

Using a multi-pronged approach to reduce the incidence of frailty at discharge

Pei-Shuang Wu¹, Chen-Wei Wang²

¹Department of Nursing, Tungs' Taichung MetroHarbor Hospital, Taiwan, ² Strategy Planning Office, Tungs' Taichung MetroHarbor Hospital, Taiwan

Background

More than 60% of Taiwan's population over the age of 65 suffers from two or more chronic diseases, which reduces the body's reserve capacity and makes them vulnerable to debility when hospitalized for acute illnesses. Frailty is a reference indicator for future disability. According to analysis, the incidence of frailty when discharged from our hospital is as high as 81.49%. In order to reduce the incidence of frailty, this study used a questionnaire survey to find that caregivers are worried about patients falling, do not know how to help patients get out of bed, and have insufficient knowledge of nutritional care. , Insufficient operating instructions for assistive devices, and nursing staff's weak cognition may be related.

Methods

This study follows hospitalized patients over the age of 65, with a Clinical Frailty Scale (CFS) score of 4 or above indicating frailty at discharge. Solutions were developed through team discussions, including teaching on fall prevention, how to assist patients in getting in and out of bed, nutritionists providing nutrition care plans and adjustments to diet texture, rehabilitation therapists producing operating instructions for common assistive devices, and holding a nursing seminar on frailty. Nursing education and training will track the frailty levels of a total of 220 people when they are discharged from hospital in 2023 to understand the effectiveness of improving the incidence of frailty.

<p>預防跌倒衛教-內科</p> <p>當有服用安眠藥、利尿劑、瀉劑...或頭暈、虛弱時，下床前須先坐床緣，由照顧者扶下床，再使用輪椅、便盆椅、助行器等輔具用品。</p> <p>步態不穩下床時，照顧者須在旁攙扶。</p> <p>地面濕滑，請告知護理人員，以防不慎跌倒。</p> <p>需要協助，無家屬在旁，請按叫鈴通知護理人員。</p> <p>若鞋子太大，請更換適合的鞋子。</p> <p>如廁時有緊急事故，請按廁所內紅燈告知護理人員。</p> <p>當兩側床欄已拉起，若須下床應先將床欄放下，不要翻越下。</p> <p>資料來源：財團法人醫院評鑑暨醫療品質策進會，預防跌倒 10 知。郭素美、陳尹璇、陳盈廷、林郁潔、許淨瑋 (2019)。降低住院病人跌倒發生率改善專案。醫療護理, 30(4), 408-416。 【本衛教單張供衛教室專用，圖文內容若有侵犯著作權，請惠予告知本院】</p>	<p>協助病人上下床</p> <p>掌握照顧訣竅！協助病人上下床</p> <p>按坐妥或搖高床頭 45-60 度。</p> <p>進食中，下巴與桌面平行，太低或太高，則會造成食物容易掉出，或進入氣管。</p> <p>進食完畢，勿立即躺下應保持坐姿。</p> <p>以湯匙少量進食，咀嚼後多吞嚥一次，檢查口腔確實無食物後，再繼續進食。</p> <p>不要使用吸管，避免食物直接吸入氣管。</p> <p>因吞嚥困難導致攝取量較不足，可選擇少量多餐的方式進食，過程若發生咳嗽時，應停止進食，休息三十分鐘後再試，若屢次發生，建議需等醫師或語言治療師評估後，才可再嘗試進食。</p> <p>若吞嚥困難伴隨著咀嚼能力退化之程度，食物製備可選用軟質、切碎、攪打的方式。</p> <p>由口進食量不足時，可考慮使用營養配方補充營養，或找醫師或語言治療師評估是否需營養運食。</p> <p>二、食物製備及供應原則： 1. 開水、菜湯、牛奶、果汁等液體食物依患者吞嚥能力不同，可調整濃稠度以避免噎傷，一般可利用市售增稠劑或使用檢驗合格且符合食品安全之太白粉、五穀粉、芝麻糊、通粉、洋菜等作增稠劑。 2. 視情況避免硬、滑、圓形、油質及黏的食物，例如：太硬的蔬菜水果、乾豆類、堅果類食物、太滑的果泥、圓形的軟糖蛋、丸子、整顆的小蕃茄、葡萄、黏度高的食物：年糕、麻糬、湯圓等，避免吞嚥太快，咀嚼不易造成噎傷。</p>	<p>吞嚥困難飲食</p> <p>目的： 對於因生理機能退化或疾病等因素導致吞嚥困難之患者，藉由調整食物型態以提供病患均質且足夠營養，並避免吸入性肺炎或窒息等進食障礙問題。</p> <p>一、飲食原則： 按坐妥或搖高床頭 45-60 度。 進食中，下巴與桌面平行，太低或太高，則會造成食物容易掉出，或進入氣管。 進食完畢，勿立即躺下應保持坐姿。 以湯匙少量進食，咀嚼後多吞嚥一次，檢查口腔確實無食物後，再繼續進食。 不要使用吸管，避免食物直接吸入氣管。 因吞嚥困難導致攝取量較不足，可選擇少量多餐的方式進食，過程若發生咳嗽時，應停止進食，休息三十分鐘後再試，若屢次發生，建議需等醫師或語言治療師評估後，才可再嘗試進食。</p> <p>二、食物製備及供應原則： 1. 開水、菜湯、牛奶、果汁等液體食物依患者吞嚥能力不同，可調整濃稠度以避免噎傷，一般可利用市售增稠劑或使用檢驗合格且符合食品安全之太白粉、五穀粉、芝麻糊、通粉、洋菜等作增稠劑。 2. 視情況避免硬、滑、圓形、油質及黏的食物，例如：太硬的蔬菜水果、乾豆類、堅果類食物、太滑的果泥、圓形的軟糖蛋、丸子、整顆的小蕃茄、葡萄、黏度高的食物：年糕、麻糬、湯圓等，避免吞嚥太快，咀嚼不易造成噎傷。</p>	<p>常見行走輔具的使用</p> <p>目的： 下列三種最常見的行走輔具：單杖、四腳拐和助行器作簡單介紹與運用原則，實際使用的須請物理或職能治療師評估後選用。</p> <p>手杖：單拐以及四腳拐 單拐：底面積比助行器小很多，穩定度相對較低，使用者的平衡能力需更佳。 四腳拐：若患者需更大的支持與平衡時使用。 (1) 長度的調整：患者站直，手肘彎曲 20 度，手掌根部量至第五節趾骨外側 15 公分處。 單拐：趾骨外側 15 公分處 四腳拐：趾骨外側 15 公分處 (2) 走路方式： I. 拐杖拿在好側手。</p>
<p>Prevent falls</p>	<p>Assist patient to get in and out of bed</p>	<p>Nutritional care and texture adjustment</p>	<p>Assistive device operating instructions</p>

Results

The results showed that through health education, response teaching and consistency in the care process, a total of 147 people had a CFS frailty assessment of 4 or above at discharge, and the overall frailty incidence rate was reduced to 67.24%. It can be seen that active education, training and process improvement can improve frailty care awareness and skills and effectively reduce the occurrence of frailty.

Conclusions

The results of this study confirm that a multimodal improvement program can reduce the incidence of frailty and improve the quality of care, thereby reducing the risk of disability, readmission rates, institutionalization, and death.

