

BÖLÜM 53

Akut Radyasyon Sendromunda Hemşirelik Bakımı



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GİRİŞ

Radyolojik veya nükleer kazalarda ya da kanser tedavilerinin bir parçası olarak radyasyon alan hastalarda akut olarak ortaya çıkan belirti ve semptomlar akut radyasyon sendromu (ARS) olarak adlandırılmakta olup, bu hastalarda acil tanı ile birlikte medikal ve cerrahi kondisyonların acil tedavisi gerekmektedir. Maruz kalınan radyasyonun dozu otomatik biyodozimetre ve klinik öykü, semptomların zamanı gibi çeşitli klinik parametreler ile çok parametrelili biyokimyasal testler kullanılarak tahmin edilebilmektedir (1, 2). Akut, yüksek dozlu radyasyon maruziyeti genellikle çoklu organ yetmezliği gibi yönetilmektedir (3). **Bu nedenle ARS’de hemşirelik bakımı da çoklu organ yetmezliğindeki hemşirelik yönetimine benzemektedir.**

ARS uzun bir zamandan beri radyasyon tıbbının önemli bir parçası olmuştur. İnsanlar ve hayvanlarda radyasyon duyarlılığı konusunda mevcut veriler, ARS ile ilişkili semptomların daha kesin bir

şekilde tanımlanmasını sağlamakta ve ARS’nin yönetiminde yardımcı olmaktadır. ARS’de kullanılan ‘yüksek maruziyet’ terimi, >1 Gray (Gy)’lik radyasyon dozu olarak tanımlanmaktadır. Fizyolojik bakış açısıyla ARS bir alt sendromlar toplamıdır. Bu alt sendromlar evreler halinde görünür ve alınan radyasyon düzeyi ile doğrudan ilişkilidir. ARS’nin subklinik üç alt sendromu bulunmaktadır: 1-8 Gy arası hematopoetik sendrom, 6-20 Gy arası gastrointestinal sendrom ve 20-50 Gy arası nörovas-küler sendrom belirti ve semptomları ortaya çıkar. Bu bölümde ARS’nin değerlendirilmesi ve yönetimi ile birlikte ARS’de hemşirelik bakımı konularına yer verilmektedir.

AKUT RADYASYON SENDROMU

Radyasyon maruziyeti, sızdırmaz bir radyasyon kaynağından gelen dış maruziyet şeklinde olabileceği gibi radyonüklitlerin vücuda alınması sonucu iç maruziyet olarak da meydana gelebilmektedir. Akut radyasyon sendromu (ARS) veya akut rad-

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