

## 結核患者退院前クリティカルパスの作成

～服薬支援に重点をおいて～

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### Application of a critical path for tuberculosis patients prior to discharges

– Focus on providing medication assistance –

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#### 要旨

看護ケアの一定化、標準的な看護の提供、退院後の服薬支援の充実を目指して、結核クリティカルパスを退院前クリティカルパスに絞り再検討した。つまり、病棟看護師に問題点、必要項目をアンケートし、退院前クリティカルパスを作成した。また、退院時に服薬支援の問題があった患者 3 名を選び、その問題点を抽出し、退院前クリティカルパスの修正を行った。DOTS カンファレンス、患者・家族への薬剤指導、退院時の必要書類の項目を設け、服薬支援者の項目を DOTS カンファレンスの欄に追加した。退院前クリティカルパスを充実させることで、外来や地域との連携を図り、退院後の不安の軽減や服薬支援体制の確立が期待される。鳥取臨床科学 3(1), 70-75, 2010

#### Abstract

To provide constant and standardized nursing care and sufficient medication assistance after discharge for tuberculosis patients, we have focused on developing a critical path that is intended to prepare them for discharge. First, a questionnaire survey was conducted among nurses in the ward admitting tuberculosis patients. The questionnaire addressed problems and items necessary for the construction of the critical path. Second, among 36 cases of the tuberculosis patients admitted in the recent 2 years, three cases were selected because of difficulty in providing adequate medication assistance. These cases were evaluated to identify the problems underlying these difficulties, on review of the clinical records. Accordingly we improved the critical path for tuberculosis inpatients. The path included three plans for DOTS (directly observed treatment, short course) conferences, guidance on medication to patients and their families, and necessary documents for discharge. Furthermore, lists of staff assisting patients with medication after discharge were added to the path. This path is expected to facilitate better coordination between our ward and outpatient clinics, and among professionals assisting patients in the community after discharge. Tottori J. Clin. Res. 3(1), 70-75, 2010

Key Words: 結核患者, 退院前クリティカルパス, DOTS カンファレンス, 服薬支援, 標準的な看護; tuberculosis patients, critical path used prior to discharge, DOTS (directly observed treatment, short course) conference, assistance of medication, standardized nursing

#### はじめに

A 病院では 2004 年よりクリティカルパス委

員会が発足すると共に、B 病院においては結核患者クリティカルパス（入院～退院まで）が導