



BÖLÜM | 3

Erişkin Temel Yaşam Desteği Algoritması

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Giriş

Ölümün tanımı “Canlılık özelliklerinin geri dönüşsüz kaybı”dır. Kişi yaşamsal fonksiyon göstermese dahi, hücresel canlılık bir süre daha devam edebilir. Beyin gangliyonlarının hipoksiye dayanabildiği süre 3-4 dakika iken, bağ dokusu birkaç saate kadar dayanabilir. Bu nedenle ölüm ani gelişen bir olay değil, bir süreçtir. Bu süreç içerisinde vital bulguların olmadığı ancak geri dönüşlü olduğu dönem çok önemlidir. İşte bu kritik dönem de kardiyopulmoner resüsitasyonun (KPR) konusunu oluşturmaktadır.

Kardiyopulmoner arrest, farklı sebeplerle ani gelişen spontan solunum ve dolaşımın durmasıdır. Kardiyopulmoner resüsitasyon spontan dolaşımı geri döndürmeyi hedefleyen karar ve işlemlerin tamamıdır(1).

Temel yaşam desteği; sağlık personeli veya halktan kurtarıcılar tarafından uygulanan, spontan solunum ve dolaşımı sağlamak için yapılan ilaçsız tıbbi müdahaleler bütünüdür.

Kardiyopulmoner arrest, hastane dışında da karşılaşılabileceğimiz bir durumdur. İstatistiksel verilere göre; hastane dışı kardiyak arrest vakalarının %10.4’ünün taburculuğu sağlanabilmiştir. Bu vakalarda iyi nörolojik sonlanım oranı ise %8.2’dir (2). Arrest vakalarının %69’unu erkek hastalar oluşturur. Vakaların %72’si ev içi arrestlerdir (3).

Arrest olan hastaların yalnızca %39.2’sinde arreste şahit olanların kardiyopulmoner resüsitasyona başladığı ve hastane dışı kardiyak arrest hastalarının

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