

Profesionalne dileme i sazrijevanje kroz provođenje rane respiratorne fizioterapije tijekom pandemije COVID-19 u Kliničkoj bolnici Dubrava

Professional dilemmas and maturation through application early respiratory physiotherapy during the COVID-19 pandemic at University Hospital Dubrava

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Klinička bolnica (KB) Dubrava u ožujku 2020. god. postaje bolnica zadužena za skrb o bolesnicima oboljelim od COVID-19 infekcije. Bolesnici s razvijenim plućnim oštećenjima u KB Dubrava zaprimani su preko hitne službe i ovisno o težini bolesti i komorbiditetima, smješteni su na različite odjele. Bolesnici s akutnom respiracijskom insuficijencijom smješteni su u Jedinicu intenzivnog liječenja. Veliki broj bolesnika bio je ovisan o nekom obliku oksigenoterapije. S obzirom na sistemski obrazac bolesti COVID-19¹ funkcionalni kapacitet bolesnika u akutnoj fazi bolesti zahtijevao je specifične strategije rehabilitacije. Cilj ovoga rada bio je opisati iskustvo i rad fizioterapeuta KB Dubrava u liječenju bolesnika oboljelih od bolesti COVID-19 u akutnoj fazi bolesti tijekom pandemije.

Na uzorku od 210 bolesnika (97 žena, 113 muškaraca), prosječne dobi 70 godina htjeli smo prikazati s kojim su se kliničkim izazovima susretali fizioterapeuti Kliničke bolnice Dubrava. Podatci su uzimani iz baze podataka Zavoda za fizikalnu i rehabilitacijsku medicinu s reumatologijom. Razvijeni simptomi ARDS-a, plućne embolije, pneumonije te pripadajući oblik oksigenoterapije prikazani su u postotcima kao i težina simptoma bolesti s prisutnim komorbiditetima, kognitivnim statusom te konačnim ishodom liječenja. Od ukupnog broja bolesnika 82% ih je otpušteno na kućnu njegu. Smatramo da je kod tih bolesnika respiratorna fizikalna terapija uvelike pridonijela oporavku te bržoj integraciji natrag u normalan život. Nažalost, kod 18% bolesnika bolest je završila smrtnim ishodom.

Na temelju iskustva fizioterapeuta Kliničke bolnice Dubrava u provođenju rane respiratorne i fizioterapijske intervencije u kliničkom zbrinjavanju bolesnika uveliko je pomogao dobar timski rad i svakodnevno praćenje parametara iz baze podataka bolničkog informacijskog sustava. Na taj način izradila se strategija rane rehabilitacije za koju smo smatrali da je u tom trenutku najbolja za bolesnike.

In March 2020, University Hospital (UH) Dubrava will become the dedicated hospital for COVID-19 patients. Patients with pulmonary damage were admitted to UH Dubrava via the emergency department and assigned to different wards based on disease severity and comorbidity. Acute respiratory failure patients were admitted to the Intensive Care Unit. Many patients developed an addiction to some form of oxygen therapy. Patients in the acute phase of the disease's functional capacity are affected by the COVID-19 systemic pattern¹. The purpose of this paper was to describe the experience and work of a physiotherapist at UH Dubrava during the pandemic in treating COVID-19 patients in the acute phase of the disease.

We wanted to show what clinical challenges the physiotherapists faced in a sample of 210 patients (97 women, 113 men), with an average age of 70 years. The information was obtained from the Department of Physical and Rehabilitation Medicine with Rheumatology's database. The severity of the disease's symptoms with comorbidities present, cognitive status, and the final treatment outcome are all presented in percentages, as are the developed symptoms of ARDS, pulmonary embolism, pneumonia, and the associated form of oxygen therapy. Eighty-two percent of the total number of patients were discharged for home care. We believe that respiratory physical therapy has aided these patients' recovery and quicker reintegration into normal life. Unfortunately, 18% of patients died as a result of the disease.

Based on the physiotherapist's experience at the UH Dubrava in conducting early inquiry and physiotherapy intervention in the clinical care of patients, good teamwork and daily monitoring of parameters from the hospital information system database were extremely beneficial. As a result, we developed an early rehabilitation strategy that we thought was best for patients at the time.

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LITERATURE

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