

1. KISIM: TEMEL HAVA YOLU AÇMA YÖNTEMLERİ VE VENTİLASYON

GİRİŞ

Kardiyopulmoner Resusitasyon (KPR) sırasında hava yolu yönetimi ile ilgili en uygun strateji hâlâ belirsizliğini korumaktadır. İleri havayolu tekniklerinin (supraglottik hava yolu araçları –SGHY veya trakeal entübasyon gibi) sonuçları iyileştirdiğine dair bazı gözlemsel çalışmalar olsa da (1) KPR sırasında havayolunun açılması ve ventilasyonun sağlanması için yapılabilecek birçok alternatif yöntemler mevcuttur. Solunumla ilgili herhangi bir müdahale olmadan sadece göğüs kompresyonlarının yapılması veya yalnız hava yolu açıklığını sağlayarak (oksijen desteği olsun veya olmasın) kalp masajına devam edilmesi, ağızdan ağıza soluk verilmesi, ağızdan maskeye nefes, basit havayolu gereçleri yardımıyla balon maske ventilasyonu, supraglottik hava yolu araçlarının kullanılması ve trakeal entübasyon (doğrudan laringoskop veya videolaringoskop yardımıyla veya bir SGHY vasıtasıyla) seçenekler arasında yer alan yöntemlerdir. Resusitasyon girişimi esnasında tüm bu solunumun sürdürülmesine yönelik teknikler genellikle adım adım kombine edilirler (2). En iyi havayolu açma tekniği, hastaya ait faktörlere, KPR'nin evresine (Spontan Dolaşımın Geri Dönmesi - SDGD öncesi veya sonrası) ve kurtarıcılarının becerilerine göre değişmektedir (3).

Resüsitasyona ihtiyaç duyan hastalarda çoğunlukla bilinç kaybına bağlı olarak solunum yolları obstrüksiyonu görülür. Bazen de bu tıkanıklık kardiyorespiratuvar arrestin başlıca nedeni olabilmektedir. Hava yolu açıklığının sağlanması ve akciğerlerin havalandırılması için hızlı bir değerlendirme yapılması önemlidir. Bu, beynin ve diğer hayati organların sekonder hipoksik hasarını önlemeye yardımcı olacaktır. Yeterli oksijenasyonun sağlanamadığı durumlarda, SDGD'yi gerçekleştirmek imkansız olabilir.

HAVA YOLU OBSTRÜKSİYONU

Bu konu bölüm 6'da anlatılmıştır.

- Serbest hava girişi olduğu anda dik açıda olan kanül, 45 derecelik açı ile kaudal yönde ilerletilir (Şekil 8D).
- Kanül yerleştikten sonra iğne çıkarılır ve enjektör kanüle takılır.
- 6 numara endotrakeal tüp 2 cc enjektör içine yerleştirilerek yada uygun boydaki ETT konnektörü enjektöre yerleştirilerek balon valf maske ile ventilasyon denebilir (Şekil 8E).

ÖZET

ILCOR, erişkin ileri yaşam desteğinde, KPR sırasında solunumun idame ettirilmesi için ileri bir hava yolu tekniğini (trakeal entübasyon veya SGHY) veya balon valf maske sistemi ile ventilasyonu önermektedir (128). Bu çok geniş kapsamlı öneri, hangi hava yolu stratejisinin en iyi olduğunu gösteren yüksek kaliteli verilerin eksikliğinden dolayı yapılmıştır.

Kullanılacak ventilasyon yöntemi, sağlık personelinin eğitim durumuna ve becerisine bağlıdır. Balon valf maske sistemi ve SGHY kullanımı ile kıyaslandığında, trakeal entübasyon, daha fazla bilgi ve pratik uygulama gerektirir; farkedilmeyen özofagus entübasyonuna ve göğüs kompresyonu yapılmadan geçen sürenin uzamasına neden olabilir. Hava yolu yönetiminde, aynı hastada, sıklıkla balon maske, SGHY ve endotrakeal tüp kademeli bir yaklaşımla kullanılmaktadır. İlk resüsitasyon sonrasında koma halinde kalan hastalar nihayetinde arrest sırasında kullanılan hava yolu tekniğine bakılmaksızın trakeal entübasyona ihtiyaç duyacaklardır. Entübasyon girişiminde bulunan herkes dalga formu kapnografinin kullanımı konusunda bilgi sahibi olmalıdır. Yeterli ön koşullar yoksa, uygun tecrübe ve donanıma sahip personel bulunana kadar, balon maskesi ve / veya bir SGHY ile havalandırma düşünülmelidir. Hastane içi kardiyak arrestlerde hava yolu yönetimi ile ilgili çok az veri bulunmaktadır. Bu yüzden hastane dışı kardiyak arrestlerden elde edilen verilerden yola çıkarak aynı ilkeler hastane içi resüsitasyonlarda da kullanılabilir.

Kaynaklar

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