

BÖLÜM 20

PEDİATRİK ACİLDE GİRİŞİMLER: DAMAR YOLU, ENTÜBASYON, LOMBER PONKSİYON

Merve AKÇAY¹

GİRİŞ

Pediyatrik hastalarda girişimsel işlemler, tanı ve tedavinin ayrılmaz bir parçasıdır. Özellikle damar yolu sağlanması, entübasyon ve lomber ponksiyon gibi uygulamalar; acil servis, yoğun bakım ve resüsitasyon alanlarında sıkça gereksinim duyulan, zamanla yarışılan ve teknik yeterlilik gerektiren işlemlerdir. Çocuklara özgü anatomik, fizyolojik ve gelişimsel özellikler, bu girişimlerin planlanması ve uygulanmasında erişkin hastalara kıyasla daha fazla özen gerektirir. Bu bölümde, pediyatrik yaş grubunda en sık uygulanan üç temel girişimsel yöntemle ilişkin güncel bilgiler ve klinik uygulama esasları derlenmiştir.

DAMAR YOLU

Pediyatrik resüsitasyon sırasında ilaç ve sıvı uygulamalarının zamanında ve etkin bir şekilde sağlanabilmesi için acil damar yolu girişimi kritik öneme sahiptir. Ancak bebeklerde ve küçük çocuklarda damar yapılarının küçük ve zor erişilebilir olması nedeniyle bu işlem genellikle teknik olarak zordur (1).

Pediyatrik hastalarda damar yolu; arteriyel, venöz veya intraosseöz (IO) yollarla sağlanabilir (2).

Kardiyak arrest, hipotansif şok veya diğer yaşamı tehdit eden durumlarda acil vasküler erişime ihtiyaç duyan yenidoğan dönemi dışındaki bebekler ve çocuklarda önerilen yaklaşım, birinci basamak olarak periferik intravenöz (IV) ve IO girişimlerin eş zamanlı olarak denenmesidir. IO yol genellikle bir dakikadan kısa sürede sağlanabilir ve hızlı uygulama açısından avantaj sağlar (1).

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