Nursing approach to improve hospitalized patients' living environment

Takayuki Nakahara^{#1}, Tomoe Ito^{#1}

#1. Department of Nursing department, Tokushima National Hospital, National Hospital Organization, 1354 Shikiji, Kamojima, Yoshinogawa, Tokushima 776-8585 Japan

Received 15 February 2018; received in received from 19 March 2018; accepted 28 March 2018

Key words: Parkinson's disease, cognitive function, safety, 5S

Introduction

There is a report that the percentage of patients with Parkinson's disease whose bed area cannot be tidied up is 16%. Scattered goods around the bed for patients in hospital increase the risk of falls and other problems. Patient B, who was in hospital A was an elderly patient with Parkinson's disease, and the living environment around the bed was always untidy, and even if it was cleaned up, it soon became untidy again. (Figure 1) He also had a history of bone fractures after falling. In order to improve the surrounding environment, we conducted nursing interventions focusing on "awareness of organizational order" and on "creating an environment that is easy to organize".

Subjects and methods

The subject was a 90-year-old man suffering from Parkinson's disease. Nursing interventions were conducted based on the following two points.

1) Consciousness to organize

We examined matters to systematically tackle concerning "awareness of organizational order". What to prioritize in terms of safety and daily life, activities of daily living and range of action were decided. Also, it was necessary to decide appropriate rules for patients and to consider points related to particular patients.

2) Creating an easy-to-organize environment(1) Sorting and organizing goods

Among the items scattered around the bed,

many were considered unnecessary for everyday life. We selected and organized items necessary for daily life with patient B. (2) Stationery of goods (Figure 2)

For patients, what is necessary in daily life was limited to cups, tableware, toothpaste and washstands. We created an exclusive storage tool that limited the placement by name notation and shape, and set it on the bedside.

Results

1) Consciousness to organize

For safety, in order to eliminate obstacles on the floor, which is one of the factors that can cause falls, we decided not to put anything on the floor, "to" clean up unused things ". Following this, he took verbal caution. In addition, we decided to visually appeal the rules we had created.

2) Creating an easy-to-organize environment We prepared the environment every day, and tidied away items that were unnecessary for daily life. However, since my request for cooperation to my family was not strong enough, there were also many items brought in by my family during the project, so this method was not effective enough. For the exclusive storage tool, we decided seven spots for a spoon, meal cup, toothbrush, toothpaste cup, denture case, hand mirror, electric shaver. She instructed the patient to return each item to its place after use.

Discussion

Correspondence to:Takayuki Nakahara, Tokushima National Hospital, National Hospital Organization, 1354 Shikiji,Kamojima, Yoshinogawa, Tokushima 776-8585 JapanPhone: +81-883-24-2161Fax: +81-883-24-8661

In order to improve the hospitalization environment for patients with decreased cognitive function, we adopted a nursing approach that focused on the cognitive level and needs. "Consciousness of organizing order" was effective temporarily. Due to the deterioration of the cognitive function of the patient, the memory and performing ability deteriorated, so there was a tendency to forget even the recognition once. Every day the nurse tidied away unnecessary things, but the patient's environment became almost cluttered again immediately. Families bringing in goods also badly affected the arrangements. Therefore, although we were able to change the consciousness and the environment though this effort, we could not maintain the improvements. In order to maintain the environment continuously, it is necessary to cooperate with each other and cooperate among teams.



Figure 1 Hospitalized living environment of patient



Fig. 2. Special storage