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家庭雾化在毛细支气管炎治疗中的应用价值研究

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摘要:

[摘要]目的: 探讨家庭雾化治疗婴幼儿毛细支气管炎的临床疗效及预后。方法: 148例婴幼儿毛细支气管炎患者, 观察组(79例)采用家庭雾化治疗, 对照组(69例)为住院治疗, 两组均采用相同的综合治疗方法, 包括呼吸道管理、止咳、化痰、口服孟鲁司特28 d等对症治疗, 抗病毒(雾化吸入重组人干扰素 α -1b)、雾化吸入糖皮质激素(布地奈德)和 β 2受体激动剂(特布他林), 2次/d, 在治疗前5 d内每天复诊、评估病情, 连续用药7 d。观察两组临床症状改善情况及临床疗效, 1个月后随访肺功能。结果: 观察组临床疗效总有效率(92.4%)优于对照组(81.2%), 两组比较差异有统计学意义($\chi^2=4.163, P<0.05$); 全身激素使用率、抗菌素使用率、静脉输液率、总医疗费用两组比较差异均有统计学意义($P<0.01$); 1月后随访肺功能, 潮气量两组比较差异无统计学意义($t=1.433, P>0.05$); 达峰时间、达峰容积两组比较差异均有统计学意义($P<0.05$)。结论: 轻症毛细支气管炎, 可采用家庭雾化的方式治疗, 有利于快速控制患儿症状, 取得了良好的疗效及社会效益、经济效益。

关键词: [家庭雾化](#) [轻症](#) [毛细支气管炎](#)

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Family Aerosol Inhalation in the Treatment of Bronchiolitis

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Abstract:

[Abstract] Objective: To probe into the clinical efficacy and prognosis of family aerosol inhalation in the treatment of bronchiolitis. Methods: A total of 148 infants with bronchiolitis were enrolled, the observation group (n=79) was treated with family aerosol inhalation, while the control group (n=69) was hospitalized. Both groups were treated with the same comprehensive treatment methods, including respiratory tract management, cough relieving, phlegm resolving, oral montelukast for 28 d and other symptomatic treatment, antiviral (aerosol inhalation of recombinant human interferon α -1b), aerosol inhalation of corticosteroid (budesonide) and β 2 receptor agonist (terbutaline), 2 times/d. Within 5 d before treatment, the patient was re-examined and evaluated every day. All patients received continuous medication for 7 d. The clinical symptoms and efficacy of two groups were observed. The lung function was followed up after 1 month. Results: The total effective rate of the observation group (92.4%) was better than that of the control group (81.2%), and the difference was statistically significant ($\chi^2=4.163, P<0.05$). There were statistically significant differences in the utilization rate of systemic hormones, antibiotics, intravenous infusion rate and total medical expenses between two groups ($P<0.01$). There was no significant difference in tidal volume between two groups after 1 month ($t=1.433, P>0.05$). There were significant differences between two groups in peak time and peak volume ($P<0.05$). Conclusion: Mild bronchiolitis can be treated by family aerosol inhalation, which is beneficial to quickly control the symptoms of children, and achieve better social benefits and economic benefits.

Key words: [family aerosol inhalation](#) [mild bronchiolitis](#)

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