

## Bölüm 1

# ÇOCUKLARDA SANTRAL YOLUN SÜRDÜRÜLMESİNDE BAKIM PAKETİ

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### Giriş

Santral yol, çocuk yoğun bakım ünitelerinde ve pediatrik hematoloji/onkoloji hastalarında sıklıkla kullanılmaktadır. Tedavinin sürdürülmesinde anahtar role sahiptir. Ancak santral yolun devamlılığının sürdürülebilmesi için, özellikle enfeksiyondan korunması gerekmektedir. Bu doğrultuda, kateterle ilişkili kan dolaşımı enfeksiyonlarının önlenmesine yönelik rehberlerin önerileri takip edilmelidir. Bakım paketi, içerisinde birçok girişimin yer aldığı, bu girişimlerin birlikte uygulanmasıyla iyileşme sürecini olumlu etkileyen bir yaklaşımdır. Bu girişimler rehber önerileri doğrultusunda oluşturulmaktadır. Bakım paketinin uygulanmasıyla, enfeksiyon oranlarında önemli düşüşler sağlanabilir.

### Santral Yol

Santral yol uzun süreli venöz girişime ihtiyaç duyan çocuklarda, total parenteral beslenme (TPN), sitotoksik ilaç ve çeşitli intravenöz antibiyotik uygulamaları nedeniyle kullanılabilir. Santral venöz yol ya da santral venöz kateter (SVK) genellikle, çocuk cerrahı ya da deneyimli bir anestezist tarafından genel anestezi altında yerleştirilir (Trigg & Mohammed, 2006). Ağrılı ve invaziv işlemlerin azaltılmasına olanak sağlar. Tedaviye bağlı gelişebilecek yan etkileri önler ve çocuğun yaşam kalitesini yükseltir. Subklaviyen veya jugular ven aracılığıyla vena cava superior ve sağ atriuma yerleştirilir, iki tipi bulunmaktadır; eksternal (Hickman-Broviac tipi) ve internal tünelli tamamı cilt altına yerleştirilen kapalı sistem (Port) (Erdemir & Arslan, 2013). İmmun sistemi baskılanmış ya da uzun süreli venöz tedaviye ihtiyaç duyan çocuklarda, komplikasyon ve özellikle enfeksiyon gelişmezse aylarca, yıllarca kullanılabilir. Ancak çocuğun santral venöz sistemine direkt eriştiği için, en büyük risk santral venöz kateterle ilişkili kan dolaşımı enfeksiyonudur (SVK-KDİ). Bu nedenle, santral yolun bakımında aseptik girişimlerin sürdürülmesi önemlidir (Trigg & Mohammed, 2006). SVK tipleri, özellikleri, yerleşim yeri, kullanımı ve enfeksiyon risklerine ilişkin bilgiler Tablo 1'de özetlenmiştir (Chesshyre & ark., 2015).

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Kan ürünleri seti: 24 saatte 1 değişim, Lipit seti: 24 saatte 1 değişim  
TPN (lipit içermeyen) seti: 96 saatten daha fazla sıklıkla değiştirilmez  
Propofol seti: 6-12 saatte 1 değişim  
Set değişim tarihinin belgelenmesi.

## **Kaynakça**

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