

Yoğun Bakımda Enfeksiyöz Hastalıklara Yaklaşım

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| Giriş

Yoğun bakım ünitesinde ateş etyolojisinde enfeksiyonlar önemli yer kaplar. En sık görülen enfeksiyonlar nozokomiyal pnömoni/ventilatör ilişkili pnömoni, intravasküler kateter ilişkili enfeksiyonlar, kateter ilişkili üriner sistem enfeksiyonları, cerrahi alan enfeksiyonlarıdır. Enfeksiyon dışı ateş nedenlerinden benign postoperatif ateş, ilaç ateşi, nörolojik olaylara bağlı santral ateş, transfüzyon reaksiyonları gibi durumlar sık görülür. Ateş kaynağı hastanın kliniği, fizik muayene bulguları, laboratuvar sonuçları ve radyolojik görüntülemeleri ayrıntılı bir şekilde incelenerek bulunmalıdır. Ateşin enfeksiyöz nedenlerinin enfeksiyon dışı nedenlerden ayrımı önemlidir, bu sayede antimikrobiyaller endikasyon dahilinde ve uygun kullanılabilir. Antimikrobiyallerin etkin kullanımı ve enfeksiyon kontrol önlemlerine uyulması yoğun bakımda enfeksiyon tedavisinde ve korunmada primer öneme sahiptir.

| Yoğun Bakımda Ateş ve Enfeksiyonlar

Hastanede yatan hastaların cilt, barsak ve solunum mikrobiyotaları yatış sırasında birkaç gün içinde değişir ve floraları hastane içindeki cansız ortamlarda kolonize olur (1). Hastaların florası ayrıca antibiyotik kullanımı veya kemoterapi ile bozulabilir ve floradaki değişimler dirençli nozokomiyal patojenlerle kolonizasyo-

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Tüm hastalarda uygulanacak standart enfeksiyon kontrol önlemlerine ek olarak enfeksiyöz ajanların bulaş şekli ve yayılımına yönelik ek önlemler alınmalı (temas izolasyonu, damlacık izolasyonu, havayolu izolasyonu gibi) ve bunlara uyulmalıdır. Bu önlemler sağlık kuruluşlarının epidemiyolojik verilerine ve pratiklerine göre kurumdan kuruma değişebilir bu yüzden kurumların önlemleri temel alınmalı ve uyulmalıdır. COVID-19 gibi damlacık yolu veya solunum yoluyla bulaşan ajanlarla enfekte hastaların yattığı yoğun bakım ünitelerinde (özellikle ortak alanlı yoğun bakımlarda) aerosol oluşturan nebülizasyon uygulamaları gibi işlemlerin yapılmasından mümkün olduğunca kaçınılmalıdır. Yoğun bakımda sık görülen enfeksiyöz durumlara yönelik kurumların ve kılavuzların önerdiği önleme demetlerine (VİP önleme demeti, IV Kateter ilişkili enfeksiyonlarda önleme demeti, Kİ-ÜSE önleme demeti gibi) uyulması önerilir. Santral venöz kateter takılması sırasında zorunda kalmadıkça femoral bölgeden kaçınılması gerekir ancak acil durumlarda femoral kateter takıldıysa ve santral kateter gerekliliği devam edecekse, elektif koşullarda üst ekstremiteden yeni kateter takılması ve izlemde femoral kateterin çekilmesi gerekir. VİP riskini azaltmak için mekanik ventilasyonu olan hastalarda aspirasyon veya solunum sekresyon örnekleme gibi durumlarda işlemi yapan kişinin steril eldiven kullanımı devrenin kontaminasyonunu ve kolonizasyonu engellemek için önemlidir.

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