

원 저

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**Development of a Critical Pathway of Bullectomy
for Spontaneous Pneumothorax Patients**

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Abstract

Background: The purpose for this study is to develop a critical pathway of bullectomy for spontaneous pneumothorax patients.

Methods: For this study a conceptual framework of critical pathway was developed through a review of the literature including five critical pathways

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which are currently being used in USA, and opinions of the critical pathway development team members at Y university hospital. In order to identify the service contents required by these patients and to draw up a preliminary critical pathway, 33 cases of medical records of patients who had received bullectomy for spontaneous pneumothorax between September, 2000 to August, 2001 at the Respiratory Center of Y university hospital in Seoul was analyzed.

Results: In order to test the clinical validity of the preliminary critical pathway, it was applied to ten patients who had received bullectomy for spontaneous pneumothorax from October, 2001 to December, 2001. The average discharge day was 4.89th post operation day, six patients discharged on the fourth post operation day which was the expected day, one patients discharged one day earlier than the expected day, one patient discharged three days later than the expected day, and one patient discharged six days later than the expected day.

There were variances between the critical pathway and the actual practice. The variances came from tests, medications, and treatments. One item that showed variance in clinical applications was complemented, and three items were decided not to be corrected for the final determination of the critical pathway.

Conclusion: This critical pathway is applicable to the care of patients with bullectomy for spontaneous pneumothorax, but it needs more clinical applications to grasp varied variances.

Key Words: Critical Pathway, Bullectomy, Spontaneous pneumothorax

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가 가

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(1). 가 가

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2000

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(6)

(2).

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Critical Pathway(

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(3).

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2.

Y

(multi-disciplinary)

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(4,5).

(spontaneous pneumothorax)

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(6,7,8). 1992 1 1994 6 Y

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62

2)

(6).

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(13).

Foote(1992) (12,14,15). Latini & 가 가 가
가 가 가 가 .

, 가 .

. Mosher (1992) 가

(variance) 가 .

. Weilitz & Potter(1993) (16).

5.89 4.34
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13.89
8.81 (17).
50% 5%
. Goode(1995)

가 가 ,

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(6,7,8),
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(19).

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2 :

(6,7).

5 (New England Medical
Center, Grante Medical Center, Evanston Hospital,
Glendale Adventist Medical Center, Johns Hopkins
Hospital) 3

(6).

X

가

6

(4,21,22)

2-3

(20).

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가 , Beyea(1996)가

Johns Hopkins 2000 9 2001 8 Y

53

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Evanston Hosp.(1996)

Glendale Adventist
Medical Center(1996)

Grant Medical
Center(1994)

New England
Medical Center(1988)

Johns Hopkins
Hosp. (1996)

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-		O(31)	O(12)			
(,)		O(33)				
(Packed RBC 3unit & FFP3unit)		O(26)				
Heparine lock		O(33)	O(12)			
E-pump		O(21)				
E-pump		O(33)				
		O(2)0	O(18)	O(6) O(5)	O(1)0 O(12)	O(1) O(4)
			O(33)	→ ()		O(1) O(1)
		O(33)	O(33)			
()		O(33)				
		E-Pump	→ (33)			

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(Packed RBC 3unit
& FFP3unit)

Heparine lock
E-pump
E-pump

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가 5 (15.2%) (3).

2)

(variance recording sheet)

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가 가 (4).

3.

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21 30	13(39.4)	3(9.1)	16(48.5)
31 40	2(6.1)	1(3.0)	3(9.1)
41	1(3.0)	1(3.0)	2(6.1)
	28(84.8)	5(15.2)	33(100.0)

4.

()	(%)
3	1(3.0)
4	12(36.4)
5	6(18.2)
6	3(9.1)
7	4(12.1)
8 10	3(9.1)
11 12	1(3.0)
13 14	2(6.2)
15 17	1(3.0)
	33(100.0)

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((Packed RBC3unit & FFP3unit)

Heparine lock

E-pump

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E-pump

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2001 10 29 12 2

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(Coffy

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et al.,1992).

가

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가 가

(4).

가

23-30

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1996;29(8):910-915

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1994;27(2):128-131

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1990;33(2):206-211

9. Courage S. Case Management: A strategy for resource management. Journal for Healthcare Quality 1997; October 19(5):13-21

10. . Critical Pathway. , 2000

11. Chaplin E, Bailey M, Crosby R, et al. Using quality function deployment to capture the voice of the customer and translate it into the voice of the provider. Joint Commission Journal on Quality Improvement 1999; June 25(6):300-15

12. Flynn AM, Kilgallen ME. Case Management : A multidisciplinary approach to the evaluation of cost and quality standard. Journal of Nursing Care Quality 1993;8(1):58-66

13. Ferguson LE. Steps to developing a critical pathway. Nursing Administration Quarterly 1993; Spr:58-62

14. Mahn VA. Clinical nurse care management :A service line approach. Nursing Management 1993;24(9):48-50

15. Mckenzie CB, Torkelson VG, Holt MA. Care and cost :Nurse care management improves both. Nurse Management 1989;20:30-34

16. Mosher C, et al. Upgrading practice with critical pathway. American Journal of Nursing 1992;Jan.:41-44

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QA 2000;7(1):32-45
4. Beyea SC. Critical pathways for collaborative nursing care. New York, 1996
5. Zander K. Nursing care management : Strategic management of cost and quality outcomes. Journal of Nursing Administration 1988;18(5):

18. QA 1996;3(1):154-176
2mm
2001;34(3):260-263

19. , , .
, 1992

20. .
1997;40(11):1418-1427

21. Gibson T. Critical Pathway ; a critical analysis.
International Journal of Nursing Practice 1996;
2(4):189-193

22. Powell SK. Job stress versus success factors
for case management except from the book,

nursing case management ; a practical guide to
success in managed care. Nursing Case
Management 1996;1(3):125-132

23. . Critical
Pathway .
1996

24. .
Critical Pathway .
, 1998

25. . Critical Pathway
. , 1998

26. Donna DI, Kathy AH. Clinical Pathways for
Collaborative Practice. Philadelphia, 1995