

BÖLÜM
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YOĞUN BAKIMDA NUTRİSYON

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Yoğun bakım hastalarında beslenme desteği son derece önemlidir. Mevcut katabolik durumu yavaşlatmak veya ortadan kaldırmak ve yoğun bakım ünitesinde (YBÜ) yarış süresini kısaltmak için hasta spesifik en uygun beslenme programını uygulamak gereklidir.

BESLENME DURUMUNU DEĞERLENDİRME

YBÜ’nde beslenme durumunun objektif şekilde değerlendirilmesi son derece zordur; çünkü yoğun bakım hastaları normal popülasyondan daha kompleks niteliktir. Örneğin triseps cilt altı kalınlığı ya da orta kol çapı ölçümlü yoğun bakım hastalarında çoğulukla var olan ödem nedeniyle yanlıltıcıdır; el kavrama gücü bilinci kapalı hastalarda değerlendirilemez; transferrin, prealbumin, albümim gibi laboratuvar parametreleri yoğun bakım hastalarında zaten normal sınırların dışındadır. Bu nedenlerle hastanın klinik değerlendirmesi objektif ölçümlerden daha anlamlı hale gelebilir (1). Kilo kaybı, gastrointestinal semptomlar, azalmış fonksiyonel kapasite, incelmiş deri, kas kaybı, periferik ödem ve asit

hastanın beslenme durumunun kötü olduğunu gösteren klinik bulgularındanır.

Her ne kadar laboratuvar tetkikleri kritik hastalardaki beslenme durumunu değerlendirmede çok önemli bir yere sahip olmasa da, elektif major ameliyatlardan önce yararlı olabilir. Serum albumin düzeyi, postoperatif komplikasyon riski ile yakından ilişkilidir (2). Bu, basit bir tarama testi ile ortaya konan preoperatif malnutrisyonun tedavi edilerek sonuçların iyileştirilme olasılığını arttırmır.

HASTA SEÇİMİ VE BESLENME ZAMANI

Yetersiz beslenme, negatif azot ve kalori denegisi ve uzun süreli açlık ile ölüm arasındaki yakın ilişki kritik hastalarda beslenme desteğini zorunlu kılar. Bununla birlikte hangi hastaya ne zaman beslenme başlanacağı son derece önemlidir. Genel eğilim beslenme öncesinde daha kısa süreler için hastanın uygun tolerans göstermesi durumunda hızlıca beslenme destegine başlama yönündedir.

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