Application of ACTED Rehabilitation Nursing Model in Patients After CABG

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Abstract: Objective: To analyze the application and clinical nursing effect of ACTED rehabilitation nursing mode in patients undergoing coronary artery bypass grafting (CABG) in our hospital. **Methods:** From September 2022 to September 2023, 68 patients who underwent CABG surgery in our hospital were randomly selected for comparative study. 34 patients in the observation group were treated with ACTED rehabilitation nursing mode, and 34 patients in the control group were treated with routine nursing mode. The improvement of cardiac function indexes and 6MWT distance before and after nursing were compared between the two groups. **Results:** There was no difference in the improvement of cardiac function index and 6 MWT distance between the observation group and the control group before nursing, $P > 0.05$; the improvement of cardiac function index and 6 MWT distance in the observation group were better than those in the control group, $P < 0.05$. **Conclusion:** The ACTED rehabilitation nursing model has good application value for patients undergoing coronary artery bypass grafting, and can effectively improve the cardiac function index and 6MWT distance of patients.

Keywords: Coronary Artery Bypass Grafting; ACTED Rehabilitation Nursing; Application Value

1. Introduction

Clinically, for patients with coronary artery bypass grafting, the operation is difficult and the postoperative risk is high. In order to improve the postoperative rehabilitation efficiency of patients, the introduction of rehabilitation nursing has important clinical significance. Among them, ACTED rehabilitation nursing mode, as a targeted, comprehensive and comprehensive rehabilitation nursing method, can effectively improve the rehabilitation effect of patients by carrying out ACTED rehabilitation nursing measures after coronary artery bypass grafting . This paper mainly analyzes the application and clinical nursing effect of ACTED rehabilitation nursing mode in patients undergoing coronary artery bypass grafting in our hospital.

2. Data and Methods

2.1 Data

By retrospective analysis, 68 patients who underwent CABG surgery in our hospital from September 2022 to September 2023 were randomly selected for comparative study. The patients were numbered from No.1 to No.68 by computer random numbering. The single number was recorded as the observation group (n=34) using the ACTED rehabilitation nursing model. The mean age of the patients was (53.67 ± 7.89) years old. The control group (n=34) was given routine nursing mode, and the mean age of the patients was (54.12 ± 6.89) years old. Comparability (p>0.05).

2.2 Methods

The control group adopted the conventional nursing mode, carried out the conventional perioperative nursing methods for patients, ensured that patients met the operation conditions through the preoperative routine education, life index monitoring and other methods, improved the operation efficiency through effective nursing during the operation, and adopted the conventional rehabilitation mode after the operation, carried out the index monitoring and drug nursing for patients, and improved the postoperative rehabilitation efficiency of patients.

The observation group adopted the acted rehabilitation nursing mode, taking the patient as the center in the nursing, and carried out the

related nursing work from the five aspects of evaluation (A), coordination (C), treatment (T), education (E) and follow-up (D): (1) evaluation (A): before operation, carry out effective surgical evaluation on the patient, combined with the patient's condition and life indicators, understand the patient's basic information, past medical history, contraindications and so on, carry out a comprehensive evaluation on the patient, and determine whether the patient meets the standard of coronary artery bypass grafting by evaluating the patient's indicators. Effective evaluation was also carried out after operation to monitor the indicators of patients, evaluate the postoperative treatment effect and rehabilitation effect of patients, and provide effective evaluation reference data for the development of effective nursing measures and follow-up treatment programs. (2) Coordination (C): in the process of rehabilitation nursing, through the use of interdisciplinary and cross team methods, actively coordinate the participation of clinicians, rehabilitation physicians, nurses, psychological consultants and other multidisciplinary medical staff in the postoperative nursing project, effectively form a complete nursing team, formulate effective rehabilitation methods for patients in combination with the evaluation criteria, do a good job in the allocation of relevant resources, and improve the nursing efficiency of patients. (3) Treatment (T): under the joint cooperation of the nursing team, combined with the patient's condition and the evaluation results, carry out a variety of nursing and treatment methods for patients, such as drug nursing, psychological intervention, environmental nursing, index monitoring, limb nursing, complication prevention nursing, and effectively improve the postoperative rehabilitation effect of patients through personalized nursing and treatment. (4) Education (E): during the nursing period, by strengthening the communication with the patients and their families, actively carry out the related basic rehabilitation knowledge propaganda and education, improve the patients' cognition of the disease, master the relevant rehabilitation skills and daily nursing methods, and improve the patients' self-management ability. (5) Follow up (D); Through the use of regular telephone consultation, outpatient review and door-to-door visits, the prognosis of patients was continuously observed, and the new problems of patients were timely treated.

2.3 Observed Indexes

The improvement of cardiac function indexes and 6 MWT distance before and after nursing were compared between the two groups. Among them, (1) cardiac function indicators mainly include LVEF (left ventricular ejection fraction) normal value is generally between 55-70%, LVEDD (left ventricular end-diastolic diameter) normal value is generally between 40-60mm, LVESD (left ventricular end-systolic diameter) normal value is generally between 20-40mm.

2.4 Statistical Method

SPSS20.00 was used to process all aspects of data in the study. Cardiac function index and 6MWT distance were statistically analyzed by $(x \pm s)$, t-test, $P<0.05$ was statistically significant.

3. Result

3.1 The Improvement of Cardiac Function Indexes Before and After Nursing was Compared Between the Two Groups.

In this study, there was no difference in LVEF, LVEDD and LVESD indexes between the observation group and the control group before nursing, $P > 0.05$. After nursing, the recovery of LVEF, LVEDD and LVESD indexes in the observation group was significantly better than that in the control group, $P < 0.05$. Among them, the specific data are shown in Table 1:

Table 1. The Improvement of Cardiac Function Indexes Before and After Nursing Was Compared between the Two Groups (x ±s).

grouping (n=34)	LVEF（%）		LVEDD（mm）		LVESD（mm）	
	Before care	After care	Before care	After care	Before care	After care
control group	34.24±3.46	37.68±2.43*	65.17±2.78	62.56±2.71*	53.29±1.89	49.78±4.76*
observer group	34.76±2.45	39.21±2.87*	65.68±2.57	56.71±2.83*	53.39±2.04	45.71±3.29*
T-ratio	2.768	10.764	2.563	10.637	2.786	10.452
P-ratio	0.871	0.001	0.882	0.001	0.849	0.001

Note: Compared with before nursing, *P < 0.05

3.2 The 6 MWT Distance Before and After

Nursing Was Compared Between the Two Groups

In this study, there was no difference in 6MWT distance between the observation group and the control group before nursing, P > 0.05. After nursing, the 6MWT distance of the observation group was significantly better than that of the control group, P < 0.05. Among them, the specific data are shown in Table 2:

Table 2. The 6 MWT Distance (m, x $\pm$ s) Before and After Nursing was Compared Between The Two Groups.

Peer group	Before care	After care	T-ratio	P-ratio
control group (n=34)	210.45±30.23	254.34±30.12	10.125	0.001
control group (n=34)	210.56±30.67	300.45±24.45	10.758	0.001
T-ratio	2.768	10.232	-	-
P-ratio	0.862	0.001	-	-

4. Discussion

Coronary artery bypass grafting is also known as heart bypass surgery. When a patient has one or more atherosclerotic stenosis, obstruction and other symptoms of coronary artery, it will cause insufficient blood supply and other conditions. In order to effectively treat patients, coronary artery bypass grafting is used to establish a channel between the proximal and distal ends of patients' coronary artery stenosis, which can effectively establish a new channel and avoid blood blockage at the stenosis site. The operation is more complex and requires higher postoperative care for patients. By carrying out targeted high-quality care, the postoperative rehabilitation efficiency of patients can be improved.

In clinical practice, acted rehabilitation nursing mode is a relatively new nursing mode. This nursing mode is mainly based on the patient's own needs for nursing, and carries out a comprehensive, scientific and comprehensive rehabilitation nursing mode with the patient as the center. In the acted rehabilitation nursing mode, it is mainly divided into five steps: assessment, coordination, therapy, education and documentation. By combining the patient's condition, we can carry out comprehensive and systematic nursing services for patients, aiming to improve the patient's physical indicators, promote the patient's recovery, and provide patients with more high-quality nursing services. In this study, the effect of acted rehabilitation nursing mode on patients was significantly better than that of conventional nursing mode, and the improvement of cardiac function indexes and 6MWT distance of patients were significantly improved.

5. Conclusion

In summary, the effect of ACTED rehabilitation nursing mode for patients undergoing coronary artery bypass grafting (CABG) in our hospital is significantly better than that of conventional nursing mode. It is more targeted in the nursing process and has important application value for improving patients' indicators and promoting patients' rehabilitation.

References

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