

Organizacija rada na odjelu s invazivnim procedurama

Organization of work in departments performing invasive procedures

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Invasivne procedure u kardiologiji imaju dijagnostičku i terapijsku funkciju. Elektivni broj procedura ima tendenciju rasta na stacionarnim odjelima, stoga priprema i praćenje bolesnika treba biti organizirano tako da bolesnici bude informiran i adekvatno pripremljen, a medicinska sestra brza i vješta. Nužno je da sestra kao dio multidiscipliniranog tima ima vještine i znanje prema novim smjernicama, što pridonosi kvalitetnoj skrbi i zadovoljstvu u timu. Invasivne procedure za koje se bolesnici pripremaju i prate su koronarna angiografija, elektrofiziološko ispitivanje, radiofrekventna ablacija, krioablacija, okladeri, elektrrostimulacija.

Priprema tima za zdravstvenu skrb treba biti dogovorena prije pripreme bolesnika. Povećani zahtjevi radnog mjesti, koji su vrlo često posljedica loših organizacija vremena, mogu vrlo lako dovesti do profesionalnog sagorijevanja.¹ Multitasking ili sposobnost istodobnoga obavljanja više poslova ili zadataka je vještina koju medicinska sestra/tehničar trebaju savladati. Važno je osvijestiti da „kradljivci“ vremena postoje. Kounter, Stein i Jick (2008) govoreci o organizacijskim promjenama navode kako se iste mogu podijeliti u tri skupine. To je tzv. velika trojka (engl. big three) koja uključuje promjene u okolini, u organizaciji i u pojedincu.²

Psihička priprema bolesnika počinje ulaskom na odjel, upoznavanjem s odjelom, kućnim redom, postupkom koju će raditi i multidisciplinarnim timom. Fizička priprema započinje također dolaskom na odjel i traje do odlaska u salu. Ona se razlikuje kod svake od gore navedenih postupaka, stoga je poželjno imati hodogram po kojem će se pripremati bolesnika.

Nakon obavljene procedure slijedi skrb bolesnika koje zahtjeva od medicinske sestre stručno znanje u kardiologiji da bi mogli pravovremeno prepoznati komplikacije. To nam je važno jer pravovremenim prepoznavanjem objektivnih i subjektivnih parametara možemo kao multidisciplinarni tim prevenirati nepoželjne posljedice. Bolesnika pri otpustu također treba educirati o dalnjem režimu života i kontrolnim pregledima.

Invasive procedures in cardiology have a diagnostic and therapeutic function. The elective number of procedures is becoming more common in inpatient wards, therefore preparing and monitoring patients should be organized so that the patient is informed and adequately prepared, and the nurse fast and skillful. It is imperative that the nurse as a part of a multidisciplinary team has skills and knowledge in accordance with recent guidelines, which contributes to quality of care and satisfaction in the team. Invasive procedures that are prepared and monitored are coronary angiography, electrophysiological examination, radiofrequency ablation, cryoablation, occluders, pacing.

The preparation of the patient health care team should be agreed prior to patient preparation. Increased workplace demands, which are very often the result of poor time management, can very easily lead to burnout.¹ Multitasking or the ability to perform multiple jobs or tasks at the same time is a skill that a nurse/technician they need to master. It is important to realize that time thieves exist. Kounter, Stein and Jick (2008) talking about organizational changes state how they can be divided into three groups. This is the so-called big three which includes changes in the environment, in the organization and in the individual.²

Psychological preparation begins by entering the ward, making the patient familiar with the ward, the ward rules, the procedure which will be done, and the multidisciplinary team. Physical preparation also begins with the arrival to the ward and lasts until going to the surgery. It differs for each of the above-mentioned procedures, so it is advised to have a flowchart to use when preparing a patient.

The procedure is followed by monitoring the patient, which requires expertise in cardiology from the nurse in order to be able to recognize the complications that follow the above-mentioned procedures in time. This is important to us because by timely recognition of the objective and subjective parameters, we can prevent undesirable consequences as a multidisciplinary team. Upon discharge the patient should also be educated about further lifestyle and check-ups.

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