

Yoğun Bakım Ünitesinde Sedasyon

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Yoğun bakım ünitesi (YBÜ) hastalarının çoğu ağrı, korku ve kaygı deneyimlerine sahiptir. Hastalar mekanik ventilasyon ve endotrakeal tüp ile ilişkili psikolojik (kaygı, korku, uykusuzluk, gerginlik hissi, konuşma/iletişim kuramama, kontrol eksikliği, yalnızlık) sorunların yanısıra ağrı ve solunum gücünü içeren fiziksel sorunlarla da karşılaşır. Yoğun bakım ünitesinde sıklıkla kullanılan analjezik ve sedatif ilaçlar ile hastaların yönetimi, mekanik ventilatörden ayrılma, iyileşmedeki gecikmenin önlenmesi hastaların stresinin azaltılması ve konforu sağlanır (1). Hastaların iyileşme süreci yetersiz veya aşırı ağrı kontrolü, sedasyon ve analjezik uygulamasından etkilenir (2). Hastalarda ağrı, ajitasyon ve deliryumun birbiriyle ilişkili olduğu ve bunların yönetiminde bu durumun göz önünde bulundurulması gerçeği kabul edilmektedir (**Şekil II-22.1.** Yoğun bakım ünitesi üçlemesi “**YBÜ üçlemesi**”). Ağrı, deliryum ve sedasyonun uygun yönetilememesi hasta için acı ve sıkıntı verici olduğu kadar morbidite ve mortalite artışıyla birlikte (3).

► Ağrı

Hastalar YBÜ’de olmanın verdiği kaygının yanısıra, ağrı deneyimi olarak nitelendirilen veya algılanan birçok girişim (aspirasyon, dekübit, endotrakeal tüp, travma, yanık, kateterler, drenler, bandajlar) ile karşılaşır. Ağrı, ajitasyon ve stresin güçlü bir uyarandır. Yoğun bakım ünitesinde ağrı kontrolünün yetersiz kaldığı sıklıkla gözlenmektedir ve bu durum ek bir stres kaynağı oluşturmaktadır (4). Ağrı değerlendirmesi ve yeterli analjezinin sağlanması YBÜ bakımının öncelikli hedefi haline gelmiştir.

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