

Akut zehirlenme olgusunda, hekim ilk müdahale olarak neler yapması gerektiğini çok iyi bilmelidir. Tedavi olay yerinde başlamalı, acil serviste devam etmeli ve gerektiğinde müdahaleler yoğun bakım ünitesinde sürdürülmelidir. Zehirlenme olguları acil servislere farklı ağırlıkta klinik tablolarla başvurabileceği gibi başvuru anında herhangi bir bulgu da saptanmayabilir. Gelişinde asemptomatik olan bir zehirlenme olgusunun letal dozda toksik maddeye maruz kalmış olabileceği hatırdan çıkarılmamalıdır. Tedavi sürecinde, hızlı ve etkin müdahale ile hastayı hayatta tutmak mümkün olacaktır. Zehirlenen hastaya müdahale eden sağlık personeli, çapraz bulaşmaya yönelik gerekli önlemleri de bilmeli ve uygulamalıdır. Çalışanların güvende olması, acil servisin diğer hastalarına gerekli hizmeti kesintisiz vermeye devam etmesini ve onların da güvende olmasını sağlayacaktır.¹⁻⁶

➤ Asemptomatik Olgunun Değerlendirilmesi

Klinik tablonun ağırlığı değerlendirilmeli, asemptomatik ya da hafif semptomlu olgular dahi en az 4-6 saat acil serviste gözlem altında tutulmalıdır. Asemptomatik olgularda daha uzun süreli gözlemi gerektiren durumlar ise:

- ▶ Sürekli salınımlı preparatların
- ▶ Gastrointestinal motiliteyi yavaşlatan ilaçların ya da
- ▶ Geç başlangıçlı semptomlara yol açan maddelerin (örn: parasetamol, klonidin, hepatotoksik mantarlar) yüksek doz alımları şeklindedir.⁷⁻⁸

➤ Semptomatik Olgunun Değerlendirilmesi ve Komplikasyonların Yönetimi

Tüm zehirlenme şekillerinde izlenmesi gereken tedavi aşamaları şunlardır:

1. Zehirin yol açtığı semptomların düzeltilmesi ve hayati fonksiyonların devamını sağlayacak tedavilerin uygulanması (destek tedavi)

lemlerdir. Hastadan mümkün olan en fazla miktarda toksini uzaklaştırmak, ancak hastayı hayatta tutma hedefine hizmet ediyorsa faydalıdır. Acil müdahale öncesinde ve sırasında mide içeriği, kan, idrar gibi biyolojik örneklerin alınarak toksikolojik analize gönderilmesi hem medikal hem de adli yönden son derece önemlidir. Gözlem süresi ise, alınan ilacın yarı ömrüne, miktarına, formülasyonuna, semptom ve bulguların devamına bağlıdır.

Erişkin zehirlenmelerinin büyük çoğunluğunun istemli olduğu göz önünde bulundurularak, taburculuk öncesi mutlaka psikiyatri konsültasyonu yapılmalı ve hasta özkıyım düşüncesi yönünden değerlendirilmelidir. Gerekli sosyal desteği olmayan hastaların da taburcu edilmesi risklidir.

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