Bölüm
1

PARENTERAL BESLENME

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GİRİŞ

Beslenme, hastane yatışlarında her hasta için sağlanması gereken önemli bir tedavi birleşenidir. Beslenmenin sağlanmasında öncelikli yol olarak besinleri ağızdan alınması önerilmektedir. Bunun mümkün olmadığı durumlarda ise mide veya bağırsağa yerleştirilecek yardımcı tüpler sayesinde hastanın beslenmesi sağlanabilir. Bu yolların da kullanımı mümkün olmadığı hastalarda ise parenteral beslenmeye geçilmesi gerekmektedir. Parenteral beslenme ise hastaların büyük veya küçük toplardamarları kullanılır. Bu damarlara yerleştirilecek kanüllerle toplardamarlara ulaşım sağlanır. Damar yolundan verilecek besin maddeleri sayesinde hastanın ihtiyaç duyduğu enerji, protein, yağ, vitamin ve mineraller sağlanır (1).

1. ENDİKASYONLAR (HANGİ DURUMLARDA KULLANILIR?)

Beslenme desteğine başlamak için hastalar çeşitli risk skorlama (NRS-2002: Nütrisyonel Risk Tarama-2002, NUTRIC Score: Nütrisyonel Risk Skorlama Sistemi) yöntemleri ile değerlendirilir (2,3). 2015' de Avrupa Klinik Beslenme ve Metabolizma Derneği (ESPEN); vücut kitle indeksi 18,5 kg/m^2'nin altında olan, 3 ayda %5' den daha fazla kilo kaybının olması ve 70 yaşından büyüklerin vücut kitle indeksinin %20 veya %22' den daha düşük olmasının beslenme yetersizliği olarak belirlemişlerdir (4). Bu değerlendirmeler sonucunda kişilere beslenme desteği başlanmaktadır. Bu destekte öncelikli olarak ağız yoluyla alınabilecek besinler tercih edilir. Hasta eğer ağız yoluyla besin alamıyor ve bağırsak sistemi kullanılamayacak durumdaysa hastalar parenteral beslenme desteğinde bulunulabilir. Bağırsakların yeterince çalışmayıp parenetral beslenme desteğine ihtiyaç duyulabilecek durumlar tablo 1' de özetlenmiştir (5-7).

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