

美国民间健康基金会-中国

儿科护士教学大纲

基础课程

第二单元
一般护理技巧

编写

苏珊·坎纳(SUSAN KINNEN, R.N.)

莱斯丽·曼库索(LESLIE MANCUSO, R.N., M.S.)

参加编写

浙江医科大学附属儿童医院



PROJECT HOPE/CHINA

PEDIATRIC NURSE
TEACHING PROGRAM
BASIC COURSE

MODULE 2
GENERAL NURSING CARE

DEVELOPED AND EDITED BY

SUSAN KINNEN R.N.
LESLIE MANCUSO R.N. M.S.

WITH

HANGZHOU CHILDREN'S HOSPITAL
OF ZHEJIANG MEDICAL UNIVERSITY

CHINESE TRANSLATION; ELEANOR HUI
AND ASSOCIATES

ARRANGED BY; MEDICAL CHINA
A MCGRAW-HILL HONG KONG TRADE FAIR
JOINT VENTURE

中文翻译

许趣怡暨同事

编 辑

中 国 医 学

A MCGRAW-HILL HONG KONG TRADE FAIR
JOINT VENTURE

STUDY GUIDE: GENERAL NURSING CARE

I. Objectives

Upon completion of the module the learner will be able to:

1. Identify specific methods for providing stimulation to a neonate.
2. List the nursing responsibilities necessary for assisting with X-rays and in-house transporting of the child.
3. Demonstrate the ability to weigh a ventilated and nonventilated neonate.
4. Discuss the rationale for turning and positioning a neonate or older child.
5. Demonstrate the ability to provide good hygiene for the neonate and older child.
6. Describe the methods for assessing pain in a neonate and older child.

II. Sources of Information

Required Readings

A. Procedures

1. Weighing
2. Bathing the neonate or infant
3. Bathing the child

B. Lessons

1. Skin care of the neonate and child
2. Turning the neonatal and pediatric patients
3. X-rays
4. In-hospital transports
5. Infant stimulation
6. The effects of hospitalization on children
7. Pediatric pain

III. Clinical Activities

A. Performance Checklists

1. Weighing
2. Bathing the neonate

B. Activities

Choose one patient in the unit, come to the psychosocial discussion prepared to describe the child's response to hospitalization.

IV. Post Test

学习指引：一般护理技巧

I. 目的

修毕本单元后，学员应该能够：

1. 掌握各种刺激新生儿的特异方法。
2. 列出协助X射线造影和院内运送婴儿时护理人员应负的责任。
3. 学会为已通气和未通气婴儿量体重。
4. 讨论为何要替新生儿或幼童转体和摆放体位。
5. 学会为新生婴儿和幼童保持卫生。
6. 描述各种评估新生儿和幼儿痛症的方法。

II. 资料来源

必读课题：

A. 操作程序

1. 量体重
2. 替新生儿和婴儿洗澡
3. 替幼儿洗澡

B. 课程

1. 新生儿和幼童的皮肤护理
2. 为新生儿和儿科病人转体
3. X射线
4. 院内运送病人
5. 刺激婴儿
6. 住院对儿童的影响
7. 儿科痛症

III. 临床活动

A. 操作练习

1. 量体重
2. 替新生儿洗澡

B. 活动

六星期后，选一本单位儿科病人，描述其住院的反应，准备就儿童住院心理方面，作一研讨报告。

IV. 测验

PROCEDURE: BATHING THE NEONATE OR INFANT

OVERVIEW

Good hygiene promotes comfort and reduces the risk of infection. Bathing also allows the nurse to assess the skin condition more thoroughly. All neonates should be bathed based on the following criteria. Neonates should not have a tub bath until the umbilical cord has fallen off.

Neonates in Open Cribs: Neonates in open cribs should be bathed in a tub every Wednesday or once a week in the warm weather. When the room air temperature is less than 24°C, cleaning the face, hands and diaper area is sufficient. Face, hands and diaper area are washed at 5:00 A.M., 12:00-1:00 P.M. and 9:00 P. M. (or once each shift).

Neonates on Radiant Warmers and Closed Incubators: These neonates have face, hands and diaper area washed at 5:00 A.M., 12:00-1:00 P. M. , 9:00 P. M. (or once each shift).

EQUIPMENT

- Basin
- Warm water from thermos
- Washcloth
- Towel
- Clean shirt, diaper
- Clean bedsheet and blanket

PROCEDURE

ACTION	RATIONALE
General Considerations	
1. Prevent unnecessary exposure, provide warm environment. Room temperature at least 24°C. Bath water should be warm to the touch.	1. Prevents cold stress.
2. Assess neonate's temperature. Do not tub bathe if hands and feet are cold or axillary/rectal temperature is less than 36.5°C	2. Prevents cold stress.
3. Add hot water from thermos to cold water in basin until temperature of water is 37-38°C	3. Hot water is limited, therefore carefully add it to the cold water.

操作程序：替新生儿洗澡

概论

良好卫生，令身心舒畅，并减少感染危险。护士在替婴儿洗澡时，可全面观察婴儿皮肤情况。替任何婴儿洗澡，应紧守下列原则。除非脐带已经脱落，婴儿一概不许盆浴。

睡开放式婴儿床的新生儿：可以睡开放式婴儿床的新生儿，到天气暖和时，可于每星期三或每周洗浴一次。当室内气温低于 24°C ，可只洗脸、手及被尿布包裹的部位，于每天上午五时，中午十二时至一时及晚上九时进行（或每班洗一次亦可）

需用暖气或睡封闭式温箱的新生儿：这类婴儿，可于上午五时，中午十二时至一时及晚上九时（每班一次亦可），替其清洁面、手及被尿布包裹的部位。

器材：

- 浴盆
- 温水（用保温瓶贮放）
- 浴巾
- 毛巾
- 洁净衣服，尿布
- 洁净被单，毛毯

操作程序

步骤	原因
一般事项	
1. 避免不必要的暴露，在温暖环境下进行。室温最低限度要达 24°C ，触及浴水时，要有温暖感。	1. 避免着凉。
2. 监测婴儿体温，如婴儿手脚冰冷或腋下、肛温低于 36.5°C 时，不许盆浴。	2. 避免着凉。
3. 从保温瓶倒热水进冷水中，直至水温达 $37-38^{\circ}\text{C}$ 。	3. 热水供应有限，故要小心酌量使用。

BATHING

1. Place neonate in basin, using left hand to firmly grasp the arm while supporting the head.
2. Use wash cloth to wipe eyes, face and outer ear. Wipe eyes from inside corner outward.
3. Use a gentle soap.
4. Wash head, using gentle circular motions.
5. Dry head carefully.
6. Tilt head back to wash neck.
7. Bathe trunk and extremities quickly; pay attention to skin folds and creases.
8. Inspect the umbilical cord. Check for bleeding or foul odor. Apply alcohol to cord once each shift.
9. Cleanse genital area of male neonate.
 - a. Retract foreskin gently. Clean, replace quickly.
10. Cleanse genital area of female neonate.
 - a. Gently separate labia and remove secretions. Clean, using front-to-back direction.
11. Bathe buttocks.
12. Remove neonate from basin. Place on dry towel, wrap and thoroughly dry.
13. Dress neonate in clean shirt and diaper.
14. Change sheets in incubator. Return clean infant to clean bed.
2. Start from cleanest area to most soiled.
3. Prevent skin irritation.
4. Prevents cradle cap.
5. Prevent excessive heat loss due to water evaporation.
7. Prevents unnecessary exposure.
8. Alcohol minimizes bacterial colonization.
9. a. Replacing foreskin quickly prevents edema.
- 10a. Prevents stool contamination of the female urethra and vagina.
11. Buttock area is susceptible to skin breakdown because of acid reaction of urine and stool.
12. Prevent excessive heat lost due to water evaporation.
13. Maintain temperature.
14. Prevents contamination from soiled or wet sheets.

洗浴

1. 把婴儿放进盆内，左手平握婴儿手臂，同时支持婴儿头部。
2. 用浴巾揩抹眼、面和外耳。抹眼时，应从内眼角向外揩。
3. 所用肥皂，性质要温和。
4. 用圆圈式动作，洗擦头部，动作要轻柔。
5. 小心擦干头部。
6. 使头部向后倾，以便洗擦颈部。
7. 快快洗躯体和四肢，要特别注意清洁皮肤皱处。
8. 检查脐带，特别注意是否有出血或臭味。用酒精揩脐带，每班进行一次。
9. 清洗男婴外生殖器：
 - a 轻轻牵引包皮，洗后快快把包皮复位。
10. 清洗女婴外生殖器：
 - a 轻轻分开阴唇，除去分泌物，由前向后揩抹。
11. 洗臀部。
12. 把婴儿抱离浴盆，放在干毛巾上，包上，然后充分揩干。
13. 替婴儿换上干净上衣和尿布。
14. 替温箱或床换上干净被单。
2. 先洗较清洁处，然后才洗较脏部位。
3. 避免过度刺激皮肤。
4. 避免头部因受力不均而受压。
5. 减少水分蒸发时，过度散失热量。
7. 减少不必要的曝露。
8. 酒精减少细菌集落。
- 9a. 快快使包皮复位，避免局部水肿。
- 10a. 避免粪便污染尿道和阴道。
11. 臀部皮肤，常受酸性粪便尿液刺激，容易受损。
12. 减小水分蒸发时，过分散失热量。
13. 保温。
14. 以免婴儿被湿脏被单污染。

PROCEDURE: BATHING THE CHILD

Overview

Good hygiene promotes comfort and reduces the risk of infection. Children three months of age and older should be bathed Wednesday and Saturday (or twice a week).

EQUIPMENT

- Basin
- Soap
- Washcloth
- Towel
- Hot water from thermos

PROCEDURE

ACTION

1. Assess temperature Do not give a full bath to the child with cold hands or feet or temperature less than 36.5°C.
2. Gather equipment.
3. Wash hands.
4. Prepare water and check water temperature.
5. Bathe child's face. (Wash eyes using different sections of wash cloth.)
Dry face.
6. Bathe neck, upper chest and arms using soap. Rinse, dry and cover.
7. Bathe abdomen with soap. Rinse, dry and cover.
8. Bathe legs and feet with soap. Rinse, dry and cover.
9. Bathe genital area with water. Dry and cover.
 - a. Female: Wash front to back.
Dry.
 - b. Male: Retract foreskin gently. Wash and replace quickly.

RATIONALE

1. Avoid hypothermia.
3. Prevent infection.
4. Prevent excessive heat loss and prevent burns.
5. Wash cleanest areas first.
6. Soap removes excess perspiration, debris, secretions and odors.
7. Rinsing removes soap residue from skin and prevents irritation.
8. Drying skin prevents heat loss from evaporation.
9. Cover child to maintain privacy and promote heat retention.
 - a. Prevents stool contamination.
 - b. Replacing foreskin quickly prevents edema.

操作程序：替幼童洗澡

概 论

良好卫生，令身心舒畅，又可减少感染。幼童年龄在三个月以上者，应每星期三及六（或每周两次）洗澡一次。

器材：

- 浴盆
- 肥皂
- 浴巾
- 毛巾
- 热水，用保温瓶贮存

操作程序

步骤	原因
1. 测量幼童体温，如幼儿手足冰冷或体温低于36℃时，不可作全面洗浴。	1. 避免体温过低。
2. 集中各项器材。	
3. 自己先洗手。	3. 防止感染。
4. 备水，并调好水温。	4. 避免过量失热或受烫。
5. 先洗幼童面部。（洗眼时，用浴巾的不同部位），拭干面部。	5. 先洗最洁净部位。
6. 用肥皂洗颈、上胸、上肢、冲水、拭干、覆盖。	6. 肥皂可清除多余汗渍、污垢、分泌、臭味。
7. 用肥皂洗腹部，冲水、拭干、覆盖。	7. 冲水可除去肥皂残渍，使皮肤免受刺激。
8. 用肥皂洗脚和下肢，冲水、拭干、覆盖。	8. 拭干皮肤，减少因水分蒸发而散失体热。
9. 用水洗外生殖器，拭干、覆盖。 a. 女童：由前面开始向后洗，拭干。 b. 男童：轻轻牵引包皮，洗后使包皮复位。	9. 覆盖身体，免曝露私处，又可保暖。 a. 防止粪便污染。 b. 从速使包皮复位，可免局部水肿。

10. Shampoo: Prepare a fresh basin of water. Shampoo the head. Rinse well. Dry head and hair.
11. Dress the child in clean clothing.
12. Change the sheets and blankets after bath, or if child is dirty or wet.
12. Prevents contamination from wet or soiled sheets.

PROCEDURE: MOUTH CARE FOR THE NEONATE AND CHILD

Overview

Good mouth care is needed for both the neonate and child to remove bacteria from the mouth and to provide comfort. Mouth care is to be done at 8.00 A. M., soon after extubation and at any other time for patient comfort.

EQUIPMENT

- Washcloth
- Basin
- Cup of Cool water
- 5% Bicarbonate Solution
- Cotton swab-sticks

NEONATE PROCEDURE

ACTION

1. Gather Equipment.
2. Wash hands.
3. Moisten cotton swab with 5% Bicarbonate. Clean tongue and inside of mouth.
4. Wash lips with water.

RATIONALE

2. Infection control.
3. Removes secretions, odor and bacteria.

CHILD PROCEDURE

ACTION

1. Gather Equipment.
2. Wash hands.
3. Moisten cotton swab with 5% Bicarbonate. Clean tongue and inside of mouth.
4. If child is alert, give cup of water to rinse his mouth and spit out.

RATIONALE

2. Infection control.
3. Removes secretions, odor and bacteria.
4. More complete mouth cleaning is accomplished.

10. 洗发：准备一盆清水，洗发，冲干净，然后拭干头及发。
11. 换上洁净衣物。
12. 浴后更换床单、被褥，如幼童便溺污染被褥，应照样更换。

12. 避免污湿被褥污染幼童。

操作程序：新生婴儿和幼童的口腔护理

概 论

要清除口腔细菌，保持舒畅，必须靠良好的口腔护理。口腔护理于早上八时进行，亦可用于幼儿除去插管后，或其它令幼儿方便舒服的时间进行。

器材：

- 纱布
- 盆
- 冷水一杯
- 5 % 碳酸氢盐溶液
- 棉头拭干

新生儿程序

步骤

1. 集中器材。
2. 先洗手，
3. 用棉头拭干浸碳酸氢盐溶液，拭擦舌头和口腔内部位。
4. 用水洗口唇。

原因

2. 控制感染。
3. 清除分泌物，气味和细菌。

幼童程序

步骤

1. 集中器材。
2. 先洗手。
3. 用棉头拭干浸碳酸氢盐溶液，洗舌头和口腔内各部位。
4. 如幼童懂事，可给予一杯水漱口，漱后把水吐出。

原因

2. 控制感染。
3. 清除分泌物，气味和细菌。
4. 可较彻底清洁口腔。

PROCEDURE: WEIGHING THE CHILD

Overview

Daily weights are an important part of the care of an ICU patient. The weight is used as a parameter to assess growth and to evaluate fluid status. All patients are weighed once a day unless otherwise ordered by the physician. There are patients who should not be weighed because the stress of doing so would compromise their already unstable condition.

Daily weights are done during the night shift at 5:00 A.M. The weight should be done before a feeding. All neonates must be warm before weighing them because the procedure may cause rapid heat loss and is stressful.

EQUIPMENT

- Infant scale
- Diaper

ACTION

1. Check the previous weight.
2. Gather equipment.
3. Wash hands.
4. Place a single layer of diaper on the scale. Calibrate to zero.
5. Check that all IV's will reach the scale.
6. Remove diaper. Leave shirt on.
7. Remove temperature probe and EKG cable if neonate is stable.
8. Ask second person for assistance when neonate is receiving oxygen support.
 - a. Patient in an Oxyhood; Hold bag and mask to face.
 - b. Intubated Patient; Quickly disconnect ventilator tubing. Weigh neonate and return neonate to bed and reconnect tubing.
9. Return the neonate to the bed. Reconnect all lines, cables and reattach the temperature probe.

RATIONALE

1. Observe for a difference.
3. Prevent infection.
4. Provide insulating layer between mental scale and neonate.
5. Avoid accidental removal.
6. Keep added weight consistent. Maintain patient's temperature.
7. Reduce added weight.
8. First nurse carries and weighs neonate. Second nurse provides oxygen or holds ventilator tubing.

操作程序：替新生儿量体重

概 论

每天量体重，是重症治疗护理的重要一环。体重是婴儿生长状况和体液平衡的指标。除非医生另有安排，否则病儿应每天量体重一次。但个别病情不稳定的病儿，量体重或会对病情有影响，对这种病儿，可免每天量体重。

量体重应于夜班清晨五时，并于喂食前进行。量体重前，所有新生儿身体定要保持温暖，因为量重时容易引起热能急剧散失，为婴儿带来打击。

器材：

- 婴儿秤
- 尿布

步骤

1. 翻看昨日体重。
2. 集中器材。
3. 先洗手。
4. 在婴儿秤上铺一片尿布，把读数调至零。
5. 查看所有静脉输液系统，看看管子是否够及婴儿秤。
6. 除去尿布，上衣保留。
7. 如婴儿情况稳定，量重时可暂时除下体温探头和心电图导线。
8. 如婴儿要用氧气支持，要请另一看护协助。
 - a. 病儿在氧气帐内：
持氧气袋和使氧气罩贴面。
 - b. 插管病儿：
快速脱离输气管，量重，抱婴儿回床，再立刻接上输气管。
9. 抱婴回床。接上各管、导线等，再装上体温探头。

原因

1. 看看有无差别。
3. 防止感染。
4. 尿布把婴儿和秤隔开，有隔热作用。
5. 防止扯脱输液管。
6. 使每次量重的附加重量恒定。上衣可保暖。
7. 减低附加重量。
8. 第一看护抱和秤婴儿，第二看护供应氧气，手持通气管子。

10. Document the weight and time it was performed.
11. Report to the physician any abnormal weight gain or loss.
12. Clean the scale with alcohol after use.
10. Communication.
11. Possible sign of abnormal fluid balance. Reweigh to prevent error. Have second person reweigh to check abnormal weight.
12. Prevent crosscontamination.

*Pediatric weights are also done daily for the child in the ICU. Undress the child except for the shirt. When possible allow the child to stand on the scale. The acutely ill child should be held by the nurse and a combined weight obtained. The nurse may need assistance with IV tubing and other lines. After the combined weight is obtained, the nurse should reweigh herself and subtract her weight from the combined weight. Document the patient's weight and the time it was done. Notify the physician of any abnormal weight gain.

LESSON: SKIN CARE OF THE NEONATE AND CHILD

Overview

The delicate skin of a neonate is affected by environmental and bodily influences more readily than an adult. Evaluation and care of neonatal skin focuses on the reduction of harmful environmental influences and the preservation of its natural protective functions. The skin has various functions: protection, temperature regulation, sensation and metabolism. At birth the skin must adjust to environmental changes. The ability of the neonate to make these adjustments is related to the neonates gestational age.

The full term neonate has soft, wrinkled, velvety skin, covered with vernix, while the premature infant's skin is more transparent. In the premature infant, lanugo may be present in varying degrees. Often, edema may be present at birth, but will disappear in the first few days of life. The immaturity of the premature infant's skin is responsible for their problems with thermoregulation. Their skin also causes decreased resistance to harmful organisms in the environment. This leaves the neonate readily susceptible to infection and skin irritation.

The older child has less delicate skin than the neonate. In the ICU, illness and immobility make the neonate or older child more susceptible to skin breakdown and infection. Immobility causes pressure areas. Illness causes fluid and electrolyte imbalances, decreases perfusion and creates nutritional deficits. These factors cause the acutely ill neonate and older child to be at risk for skin breakdown.

ASSESSING THE SKIN:

1. Assess the color of the patient's skin.
2. Examine the skin turgor.