された。
中でも、放射線治療による副作用について

は、対象の状態に合わせた専門的な判断と介入を行っていることが明らかとなった。

Discussion

外来で患者に関わる時間は限られており、その間にスクリーニングから判断・介入へと進むためには、この思考過程の構造を示していくことが有用であると考える。また、放射線治療の場には、看護職だけでなく、医師・放射線技師等々が関わっており、このプロセスとそこにある情報を共有していくための構造づくりが今後必要となると考える。

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Background

- Increase the number of out patients who receive radio therapy.
- This requires the preparation of professional nurses who can provide the nursing care to meet the care needs from those patients.

Purposes

- To identify the practices of nurses who are involved in radio therapy at out patient unit.