

# KRİTİK HASTADA BESLENME

## 39. BÖLÜM

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### 1.Giriş

Yoğun bakımda tedavi edilen hastalarda oral alım bozukluğu olmasından dolayı %50' ye varan oranlarda yetersiz beslenme görülmektedir (1). Bu yüzden mikro ve makro besinler bu hastalarda organ-doku işlev yeterliliğinin sürdürülmesi, yara iyileşmesi, katabolik-anabolik dengenin idamesi ve bütün bunlarla ilişkili olarak vücut kitlesinin sürdürülmesi için önemlidir. Metabolik süreçteki bir dengesizlik üriner nitrojen atılımı ve dinlenim enerji tüketiminde artışa yol açarak endokrin ve inflamatuvar yanıtla karakterize katabolik süreci aktive etmektedir ve artan katabolik süreç protein ve enerji eksikliğine yol açmak suretiyle günde 1 kilograma varan yağ-dışı vücut kitlesi kaybına neden olabilmektedir (2). Bu kayıp hastalarda artmış mortalite, morbidite, uzamış mekanik ventilasyon ve hastanede kalış süresiyle ilişkilidir. Yoğun bakımdaki yetişkin hastalara başlanan nutrisyonel destekteki amaç; bu katabolik dengeyi kırarak aşırı beslenmeye sebebiyet vermeden yeterli miktarda verilen mikro ve makro besinle enerji ve protein eksikliğini azaltmak, strese metabolik yanıtı hafifletmek, oksidatif hücresel hasarı azaltmak, uygun immün yanıtın oluşmasına katkıda bulunmak ve barsak bütünlüğünü muhafaza etmektir (3). Bu amaçla hastalara enteral ve/veya parenteral beslenme seçenekleri sunulur. Başta Amerikan (ASPEN) ve Avrupa (ESPEN) parenteral ve Enteral Beslenme Dernekleri olmak üzere bir çok kurum ve kuruluş düzenli aralıklarla hekimlere yol gösterecek kılavuzlar yayınlamaktadır (4, 5). Bu bölümde kritik yoğun bakım hastasında beslenmenin önemi, öncelikleri, etkileri ve çeşitleri üzerinde durulacaktır.

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