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## **Factors Influencing management effectiveness in patients with a minor Brain Haemorrhage**

**Sofica Bistriceanu**

Academic Medical Unit – CMI, NT, Romania

**Background:** brain haemorrhage usually appears under more pressure on vulnerable blood vessels in the head; time action, procedures' selection for restoring the health, and individuals' interaction style orchestrate the clinical picture of suffering in remission or extension.

**The aim:** reveal the management effectiveness composite in the patient diagnosed with a minor brain haemorrhage in an outpatient setting.

**Material& Method:** qualitative study performed by the author in the community, 2021 - June 2022, relating to the management efficiency in suffering from a minor brain haemorrhage in individuals.

**Findings:** comparative data

**-In winter, 2021,** a patient, 57, experienced a forceful discussion with her partner; headache, HTA noticed shortly. A few hours later, in the upper and lower left, right eyelid, nasal base appeared skin problems: red-purple colour, oedema; headache maintained.

Patient's health history: herniated lumbar disc L4-L5, 2017; HTA, 2017; overweight, 2017-2022.

Patient's family health history: parents: HTA

Actions were taken: the scared patient called her family doctor. The physician's home visit established the diagnosis of minor brain haemorrhage, and hypertension. She recommended the treatment to the hospital, but the patient did not agree with that. The family physician dealt with the situation using drugs, and behaviour change information; the follow-up doctor's visits were scheduled for the first 12 hours at 4 hours each, then at 6 – 8 to 12 hours. The doctor advised the patient's family members to be more attentive in interaction with the patient; kind words, generosity, and peaceful dealings were required. Bed rest, stable air energy, and light therapy improved the disease's evolution.

**Results:** After three days the skin lesions were well recuperated, and the headache disappeared.

**-In winter 2022,** a patient, 52, after a violent discussion with her business partners presented a headache. The next day, in the morning she observed in the upper and lower right eyelid skin problems: red-purple colour, oedema; headache was maintained.

Patient health history: hysterectomy: 2017; hypertension, 2018; divorced patient, 2019.

Patient family health history: mother, brothers: type 2 diabetes, hypertension; father: hypertension.

Actions were taken: the patient called her family physician; a minor brain haemorrhage was registered by the doctor, and she recommended the treatment in the hospital. The patient did not agree with that; in addition, she did not consider the bed rest benefit for the disease evolution, as she was advised by the physician; the patient decided to continue to work daily, taking

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only the drugs. The doctor managed the situation using IT technology, drugs, communication skills, and behaviour change information.

**Results:** After 17 days the patient's skin lesions were reduced in the upper and lower right eyelid. The follow-up doctor's visits continued as e-visits twice monthly. In May 2022, the doctor's home visit brought to light minimally modified skin colour in the upper and lower right and left eyelids. The patient mentioned that in those areas, the modified skin colour reappears in trouble time with fatigue return.

**Conclusion:** patient's acceptance of a health improvement plan is essential for successful therapy. Physician communication skills may improve, making easy-going on the route for collaboration; kind words, friendly attitude, empathy, compassion, and quiet flowing of information facilitate the patient's adherence to the therapy.

**Discussion/Implications:** Job responsibility is not a top priority in times of altered health. A minor brain haemorrhage without proper control can progress to a moderate or severe disorder, altering life quality, implying palliative care with additional cost.

The best management of a minor brain haemorrhage means paying attention to all factors composing it, including drugs, behaviour change, and communication skills; words, air energy, light therapy, bed rest, and emotional support have to be counted. Each therapeutic plan constructed upon the medical history and adjusted to the patient's particular environment leads to the desired outcomes.

People interact with individuals from many industries, and their unsafe communication can be the point start of disorders in vulnerable people. Interest in improving professionalism in all industries is required; educational programs are necessary.

## Biography

Sofica Bistriceanu studied in Romania at the 'Gr. T. Popa' Iasi University, and graduated as MD in 1984, research in family medicine, Maastricht University, 2000, Ph.D. in 2009, Iasi, at the same institution. She joined the European, American, Asian Primary Care Research Group, American Academy on Communication in Healthcare, APTR, IHI, NICHQ, EPCCS, EURACT, WONCA Meetings. She is a member of Academy for Professionalism in Health Care. Dr Sofica Bistriceanu is the author of more than 70 research studies shared abroad and received awards for some of them. She is a member of The Journal of Patient Experience (JPX) Editorial Review Board. Dr. Sofica Bistriceanu is the representative of the Academic Medical Unit located in NT, ROU. She is the author of seven volumes of poems published by Chronica Iasi Publishing House, and Time, Iasi Publishing House

bistriss@hotmail.com