

PEDİATRİK SEDASYON VE ANALJEZİ

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GİRİŞ

Çocukların tıbbi tanı ve tedavi prosedürlerindeki başarı düzeyi, hastanın hareketi, ağrısı ve kaygısı etkili bir şekilde yönetilebildiği takdirde büyük ölçüde iyi sonuç verir. Bu prosedürler için, çocuğun gelişim düzeyine, yaşına ve sistemik durumuna uygun farmakolojik ve farmakolojik olmayan müdahalelere ihtiyaç vardır.

Sedasyon, hastanın ağrılı (fiziksel) uyarana yanıt verdiği, ancak sözlü komuta yanıt vermediği “tıbbi olarak kontrol edilen bilinç depresyonu” durumudur (1).

Analjezi, duyular kaybolmadan ağrı hissinin kaybolmasıdır. Ağrı ya kendiliğinden ya da ilaç alımından sonra çözülebilir. Analjezik ilaçlar ağızdan, kas içi veya damar içi olarak verilebilir. Damar içi uygulama en yaygın tercih edilen yöntemdir, çünkü doz ayarlanabilir, etkisi daha erken başlar ve etkisi daha hızlı tersine çevrilebilir (1).

Anestezi, hastaların ağrılı uyarılara bile tepki vermeyecek şekilde bilinç kaybı yaşadığı ilaç kaynaklı bir durumdur. Genel anestezi ve spinal/büyük bölgesel anestezi türlerini kapsar, ancak lokal anesteziyi içermez. Solunum fonksiyonunun, bağımsız bir şekilde sürdürülme yeteneği genellikle bozulur. Hastalar genellikle açık bir hava yolunu korumak için yardıma ihtiyaç duyar ve nöromusküler fonksiyonun baskılanması nedeniyle pozitif basınçlı ventilasyon (PPV) gerekebilir (1,2).

Özetlemek gerekirse, girişimsel sedasyon ve analjezi, hastalara yapılacak girişimsel işlemler sırasında toleransı artırmak amacıyla, yaşamsal bulguların stabil tutulması ve solunum yolunun açık kalmasını sağlamak için, analjezik kullanarak veya kullanmadan sedatif ya da disosiyatif ajanların uygulanması yöntemidir.

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ekip, standart izlem ve acil müdahale protokolleri temel alınarak uygulanan sedasyon en olumlu sonuç alınan yaklaşım olarak tespit edilmiştir.

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