GİRİŞ

KPR gerçekleştirilirken arreste neden olan geri dönüşü olası etmenler mümkün olan en kısa sürede ve en iyi şekilde tedavi edilmelidir. Geri dönüşü olan kardiyak arrest nedenleri 4H-4T kısaltması başlıkları altında toplanmıştır. **4H** içerisinde **H**ipoksi, **H**ipo/hiperkalemi ve diğer elektrolit bozuklukları, **H**ipo/Hipertermi ve **H**ipovolemi yer almaktadır. Ayrıca bu bölümde hipovolemiye neden olan anafilaksi ve travmatik kardiyak arrest de ele alınacaktır.

4H

HİPOKSİ

Vücut içinde veya dışında herhangi bir yerde oksijen basıncının azalması, doku ve organların yetersiz oksijenlenmesi ya da hücre fonksiyonları için yetersiz oksijen sağlanması veya vital organlara oksijen sunumunun azalması olarak tanımlanan, geniş anlamları olan hipoksi hastaların medikal durumunda ciddi değişikliğe neden olur. Yükseklik hastalığında olduğu gibi atmosferdeki oksijen eksikliği ya da akciğerlere ulaşan oksijenin çeşitli sebeplere bağlı yetersiz olması (örn: obstrüksiyon), akciğerlerin yeterli ventilasyonuna müdahale eden akciğer hastalıkları, anemi veya dolaşım yetersizliği, dokulara oksijen taşınması ve sunumunda yetmezlik, kılcal damarlar ve dokular arasındaki oksijen ve karbon dioksit değişimini bozan dokuların ödemi, solunum merkezini etkileyen durumlar, sinir kas hastalıkları ve diğer pek çok anormal durum hipoksiye neden olabilir. Saf hipoksemi nedeniyle kardiyak arrest nadirdir. Sıklıkla, kardiyak arrest asfiksinin (vücudun oksijenden yoksun kalması) bir sonucu olarak görülür ve kardiyak arrestin kardiyak olmayan nedenlerinin çoğundan sorumludur (1).

Asfiksiyal Kardiyak Arrest Nedenleri

- Hava yolu obstrüksiyonu (yumuşak dokular -koma, laringospazm, aspirasyon)
- Anemi
- Astım
- Çığ altında kalma
- Santral hipoventilasyon - beyin veya spinal kord hasarı
- KOAH
- Boğulma
- Asılma
- Yüksek irtifa
- Nöromüsküler hastalık nedeniyle alveolar ventilasyon bozukluğu

Karbon monoksit: Karbon monoksit (KO) zehirlenmesi ile ABD'de her yıl 25000 olgu hastaneye kabul edilmektedir (102). KO düzeyleri ile başlangıç semptomları veya geç sonuçlar ilişkili değildir.Tedavide mümkün olur olmaz oksijen verilmelidir. Olumsuz nörolojik sonuçları azaltmak için hiperbarik oksijen kullanılmasına karşın, iki Cochrane derlemede, bu tedavinin ikna edici bir yararı gösterilememiştir (103). KA sonrası hiperbarik oksijen merkezlerine transportun yararı kanıtlanmadığından, bu karar olgu bazında verilmelidir. KO'e bağlı miyokardial hasar gelişen hastalarda, olaydan sonraki en az 7 yıl boyunca kardiak mortalite riskinde artış nedeniyle kardiyolojik izlem önerilmektedir (104).

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