






Zbrinjavanje COVID-19 pozitivnog bolesnika s akutnim infarktom miokarda: prikaz slučaja

Treatment of a COVID-19 positive patient with acute myocardial infarction: a case report

 **Valentina Gal***,
 **Valentina Pandža,**
 **Ivana Pecak,**
 **Nikolina Šošćarić,**
 **Tihana Dabić,**
 **Josipa Prskalo,**
 **Marija Vujčić,**
 **Ana Vlašiček**

Klinički bolnički centar Sestre milosrdnice, Zagreb, Hrvatska
 University Hospital Centre
 „Sestre milosrdnice“, Zagreb,
 Croatia

KLJUČNE RIJEČI: akutni infarkt miokarda, medicinska sestra, COVID-19.

KEYWORDS: acute myocardial infarction, nurse, COVID-19.

CITATION: *Cardiol Croat.* 2021;16(11-12):368. | <https://doi.org/10.15836/ccar2021.368>

***ADDRESS FOR CORRESPONDENCE:** Valentina Gal, Klinički bolnički centar Sestre milosrdnice, Vinogradska 29, HR-10000 Zagreb, Croatia. / Phone: +385-98-162-4432 / E-mail: gal.valentina5@gmail.com

ORCID: Valentina Gal, <https://orcid.org/0000-0002-3083-0086> • Valentina Pandža, <https://orcid.org/0000-0002-4702-3651>
 Ivana Pecak, <https://orcid.org/0000-0001-8776-8802> • Nikolina Šošćarić, <https://orcid.org/0000-0001-9142-5837>
 Tihana Dabić, <https://orcid.org/0000-0003-2271-6256> • Josipa Prskalo, <https://orcid.org/0000-0002-9444-0386>
 Marija Vujčić, <https://orcid.org/0000-0002-0908-0815> • Ana Vlašiček, <https://orcid.org/0000-0003-0317-3575>

Uvod: Zbrinjavanje bolesnika s akutnim infarktom miokarda (AIM) je kompleksno, te je potrebna dobra povezanost tima liječnika i medicinskih sestara/tehničara. U vrijeme pandemije SARS-CoV-2 virusa zbrinjavanje takvih bolesnika još je kompleksnije.¹ Navedeni virus postavio je nove izazove u liječenju te zbrinjavanju bolesnika s AIM-om. Neki će ljudi osjetiti simptome bolesti srca no zbog pandemije neće otići kod liječnika obiteljske medicine ili u hitnu službu. No, uvijek treba imati na umu kako rano liječenje spašava život. Cilj ovog rada je prikazati kako je u vrijeme pandemije SARS-CoV-2 kompleksno zbrinjavanje i liječenje bolesnika s AIM te kako se provode sestriinske intervencije u ovakvim situacijama.

Prikaz slučaja: Bolesnik u dobi od 63 godine hospitaliziran je na Zavodu za intenzivnu kardiološku skrb zbog AIM. Javio se u hitnu službu zbog bolova u prsima koji su se javili nakon hoda po ravnom od 100 metara te se šire u lijevu ruku sve do lakta. Bolesnik također navodi da ima pozitivnu epidemiološku anamnezu na virus SARS-CoV-2. Tijekom obrade u hitnoj službi učinjen je elektrokardiogram po kojem je vidljivo da bolesnik ima AIM sa elevacijom ST-segmenta. Uz EKG, bolesniku su učinjene laboratorijske pretrage te je rutinski uzet bris iz nosa na navedeni virus. Po učinjenom EKG-u i dolasku kardioselektivnih enzima bolesnik se po postupniku pripremi za koronarografiju na koju je i odvežen. Po dolasku u kate-terizacijski laboratorij učini se koronarografija i perkutana koronarna intervencija. Desna koronarna arterija je bila okludirana. Nakon učinjene predilatacije su implantirana 2 stenta koja otpuštaju lijek (Ultimaster 3.5/28 mm and Angiolite 4.0/16 mm) u desnu koronarnu arteriju. U finalnom koronarogramu nije bilo rezidualnih stenoza uz postignut TIMI III protok.

Medicinske sestre i tehničar bili su adekvatno pripremljeni po preporukama Hrvatskog zavoda za javno zdravstvo s obzirom da je bolesnik naveo da ima pozitivnu epidemiološku anamnezu. Nakon učinjene koronarografije bolesnik je premešten u Zavod za intenzivnu kardiološku skrb, gdje ga osoblje dočekuje adekvatno pripremljeno. Nakon zbrinjavanja pristiže pozitivan nalaz na bris za SARS-CoV-2. Kako je KB Dubrava tada bila respiratorno intenzivistički centar bolesnik se adekvatno pripremi i transportira u navedenu ustanovu.

Introduction: Management of a patient with acute myocardial infarction (AMI) is complex and requires a good cooperation between physicians and nurses/technicians. At the time of the SARS-CoV-2 pandemic the care of such patients is even more complex.¹ The virus posed new challenges in the treatment and care of patients with AMI. Some people may feel the symptoms of heart disease but because of the risk of a pandemic they will not go to general practitioner or to the emergency department. Despite that, one should always keep in mind that early treatment saves lives. The aim of this paper was to show how at the time of the SARS-CoV-2 pandemic there is a complex care and treatment of patients with AMI, and how nursing interventions were carried out in such situations.

Case report: 63-year-old patient was admitted to the Department of Intensive Cardiac Care with an AMI. Chest pain with spreads to the left arm all the way to the elbow, that occurred after walking on a straight line of 100 metres was the reason that this patient came to the Emergency Department. The patient also states that he has a positive epidemiological history for COVID-19 infection. During the treatment in the Emergency Department, an electrocardiogram was performed, which showed myocardial infarction with ST-segment elevation. Along with the ECG, the patient's blood was drawn, and a nasal swab for the SARS-CoV-2 virus was routinely taken. After the arrival of cardioselective enzymes the patient was prepared for urgent coronary angiography. At the Catheterization Lab coronary angiography and percutaneous coronary intervention was performed. Right coronary artery was occluded. After predilatation two drug eluting stents (Ultimaster 3.5/28 mm and Angiolite 4.0/16 mm) were placed in the right coronary artery. In the final coronary angiogram, there were no residual stenoses with TIMI III flow.

The nurses and technicians were adequately prepared according to the instructions of the Croatian Institute of Public Health since the patient had a positive epidemiological history. After the coronary angiography patient was transferred to the Department of Intensive Care where all epidemiological measures were taken by the staff. After initial acute treatment the test for SARS-CoV-2 arrived positive. The patient was transported to University Hospital Dubrava which was a respiratory intensive care center.

LITERATURE

1. Babić Z, Margetić E, Miličić D. Primary Percutaneous Coronary Intervention during the COVID-19 Pandemic. *Cardiol Croat.* 2020;15(5-6):91-6. <https://doi.org/10.15836/ccar2020.91>

RECEIVED:

September 7, 2021

ACCEPTED:

September 14, 2021

