BÖLÜM 24

Beslenme

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GİRİŞ

Son 10-15 yılda yoğun bakım ünitelerinde endotrakeal tüp kullanmadan solunumsal destek sağlamayı olanaklı hale getiren invaziv olmayan mekanik ventilasyon (NİMV) uygulamaları dramatik olarak artış göstermiştir (1).

Non invaziv mekanik ventilasyonun özellikle kronik tıkayıcı akciğer hastalığı veya akut kardiyojenik akciğer ödemli hastalarda sağ kalımı azalttığı kanıtlanmıştır (2-3).

Non invaziv mekanik ventilasyon ihtiyacı gösteren hastalar genel olarak kronik tıkayıcı akciğer hastalığı (KOAH)'lı hastalardır. Bunun yanında nöromuskuler sisteme ait hastalıklara sahip, yutma refleksleri korunmuş ve bilinçli hastalar da NİMV adayı olabilirler. NİMV için uygun hastaların kimler olduğuna bakıldığında hipoksik, hiperkapnik veya miks tip solunum yetersizliğine bağlı dispneik, solunum kas güçsüzlüğünün fiziksel belirtilerini gösteren, takipneik, hemodinamik açıdan stabil, hava yolunu koruyabilen sekresyon problemleri olmayan, NİMV kullanımını kabul eden hasta profili sergilemeleri nedeniyle beslenme açısından nispeten işimizin daha kolay olacağı gibi bir izlenim doğmaktadır. Ama son dönemde hastanelerdeki nütrisyon araştırmaları özellikle yoğun bakımdaki hastaların %40-50'sinin orta düzeyde beslenme yetersizliğinin olduğunu belirtmektedir. Beslenme desteği mekanik ventilasyondaki hastaların enerji gereksinimlerini karşılayabilmek ve mekanik ventilasyondan ayırma dönemindeki kas kuvvetini güçlendirmek ve devam ettirmek için önemlidir.

Burada malnütrisyon ve undernütrisyon kavramlarını tariflemek gerekir. Undernütrisyon kavramı genel olarak yetersiz beslenme durumunu tariflemek için kullanılır. İleride bahsedeceğimiz beslenme yetersizliği terimi 'undernütrisyon' kavramını işaret etmektedir. Malnütrisyon ise özellikli besin ögelerinin yetersizliklerinden veya besinlerin uygun olmayan kombinasyonlarından ya da oranlarından kaynaklanan kötü beslenme durumudur. Malnütrisyon kavramı 'overnütrisyon' (aşırı beslenme) ve 'undernütrisyon' (yetersiz beslenme) kavramlarını da içine almaktadır (4).

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