

照顧一位腦中風併有吞嚥障礙病人 之護理經驗

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摘要

本文為一位因左側大腦梗塞接受頸動脈支架置放術之術後個案。住院期間發現因吞嚥困難導致嗰咳與進食障礙，並出現無望感；主要照顧者亦因擔憂後續照護產生焦慮，引發探討動機。於2024年01月17日至2024年01月31日照顧期間，經由觀察、傾聽、身體評估、會談及溝通等技巧收集資料，運用Gordon十一項功能性健康模式進行整體性評估，確立個案有吞嚥障礙、無望感及照顧者角色緊張三項健康問題。透過下巴內縮吞嚥技巧、食物增稠劑及溫度刺激訓練，有效改善進食困難與嗰咳頻率；建立信任關係、引導表達情緒並共同制定照護目標，促進心理調適與治療意願；提供心理支持與照護指導，逐步適應照顧角色。因應高齡化社會中「老老照顧」問題，建議住院初期即啓動整合性照護計畫，結合長照資源與家庭參與，共同擬定返家照護策略，以提升照護品質與家庭韌性。

(精神健康與社區精神醫學期刊 2025;1(2):73-82)

關鍵詞：腦中風、吞嚥障礙、無望感、照顧者角色緊張

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編 碼：JMHCP-2025C-002

Nursing Care Experience for a Patient with Stroke and Dysphagia

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ABSTRACT

This report presents the nursing experience of caring for a postoperative patient who underwent carotid artery stenting for left cerebral infarction. During hospitalization from January 17 to 31, 2024, the patient experienced dysphagia with choking and feeding difficulties, accompanied by a sense of hopelessness. The primary caregiver also developed anxiety about long-term care, which motivated this study. Data were collected through observation, listening, physical assessment, and interviews, and analyzed holistically using Gordon's eleven functional health patterns. Three major health problems were identified: dysphagia, hopelessness, and caregiver role strain. Interventions such as chin-tuck swallowing, food thickeners, and thermal stimulation effectively reduced choking and improved feeding ability. Building trust, facilitating emotional expression, and setting shared care goals enhanced the patient's psychological adjustment and treatment willingness. Providing emotional support and guidance helped the caregiver gradually adapt to the caregiving role. In response to the increasing phenomenon of elder-to-elder caregiving in an aging society, it is recommended that integrated care plans be initiated early during hospitalization, combining long-term care resources and family participation to enhance care quality and family resilience.

(J Ment Health Community Psychiatry 2025;1(2):73-82)

Key words: Stroke, Dysphagia, Hopelessness, Caregiver Role Strain