

CrownPulse,enterruleTherapyafterbranchframeinsidebloodbolt form to、Pre -Anti-andCare

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The essential Word Crown Heart ill; by Pichon Shape Move Pulse Medium In; Branch Rack Inner Blood Bolt; Protection rationale

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Abstract: Percutaneous Coronary Intervention Rule Healing (percutaneo) US coronary interven-Tion, PCI surgery has become the first choice for clinical diagnosis and treatment of coronary heart disease. Method. bracket inside blood bolt (stent thrombosis, ST) Yes It is extremely serious complication, like a no can intimate. It is found that emergency treatment can result in severe fatal fruit. It is therefore liable guard will must have full consciousness, and closely observe the changes in the disease to take active precautions. Measures Apply, effective control

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

complication, mention high Clinical treatment of patient's effect.

1. Definition and classification of thrombus in stent

Stent Thrombosis is refer to PCI after on Multiple source factors under bracket Place in and to form a clot again, further causes coronary complete or incomplete close, clinically Frequent Show as Quenching dead, myocardial infarction, unstable heart twist pain. 2007

year 5 Monthly Academic Research Association (academic Research Consortium, ARC)

Formal publish a definition of stent thrombosis. clinically based on stent intervention to the blood Bolt The time of formation can be divided into urgent sex, subacute and Advanced stent blood Bolt. operation after? H

form thrombus into acute stent blood Bolt; Surgery after @ h d formed as a sub-urgent sex

Stent Thrombosis; Surgery after Year ~ 1 years form late branch frame blood Bolt; send live on bracket place after 1 More than a year is a very late stage thrombosis. in-stent blood Shuan-ill death rate high, their in urgent sex, [] urgent sex branch frame inside blood bolt (acute/sUBAc Ute Stent thrombosis, ASt/sST) most severe.

2. Factors affecting the formation of thrombosis in stents

many studies at home and abroad have confirmed that stent thrombosis is common in many factors make Knot Fruit^[1-2].

2.1 drug factors Clopidogrel resistance or low reactivity is acute coronary syndrome

(acute coronary syndrome Ynd Rome, ACS) patient drug Coating brack-

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et (drug elut-ing stent, DES) implantation after 6 Month Intra-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 heavyto,and after the Operationearly"Stop"using antiplatelet drugs is made bytoSTThe main danger of istheelement.

2.2 The patient's own primary risk because""sugar urinedisease,stubborn high bloodpressure,kidneyworknot all,smoking, leftventricular functionreduce,ACSandAcute myocardial infarction(acutemyoCarDIALinFaRcTion,AMIHistory of persons,eacha risk factor iscanRisk factors forbecoming independent.especiallyonACSandAMIin the-likeState,coronary arteryBloodTube patches brokencrack,Plateletsquickly stimulatedLive,add coagulantquality,bracketBlood

Bolt Formation.ChronickidneyIncomplete patient suppressionP2Y []Active, andthenpromoteinto thrombotic formto [5] .

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

Author JaneMediated:QiuJay(1975-),female,SupervisorDivision,Matron,thisSection

drug CoatingLayer Bracket.bare metal frame surface rough,withimpurities,easy to cause bloodsmallgatherforms a thrombusdrugscoatedLayer Bracket release rapamycin,it increases bothaggregation of platelet and anticoagulant drug to each otherdisturbance,then affect"anti-anticoagulants"inhbiting platelet formation bloodbolt.however,American famous Clinical pathology specialhomeVirmanietc [6] 'sResearchinvestigatesendnow,NoneCommentsDESor bare metal branchesRacks(baremeTalstent,BMS),Thecan occur with new atherosclerotic plaques in the stentBlock.2.4coronary artery target lesion characteristics and stent implantationoperationalallLesionsallblocked,bifurcation lesions,diffuse longicksChanges and multiple vascular lesions of the thrombus in thesendthebirth rate is significantlyHigher high,bracketnotgood,long bracket,multiple brackets""implantssend ablood clotsignificantly increased,above high risk factors can cause activation of platelets,madeasits aggregation.this is the same as thecloserresearch results similarto, prompt formultiple lesions,Branch lesionswithand SikThe total length of the bracket is long,overlapping bracket, etc. increaseplusStent thrombosis(SUB-acuteThrombosis,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.Branchrack.PTCA,BMSandDEShas its corresponding fitcertificateand Taboocertificate,needtofully understandthe.2016Year revised guidelines for percutaneous coronary intervention in China released clinicalonDESandBMSSelection Principles:New one,DESMiningwith thefirst generation of different bracket frame materials,new'santi-proliferation drugs andLiveObject Dropsolution material for coating new type of bracket,better biocompatibility,BracketBeamMorethin,becauseThe wall of the drug-coated stent can be more endothelial earlier,Simultaneous reductionNew-born membrane hyperplasia,Restenosisrateandthe incidence oflate and extremely late stent thrombosissto.Researchinvestigate[7]Display,mostNew biodegradable Coating branchRack1yeartargetdiseasevariable vessel failure rate no less than permanent coated drug branchframe,and most freshmanthings downsolutioncoating bracketwith6amonthdouble anti-bloodmini-panel ruleTherapy(dualantiP l ateLeTther-apy,DAPT)effect and security are not badtoaMonth^[8].isrecommended for the following conditionsintonegenerationDES:NSTE-ACSpatientperson,STEMIthenPCIpatientby^[9,10],coronary heart disease with diabetes mellituswho^[11,12],coronary heart disease combined with chronic kidneyDirty diseaseill(chronickIdneydiseAse,CKD)sufferingby^[13,14],to thefollowing coronary lesions recommendedsetinto new onegenerationDES:Opening lesion,venous Bridge vascular diseaseChange,and brackets againnarrowlynarrow lesions.for patients with left main-branch and chronic occlusivedisease,,firstfirstapply new onegenerationDES,to lower stentrestenosisRate.toon3monthsSchedule AcceptancelinePCIrulecureofsufferingfrompeople,first consider placing

naked gold, bracket (Bare-metal stent, BMS) or percutaneous coronary angioplasty to form (Percutaneous Transluminal coronary angioplasty, PTCA;) for out high blood risk, not resistant under 1 Year duplex antiplatelet therapy, or 1 year can accept heart surgery hands surgical patients with double antiplatelet therapy must be interrupted person, building about set into BMS or line PTCA. IVUS send The present stent is filled with the missing damage, bracket past wall bad, Bracket Positioning is not, bracket edge mezzanine etc for stent thrombosis test

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Because Of [15] .

blood should be taken to monitor platelet function before surgery, give full standard duplex anti*, anti-blood small Board (clopidogrel Thunder Union accompany Forest) treatment is the prevention of Thrombosis To key, American thoracic surgeon Division of Science (ACCP) on "chest" Miscellaneous Log publish sub clause 9 Edition anti-bol true Guidelines for the treatment and prevention of thrombosis (ACCP-9) on receive a clear perioperative treatment for patients with anti-blood small board drug treatment Building Discussion [16] , recommended specification for medication, Security for patients undergoing interventional surgery Full.

4. Clinical manifestations and treatment measures of stent thrombosis

Multiple stent thrombosis occurs to PCI 1 after week, to disease variable vessel can be divided into not completely block and complete block. when slow with incomplete occlusion patients no discomfort, Consider a slow and good collateral circulation with the thrombus formation process there is a off; when not completely blocked Patients with unstable angina pectoris or not STELEVATED heart muscle infarct the performance. and Acute stent inside thrombus causes lesion target vessel complete occlusion when Patient appears symptoms of acute myocardial infarction, lesions involving anterior descending branches of blood Pipe near paragraph, left main stem 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 intervention partner Khan, drop of blood pressure; after the code type is found inside ACS Clinical manifestations; Heart Electrical Diagram (electrocardiography, EKG) mention Show Heart power Chart ST-T paragraph change change; Quick take blood test change of typical myocardial enzyme markers. knot close clinical manifestation suspect bracket inside thrombus formation, patient instantly Dayton clopidogrel Raym and reviewing coronary angiography clear confirm Diagnostics. at on thrombus, first take balloon dilation to crush clots, Anticomplex high voltage expansion after, still have significant residual stenosis or closed and the film is torn, should beset that

lesions Set In; 1 ring frames If the intervention is still recurring in the new born blood bolt, immediately give coronary artery lesions inside the intravascular inject urine shock enzymes (10~\$million U) Row PTCA treatment, after successful operation still needs to be in the catheter compartment to view patients with a "disease

Change of Mood, prepare rescue vehicles and salvage products before hospital beds, Give it a timely rationale and robbery save, to return to disease after stable condition room.

5. Nursing care of patients with stent thrombosis

5.1 Psychological Protection "by on patients don't understand sick love, Treatment and Prognosis, with worry about surgical fees with, top patients often out consider, fear, the bad emotion. adverse emotions such as anxiety and depression increase the coronary heart disease PCI Post-operative cardiovascular piece occurs, is different from suction smoke, High blood pressure, Another independent risk of diabetes because^[18]. Bad negative emotion can be directly cited up coronary artery spasm gay, cause Heart the rate, breathing, The wave of monitoring values such as blood pressure move. the responsible nurse should cooperate with the doctor in detail comment estimate patient's mental state, targeted Psychotherapy, negative for patients love thread doing well targeted, personalized explanations work and comfort patients, elaborate hand's eyes, Methods and Note things sentry, at the same time nurses apply

skillfully's, Professional protect Technical services to patients people, get trust eliminate tension fear heartrationale. Heart intervention Package

Surround Support Psychotherapy Healing, Individual Psychotherapy Healing, patients with mutual aid Therapy, social branch Sexual psychotherapy Therapy^[19]. which supports psychotherapy is the most basic psychological work pre, its with Family actively cooperate with, take comprehensive care of the patient, support and drum Excitation, and Root according to each patient's Heart the characteristics of a personalized psychological protection rationale, drum excitation multiple and succeeded line PCI for patients with good results go to line return Stream, communication, help establish a letter to fight disease Heart.

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 as ordered, avoid the body Heavy

to Insufficient organ blood perfusion causes s' PCI The shape of the stent thrombosis to; If there is a chest Pain, chest tightness, flushed and out 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 coronal move Pulse spasm 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 ST section elevation, two 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 PTCA preparation.

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 to. 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 apply, active Remove predisposing factor, guarantee patients' moods and avoid fluctuations. tolerance heart to patients how to take antiplatelet drugs and precautions item, 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 drug 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 not^[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 no bleed conditions, Once you have a bleed condition, quick with thumb Press Force puncture Place side 1~2cm, and notify the doctor to proceed^[23]. the tells the patient that the person Avoid avoid increase abdominal pressure. to see if a patient has bleeding down to, If there is no infiltration in the wound blood, hematoma, have no teeth gingivitis out [blood], bruises on skin and mucous membranes point, bruising Patches,, secret things 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 know, 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

immediately after the emergency measures. Two condition medical personnel are concerned with the pulse of the dorsal foot artery condition, pick Predictive Care guidance patient Live move ankle and do foot back flexion move, with guide family members massage small legs, help prevent deep veins of lower extremity blood clot formation. Diligent patrol View Ward, serious, Watch the changes closely, if the patient's expression is found to be sluggish, Inverse should

Late Obtuse; hands and feet tingling, Pain, and below Limb Pain and chest Stuffy, Hold Your breath, Chest Pain, cough and other symptoms, should be highly suspicious of the brain Terrier dead, cerebral embolism, pulmonary embolism and lower extremity deep silent pulse blood suppository hair Health, find exceptions immediately report to doctor for emergency treatment. So, at any time in anti-coagulation treatment care to turn off note patients with thrombosis to turn off to, to avoid blood clot formation can effectively reduce postoperative concurrent syndrome, Increase surgery Success rate.

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 and high egg white high fiber + easy to digest diet, tell it 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 Antiplatelet 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 anticoagulant drugs on time, follow the prescribed medication, strictly prohibit self reduction and stop medication, and explain the medication to patients and their families. its considerations. there requires prompt medical treatment when adverse reactions such as bleeding are found.

5.5.4 Discharge Proclamation teach to 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 range around 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 years to constantly strong antiplatelet treatment, but still failed to avoid post-stent thrombosis events, occurrence. Therefore, to strengthen the targeted view of patients after stent implantation watch and protect "" Reference The survival of high patients plays a vital role with, at the same time pass to branch frame inside thrombus provide more evidence-based Medicine Evidence and latest research into exhibition, help probe Nurses ' recognition of this complication, reach early discovery, early diagnostics, early treatment mesh, to reduce its occurrence.

References

1. D'Ascenzo F, Bollati M, Clementi F, et al. Incidence and predictors of coronary stent Thrombosis: Evidence from an international multicenter collaborative meta-analysis including studies, 1,066 Patients, and 4276 thromboses [J]. Int J Cardiol, 2012.
2. Heestermans A, van Berkum JW, Zwartz B, et al. Acute and subacute stent Thrombosis after Primary PCI for ST-segment elevation Myocardial Infarction: Incidence, Predictors and Clinical Outcome [J]. J Thromb Haemost, 2010, 8: 2385-2393.

3. Palmerini T, Dang AS, Mehran R, et al. Predictors and implications of stent thrombosis in non-ST-segment elevation acute coronary syndromes: the ACUITY Trial [J]. *Circ Cardiovasc Interv*, 2011, 4 (6): 577-584.
4. SamBUN, Radhakrishnan A, DeNTH, et al. Personalized Antiplatelet therapy in stent thrombosis: is: Observations from the Clopidogrel Resistance in Stent Thrombosis (CREST) registry [J]. *Heart*, 2012, 9: 706-711.
5. Olive RM, SoRaya EG, Laurence J, et al. Cardiovascular mortality in chronic kidney disease patients undergoing percutaneous coronary intervention mainly related to impaired P2y12 inhibition by Clopidogrel [J]. *J Am Coll Cardiol*, 2011, 4: 399-408.
6. Nakazawa G, Otsuka F, Nakanishi M, et al. The pathology of neointimal hyperplasia in human coronary implants bare-metal and drug-eluting stents [J]. *J Am Coll Cardiol*, 2011, 57: 1314-1322.
7. Han Y, Xu B, Jing Q, et al. A randomized comparison of novel biodegradable polymer- and durable polymer-coated cobalt-chromium

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sirolimus-eluting stents [J]. *JACC Cardiovasc Interv*, 2014, 7 (12): 1352-1360

8. Han Y, Xu B, Xu K, et al. Six versus 12 months of dual antiplatelet therapy after implantation of biodegradable polymers in sirolimus-eluting stents: Randomized study of the I-love-IT 2 trial [J]. *Circ Cardiovasc Interv*, 2016, 9 (2): e003145.
9. RoBerL, KeLBekH, Otsuji CM, et al. Effect of biolimus-eluting stents with biodegradable polymer vs bare-metal stents on cardiovascular events among patients with acute myocardial infarction: The comfortable-2 randomized trial [J]. *JAMA*, 2012, 308 (8): 777-787.
10. Sabate M, Cequier A, Ibanez B, et al. Everolimus eluting stents versus bare-metal stents in ST-segment elevation myocardial infarction (EXAMI-NATION): 1 year results of a randomised controlled trial [J]. *Lancet*, 2012, 380 (9852): 1482-1490.
11. Bangalore S, Kumar S, Fusaro M, et al. Outcomes with various drug eluting or bare metal with diabetes mellitus: Mixed treatment comparison analysis of 22844 patient years of follow-up from randomised trials [J]. *BMJ*, 2012, 345: e5170.
12. Stettler C, Allemann S, Wandel S, et al. Drug eluting and bare metal stents in people with and without diabetes: collaborative network meta-analysis [J]. *BMJ*, 2008, 337: a1331.
13. Tsai T, MeSenger JC, Brennan JM, et al. Safety and efficacy of drug-eluting stents in older patients with chronic kidney disease: A from the linked CathPCI Registry - CMS Claims Database [J]. *J Am Coll Cardiol*, 2011, 58 (18): 1859-1869.
14. Shenoy C, Boura J, Orshaw P, et al. Drug-eluting stents in patients with chronic kidney disease: A prospective registry study [J]. *PLoS one*, 2010, 5 (one): e15070.
15. Berns SA, Shmida TE, Kipriane S, et al. Predictors of stent thrombosis in patients with ST-elevation acute coronary syndromes subjected to primary coronary artery intervention [J]. *Kardiologia*, 2011, 51 (4): 10-15.
16. Guyatt GH, Akle EA, Crowther RM, et al. Executive summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th: American College of Chest Physicians Evidence-based Clinical Practice Guidelines [J]. *Chest*, 2012, (2 suppl): 7s-47s.
17. Gold Chen. Coronary artery disease: Cause and control [J]. *Progress in cardiovascular disease*, 2013, 34 (5): 7-621.
18. Li Fujun, Li Yang, Wang Li-wing, and so on. The effect of anxiety and depression on the prognosis of patients with percutaneous coronary intervention [J]. *Chinese Health Psychology Miscellaneous Log*, 2013, (8): 1171-1172.
19. Zhao, Sun Yujuan, Wang. Effect of postoperative nursing on complications in patients with acute myocardial infarction [J]. *Journal of Modern Integrated Chinese and Western medicine*, 2013, : 2951-2952.
20. Wu JiCui. Coronary artery angiography and branch nursing body after operation Yes [J]. *Health must Read (Under Journal)*, 2013, (8): 175-175.
21. Xu Tingting. Observation and nursing care of postoperative complications after percutaneous coronary intervention [J]. *Medical drug before along*, 2016, 6: 276-277.
22. Chen Sheping. Observation and nursing of anticoagulation after coronary artery stent implantation in elderly patients with coronary heart disease [J]. *China Practical Nursing Magazine* 2015, (a): 35-36.