Zdravstvena njega bolesnika sa zatajivanjem srca: strategija i ciljevi

Nursing care of patients with heart failure: strategy and objectives

Ana Ljubas*

Klinički bolnički centar Zagreb,
Zagreb, Hrvatska

University Hospital Centre
Zagreb, Zagreb, Croatia

KLJUČNE RIJEČI: zatajivanje srca, sestrinska skrb, strategija, ciljevi.

KEYWORDS: heart failure, nursing care, strategy, objectives.

CITATION: Cardiol Croat. 2014;9(9-10):466.

***ADDRESS FOR CORRESPONDENCE:** Klinički bolnički centar Zagreb, Kišpatićeva 12, HR-10000 Zagreb, Croatia.

Phone: +385-91-7679-824 / E-mail: ana.ljubas@hukms.hr

Zatajivanje srca (ZS) jedan je od najvećih problema suvremene kardiologije, ali i medicine općenito. U zemljama razvijenoga svijeta prevalencija ZS iznosi 1-2%, dok je u kliničkoj praksi ZS najčešći razlog hospitalizacija i najčešći uzrok bolničke smrtnosti. Dijagnostika i liječenje akutnog i kroničnog ZS u Hrvatskoj kao i u drugim zemljama EU provodi se prema smjernicama Europskoga kardiološkog društva. Tehnološki sofisticirani postupci u dijagnostici i liječenju dovode do povećanih zahtjeva bolesnika te je sukladno tome cjelokupna skrb za bolesnike vrlo kompleksna i zahtjevnja. Takvim zahtjevima može odgovoriti samo dobro usklađen multidisciplinarni tim zdravstvenih profesionalaca. Ključne komponente multidisciplinarnoga tima su: kardiolozi specijalizirani za ZS, medicinske sestre specijalizirane za ZS, ambulanta za ZS i pridržavanje zajedničkih smjernica. Primjerice, u nekim zemljama EU kao što su Velika Britanija, Švedska, Danska i Nizozemska razvijeni su posebni programi i strategije multidisciplinarnih timova za ZS, a u brojnim programima ključna je uloga medicinske sestre specijalistice za ZS (specialist heart failure nurse). Ako se prisjetimo na čemu se temelji komplementarni odnos medicine i zdravstvene njege tada je posve jasno zašto je uloga medicinske sestre ključna. Dakle, ono što je u medicini simptom ili znak bolesti u zdravstvenoj njezi je problem (sestrinska dijagnoza) i zahtijeva intervenciju medicinske sestre. Prema sedmom izdanju ICNP-a detektirane su 92 moguće sestrinske dijagnoze koje pacijent sa ZS može imati, a prema planovima zdravstvene njege za jednoga pacijenta se provede i do 236 sestrinskih intervencija tijekom 24 sata. Nadalje, u medicini ciljevi liječenja usmjereni su na izlječenje ili zaliječenje bolesti, a u zdravstvenoj njezi ciljevi su usmjereni na postizanje najveće kvalitete života pacijenta. Strukturirani programi i planovi zdravstvene njege imaju značajne prednosti u skrbi za pacijenta u smislu: individualiziran je i cjelovit pristup (obuhvaćene sve domene prema NANDA taksonomiji), temeljitija edukacija pacijenta (pacijent osim što dobije informacije što treba učiniti, nauči kako to učiniti), rezultat je poboljšanje kvalitete života. Analize nekih studija u Britaniji i SAD-u pokazale su da je skrb za bolesnike sa ZS prema programima multidisciplinarnih timova rezultirala manjim brojem ponovnih hospitalizacija i manjim brojem smrtnosti te značajnim uštedama za ustanove i zdravstvene fondove. Stoga Vijeće kardioloških medicinskih sestara i drugih profesija Europskoga kardiološkog društva (Council on Cardiovascular Nursing and Allied Professions, European Society of Cardiology) već nekoliko godina ulaže veliki napor kako bi potaknuli nacionalna kardiološka društva liječnika i sestara za potrebu jačanja uloge medicinske sestre kao člana multidisciplinarnoga tima.

Preduvjet jačanja uloge medicinske sestre u timu jest njena edukacija, odnosno implementacija razine sestara specijalista za ZS (specialist heart failure nurses). Također, nužna je implementacija ESC smjernica u sestrinsku praksu.

Heart failure (HF) is one of the greatest problems of modern cardiology and medicine in general. In the countries of the developed world, the prevalence of HF is 1-2%, and in clinical practice HF is the most common reason for hospitalization and the most common cause of in-hospital mortality.

Diagnosis and treatment of acute and chronic HF in Croatia as well as in other EU countries is carried out according to the guidelines of the European Society of Cardiology. Technologically sophisticated procedures in the diagnosis and treatment lead to increased demands of patients, and, consequently, the overall patient care is very complex and demanding. Such requirements can only be responded to by a well coordinated multidisciplinary team of health professionals. The key components of the multidisciplinary team are: specialist heart failure cardiologists, specialist heart failure nurses, specialist heart failure clinic and adherence to common guidelines. For instance, some EU countries such as: the United Kingdom, Sweden, Denmark and the Netherlands have developed special programs and strategies of multidisciplinary teams for HF, and in many of the programs, a specialist heart failure nurse has a crucial role. If you recall what the relationship between complementary medicine and nursing care is based on, then it is quite clear why the role of a nurse is crucial. So, what we call a symptom or a sign of a disease in medicine, it is a problem (nursing diagnosis) in the healthcare and it requires the intervention of a nurse. According to the seventh edition of the ICNP, we have detected some 92 potential nursing diagnoses that a patient with HF may have, whereas according to the nursing care plans, up to 236 nursing interventions are conducted during 24 hours. Furthermore, in medicine the treatment goals are focused on healing or treatment of a disease, whereas in nursing care the goals are focused on achieving the highest quality of life for a patient. Structured programs and nursing care plans have significant advantages in the care for a patient in terms of: it is an individualized and holistic approach (covers all domains according to NANDA Taxonomy), more thorough patient education (a patient is not only provided with the information what he/she needs to do, but he/she learns how to do it), the result is the improvement of quality of life. The analyses of some studies in Britain and the United States have shown that caring for patients with HF according to the programs of multidisciplinary teams has resulted in fewer re-hospitalizations and a lower number of deaths and significant savings for institutions and medical funds. Therefore for several years now, the Council on Cardiovascular Nursing and Allied Professions of the European Society of Cardiology has been making great efforts to encourage national cardiac societies of doctors and nurses to strengthen the role of the nurse as a member of the multidisciplinary team. The prerequisite for strengthening the role of a nurse in the team is her education or the implementation of the level of specialist heart failure nurses. It is also necessary to implement the ESC guidelines in nursing practice.

LITERATURE

1. McMurray JJV, Adamopoulos S, Anker SD, et al; ESC Committee for Practice Guidelines. ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2012: The Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure 2012 of the European Society of Cardiology. Developed in collaboration with the Heart Failure Association (HFA) of the ESC. Eur Heart J. 2012;33(14):1787-847.

RECEIVED:
September 1, 2014