Aritmije i uloga medicinske sestre prilikom elektrokardioverzije

Arrhythmias and the role of a nurse during electrical cardioversion

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Aritmije su poremećaji srčanog ritma. Poremećaje srčanog ritma dijelimo prema frekvenciji na bradiaritmije i tahiaritmije, a prema mjestu nastanka na supraventrikularne aritmije (nastaju u pretkljetkama) i na ventrikularne aritmije (nastaju u srčanim kljetkama).

Aritmije srca mogu se liječiti lijekovima, elektrokardioverzijom, radiofrekventnom ablacijom i ugradnjom elektrostimulatora ili defibrilatora, a izbor terapije ovisi o vrsti aritmije, simptomima i postojanju drugih bolesti srca, kao i izboru bolesnika. Elektrokardioverzija je postupak kojim se poremećaj srčanog ritma prevodi u sinusni ritam, udarcem istosmjerne struje sinkronizirane s ventrikularnim kompleksom u elektrokardiogramu.

Proces zdravstvene njege bolesnika s aritmijama zahtijeva temeljitu provedbu sestrinske anamneze i izdvajanje čimbenika koji su ključni u formiranju sestrinske dijagnoze. Sestrinske dijagnoze su opis problema koje sestra prepoznaje kod pacijenata te se na temelju tih problema pristupa definiranju ciljeva i planiranju intervencija. U skrbi za bolesnika s aritmijama vodeće su sestrinske dijagnoze Anksioznost u/s neizvjesnošću ishoda elektrokardioverzije te Neupućenost u/s nedostatka znanja o tijeku terapijskog postupka.

Planiranje zdravstvene njege za bolesnika u intenzivnoj koronarnoj jedinici obuhvaća utvrđivanje prioriteta, definiranje ciljeva, planiranje intervencija te izradu plana zdravstvene njege. Suvremeni terapijski procesi nameću interdisciplinarni pristup i stalnu edukaciju. U svojem radu u intenzivnoj koronarnoj jedinici naišli smo na mnoga pitanja koja su nas potakla na razmišljanje. Uz već poznati problem organizacije rada, nedostatak osoblja i materijala, velikog opsega posla i stresa s kojima se medicinske sestre iz koronarne jedinice svakodnevno susreću, naišli smo na nedostatak protokola po kojima bi radilo i nameće se pitanje specijalizacije medicinskih sestara radi kvalitetnije i sigurnije zbrinjavanja pacijenata. Medicinske sestre su svjesne svoje odgovornosti i standarda rada koji se od njih očekuje.

Arrhythmias are heart rhythm disorders. According to the frequency, cardiac arrhythmias can be divided into bradyarrhythmias and tachyarrhythmias, whereas according to the place of origin, cardiac arrhythmias can be divided into supraventricular arrhythmias (occur in the atria) and ventricular arrhythmias (occur in ventricles).

Cardiac arrhythmias can be treated with medications, electrical cardioversion, radiofrequency ablation and pacemaker or defibrillator implantation, whereas the choice of a therapy depends on a type of arrhythmia, symptoms and the presence of other heart diseases as well as the selection of patients. Electrical cardioversion is a procedure in which the heart rhythm disorder is reset back to its normal sinus rhythm by causing a directed electric shock synchronized with the ventricular complex in the electrocardiogram.

The process of medical care for patients with arrhythmias requires thorough performance of nursing medical history and emphasizing the factors that are crucial in the creation of nursing diagnosis. Nursing diagnoses provide the description of problems that a nurse identifies in a patient and based on these problems she sets goals and makes plans for the interventions. In caring for the patients with arrhythmias, the major nursing diagnoses are anxiety about uncertainty in the outcome of electrical cardioversion and ignorance due to absence of information about the course of therapeutic treatment.

Planning medical care for patients in the intensive coronary care unit includes setting priorities, defining goals, planning interventions and developing a plan of health care. Modern therapeutic processes impose an interdisciplinary approach to continuing education. During our work in the intensive coronary care unit, there were many issues we encountered that prompted us to think them through. In addition to the problem regarding the work organization that we are well aware of, staff and supplies shortage, a large amount of work and stress that nurses working in the coronary care unit cope with on a daily basis, we have encountered a problem of lacking the protocol that nurses should comply with. Besides, we should also raise an issue as to the specialty of nurses for the sake of providing better and safer management of patients. Nurses are aware of their responsibilities and work standards that are expected from them.

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