Abstract: Percutaneous Coronary Intervention (PCI) has become the first choice for clinical diagnosis and treatment of coronary heart disease. Stent thrombosis (ST) is an extremely serious complication. In time, it is found that emergency treatment can result in severe fatal fruit. Therefore, it is essential for nurses to have full consciousness and closely observe the changes in the disease to take active precautions. Effective control of complications is mentioned in high clinical treatment of patients.

Keywords: Definition and classification; Factors affecting; Clinical manifestations and treatment measures.

1. Definition and classification of thrombus in stent

Stent Thrombosis is refer to PCI after an event of multiple factors that cause stent occlusion. It can form a clot again, further causing coronary artery complete or incomplete closure, clinically frequent as Quenching dead, myocardial infarction, unstable heart twist pain.

2. Factors affecting the formation of thrombus in stents

Many studies at home and abroad have confirmed that stent thrombosis is common in many factors such as drug resistance, long-term medication, and stent type. Clopidogrel resistance or low reactivity is acute coronary syndrome.

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et(drugelutingstent,DES)implantationafter6MonthIntra-frame thrombosis and cardiogenic death. The independent predictor of the death Sub 3 . The CREST study points out that clopidogrel low response hair Live rate can up to +%.
[4] anti-bloodsmall board drug resistance versus anticoagulation treatment time in reversethanandclopidogrelGray's low reactivity is oftenwith with aspirin low reactionsex.due tothis coronary arteryEnhanced antithrombotic therapy before intervention is extremely heavyt, and after the Operationally "Stop" using antiplatelet drugs is made bytoS The main danger of isthemelement.

2.2 The patient's own primary risk because"sugar urinedisease, stubborn high blood pressure, kidneyworknot all,smoking, leftventricular function reduce, ACS and Acute myocardial infarction (acute myo CarDIAInfarction, AMI) History of persons, eacha risk factor is canRisk factors forbecoming independent.especially on ACS and AMI in the-like State, coronary artery Blood Tube patches brokencrack, Platelets quickly stimulated Live, add coagulant quality, bracket Blood

Bolt Formation.Chronic kidney Incomplete patient suppression P2Y [] Active, and then promote into thrombotic form to [5].

2.3 factors in the bracket itself currently the most clinically applied is the bare metal frame and

Author JaneMediated: QiuJiay (1975-), female, Supervisor Division, Matron, this Section drug Coating Layer Bracket.bare metal frame surface rough, with impurities, easy to cause bloodsmall gather forms a thrombus drugscoated Layer Bracket release rapamycin, it increases both aggregation of platelet and anticoagulant drug to each other disturbance, then affect "anti-anticoagulants" inhibiting platelet formation bloodbolt. however, American famous Clinical pathology special home Virmaniete [6]’s Research investigates send now, None Comments DES or bare metal branches Racks (bare metal talstent, BMS), The can occur with new atherosclerotic plaques in the stent Block.2.4 coronary artery target lesion characteristics and stent implantation operation all Lesions all blocked, bifurcation lesions, diffuse longsick Changes and multiple vascular lesions of the thrombus in the sender birth rate is significantly higher, bracket not good, long bracket, multiple brackets "implant sends abloid clot significantly increased, above high risk factors can cause activation of platelets, makesatis aggregation. this is the same as the cloresearch results similar to, prompt form multiple lesions, Branch lesions with hand Sik The total length of the bracket is long, overlapping bracket, etc. increase plus Stent thrombosis (SUB-acute Thrombosis, ST) The risk of occurrence.

3. Prevention of thrombosis in stent

we need to choose the appropriate according to the specific characteristics of the diseased vessel site. Branch Crack, PTCA, BMS, and DES has its corresponding fit certificate and Taboo certificate, need to fully understand the 2016 Year revised guidelines for percutaneous coronary intervention in China released clinical DES and BMS Selection Principles: New one, DES Mining with the first generation of different frame bracket materials, new 'anti-proliferation drugs and Live Object Drop solution material for coating new type of bracket, better biocompatibility, Bracket Beam More thin, because The wall of the drug-coated stent can be more endothelial earlier. Simultaneous reduction of New-born membrane hyperplasia, Restenosis rate and the incidence of stent late thrombosis. Research investigate[7] Display, most new biodegradable Coating branch Rack 1 year target disease variable vessel failure rate no less than permanent coated drug branch frame, and most freshmanings down solution coating bracket with a month double anti-blood mini-panel rule Therapy (dual antiPlatelet late Le T highly, DAPT) effect and security are not bad Month [8], i recommend for the following conditions in one new generation DES: NSTE-ACS patient person, STEMI then PCI patient by [9, 10], coronary heart disease with diabetes mellitusthose[11, 12], coronary heart disease combined with chronic kidney disease II chronic kidney diseasesthis chronic kidney diseasesthis chronic kidney disease, from the following coronary lesions recommended set into new one generation DES: Opening lesion, venous Bridge vascular disease Change, and brackets again narrow when narrow lesions. for patients with left main branch and chronic occlusion disease, first first apply new one generation DES, to lower stent restenosis Rate. toon 3 months Schedule Acceptance line PCI rule cure of suffering from people, first consider placing
nakedgold,bracket(BAre-metalstent,BMS)or percutaneous coronary angioplastytoform(PercutaneouSTransluminalcoronary angIoPlasty,PTCA;)forouthish blood risk,not resistantunder1Year duplex antiplatelet therapy,or1yearcanacceptheart surgeryhandsurgical patients with double antiplatelet therapy must be interruptedperson,buildingabout setintoBMSorlinePTCA.IVUSsendThe present stent is filled with the missingdamage,bracketpastewall bad,Bracket Positioningis not,bracket edge mezzanine etc for stent thrombositestest

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  blood should be taken to monitor platelet function before surgery,give full standard duplexanti*,anti-blood smallBoard(clopidogrelThunder UnionacompanyForest)treatment is the prevention of ThrombosisTokey,American thoracic surgeonDivision of Science(ACCP)on"chesT""MiscellaneousLogpublishessubclause9Editionanti-boltruleGuidelines for the treatment and prevention of thrombosis(ACCP)1onreceaclear perioperative treatment for patientswithanti-blood smallboard drug treatment BuildingDiscussion [16] ,recommended specification for medication,Securityfor patients undergoing interventional surgeryFull.

4. Clinical manifestations and treatment measures of stent thrombosis

  Multiple stent thrombosis occurstoPCI1afterweek,to diseasvariable vesselcan bedivided into notcompletely block and complete block.when slowslowwith incomplete occlusion patientsnonediscomfort,Consider a slow and good collateral circulation with the thrombus formation process there is aoff;when not completely blockPatients with unstable angina pectoris ornotSTelevated heartmuscleinfarcttheperformance.and Acute stentinside thrombus causes lesion target vessel complete occlusion when Patient appearsymptoms of acute myocardial infarction, lesions involving anterior descending branches of bloodPipeneartoparagraph,lefmainstem or multiple vessels can cause cardiogenic shock and sudden death in patients, etc. [17] .

  Clinical Manifestation as:severe pain in front of patients after stent interventionparnterKhan, drop ofblood pressure;afterrhceedeotypeis found insideACS Clinical manifestations;HeartElectrical Diagram(electrocardiography,EKG)mentionShowHeartpowerChartST-eparagraphchangechange;Quicktakeblood testchange of typical myocardial enzyme markers.knotcloseclinical manifestation suspect bracketsinside thrombus formation,patientinstantly DaytonclopidogrelRaymgand reviewing coronary angiographyclearconfirmDiagnostics.atonthrombus,first take balloon dilation to crush clots,Anti complex high voltage expansionafer,still have significant residual stenosis orclosethe film is torn,should beset that

  lesionsSetIn;1ringframesIf the intervention is still recurring in the newbornbloodbolt,immediately give coronary artery lesions inside the intravascularinject urine shockenzymes(10~$millionU)RowPTCA treatment,after successful operationstill needs to be in the catheter compartment toview patients witha""disease

  Change of Mood,prepare rescue vehicles and salvage products before hospital beds,Give it atimelyrationale and robbersave,return to disease after stable conditionroom.

5. Nursing care of patients with stent thrombosis

  5.1 Psychological Protection"byon patients don't understand sicklove,Treatment and Prognosis,withworry about surgical feeswith, topatients ofenoutconsider, fear, thebademotion.adverse emotions such as anxiety and depression increase the coronary heart disease PCIPost-operative cardiovascularpieceoccurrs,is different from suctionsmoke,High blood pressure. Another independent risk of diabetes because[18]. Bad negativeemotion can be directly citedupcoronary artery spasm gay,cause Hearttherate, breathing. The wave of monitoring patients such as blood pressure move, the responsible nurse should cooperate with the doctor in detailcommentestimatepatient's mental state, targeted Psychotherapy, negative for patientslovethread doing well targeted, personalized explanations work and comfort patients, elaborate hand's eyes, Methods and Notes thingsentry, at the same time nurses apply
thrombosis: One status knows, has inside, gastrointestinal membranes, points, bruising patches, secretions, medium band blood, blood, urination, tar, infiltration in patient that able to condition, quick. Patient's not able to medication, avoid factor, guarantees patients status. Life anticoagulant antiplatelet. No charge points. To form blood plug formation, therefore good tight. Urgent PTCA preparation. According to patient's angina again occurs on a secondary attack, know S tension elevation, wave down set, prompt branch-in-stent thrombosis or coronary artery acute closure plug [21st]. Nurses should high alert**, found the condition changed format, immediately assist Doctor to do ECG diagram, and according to disease change of love to help doctors find the original for, to give rescue treatment and make a good tight Urgent PTCAPreparation.

5.2 Severity jail test patient in PCI return to Ward after surgery, duty nurse connection Heart Monitor close watch patient's Heart Rate, heart law at the same time pay close attention to the call suction, blood oxygen saturation and change of blood pressure, check and ask the patient's complaint at any time, if blood pressure drops, immediately give dopamine and other booster medications, ordered, avoid the body heavy. To insufficient organ blood perfusion cause's PCI. The shape of the stent thrombosis to; If there is a chest pain, chest tightness, flushed and out of sweat, etc., do ECG monitoring now, such as to display its ST paragraph obvious down move [20], notify the Doctor in time, Division. The symptoms of are often the same as those in, show the patient's coronary arteries are narrower and can be can. Persistent severe coronary move Pulse spasms can cause blood in the stent Small Cluster of Boards Set, then thrombosis or coronary artery blood pipe block, if the patient is angina again occurs on a secondary attack, know S tension elevation, wave down set, prompt branch-in-stent thrombosis or coronary artery acute closure plug [21st], nurses should high alert**, found the condition changed format, immediately assist Doctor to do ECG diagram, and according to disease change of love to help doctors find the original for, to give rescue treatment and make a good tight Urgent PTCAPreparation.

5.3 Enhanced Predictive protection reason anti-coagulation therapy is the key to preventing coronary artery stent Blood plug formation, therefore prevent Thrombosis Shape to close the. But health in clinical care education lacks personalization. For example anticoagulant therapy inadequate or compliance poor can cause anticoagulant antiplatelet. No charge points. To form a thrombus. Responsible nurse According to patient's illness, love, mood, status, life habits such as taking targeted care intervention measures, supply, active remove predisposing factor, guarantee patients' moods and avoid fluctuations. Tolerance to heart to patients who take antiplatelet drugs and precautions system. Urge the affected person to use the drugs on time to increase the compliance of their medication, avoid because anticoagulant drugs not charge in the form of the blood suppository, the shape becomes.

5.4 Care for anticoagulation complications

5.4.1 Anti-anticoagulant therapy for adverse reactions** the common side effects of anticoagulation therapy are bleeding, primarily with use of anticoagulant drugs off. Give the patient a heparin venous drip. Note when use microinjection pump, Strict Control the drop of heparin speed, adjust the speed degree of heparin drip according to patient's snot [22], to enhance the patient's patrol after intervention, view, observe if the wound of the person with has a bleeding condition, sheath tube move and fall off, etc., check with the dressing is not bleeding conditions. Once you have able to condition quick with thumb press force puncture Placeside1~2cm, and notify the doctor to proceed [23]. The tells the patient that the person should avoid increase abdominal pressure. To see if a patient has bleeding down to, If there is no infiltration in the wound blood, hematoma, halloween eating gingivitis out [blood], bruises on skin and mucous membranes point, bruising patches, secretions, medium band blood. Blood urine, tar like, etc., also guard against cranial inside, gastrointestinal bleeding.

5.4.2 Anticoagulation for thrombus protection reason when anticoagulation care requires close observation of patient thrombosis, and processing in a timely manner. Nurses need to have a good understanding of the patient's blood clotting status known, has a full recognition of the damage caused by knowledge. After enter, there are two main types of thrombosis: One is interventional acute and sub-emergency sex thrombosis, other Department the blood clots that appear in the organization. For the first case, need closely observe changes in electrocardiogram. An exception was found.
5.5 Health Mission

5.5.1 Diet Proclamation teaching the guidelines for patients to eat low salt low fat low gall solid alcohol, and hand high egg white high fiber+easy to digest diet, tell it's less eat more meals, Develop good health drink.

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Eating habits.

5.5.2 Sports Mission Research found [24], people who usually lack exercise person play strong Live move to induce stent thrombosis, exercise urges platelet activation and blood is small. The high reactivity of the Board, so guiding the patient's movement should be gradual, gradually increase the live momentum, pay attention to rest and rest, prevent PCI the occurrence of postoperative cardiac adverse events.

5.5.3 Medication Mission The platelet agglutination is the main factor of the coagulation system being activated and the "+" of the Thrombus formation. Therefore, no blood clots will be formed if no platelets are activated. Anti-platelet therapy is the key to preventing thrombosis in the stent by PCI after. Recent research hair current Anti-platelet therapy is not sufficient ST the most important reason for is that it prematurely disables double anti-platelet drugs, or intolerance of antibiotic resistant drugs that can lead to patient stent Internal Thrombosis [25]. Instruct patients to take anti coagulant drugs on time, follow the prescribed medication, strictly prohibit self reduction and stop medication, and explain the medication to patients and their families. It's considerations; there requires prompt medical treatment when adverse reactions such as bleeding are found.

5.5.4 Discharge Proclamation teaching the patient and the family to be discharged means guide, instruct patient to ring Smoke, keep your mind comfortable, reduce undesirable stimuli. Talk statement blood pressure and blood sugar remain in normal vanaround the important sex. Church patients measure blood pressure and blood sugar, on-time, appear do not seek immediate medical attention.

Stent Thrombosis is a serious complication of stent implantation, Although yearsto constantly strong anti-platelet treatment, but Still failed to avoid post-stent thrombosis events, occurrence. Therefore, to strengthen the targeted view of patients after stent implantation watch hand protect "+" Reference The survival of high patients plays a vital role with, at the same time pass to branch frame is inside thrombus provide more evidence-based Medicine Evidence and latest research into exhibition, help probed Nurses' recognition of this complication, reach early discovery, early diagnostics, early treatment mesh, to deduce its occurrence.

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