30 TRAVMALI HASTADA ANESTEZİ

Dr. Cevdet YARDIMCI

Bir doku veya organın yapısını, biçimini bozan ve dıştan mekanik bir tepki sonucu oluşan yerel yara, örselenme olarak tanımlanan travma acil servise başvuran hastaların yaklaşık %3-16,5 kadarını oluşturur. Bunlar da motorlu araç kazaları, darp, delici/kesici alet yaralanmaları, ateşli silah yaralanmaları ve düşmeler şeklinde meydana gelebilmektedir.[1] Travma durumu anestezistler açısından özel yaklaşım gerektiren ölümcül olabilen acil bir durumdur. Acil travma durumlarında hastanın genetik anormalliğinin olup olmadığı, daha önce kronik hastalığının olup olmadığı, allerjisi var mı, kullandığı ilaçlar hakkında bilgi kısıtlıdır. Hastanın multipl hasarları ve bunlara farklı pozisyonlarda müdahale gerektiren durumu mevcut olabilir. Bunlar arasında zor havayolu yanında, tansiyon pnömotoraks ve kardiyak tamponad gibi durumlar sayılabilir. Ayrıca hastanın midesinin dolu olma ve servikal vertebra hasarı ihtimali yüksektir.[2]

TRAVMALI HASTADA HAVAYOLU YÖNETİMİ

Travmalı hastada, maksillo-fasiyal kırık, yanık, boyunda künt veya delici yaralanma, laringeal yaralanma, trakeaya bası, servikal vertebrada instabilite, boyun ve yüzde yanık nedeniyle havayolunda ödem gelişiminden dolayı zor havayolu gelişmiş olabilir veya daha önceden var olan zor havayolunu daha da kötüleştirebilir. Hastada bilinç kapalılığı gelişmişse dil kaslarının tonus kaybı nedeniyle dil farinkse doğru kayarak üst havayolunu tıkayabilir.

Hastada havayolu tıkanıklığı, hipoventilasyon (ilave oksijen tedavisine rağmen $SaO_2 \leq 90$), ciddi bilinç bozukluğu (Glasgow Coma Scale (GCS) Score ≤ 8), ciddi hemorajik şok ve kardiyak arrest halinde endotrakeal entübasyon endikasyonu vardır. [3]

Mümkün olan hastalarda, servikal vertebraların stabilizasyonu sağlanıp, krikoid kıkırdağa baskı uygulayarak (tok veya açlık süresi bilinmeyen hastalarda), ve hızlı seri indüksiyon yöntemi (RSI: Rapid sequence induction) kullanılarak akciğere as-

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