

ANEMİDE TRANSFÜZYON ENDİKASYONLARI

38. BÖLÜM

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Giriş

Son birkaç dekad boyunca, kırmızı kan hücrelerinin transfüzyon kararı “10/30 kuralı” na dayanıyordu. Transfüzyon ile amaçlanan kan hemogloblin konsantrasyonunu 10 g/dL’ nin üzerinde ve hematokrit de yüzde 30’ un üzerinde tutmaktı (1). Ancak, seksenli yıllarda kan yoluyla patojenlerin bulaşması ve maliyet kontrol çabalarına ilişkin endişeler kan transfüzyon pratiğinin yeniden düzenlenmesini gerektirdi. Amerika Birleşik Devletleri’nde 1988 Ulusal Sağlık Enstitüleri Perioperatif Kırmızı Kan Hücreleri Transfüzyon Komitesi tarafından, eritrosit tedavisi endikasyonu olarak tek bir kriterin kullanılmaması, hastanın klinik durumu ve doku oksijen ihtiyacı ile ilgili faktörlerin de göz önünde bulundurulması tavsiye edildi (2).

Sonraki 30 yıl boyunca, birçok kılavuzun yayınlanmasıyla sonuçlanan geniş bir klinik kanıt grubu oluşturuldu. Bu kılavuzların değindiği ortak konu farklı klinik durumlara göre eritrosit transfüzyonu yaparken anemiyi tedavi etmenin yanı sıra gereksiz transfüzyondan kaçınma, ilişkili maliyetleri ve potansiyel transfüzyon zararını dengelemek oldu.

Kan transfüzyonu uygulamaları randomize çalışmalarda değerlendirildiğinden, klinik araştırma verilerini giderek daha fazla vurgulayabiliyoruz, çünkü bu veriler transfüzyon kararlarına rehberlik edecek en iyi kanıtı sağlar.

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- Stabil, asemptomatik bir hastada, ne zaman transfüze edileceği bilinmemekle birlikte, hastanın semptomlarını ve altta yatan durumu değerlendirmeye dayalı olarak daha yüksek bir hemoglobin düzeyi koruma eğilimindeyiz.
- Masif transfüzyon gerektiren hastalar (örn. Travma veya devam eden kanama gibi) genellikle hemoglobin eşikleri kullanılarak tedavi edilemez.
- Kronik transfüzyona bağımlı anemi

Transfüzyon palyatif ortamda uygun olabilir. Bazı darülaceze programları rahatlık ve semptomların giderilmesi için kan transfüzyonu sağlar.

Bir seferde bir birim eritrosit transfüzyonu hemodinamik olarak stabil hastalar için makuldür. Transfüzyondan hemen sonra semptomların değerlendirilmesi, post-transfüzyon 15 dakika sonra da hemoglobin kontrolü bu hastalar için uygundur.

Hastane genelinde hasta kan yönetimi programları transfüzyon uygulamalarına rehberlik etme ve gereksiz transfüzyonları azaltmada

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