

Zbrinjavanje bolesnika s plućnom embolijom kompliciranom popuštanjem desne klijetke: prikaz slučaja

Acute treatment of a patient with high-risk pulmonary embolism and signs of right-sided heart failure: a case report

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Uvod: Plućna embolija je poremećaj koji nastaje iznenadnom opstrukcijom pulmonalnih arterija ili njihovih grana, najčešće krvnim ugruškom, s posljedičnom prekidom dotoka krvi u plućno tkivo. Tromb koji najčešće dolazi iz vena nogu ili zdjelice najčešći je tip plućnog ugruška. Zaduha je najčešći simptom plućne embolije. Osobe mogu imati osjećaj napada panike zbog tahipneje, zabrinutosti i nemira, a u prsima može biti prisutna oštra bol, osobito ako osoba duboko diše (pleuritika bol). Glavobolja, nesvjestica i grčevi nastaju zbog smanjene sposobnosti srca da dopremi dovoljnu količinu oksigenirane krvi u mozak i druge organe. Također, može doći do nepravilnog rada srca te pojave cijanoze. Simptomi plućne embolije nastupaju naglo, dok se simptomi plućnog infarkta razvijaju kroz nekoliko sati. Povišena temperatura, oštra bol u prsima pri disanju, kašalj te sukrvavi iskašljaj simptomi su plućnog infarkta. Na angiografiji se plućna embolija vidi kao začepjenje arterije. Liječenje plućne embolije provodi se primjenom antikoagulantne i/ili fibrinolitike terapije, davanjem kisika, analgetičima i sedativima. Smrtnost ovisi o veličini embolusa, veličini i broju začepjenih plućnih arterija i prethodnom kardiopulmonalnom statusu bolesnika.¹ Cilj ovog rada je prikazati liječenje i zbrinjavanje bolesnice s masivnom plućnom embolijom te intervencije medicinske sestre.

Prikaz slučaja: Bolesnica u dobi od 52 godine hospitalizirana je na Zavodu za intenzivnu kardiološku skrb radi masivne plućne embolije potvrđene CT angiografijom plućnih arterija. Prije hospitalizacije, u nekoliko navrata kod kuće osjetila je zaduhu praćenu nelagodnom u prsima, koje su prvo spontano prestale, a kasnije nakon uzimanja terapije za astmu od koje boluje unazad 2-3 godine. S obzirom na pogoršanje zaduhe, bolesnica je odlučila pozvati hitnu medicinsku pomoć koja je pri dolasku izmjerila saturaciju kisikom 70%, puls 105/min, a sistolički tlak 200 mmHg. Obiteljska anamneza bolesnice pozitivna je na kardiovaskularne bolesti. Po prijemu na Zavod za intenzivnu kardiološku skrb, bolesnica je i dalje bila blaže dispnoična, saturacije 91%, na terapiji kisikom 2L na nazalni kateter, vrijednosti arterijskog tlaka 160/110mmHg, ts vrijednostima frekvencije srca od 107/min te je zahtijevala povišeni položaj. S obzirom na akutnu plućnu emboliju visokog rizika kod bolesnice je primijenjena fibrinolitika terapija alteplazom koja je uredno protekla, te je napravljena kompletna obrada. Tijekom hospitalizacije bolesnica je bila na kontinuiranom monitoringu, mjerili su se i bilježili vitalni parametri, pratili su se laboratorijski nalazi, terapija se primjenjivala prema odredbi liječnika te se provodila zdravstvena njega.

Introduction: Pulmonary embolism is a disorder caused by the sudden obstruction in the pulmonary artery with consequent obstruction of blood flow to the lung tissue. A thrombus that most often comes from the deep veins of the legs or pelvis is the most common cause. Shortness of breath is the most common symptom of pulmonary embolism. Patients may experience panic attacks due to tachypnea, anxiety, and restlessness, and sharp pain may be present in the chest, especially if the person is breathing deeply (pleuritic pain). Headaches, fainting, and cramps may occur due to the reduced ability of the heart to deliver a sufficient amount of oxygenated blood to the brain and other organs. Also, irregular heart rhythm and cyanosis can occur. Symptoms of pulmonary embolism occur abruptly. Fever, pleuritic chest pain, cough, and bloody sputum are symptoms of a lung infarction. A pulmonary embolism is seen as a filling defect at pulmonary angiography. Treatment of pulmonary embolism is performed with anticoagulant and/or fibrinolytic therapy, oxygen, analgesics, and sedatives. Mortality depends on the size of the embolus, the size and number of obstructed pulmonary arteries, and the patient's previous cardiopulmonary status.¹ The aim of this paper is to present the treatment and acute care of a patient with massive pulmonary embolism and the interventions of a nurse.

Case report: 52-year-old patient was admitted to the Department of Intensive Cardiac Care due to a massive pulmonary embolism confirmed by CT angiography. Before a hospitalization, on several occasions at home, she felt dyspnea accompanied by chest discomfort, which first stopped spontaneously, and later after taking therapy for asthma, which she has been suffering from for 2-3 years. Due to the worsening of dyspnea, the patient decided to call an ambulance, which measured 70% oxygen saturation, 105 bpm heart rate, and systolic pressure 200 mmHg. The patient's family history was positive for cardiovascular disease. Upon admission, the patient was still mildly dyspneic, with 91% oxygen saturation on oxygen therapy with 2L on a nasal catheter, blood pressure 160/110, 107 bpm heart rate, and required an elevated position. Due to the high-risk acute pulmonary embolism, the patient received fibrinolytic therapy with alteplase, which went without complications, and a complete treatment was performed. During hospitalization, the patient was continuously monitored, vital parameters were measured and recorded, laboratory findings were monitored, therapy was applied according to the doctor's prescription, and health care was provided.

LITERATURE

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