

Graded Nursing on Negative Emotion and Quality of Life in Patients with Upper Gastrointestinal Bleeding (UGH) Treated by Gastroscopy

Yonghua Wang

Department of Gastroenterology, The Second Affiliated Hospital of Xi'an JiaoTong University, Xi'an 710004, Shaanxi, China

Hongli Zhao

Department of Gastroenterology, The Second Affiliated Hospital of Xi'an JiaoTong University, Xi'an 710004, Shaanxi, China

Qing Fan

Department of Gastroenterology, The Second Affiliated Hospital of Xi'an JiaoTong University, Xi'an 710004, Shaanxi Province, China

Jiaojiao Si

Department of Gastroenterology, The Second Affiliated Hospital of Xi'an JiaoTong University, Xi'an 710004, Shaanxi Province, China

Junxiu Kang

Department of Gastroenterology, The Second Affiliated Hospital of Xi'an JiaoTong University, Xi'an 710004, Shaanxi Province, China

Xiaorong Zhou

Department of Geriatric Surgery, The Second Affiliated Hospital of Xi'an JiaoTong University, Xi'an 710004, Shaanxi Province, China

Hui Yang*

Department of Gastroenterology, The Second Affiliated Hospital of Xi'an JiaoTong University, Xi'an 710004, Shaanxi Province, China

**Corresponding author (E-mail: yanghui6542@163.com)*

Abstract

To investigate the effect of graded care on negative emotion and quality of life in patients with upper gastrointestinal bleeding (UGH) treated with gastroscopy. A total of 60 patients with UGH underwent gastroscopy in our hospital from July 2018 to July 2019. They were divided into two groups according to the random number table method, 30 cases each. The control group received routine nursing intervention, and the observation group combined the graded care on this basis. The SAS, SDS, BRS, SF-36 scores and nursing satisfaction were compared between the two groups. Before treatment, the scores of SAS, SDS, BRS and SF-36 were compared between the two groups ($P>0.05$). After nursing, the SAS and SDS scores of the observation group were lower than those of the control group ($P<0.05$). ($P<0.05$); SF-36 score and nursing satisfaction in the observation group were higher than those in the control group ($P<0.05$). Graded care has a significant effect on gastroscopy treatment of UGH patients, which can effectively alleviate negative emotions, improve patients' quality of life and care satisfaction, and is worthy of application.

Keywords: Upper Gastrointestinal Bleeding, Graded Care, Negative Emotions, Quality of Life

1. Introduction

Upper gastrointestinal hemorrhage (UGH) is a common disease of the digestive department. It is mainly caused by diseases such as stomach, duodenum and esophagus. It is often accompanied by clinical symptoms such as black feces, hematemesis and dizziness. Failure to treat in time will lead to unconsciousness, difficulty breathing, shock, etc., which seriously affect patients' quality of life and life and health [1]. In the past, clinically, the lesions of UGH patients were often examined by gastroscopy and hemostasis treatment was carried out. However, patients often had negative emotions such as fear and anxiety due to the sinister condition, and the degree of cooperation with gastroscopy was low, which affected the therapeutic effect of patients. Related research [2,3] found that graded care is a new type of care, nursing staff will take targeted care according to the patient's critical condition, relieve the negative emotions of patients, and thus improve treatment compliance.

Therefore, the implementation of nursing means is particularly important. The use of nursing means has good feedback on the prognosis of UGH patients. Clinically, graded nursing is one of the newly emerging nursing modes. Targeted nursing is adopted according to the severity of the patient's illness. However, there is no uniform correlation standard for clinical nursing methods. Nurses cannot meet the requirements of clinical nursing when suggested and guided under subjective experience. Therefore, it is necessary to implement clinical graded nursing for the prognosis recovery of UGH patients. Relevant studies [2-3] found that graded nursing is a new type of nursing. The nursing staff take targeted nursing according to the severity of the patient's illness to relieve patients' negative emotions and further improve treatment compliance. Based on this, this article will analyse the effect of graded care on negative emotion and quality of life in patients with UGH treated with gastroscopy, as follows.

2. Materials and Methods

2.1. General Materials

From July 2018 to July 2019, 60 patients with UGH were randomly divided into two groups, 30 in each group. There were 18 males and 12 females in the observation group, aged 23-73 years, mean age (48.30±1.42) years old, bleeding factors: 10 cases of upper gastrointestinal tumorhemorrhage, 12 cases of gastric ulcer bleeding, 8 cases of duodenal ulcer bleeding. There were 17 males and 13 females, aged 24 to 74 years, mean age (48.44±1.35) years old, bleeding factors: 9 cases of upper gastrointestinal tumorhemorrhage, 11 cases of gastric ulcer bleeding, duodenal ulcer bleeding 10 example. The general data of the two groups were compared ($P>0.05$).

2.2. UGH Diagnostic Criteria

UGG was diagnosed by gastroscopy; there were clinical symptoms such as hematemesis and melena in different degrees; there was local tenderness in the left upper part of the upper abdomen or the upper right part of the umbilicus.

2.3. Inclusion of Exclusion Criteria

Inclusion criteria: Upon admission, the examination results showed that there were no complications such as coronary heart disease, diabetes, hypertension, liver and kidney dysfunction, which met the admission criteria and patients were included voluntarily with the informed consent. 1) In line with the "Guidelines for the diagnosis and treatment of acute pulmonary varices upper gastrointestinal bleeding" [4] related to the diagnosis of UGH; 2) Patients with primary disease, and with gastroscopy; 3) No cognitive dysfunction; 4) No diffuse bleeding Situation; 5) Clinical data is complete and agreed to participate in the study.

Exclusion criteria: 1) Patients with mouth, nose and other non-digestive tract bleeding; 2) Heart, lung and other important organ dysfunction, poor treatment tolerance; 3) Suffering from mental illness; 4) Coagulopathy; 5) Patients' own reasons; a history of other complicated diseases; withdrawal or failure in close follow-up in the course of treatment.

2.4. Method

The control group used routine nursing intervention, that is, the medical staff used the gastroscopic technique to check the patient's lesions and took timely hemostasis measures. After the operation, the medical staff strengthened the inspection, monitored the patient's vital signs (blood pressure, heart rate, respiration, body temperature, etc.), gave the patient oral care, morning and evening care and diet exercise care, and guided the patient's medication according to the doctor's advice. Patients are urged to take medicine on time in the ward rounds. At this stage, patients can improve the relevant education knowledge of the disease, exercise rehabilitation and other intervention measures. On the basis of this, the observation group combined the graded care. The medical staff used the Blatchford admission risk score to evaluate the patient's condition, and divided the patients into low-risk group and middle-high-risk group according to the critical degree of the disease, including 12 cases in low-risk group, BRS score < 6 points; 18 cases in the middle and high risk group, BRS score \geq 6 points. Specific care is as follows: (1) Low-risk group: 1) Ward inspection: The medical staff patrols the ward every 2 hours, monitors the vital signs such as blood pressure and heart rate, observes the color of the stool and vomit of the patient, and gives the patient symptomatic if abnormality is found. treatment. 2) Diet, cleansing care: during the rehabilitation of the patient, the medical staff guides the patient to develop good eating habits, such as avoiding alcohol and tobacco, and stimulating food. Moreover, the medical staff regularly cleans the sheets and smashes them, instructs the patients to do personal hygiene cleaning regularly, so that the patient's hospitalization environment is good, and promotes the quality of life such as sleep and diet. 3) Psychological care: UGH patients with clinical symptoms such as melena, hematemesis and adverse reactions after gastroscopic treatment, resulting in depression, pessimism and other negative emotions, resulting in poor

surgical compliance and postoperative care compliance. Medical staff should communicate with patients according to their psychological state, patiently support them with smiles, encouragement, etc., and establish a good doctor-patient relationship with patients. At the same time, the medical staff can explain the gastroscopy technology and past success stories to the patient, or play the patient's favorite music to divert their attention to relieve the negative emotions such as nervousness and anxiety, and improve the treatment compliance. 4) Rehabilitation nursing: According to the postoperative condition of the patient, the medical staff will give the patient a step-by-step rehabilitation exercise, and follow-up after the patient is discharged from the hospital, and follow the patient's corresponding symptoms to guide the patient to promote postoperative recovery. (2) In the middle-high-risk group: In addition to adopting the low-risk group of nursing methods, the following nursing interventions are also needed, such as 1) medical resource priority: because the UGH mortality rate is related to the patient's critical condition, the medical staff should give priority to the high-risk patients. A ward close to the nurse station and a more experienced nurse for nursing work. 2) Peak bleeding monitoring: early 5:00 ~ 6:00 and late 5:00 ~ 12:00 is the peak period of re-bleeding in middle and high-risk patients, so medical staff should strengthen the inspection of patients during this period, pay close attention to patients' life signs, while preparing for rescue items and alertness.

2.5. Observation Indicators

1) Compare the psychological status of the two groups, using the Self-rating Anxiety Scale (SAS) and the Self-Assessment of Depression (SDS) scores, the total score is 80 points, the higher the score, indicating that the patient's negative emotion is more serious. 2) BRS was used to assess the severity of the condition of the two groups of patients. 3) Compare the quality of life of the two groups of patients, using the Quality of Life Rating Scale (SF-36) score, including mental health, cognitive, social, emotional, role and physiological functions and other quality of life factors, a total of 100 points, the higher the score, indicating the better the quality of life of the patient. 4) Comparing the satisfaction of the two groups of patients with nursing work, using the self-made nursing satisfaction questionnaire, the total score is 90 points, the score >80 is satisfactory, 60-80 is basically satisfactory, and <60 is not satisfied. Satisfaction = Satisfaction + Basic Satisfaction. The effectiveness evaluation is divided into four levels: cured, remarkably effective, general and ineffective respectively. The cured level is that relevant symptoms have disappeared after treatment. The remarkably effective level is that relevant symptoms have weakened after treatment. The general level is that relevant symptoms have weakened to some extent after treatment. The ineffective level is that relevant symptoms have not changed or become more serious after treatment.

2.6. Statistical Analysis

The data were analysed by SPSS22.0 software. The measurement data were expressed by ($\bar{x} \pm s$), t test; the count data was expressed by (%), and the chi-square test, $P < 0.05$ was statistically significant.

3. Results

3.1. Comparison of SAS and SDS Scores between the Two Groups

The SAS and SDS scores of the two groups before treatment were compared ($P > 0.05$). The SAS and SDS scores of the two groups were lower after the nursing and the observation group was lower than the control group ($P < 0.05$), as shown in Table 1.

Table 1. Comparison of SAS and SDS scores between the two groups ($\bar{x} \pm s$, min)

Group	n	SAS		SDS	
		Before nursing	After nursing	Before nursing	After nursing
Observation group	30	53.42±5.24	37.54±4.12	55.73±3.42	40.41±2.24
Control group	30	53.37±5.20	42.30±4.72	55.77±3.48	46.00±3.52
t	-	0.037	4.161	0.044	7.338
p	-	0.970	0.000	0.964	0.000

3.2. Comparison of Two Groups of BRS

Before treatment, the number of low-risk patients in the two groups was compared ($P > 0.05$). After nursing, the number of low-risk patients in both groups increased and the observation group was more than the control group ($P < 0.05$), as shown in Table 2.

Table 2. Comparison of two groups of BRS [n (%)]

Group	n	Before nursing		After nursing	
		< 6 Minutes	≥ 6 Minutes	< 6 Minutes	≥ 6 Minutes
Observation group	30	11(36.67)	19(63.33)	28(93.33)	2(6.67)
Control group	30	12(40.00)	18(60.00)	22(73.33)	8(26.67)
χ^2	-	0.234		14.397	
p	-	0.628		0.000	

3.3. Comparison of SF-36 Scores between the Two Groups

The SF-36 scores of the two groups before treatment were compared ($P>0.05$). The SF-36 scores of the two groups were increased after the nursing and the observation group was higher than the control group ($P<0.05$), as shown in Table 3.

Table 3. Comparison of SF-36 scores between the two groups ($\bar{x} \pm s$, min)

Quality of life factor	n	Before nursing				After nursing			
		Observation group	Control group	t	p	Observation group	Control group	t	p
Mental health	30	60.01±3.24	60.08±3.26	0.083	0.933	79.28±3.44	62.24±4.27	17.021	0.000
Cognitive function	30	58.22±2.34	58.19±2.38	0.049	0.960	78.26±4.38	63.47±5.23	11.874	0.000
Social function	30	62.45±2.72	61.46±2.70	1.414	0.162	77.80±3.63	65.21±4.34	12.187	0.000
Emotional function	30	55.24±4.08	55.26±4.10	0.018	0.985	74.39±6.02	61.29±5.94	8.484	0.000
Role function	30	53.38±3.20	53.40±3.18	0.024	0.890	77.00±4.62	65.74±5.92	7.354	0.000
Physiological function	30	61.33±4.07	61.30±4.12	0.028	0.977	77.88±5.02	64.15±6.32	9.317	0.000

3.4. Comparison of Satisfaction between the Two Groups

The patient satisfaction of the observation group was higher than that of the control group ($P<0.05$), as shown in Table 4.

Table 4. Comparison of satisfaction between the two groups [n(%)]

Group	n	Satisfaction	Generally satisfied	Not satisfied	Satisfaction
Observation group	30	22(73.33)	6(20.00)	2(6.67)	28(93.33)
Control group	30	17(56.67)	6(20.00)	7(23.33)	23(76.67)
χ^2	-				10.884
p	-				0.000

3.5. Efficacy Evaluation

The nursing effects of the two groups of patients are shown in Table 1. From the data, it can be seen that the effective number of patients in the observation group was 27, and the effective rate was 90% after calculation; the effective number of patients in the control group was 19, and the effective rate was 63%. The clinical effect of the observation group was obviously better than that of the control group, and statistical analysis showed that there were significant differences between the groups ($P<0.05$).

Table 5. Therapeutic Effect of Two Groups

Group	n	Cured	Remarkably Effective	General	Ineffective	Effective Rate(%)
Observation Group	30	11	7	9	3	90
Control Group	30	7	5	7	11	63

4. Discussion

Gastrointestinal hemorrhage is a kind of common critical and severe disease in the digestive system in clinic. Its manifestations include hematemesis, black stool and other series of diseases. In very serious cases, it manifests as hemorrhagic shock, syncope and so on or even became a great threat to life and health. People's living standard is gradually improving and their living habits are irregular. As a common frequently-occurring disease in clinical digestive internal medicine, the incidence rates of digestive tract diseases show a significant upward trend gradually. The causes of disease are complex and are affected by many factors such as personal bad living habits, and environment [5]. The main related causes of gastrointestinal hemorrhage are complicated (including duodenal ulcer hemorrhage, gastric cancer hemorrhage, Dieulafoy disease hemorrhage, etc.). Once

UGH patients are admitted to hospital, hemostasis measures must be taken in time, and only through reasonable control of certain blood volume can the life of patients be protected from being threatened effectively. Therefore, effective measures should be taken in time to stop bleeding, so as to control the disease better and in time. However, with the gradual change of medical modes and some new understandings of the concept of health, medical treatments are mostly adopted in the clinical treatment of this disease. It has the hemostasis function, but many complications after treatment are likely to prolong the recovery process and lead to poor prognosis, and serious hemorrhage is easy likely to cause ineffective treatment, etc., and then the patient is transferred to the surgical clinic. The best time for treatment is delayed in the process [6-7].

Recently, by improving the medical level continuously, gastroscopy has attracted clinical attention. It has not only improved the positive detection rate of diagnosis of etiology and hemorrhagic focus, but also played a role in treatment. Gastroscopy for UGH has been accepted by more and more people. The subjects were examined through various medical facilities and equipment. According to the examination results, health education is carried out to achieve the purpose of early treatment and disease-free health care. However, gastropathy has a long course of disease and various complications in the hospital treatment stage, and family members lack knowledge about the treatment and rehabilitation of related diseases, which is not very helpful for the treatment and rehabilitation of patients [8]. At the same time, sudden symptoms cannot be judged and treated in time, and the disease condition even further deteriorates or recurs. Therefore, gastroscopy examination requires observation by gastroscopy. However, the disease has a complex etiology and an extensive treatment range. Under the condition of maintaining stable vital signs, emergency gastroscopy examination must be performed on the bleeding site. Relevant studies show that the diagnostic rate for the etiology of the disease by this method is relatively high, reaching more than 80%. Therefore, timely and effective gastroscopy examination for diagnosis of the etiology of UGH is an important link and has an important impact on the outcome of the disease. According to current study, emergency gastroscopy examination and endoscopic therapy for UGH patients have become one of the key diagnosis and treatment schemes in current treatment. One of the first choice of methods for gastroscopy examination for UGH plays an important role in improving the therapeutic effect and prognosis recovery status of patients greatly. The vital signs of most patients with massive hemorrhage are unstable under normal circumstances, and the operation process takes too long. Before gastroscope operation, relevant operation medical personnel should communicate with the patients carefully and give drugs for inhibiting gastrointestinal peristalsis at the pre-operative stage. In the operation process, gas should be sucked out, and the outer sleeve of gastroscope can suck out a large amount of blood clots, food residues and the like completely to keep the operation field clear, which is conducive to reducing the pain degree of secondary gastroscope examination.

Peptic ulcer, superficial ulcer, upper gastrointestinal malignant tumor, signs of varicose veins at the bottom of esophagus and stomach, tear of cardia and acute gastric mucosa diseases are all inducing factors of upper gastrointestinal hemorrhage. Peptic ulcer is the most important factor causing hemorrhage. The morbidity and mortality rate of upper digestive tract hemorrhage is relatively high, accounting for about 10%. Young men account for a relatively high proportion, which may be related to patients' emotional stress, improper diet and drinking, etc. However, varicose veins and hemorrhage at the bottom of esophagus and stomach is liver cirrhosis complicated with gastrointestinal hemorrhage. Acute gastric mucosal disease leads to UGH, which is a drug-induced factor. The patients are mostly the elderly, which is related to taking non-steroidal anti-inflammatory drugs or hormone drugs, and has attracted great attention [9-10]. Therefore, the elderly must observe it closely when taking drugs, and the key to treatment is to stop taking drugs in time. The incidence rate of bleeding caused by malignant tumor is increasing. The time point for diagnosis and treatment of UGH should be controlled within two days after hemorrhage. If the vital signs are stable, emergency gastroscopy examination is required or the bleeding site should be found out in time and the endoscopic hemostasis scheme should be developed in combination with clinical indications to help hemostasis. Due to the lack of stability of vital signs in diagnosis and treatment, it is necessary to shorten the time and give intestinal peristalsis inhibitor before operation. At the same time, the gastric mucosa of the body shall be fully protected and the formation of complications shall be controlled to avoid death. General patients will suffer from fatigue and dizziness with a bleeding volume of about 400ml. However, if the bleeding volume reaches as high as 1,000 ml in a short period of time, it may cause acute massive hemorrhage, death and other serious diseases such as peripheral circulation failure, which will pose a certain threat to life undoubtedly. In addition, a small amount of recurrent bleeding may cause anemia or malnutrition, which not only reduces the quality of life but also affects the daily living standard. Once it is not treated effectively and timely, it is likely to induce massive hemorrhage in the digestive tract, which may lead to severe circulatory failure and reduce the blood volume of the body greatly, hemorrhagic shock and mortal danger. Therefore, timely diagnosis and treatment are needed as a key link to control the disease as soon as possible to reduce the fatality rate. The general measures for clinical treatment of UGH are treatment with drugs first, and then gastroscopy examination after the hemorrhage is stable. The positive detection rate of hemorrhage focus not only decreases but also affects the therapeutic effect.

UGH is a digestive emergency, which has the characteristics of rapid onset, rapid changes in disease, and high mortality. The incidence rate is increasing year by year. In recent years, endoscopy has become more and more mature, and has become the main means of treating UGH. It has the advantages of better hemostasis and high safety [5]. However, gastroscopic technique is an invasive technique. Patients are prone to negative emotions such as fear and anxiety in gastroscopic surgery, which is contrary to treatment and care. Clinical studies have found that graded care can be given to patients with targeted care by assessing the criticality of the patient's condition and improving patient compliance [6]. Based on this, this paper analyzes the effect of graded nursing on negative emotion and quality of life in patients with upper gastrointestinal bleeding (UGH) treated by gastroscopy. The content is as follows.

The results of this study found that after graded care for patients with UGH treated with gastroscopy, the SAS and SDS scores of the observation group were lower than those of the control group, and the low-risk patients of the observation group were more than the control group. Analysis of the reasons can be seen, BRS is a risk evaluation index, when the patient is admitted to the hospital, according to the critical degree of the patient's condition, it is divided into low-risk group and middle-high risk group. Foreign scholars [7] found that the probability of postoperative bleeding in patients with high-risk disease is high, so the medical staff placed the middle-high-risk patients in the ward closer to the nurse station, and arranged for experienced nurses to give targeted care to the patients. It is convenient to timely discover and treat the postoperative bleeding of patients and improve the treatment effect of patients [8]. UGH patients often have negative emotions such as anxiety and depression due to insufficient understanding of UGH disease and gastroscopic surgery. The medical staff should patiently explain the gastroscopic technique and UGH knowledge to the patient according to their psychological state and educational level, and patiently answer questions from patients. Make patients correctly recognize UGH and gastroscopic surgery, eliminate the resistance to treatment, and establish confidence in the fight against UGH disease [9]. At the same time, the medical staff introduces the patient to the previous successful cases, adopts different psychological counseling methods to alleviate the negative emotions such as anxiety, improve the patient's treatment compliance, and thus alleviate the patient's condition. Wang Chunqing [10] and other studies showed that after the intervention, the study group was significantly lower than the control group, and the study group had no anxiety than the control group, which was consistent with the results of this study, further indicating that graded care can improve patients' negative emotions and relieve The patient's condition.

The results of this study found that the SF-36 score and nursing satisfaction of the observation group were higher than those of the control group. Analysis of the reasons can be seen, medical staff to strengthen the ward inspection, regular observation of patients' vital signs and clinical symptoms, etc., to facilitate timely symptomatic treatment of abnormal conditions, improve patient recovery. The time between 5:00~6:00 and 5:00~12:00 is the peak period of high-risk patients. The medical staff should strengthen the monitoring and prepare the rescue items to facilitate the best treatment.[11]. At the same time, the medical staff provides a quiet and comfortable hospitalization environment for patients, and guides patients to avoid smoking and alcohol, so that patients can develop good eating habits, and regularly clean up patients' bed sheets and personal hygiene, avoid postoperative infections, etc. Patient quality of life [12]. Moreover, medical staff give their targeted rehabilitation exercises according to the patient's postoperative condition, patiently answer patient questions, establish a good doctor-patient relationship with patients, and improve postoperative rehabilitation efficiency [13]. In addition, the medical staff calls after the patient is discharged from the hospital for follow-up, according to the patient's postoperative symptoms to give their correct medication guidance, improve the quality of life of patients. Jiang Anqier [14] showed that after the nursing, in the QOL score, the scores of the subjects in the observation group were higher. In terms of the satisfaction degree of the nursing, the subjects in the observation group were more satisfied with the nursing than the control group. This study is consistent with the results of this study, further indicating that graded care can effectively improve patients' quality of life and improve patient care satisfaction.

5. Conclusion

In summary, graded care has a significant effect on patients with UGH treated with gastroscope. Graded care can be used to assess the criticality of patients at the time of admission and give appropriate and effective nursing measures to effectively alleviate negative emotions and improve patients' quality of life and care. Satisfaction is worth applying.

References

- [1] Wang, R. L. (2019) "Effect of Comfortable Nursing Intervention on Stress Response and Hemostasis in Patients with Upper Gastrointestinal Bleeding and Gastroscope", *Practical Journal of Practical Hospital*, 16(3), pp.229-231.
- [2] Gu, F., Xu, X. H., & Song, J. (2017) "Nursing Experience of Emergency Endoscopic Treatment of Digestive Tract

- Tumors and Upper Gastrointestinal Bleeding”, *Journal of Clinical Medicine in Practice*, 21(10), pp.21-23.
- [3] Binnetoğlu, E., Akbal, E., & Sen, H. (2015) “Pantoprazole-induced Thrombocytopenia in Patients with Upper Gastrointestinal Bleeding”, *Platelets*, 26(1), pp.10-12.
- [4] Editorial Board of Chinese Journal of Internal Medicine, Editorial Board of Chinese Journal of Digestion, Editorial Board of Chinese Journal of Digestive Endoscopy. (2012) “Guidelines for the Diagnosis and Treatment of Acute non-variceal Upper Gastrointestinal Bleeding”, *Chinese Journal of Practical Rural Medicine*, 19(24), pp.6-9.
- [5] Yang, Y., & Zhang, W. (2017) “Effect of Targeted Nursing on Cirrhosis with Upper Gastrointestinal Hemorrhage”, *Modern Journal of Digestion & Intervention*, 22(5), pp.716-718.
- [6] Wu, Y., & Wang, S. F. (2013) “Effect of Comfort Nursing Intervention on Psychological Status and Nursing Satisfaction of Patients with Upper Gastrointestinal Hemorrhage”, *Chinese Journal of Modern Nursing*, 19(24), pp.2909-2910.
- [7] Dou, D. X. (2016) “Application of Special Nursing in Patients with Upper Gastrointestinal Hemorrhage”, *Journal of Qilu Nursing*, 22(15) pp.101-102.
- [8] Li, H. (2017) “The Influence of Risk Grading Nursing of Acute upper Gastrointestinal Hemorrhage on the Negative Emotions of Patients”, *China Medicine and Pharmacy*, 7(8), pp.137-140
- [9] Emergency Physicians Branch of Chinese Medical Association. (2015) “Experts’ Consensus on Emergency Diagnosis and Treatment Process of Acute Upper Gastrointestinal Hemorrhage”, *Chinese Journal of Critical Care Medicine*, 35(10), pp.865-873.
- [10] Xie, L., Ai, M., & Shen, W. (2014) “Etiological Analysis and Risk Assessment of 1,329 Cases of Upper gastrointestinal Hemorrhage”, *Chongqing Medicine*, 43(25), pp.3336-3338.
- [11] Yang, Y., & Zhang, W. (2017) “Application Effect of Targeted Nursing on Liver Cirrhosis Complicated with Upper Gastrointestinal Hemorrhage”, *Modern Journal of Digestion & Intervention*, 22(5), pp.716-718.
- [12] Hu, M., Du, J. X., & Chen, X. (2016) “Effect of Timing of Gastroscopic Diagnosis and Treatment on Prognosis of Patients with Liver Cirrhosis Complicated with Upper Gastrointestinal Hemorrhage”, *International Journal of Digestive Diseases*, 36(5), pp.316-319.
- [13] Fujita, M., Manabe, N., Murao, T., Osawa, M., Hirai, S., & Fukushima, S. (2017) “Differences in the Clinical Course of 516 Japanese Patients with Upper Gastrointestinal Bleeding between Weekday and Weekend Admissions”, *Scandinavian Journal of Gastroenterology*, 52(12), pp.1-6.
- [14] Huang, Y. Q., & Fu, Y. Y. (2015) “Relationship between Time and Efficacy of Gastroscopy in Patients with Acute Non-variceal Upper Gastrointestinal Hemorrhage”, *Guangdong Medicine*, 36(5), pp.750-751.