Nursery Science and Conventions

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Abstract

A great proportion of medical science needs high-quality nursery and technical assistance. Nursery science is pervasive across all medical disciplines. Nonetheless, the distribution and education of nursery science is under-performed worldwide. The quality and diversity of nursing services and technical support can be improved from medical science advances, propaganda, economic optimizing, clinical validation and updates. Patient's nursery service plays key roles in modern hospitals. To promote these kinds of medical and technical work, new nursery systems must be implemented for quality promotion and disease treatments. Patient's nursery service plays key roles in modern hospitals. To promote these kinds of medical and technical work, new nursery systems must be implemented for quality promotion and disease treatments. This article addresses medical promotion of a number of nursery sciences and effective projects—including college education, talent recruits, personal training, medical knowledge advances, distribution, convention evolution, clinical requirements, technical innovation and most important (financial supports and status improvements).

Keywords: Healthcare; Nursing; Medical service; Modern technology; Education; Personalized medicine; Obesity; Psycho-analysis

Abbreviations: BMI: Body Mass Index.

Introduction

Historic Overview

Today, medical science developments continue to progress. Their treatment processes are not defined in operation-room (surgery) and drug utility (chemical, herbal or bioagents) [1]. Getting better in the bedside and nursery demand new generation of medical services (surgery, drug, nutrition and instruments) and nursery service (physical or spiritual assistance) [1-4]. Healthcare improvements remain to greatly improve with and without huge financial supports [5-13]. A great deal of chronic or dying patient in a general hospital can be better served by program of both doctors and nursing [14-17]. Rapid progress of nursery service receives health-care reward and patient recognition.

Current Progress

Medical care and nursing advances help patient's recovery and disease controls in the clinic. The medical significance of the quality improvements of medical healthcare and nursing activity is notable [1-10]. Nursery science and activity continue to progress in a rapid manner [10-12]. Many medical knowledge advances will certainly translate into new form in the bedside. Following methodology is useful means to teach all nurses.
Methods

General Methodology in Different Medical Discipline

There is no nursery knowledge that can be applied on every medical discipline. However, it suggests that knowledge spread should target different biomedical disciplines as much as possible [16]. (Table 1) and Table 2 show a glimpse of major skills that nurses in every discipline should be familiar with and get acquaintance onto [13-18] (Tables 1 & 2).

<table>
<thead>
<tr>
<th>Disease types</th>
<th>Major targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>Body temperature, isolation, vaccination and drug uses</td>
</tr>
<tr>
<td>Obstetric</td>
<td>Child, mother, human fertility, fetus observation</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>Excitement, agitation, cognitive, depression, excite</td>
</tr>
<tr>
<td>Oncology</td>
<td>Surgery, drugs and emergency</td>
</tr>
<tr>
<td>Metabolic disease</td>
<td>Obesity, nutrients, drug and life-style</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>Immobile and osteoporosis</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Blood pressure, electrocardiography and angiography</td>
</tr>
<tr>
<td>Handicaps</td>
<td>Limb/foot, blind, deaf and speechless</td>
</tr>
<tr>
<td>Pediatric</td>
<td>Helping-hands for the children</td>
</tr>
<tr>
<td>Gastro-intestinal</td>
<td>Bleed and digests</td>
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</tbody>
</table>

Table 1: A general picture of nursery services for major diseases.

<table>
<thead>
<tr>
<th>Major disciplines</th>
<th>Technical catalog</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery and anesthesia</td>
<td>Local or whole-body</td>
<td>Individual conditions</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>Cognitive, behavior and emotional</td>
<td>Suicidal risk and custody</td>
</tr>
<tr>
<td>Emergency</td>
<td>Blood, respiratory and life indicates</td>
<td>Testing and support</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Efficacy and toxicity monitors</td>
<td>Careful observation</td>
</tr>
<tr>
<td>Nursery</td>
<td>Different medical disciplines</td>
<td>Physical and spiritual</td>
</tr>
<tr>
<td>Patient condition</td>
<td>Gender and ages</td>
<td>Emphasize for categories</td>
</tr>
</tbody>
</table>

Table 2: Medical service from technical and health-care requirements.

System Establishments

It is not difficult to see the capability promotion of nurses can improve patient’s health care. System developments for nursery should not be neglected in most hospitals. Hospitals provide nursery services according to their capability and interests. Excellent health care services and nurses should be targeted to most patients and proper nurses. As a result, individualized nursing systems should be established in the upcoming decades and more hospitals.

Major parts of nursery education

- Nursery recruitment (different backgrounds and gender).
- Early training (every details of hospital convention).
- Basic skill familiar (patient feeding and supports).
- Pharmacology (therapeutic outcome observation).
- Drug side-effects (check-out therapeutic toxicity and mistake).
- Assistance for doctor.

- Diagnosis assistance (blood or urine tests).
- Nutrition knowledge (maintaining the health of patients).
- Communication skills.
- Patient’s psychiatric-index and condition (cognitive, behavior and emotions).

Pharmacological Knowledge

Currently, different personalized medicines are gearing up in more global hospitals [18-24]. Entering into this millennium, technical, drug developments, clinical pharmacology, toxicology and education for nurses increase dramatically. Since the patho-physiological conditions are different from patient to patient. The different patho- physiological conditions, like body mass index (BMI), patient age, size and height, comorbidity, and other complications need different healthcare services and medical disciplines [25-28]. Doctors are often not able to guide all these different services, especially drug toxicology and monitor. Cost balance between doctors’ diagnosis/prescription and patients’ nursing activity to
individual patients will be future avenues. Otherwise, nurses will also report some treatment mistakes from doctors to higher regulatory levels and network—including drug toxicology and therapeutic failures [29].

**Patient Emotion Control**

Patients are often anxious, agitated, excited, or depressed by the agony of disease progress or relieving while treatment outcomes are different from their expectation. Patient's psychiatric condition is often not stable. Careful spiritual supports can change the course of disease recovery [11]. We must keep in mind for this kind of medical services and make it a therapeutic routine.

**Diversity of Nursery Work**

A great different functionality in the hospitals is performed by nurses (Table 3). In order to do so, nurses are required to do a lot of different activity and services. They need to have this mindset before they are entered into hospitals and healthcare center.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor assistance</td>
<td>Surgery, drug distribution, communication with family</td>
</tr>
<tr>
<td>Patient assistance</td>
<td>Drug administration, function recovery</td>
</tr>
<tr>
<td>Basic diagnosis</td>
<td>Blood glucose level or other test, urine test, temperature</td>
</tr>
<tr>
<td>Basic administration</td>
<td>Hospital function, data record, room cleaning</td>
</tr>
</tbody>
</table>

Table 3: Categories of nursery service.

**Future Directions**

**Joint Efforts**

Therapeutics in the future is no longer a decision-making by doctors only [30,31]. Many technical or assistance forces (including patients themselves) will take part of medical practice—including pharmacologists, pathologists, biochemical technologists, nurses, mathematicians and patient's family members. Without the assistance of these experts and family members, clinical doctors will be narrow-minded and difficult to execute best therapeutics for all patients. This modern trend is unavoidable and eventually improving globally.

**Targets for Different Disease Categories and Pharmacology**

In summary, different types of nursery play key roles in different clinical trials and circumstances, especially chronic diseases, such as viral infection [32-35], mental diseases [36-39], bone disorders [40-43], metabolic diseases [44-49], cancer metastasis treatments [50-57] and multi-targeted drugs [58]. After all, nursery should be familiar with all these knowledge of medical disciplines and execute their service in good details.

**Conclusion**

Patient's nursery service plays key roles in modern hospitals. To promote these kinds of medical and technical work, new nursery systems must be implemented for quality promotion and disease treatments. After all, nursery activities should be more emphasized for all medical disciplines and patient treatments. No matter what kind of efforts we shall do, they are very useful in patient treatment and recovery after all.

**References**


