

论著

低分子肝素治疗对老年重症肺炎患者APACHE II 评分及动脉血气分析参数的影响

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摘要:

目的探讨在老年重症肺炎患者常规治疗的基础上加用低分子肝素能否改善其APACHE II 评分及动脉血气分析参数。方法选择2009年10月—2011年9月入住某院的老年重症肺炎患者, 随机分为治疗组(23例)及对照组(20例)。对照组给予常规治疗, 治疗组在常规治疗基础上加用低分子肝素4 000 U皮下注射, 1次/d, 疗程7 d。分别在治疗后24 h、3 d、7 d时比较两组患者APACHE II 评分及动脉血pH、氧分压(PaO₂)、二氧化碳分压(PaCO₂)、乳酸(Lac)是否有差别。结果两组患者入组时基本资料及APACHE II 评分差异无统计学意义(P>0.05); 在治疗过程中的出血发生率差异亦无统计学意义(P>0.05)。在治疗第24小时和第3天, 两组患者APACHE II 评分均值差异无统计学意义(P>0.05), 但在治疗第7天, 治疗组APACHE II 评分(13.71±3.65)低于对照组(16.95±4.70), 差异有统计学意义(t=2.47, P=0.02)。在治疗第24小时、第3天和第7天, 两组患者的动脉血pH、PaCO₂、Lac均值差异均无统计学意义(P>0.05); 在治疗第24小时及第3天, 两组患者动脉血PaO₂均值差异无统计学意义(P>0.05), 但在治疗第7天, 治疗组动脉血PaO₂(106.8±32.7)明显高于对照组(88.6±22.2), 差异有统计学意义(t=-2.15, P=0.04)。结论老年重症肺炎患者在接受常规治疗的基础上加用低分子肝素, 能改善患者的氧合, 降低APACHE II 评分。

关键词: 重症肺炎 低分子肝素 老年人 动脉血气 APACHE II 评分 治疗方案

Effect of low molecular weight heparin therapy on the APACHE II score and arterial blood gas analysis parameter in elderly patients with severe pneumonia

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Abstract:

Objective To evaluate whether APACHE II score and arterial blood gas (ABG) analysis parameter of elderly patients with severe pneumonia can be improved if low molecular weight heparin (LMWH) was added to conventional therapy. Methods From October 2009 to September 2011, 43 inpatients with severe pneumonia were randomly divided into treatment (n=23) and control (n=20) group. Control group received conventional treatment, and treatment group received conventional treatment plus the LMWH treatment (4 000U q.d.) for 7 days. APACHE II score, and arterial blood gas analysis (pH of blood, partial pressure of oxygen [PaO₂], partial pressure of carbon dioxide [PaCO₂], lactate [Lac]) were compared at 24 h, day 3 and day 7 of treatment. Results The basic data and APACHE II score in two groups were not significantly different before treatment (P>0.05); the difference in incidence of hemorrhage was not significantly different during treatment (P>0.05); At 24 h and day 3 treatment, APACHE II score in two groups was not significantly different (P>0.05), but at day 7, the APACHE II score of treatment group was significantly lower than control group ([13.71±3.65] vs [16.95±4.70], t=2.47, P=0.02). At 24 h, day 3 and day 7, the PH, PaCO₂, Lac were not significantly different (P>0.05); at 24 h and day 3, PaO₂ was not significantly different (P>0.05), but at day 7, the PaO₂ of treatment group was significantly higher than control group ([106.8±32.7] vs [88.6±22.2], t=-2.15, P=0.04). Conclusion LMWH plus conventional treatment for elderly patients with severe pneumonia can improve the oxygenation of patients, and reduce APACHE II score.

Keywords: severe pneumonia low molecular weight heparin elderly patient arterial blood gas; APACHE II score treatment protocol

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