




Liječenje bolesnika s uznapredovalim zatajivanjem srca naprednim metodama

Treatment of a patient with advanced heart failure with advanced methods

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Uvod: Uznapredovalo zatajivanje srca zahvaća samo manji postotak bolesnika sa zatajivanjem srca (ZS), ali je svejedno rastući javnozdravstveni problem. Dugo godina je zlatni standard u liječenju ZS bila transplantacija srca, dok su se posljednjih godina počele primjenjivati napredne metode liječenja.¹

Prikaz slučaja: Prikazujemo slučaj 52-godišnjeg bolesnika koji je bio hospitaliziran u Zavodu za intenzivnu kardiološku skrb iz druge ustanove radi potrebe za naprednim liječenjem ZS. Radi se o kahektičnom bolesniku s ranije poznatom biventrikulskom dilatacijskom kardiomiopatijom. Inicirano zahtjeva pojačanu sestrinsku skrb zbog inotropne potpore i kontinuiranog monitoringa vitalnih funkcija. Tijek liječenja komplicira se hemodinamskom nestabilnošću radi čega je bolesniku postavljen periferna vensko-arterijska izvantjelesna membranska oksigenacija, a tri dana nakon toga i „unaprijeđen“ u centralnu mehaničku potporu obje klijetke. Tijekom tog razdoblja učini se obrada za transplantaciju srca te se bolesnik uvrštava na hitnu listu za transplantaciju srca „Eurotransplant“. Nakon 20 dana od prijave na listu kod bolesnika je učinjena transplantacija srca s vrlo dobrim tijekom oporavka.

Zaključak: Zdravstvena njega bolesnika s mehaničkom potporom srcu veliki je izazov za medicinske sestre. Ključna je njena uloga u multidisciplinarnom timu. Osim tjelesne, edukacijske i psihičke pomoći koju pruža bolesniku medicinska sestra koordinira rad zdravstvenog tima, ali koordinira i usmjerava bolesnika kroz zdravstveni sustav te osigurava edukaciju i podršku članovima njegove obitelji. Učinkovit timski rad s naglaskom na kvalitetnu komunikaciju značajno prevenira pogreške u radu i poboljšava zadovoljstvo bolesnika pruženom uslugom.

Introduction: Advanced heart failure affects only a small percentage of patients with heart failure (HF), but never the less, is a growing public problem. Heart transplantation was a gold standard of treatment for many years, but in the last 10 years novel advanced treatment methods have become available as a therapy.¹

Case report: In this case report we will show a 52 years old patient who was hospitalized in Department of Intensive Cardiac Care due to HF. Patient had biventricular dilative cardiomyopathy and had cachexia on admission. Because he was on inotropic support and his vital signs needed to be continuous monitoring, he needed intensified nursing care. His medical treatment was complicated with hemodynamic instability and eventually he underwent placement of veno-arterial extracorporeal membrane oxygenation, and 3 days after that he had been upgraded to central circulatory support of both ventricles. During that time, diagnostic workup for heart transplant was completed and he was listed for urgent heart transplant via „Eurotransplant“. After 20 days a suitable organ was offered, and he underwent the procedure with a good result during recovery.

Conclusion: Medical care of patient with mechanical heart support is quite a challenge to nurses. However, her role is a crucial in multidisciplinary approach. Beside physical, educational and psychological help provided by nurse to a patient, she also coordinates work of the health team, navigates patient through the health system and allocates education and support for patient family members. Efficient team work with a focus on quality communication can significantly prevent work errors and can improve patient content with provided service.

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LITERATURE

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