Planiranje zdravstvene njege bolesnika s akutnim koronarnim sindromom

Planning the nursing care of patients with acute coronary syndrome

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Kardiovaskularne bolesti su prioritetni zdravstveni problem, globalna epidemija, vodeći uzrok smrtnosti i invalidnosti u svijetu. Vodeći su uzrok smrti u Hrvatskoj. U Hrvatskoj je incidencija u stalnom porastu. Ukupni mortalitet kod akutnog infarkta miokarda (AIM) je 30%.

Akutni koronarni sindrom obuhvaća dijagnozu nestabilne angine pectoris i akutnog infarkta miokarda. To je kliničko stanje kojemu je u podlozi nastala nagla ishemija miokarda. S obzirom na veliki prijelaz nestabilne angine pectoris u AIM, riječ je o sindromu koji se ubraja među najveće hitnosti u suvremenoj kardiologiji i medicini općenito.

Terapijski pristup dijelimo na invazivni (perkutana koronarna intervencija) i konzervativni (medikamentozno liječenje). Zdravstvena njega bolesnika s AIM provodi se u jedinici koronarne intenzivne skrbi. Obuhvaća skup mjera i postupaka kojim medicinska sestra provodi monitoring i zbrinjavanje bolesnika u najkritičnijem razdoblju bolesti i za to su joj potrebna specifična znanja.

Neupućenost u svezi s nedostatkom specifičnog znanja o ponašanju i promjeni životnog stila nakon otpusta iz bolnice je jedna od najčešćih sestrinskih dijagnoza kod pacijenata nakon preboljelog AIM. Intervencije su usmjerene edukaciji o prehrani, terapiji, fizičkoj aktivnosti, pušenju i kardiološkim kontrolama putem razgovora, pisanih materijala i multimedijalnih prezentacija.

Planiranje otpusta pacijenata iz bolničke skrbi je proces razvoja plana i programa za njegu bolesnika koji se iz jednog okruženja njege premješta u drugo. Potreba za planiranim otpustom je važna jer smanjuje broj bolničkih dana, prije svega pacijentima sa složenim potrebama, nastavlja se zdravstvena njega u kući te edukacija putem patronažne skrbi.

Cardiovascular diseases are a priority health issue, global epidemic, the leading cause of death and disability in the world. They are the leading cause of death in Croatia. The incidence is continuously rising in Croatia. Overall mortality in patients with acute myocardial infarction (AMI) is as high as 30%.

Acute coronary syndrome includes a diagnosis of unstable angina pectoris and AMI. It is a clinical condition caused by the occurrence of sudden myocardial ischemia. Given the large transition of unstable angina pectoris to AIM, we consider this syndrome among the largest emergencies in modern cardiology and medicine in general.

We divide therapeutic approach into invasive (percutaneous coronary intervention) and conservative (pharmacological treatment). Nursing care of patients with AMI is conducted in the coronary care unit. It encompasses a set of measures and procedures that a nurse applies to conduct monitoring and management of patients in the most critical period of the disease, whereas she needs specific knowledge for that purpose.

Ignorance regarding the lack of specific knowledge about the conduct and a change in lifestyle after the discharge from the hospital is one of the most common nursing diagnoses in patients after the history of AMI. Interventions are focused on education on nutrition therapy, physical activity, smoking and cardiac control follow ups through interviews, written materials and multimedia presentations.

Planning the discharge of a patient from the hospital care is the process of developing the plan and program for the care of a patient that is transferred from one setting of care to some other. The need for a planned discharge is important because it reduces the number of in-hospital days, especially for patients with complex needs, whereas home nursing care and education is continued and provided by visiting nursing service.

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