Palijativna skrb za dekompenziranog kardiološkog bolesnika

Palliative care for a decompensated cardiac patient

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Dekompenzirani kardiološki bolesnik ima svoje posebnosti, jer je tijekom njegove bolesti dodatno kompliciran brojnim komorbiditetima i postupnim zatajivanjem funkcije srca, zahtjeva kompleksnu zdravstvenu njegu. Specifičnost stoga nije usmjerena na jednu bolest ili određeni organski sustav, već gleda na osobu u cjelini, koja ima svoje posebnosti u funkcionalnom statusu. Palijativna skrb usmjerena je na kvalitetu života dekompenziranog srčanog bolesnika, a uključuje: fizičke, psihičke i socijalne faktore te duhovne potrebe njega i njegove obitelji. Ima promijenjen doživljaj boli i simptome bolesti, prevalenciju smetenosti, kao i promjene mentalnog statusa, kognitivnog deficita, različitih smetnji sfinktera, rizike za pad, gubitak mišićne mase i dehidraciju. Od simptoma i znakova koji se najčešće javljaju su zaduha, bol u prsištu, palpitacije, hipotenzija i hipertenzija, edemi, cijanoza, konstipacija, umor i kaheksija. Od psihičkih čimbenika javljaju se anksioznost, tjeskoba, depresija i strah. Strah od smrti i pogoršanja postojećeg stanja mogu uzrokovati neželjene posljedice u komunikaciji unutar članova obitelji i bolesnika. Uloga duhovnika tada je neizostavna i olakšava preostale dane života. Bolesnici uključeni u palijativnu skrb u ranoj fazi bolesti imaju manje poteškoća u odlučivanju o daljnjem tijeku liječenja ili prekidu te se lakše nose s prognozom bolesti i izražavaju svoje posljednje želje.

A decompensated cardiac patient has its own characteristics, because the course of his illness which is additionally complicated by numerous comorbidities and gradual failure of cardiac function requires a complex nursing care. Specificity is therefore not focused on a single disease or a particular organ system, but is directed at the person as a whole, that has its own characteristics in the functional status. Palliative care focuses on the quality of life of a decompensated cardiac patient, including: physical, psychological and social factors as well as his and his family's spiritual needs. He suffers from a changed experience of pain and symptoms of the disease, prevalence of confusion and he experiences changes in mental status, cognitive deficit, various sphincter dysfunctions, risks of falling down, muscle loss and dehydration. The clinical signs and symptoms that usually occur are dyspnea, chest pain, palpitation, hypotension and hypertension, edema, cyanosis, constipation, fatigue and cachexia. Regarding psychological factors, there is anxiety, depression and fear that are worth mentioning. The fear of death and impairment of the existing condition can cause adverse effects in communication between the family members and the patient. The role of the chaplain is in this case unavoidable and makes it easier for such a patient to endure the remaining days of his life. Patients involved in palliative care in the early stages of the disease have fewer difficulties in deciding on the further course of treatment or discontinuation, and cope with the prognosis of the disease more easily and express their last wishes.

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