

Yoğun Bakım Hastalarında Diyabetik Hastaya Yaklaşım

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| Giriş

Diyabet dokularda çeşitli mekanizmalar ile insülin yetmezliği sonucu ortaya çıkan bir hastalıktır. İlk olarak 1997 yılında tanı kriterleri American Diabetes Association (ADA) tarafından belirlenmiş olmakla beraber 2010'dan bu yana hem ADA hem de WHO (Dünya Sağlık Örgütü) tarafınca tek tanı kriteri kullanılması kararlaştırılmıştır (1).

Güncel olarak 8 saat açlık sonrası açlık plazma glukozunun ≥ 126 mg/dl olması, 75 gram glukoz ile yapılan OGTT 2. saatinde ≥ 200 mg/dl olması, herhangi bir zamanda ölçülen plazma glukozunun beraberinde diyabet semptomları da olması halinde ≥ 200 mg/dl olması ya da standart bir yöntemle bakılan HbA1c ≥ 6.5 olması diyabet olarak değerlendirilir (2).

Genel Hedefler

- ▶ Hipoglisemiden kaçınılmalı
- ▶ Ciddi hiperglisemi, sıvı yüklemesi, elektrolit bozukluğundan kaçınılmalı
- ▶ Uygun beslenmenin sağlandığından emin olunmalı

Tip 1 ya da 2 fark etmeksizin diyabet tanısı olan hastalar her ne kadar daha çok diyabet dışı nedenlerle tedavi olmak için olsa da sıklıkla hastaneye başvurmaktadır. Ve hatta yüksek HbA1c si olan hastalarda bu risk düşük olanlara

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hipoglisemi gelişen hastalarda standart bir protokol uygulanmasının glisemik dalgalanmada azalmaya yol açtığı saptanmıştır. Hastanede yatan hastalarda 25 gram dekstroz intravenöz yolla verilmesi önerilmektedir (22).

| Kaynaklar

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