

Primjena terapijske hipotermije u jedinici intenzivne kardiološke skrbi – naša iskustva

Application of therapeutic hypothermia in cardiology intensive care unit – our experience

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Terapijska hipotermija je metoda liječenja bolesnika nakon preživljenog kardiorespiratornog aresta s poslijereanimacijskim sindromom.¹ Ovim se postupkom uz niz invazivnih i neinvazivnih metoda kontrolirano snižava tjelesna temperatura da bi se usporili negativni procesi središnjega živčanog sustava uvjetovani prethodnom ishemijom nakon srčanog urušaja.

Europsko reanimatološko udruženje uvrstilo je metodu terapijske hipotermije u postupke naprednoga održavanja života (*ALS-Advanced Life Support*). Od 2013. godine metoda terapijske hipotermije rutinski se koristi u Klinici za bolesti srca i krvnih žila Kliničkog bolničkog centra Sestre milosrdnice u zbrinjavanju poslijereanimacijskoga sindroma.

U ovom radu prikazat ćemo slučaj 32-godišnje bolesnice zaprimljene zbog kardiorespiratornog aresta uzrokovanog malignim ventrikularnim ritmom. Nakon uspješne reanimacije i postizanja hemodinamske stabilnosti bolesnica je premještena na naš odjel gdje je liječena primjenom terapijske hipotermije.

Therapeutic hypothermia (TH) is a method of treatment for patients who have survived cardiorespiratory arrest with postresuscitation syndrome.¹ With invasive and non-invasive methods, we lower and control central temperature in order to reduce destruction processes in central nervous system caused by hypoperfusion and consequently ischemia, due to circulatory shock.

European Resuscitation Council has introduced the above mentioned method as integral part of advanced life support. Since 2013, University Hospital Centre "Sestre milosrdnice", Department of Cardiology have routinely used TH as the method treatment for postresuscitation syndrome. We will present the nurses role through TH on a case of a 32 – year old female patient who has admitted in Department due to cardiorespiratory arrest with underlying malignant ventricular arrhythmia. After successful cardiopulmonary resuscitation and regaining hemodynamic stability, the patient is transported to cardiac care unit of our facility where TH was applied.

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LITERATURE

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