

POST KARDİYAK ARREST BAKIM

37. BÖLÜM

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1.Giriş

Kardiyak arrest gelişen hastalarda uygulanan kardiyopulmoner resusitasyon (KPR)'nin temel amacı, spontan dolaşım geri dönüşümü (SDGD)'nü sağlamaktır. Resüsitasyondaki çeşitli ilerlemelere rağmen SDGD alındıktan sonra taburcu edilen hastaların oranı oldukça düşüktür (1). SDGD, kardiyak arrestten sonra derlenme ilk aşamasıdır. Kardiyak arrest sonrası; post-kardiyak arrest sendromu, miyokard disfonksiyonu, beyin hasarı ve sistemik iskemi / reperfüzyon yanıtına bağlı hasar resüsitasyondan sonraki dönemi karmaşık hale getirmektedir (2). Bakım dönemi boyunca post-kardiyak arrest sendromunun şiddeti ve arrestin nedenine bağlı olarak pek çok hastada organlara yönelik destek tedavisi gerekebilmektedir. Böylece nörolojik iyileşme ve sağkalım oranı hakkında fikir edinilmiş olur (3-9). Post kardiyak arrest sendromunun azaltılması ve sağ kalım oranını arttırmak için çeşitli stratejiler geliştirilmiştir (10). Kardiyak arrest nedeninin belirlenmesi ve tedavisi, hemodinami takibi, hava yolu ve havalandırma yönetimi, sedasyon, nöbet takibi, kan glukoz takibi, sıcaklık yönetimi, prognoz ve rehabilitasyon takibi bu stratejilerdendir (1).

2.Kardiyak arrest nedeninin tanımlanması

SDGD sağlandıktan sonra, kardiyak arrestte yol açan nedenler tespit edilip erken tedavi edilmelidir. Dikkatli, detaylı ve titiz bir fizik muayene, bu nedenlerin hızla belirlenmesine yardımcı olacaktır. Bu nedenlerden bazıları geri döndürülebilir nedenler olup erkenden tedavi edilmelidir. Bunlar kısaca 5H (hipovolemi, hipoksi, hipotermi, hipo/hiper kalem, hidrojen) ve 5T (toksin, tromboz kardiyak, tromboz pulmoner, tamponad, tansiyon pnomotoraks) şeklinde pratikleştirilmiştir (1).

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