BÖLÜM 38

HİPOTERMİDE KURTARMA VE RESÜSİTASYON İLKELERİ

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GİRİŞ

Hipotermi, çekirdek vücut sıcaklığının **35°C'nin (95°F)** altına düşmesiyle tanımlanır. Sistemik fizyolojik işlevleri bozarak mortalite riskini artırır. Klinik tablo, hafiften şiddetliye doğru progresyon göstererek taşikardi, bradikardi, hipotansiyon, bilinç değişiklikleri ve kardiyak arrest gibi farklı semptomlarla kendini gösterebilir. Hipotermi yüksek mortalite riski ve önemli yönetim problemleri ile soğuk iklimlerin önemli acil problemlerinden biridir. Acil yönetimi, klinik durumun ciddiyetine göre değişen, hızlı, dikkatli ve çok yönlü bir yaklaşımı zorunlu kılar.

Hipoterminin yönetimi için şu dört ana başlık esastır:

1. Isı kaybının önlenmesi,
2. Resüsitasyon,
3. Isıtma
4. Komplikasyonların tedavisi

Hipotermiye bağlı kardiyak arrest geçirmiş ve uzun süreli resüsitasyona rağmen tam nörolojik iyileşme göstermiş çok sayıda vaka belgelenmiştir (1–4).

HİPOTERMİ SINIFLAMASI

Hipoterminin klinik evresi, vücut iç (çekirdek) sıcaklığına göre belirlenir ve bu sınıflama **tedavi yaklaşımını doğrudan etkiler.** En yaygın kullanılan evreleme sistemi aşağıda sunulmuştur:

- **Hipotermik Olmayan Soğuğa Bağlı Fizyolojik Stres**
  - **Çekirdek sıcaklığı:** 35–37°C (95–98.6°F)

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ları yol göstericidir. Tedavi, hipoterminin derecesine göre planlanmalı; hafif vakalarda dış ısıtma yeterli olurken, orta ve ağır olgularda aktif iç ısıtma yöntemlerine başvurulmalıdır. ECMO, CPB, ısıtılmış IV sıvılar ve endovasküler kateter gibi yöntemler, özellikle hemodinamik olarak instabil hastalarda yaşamsal öneme sahiptir. Aritmi ve kardiyak arrest durumlarında, yeniden ısıtma tamamlanmadan defibrilasyon gibi agresif girişimlerden kaçınılmalıdır. Sonuç olarak, hipotermi yönetiminde erken tanı, sistematik değerlendirme ve uygun tedavi protokollerinin uygulanması; komplikasyonların önlenmesi, sağkalımın artırılması ve uzun dönem nörolojik sonuçların iyileştirilmesi açısından kritik rol oynar.

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