

Uloga medicinske sestre i izazovi u desnostranoj kateterizaciji srca

The role of nurses and challenges in right heart catheterization

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Desnostrana kateterizacija srca (DKS) je invazivni dijagnostički zahvat koji omogućuje izravno mjerenje krvnih tlakova i uzimanje uzoraka krvi iz šupljih vena, desnog atrija, desne klijetke i plućnih arterija. Ona ima glavnu ulogu u prepoznavanju plućne hipertenzije i obradi bolesnika prije transplantacije srca. Isto tako daje izravan uvid u važne hemodinamske podatke koji omogućuju određivanje srčanog minutnog volumena, procjenu intrakardijalnih pretoka i poremećaja zalistaka.¹ Iako je DKS invazivna pretraga s mogućim rizicima te iako je sve veća količina dokaza o mogućim štetnim ishodima u svezi s DKS-om u jedinicama intenzivne skrbi dovela do njene sve manje primjene tijekom zadnjih godina, ona i dalje ostaje važna alatka i zlatni standard u prikupljanju hemodinamskih podataka o funkciji desnog srca.

Ova prezentacija opisuje povijest DKS-a, ulogu medicinske sestre i izazove tijekom zahvata te prikazuje jedan ogledni primjer iz naše svakodnevnice prakse. Kako bi DKS bila uspješna, neophodna je pažljiva priprema pacijenta i sale za kateterizaciju prije, kao i aktivna uloga sestre instrumentarke tijekom zahvata. To sve podrazumijeva temeljito poznavanje cijelog postupka, kao i fiziologije te patofiziologije čovjeka.

Right heart catheterization (RHC) is an invasive diagnostic procedure that allows direct measuring of blood pressures and collection of blood samples from the caval veins, right atrium, right ventricle and pulmonary artery. It plays a central role in identifying pulmonary hypertension or in the evaluation of patients prior to heart transplantation. It also provides direct and essential hemodynamic data that can be used to determine cardiac output, evaluate intracardiac shunts and valve dysfunction.¹ Although RHC is invasive with possible risks of complications and evidence of potential harm associated with pulmonary artery catheterization in patients in critical care units has led to a decline in RHC over recent years, it still remains an important tool and the gold standard in acquiring important right heart hemodynamic data.

This presentation covers the history of RHC, nurse role and challenges during right heart study as well as a representative case report from our daily practice. In order for the RHC to be successful, a meticulous previous preparation of the patient and the catheterization laboratory along with the active participation of the cath lab nurse during the procedure are essential. This requires a thorough understanding of the entire procedure as well as human physiology and pathophysiology.

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LITERATURE

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