

# BÖLÜM 1

## ACİL SERVİSTE YATAK BAŞI ULTRASON (POINT-OF CARE ULTRASOUND - POCUS) KULLANIMI

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### GİRİŞ

Geleneksel tanısal ultrason 20. yüzyılda geliştirilmiştir. 1960'lar ve 1970'lerdeki bazı önemli teknolojik gelişmelerin ardından, tanısal ultrasona iki farklı yaklaşım ortaya çıkmıştır. Bazı tıbbi sistemler, genellikle radyoloji uzmanlık alanına entegre edilmiş ultrason görüntüleme hizmetlerini kullanmaya başlamış ve diğer birkaç uzmanlık alanı konsültasyona dayalı bir ultrason uygulaması geliştirmiştir.<sup>1</sup>

Tanısal ultrasonlar, uygulamalı görüntü alma konusunda yetenekli hekimler tarafından gerçekleştirilmiştir ve bu, bulguların klinik yorumlanmasını da içermektedir. Zamanla, bu farklı konseptin uygulandığı ülkelerde ultrason uygulayan hekimlere (radyoloji ve kardiyoloji uzmanlarına) birçok başka uzman daha katılmıştır.<sup>2,3</sup> Doğal olarak, en başından beri ultrason muayeneleri genellikle klinik muayenenin bir parçasıydı, bu nedenle uygulayan hekim muayeneyi özel olarak uyarlayıp değiştirebiliyordu. Bunun “klinik ultrason”un en erken aşaması olduğu ve bir dereceye kadar “hasta başı / yatak başı” ultrasonografi kavramını da içerdiği ileri sürülmektedir. Ancak 1980'lerin başındaki teknolojik gelişmelerin etkisiyle tanısal ultrason için üçüncü bir uygulama modeli ortaya çıktı. Cerrahlar ve nihayetinde yeni uzmanlık alanı olan acil tıp hekimleri, şok odasında akut travma hastalarında odaklanmış sonografi kullanmaya başladılar.<sup>4</sup> Bu, daha mobil ve genişletilmiş işlemci kapasitesine sahip daha küçük makinelerle olanak tanıyan daha yeni ekipmanlar sayesinde mümkün oldu. Bu makineler hastanın yanına yerleştirilebiliyor, hekimler tarafından farklı muayene alanlarına taşınabiliyor ve akut hastalarda başucunda gerçek zamanlı görüntülemeye olanak sağlıyordu. Şok odasında, bu yöntem başlangıçta travmayla ilişkili hemoperitoneumun hızlı tespiti ile sınırlıydı. Ancak, gerçek taşınabilir ve elde taşınabilir ultrason makineleri

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