




Uloga medicinske sestre / medicinskog tehničara kod bolesnika s kardiomiopatijom

Nurse's role in management of patient with cardiomyopathy

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Kardiomiopatije (dilatacijska, hipertrofijska i restriktivska) su bolesti sa strukturnim i funkcijskim promjenama srčanog mišića, vrlo često progresivnog tijeka. Iako nije poznat vodeći uzrok, poznati su brojni čimbenici koji pridonose nastanku kardiomiopatija. U novije vrijeme sve više mladih ljudi obolijeva od te bolesti¹.

Uloga medicinske sestre/tehničara ključna je u skrbi za bolesnika ne samo u vrijeme hospitalizacije nego i nakon otpusta. Medicinska sestra je zastupnik bolesnika, procjenjuje njegove potrebe i pomaže mu da ih zadovolji. Zalaže se za provedbu planova posthospitalno. Pomaže bolesnicima da unaprijede svoje vještine samoupravljanja i / ili pomaže skrbnicima u pružanju podrške bolesniku.

Prikazati ćemo slučaj bolesnika starog 34 godine koji je hospitaliziran na Odjelu kardiologije pod kliničkom slikom zaduhe u minimalom naporu, u anasarci, čemu je u podlozi vjerojatno bio respiratorni infekt (virusna pneumonija) te posljedično akutno srčano zatajivanje. Ehokardiografski se verificira dilatacijska kardiomiopatija s reduciranom ejeckijskom frakcijom (EFLV oko 15%). S obzirom na nalaz postavi se sumnja na virusni miokarditis kao etiološki i patofiziološki čimbenik dilatativne kardiomiopatije, a serološki se potvrdi pozitivna IgM i IgG za citomegalovirus, IgG za EBV virus. Tijekom boravka uz odgovarajuću zdravstvenu njegu bolesnika i primjenu optimalne terapije za kardijalno popuštanje postiglo se značajno subjektivno i kliničko poboljšanje, pacijent se otpušta kući i dogovara se nastavak liječenja radi primjene imunoglobulina.

Cardiomyopathy (dilated, hypertrophic and restrictive) are diseases with structural and functional changes of heart muscle, often characterized by progressive course. Although the main cause is unknown, there are numerous factors known to contribute to the development of cardiomyopathy. There are more and more young patients having this disease in recent years¹.

Nurse's /technician's role in management of patient with cardiomyopathy is crucial not only during the hospital stay but also after the discharge from healthcare institution. Nurse is a patient's advocate, estimating his needs and helping him to meet them. She/he advocates for the implementation of the plans after the hospital stay. Nurse is helping patients to improve their self-management skills or /and helping family in providing support to patient.

We present the case of 34-year-old patient hospitalized in Cardiology ward under diagnosis of chronic breathlessness with minimal exertion, with anasarca, where underlying condition probably was respiratory tract infection (viral pneumonia) consequently resulting in heart failure. Echocardiography showed dilated cardiomyopathy with reduced ejection fraction (EFLV around 15%). All tests are indicative for viral myocarditis as an ethological and pathophysiological mechanism of dilated cardiomyopathy, antibodies (IgM and IgG) against CMV and IgG against EBV were detected in blood. During his stay, with adequate care and optimal therapy for heart failure, significant clinical improvement was reached, patient felt better, and he was released home with plan for receiving immunoglobulins in further course of treatment.

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LITERATURE

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