Dekubitus u zdravstvenoj njezi kardioloških bolesnika

Pressure ulcer in health care of cardiac patients

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Europsko savjetodavno vijeće za dekubitus (EPUAP – European Pressure Ulcer Advisory Panel) i američka organizacija NPUAP (National Pressure Ulcer Advisory Panel) objavili su 2009. godine prve Kliničke smjernice za prevenciju i liječenje dekubitusa s ciljem poboljšanja skrbi za bolesnike s dekubitusom u svim zemljama EU i svijeta.

NPUAP je 1989. godine donesao konsenzus o zajedničkoj metodologiji praćenja dekubitusa. Učestalost dekubitusa kreće se od 1-11%, dok je raširenost kod hospitalizirane populacije 5-15%, kod kroničnih bolesnika 39%, ustanovama za zbrinjavanje starijih osoba 3-20%, a u uvjetima kućne njege oko 20%.

Deklaracija – Prevencija dekubitusa kao univerzalno ljudsko pravo donešena u Rio de Janeiro u studenom 2011. godine, opisuje dekubitus kao neželjeni događaj i glavnu prijetnju za sigurnost bolesnika unutar zdravstvenog sustava svake ustanove i svih zemalja svijeta.

U Klinici za bolesti srca i krvnih žila, Klinički bolnički centar Zagreb od 2003. godine sustavno se prate, prikupljaju i evidentiraju podaci hospitaliziranih bolesnika s rizikom za nastanak dekubitusa i provode sestrinske intervencije sa ciljem prevencije i izliječenja dekubitusa. Na Zavodu za intenzivnu kardiološku skrb, aritmije i transplantacijsku kardiologiju u petogodišnjem razdoblju od 2009. do 2013. godine na ukupan broj 7.398 hospitaliziranih bolesnika liječeno je 139 (1,87%) bolesnika s dekubitusom. Unatoč provedenim postupcima usmjerenim na prevenciju i liječenje dekubitusa na Zavodu je evidentiran nastanak dekubitusa 1. stupnja u 38 bolesnika (0,51%), 2. stupnja u 27 bolesnika (0,36%), 3. stupnja u 1 bolesnika (0,01%) te eshara u 1 bolesnika (0,01%). Mjesta nastanka dekubitusa bila su na trtici u 65% bolesnika, petama 19,42%, gluteusima 7,91%, lopatici 3,59% i leđima 2,15%.

U prikazu slučaja bolesnice koja je liječena na Klinici nakon akutnog infarkta s kardiogenim šokom primjenom mehaničke ventilacije, kratkotrajne mehaničke cirkulacijske potpore srcu te naposljetku transplantacijom srca pratimo tijek i liječenje dekubitusa od 1. do 3. stupnja s nekrectomijom i primjenom VAC (*Vacuum Assisted Closure*) sustava i godinu dana nakon uspješnog izliječenja osnovne kardiološke bolesti.

European Pressure Ulcer Advisory Panel (EPUAP) and the American Organization NPUAP (National Pressure Ulcer Advisory Panel) published the first Clinical guidelines for the prevention and treatment of pressure ulcer in 2009 in order to improve the care for the patients with pressure ulcer in all EU countries and worldwide.

In 1989, NPUAP adopted a consensus on the common pressure ulcer follow-up methodology. The incidence of pressure ulcers ranges from 1-11%, while the prevalence in hospitalized population ranges from 5 to 15%, in chronic patients it is 39%, in institutions for management of the elderly it is 3-20%, and in the conditions of home care it is about 20%.

The Declaration - Prevention of pressure ulcers as a universal human right adopted in Rio de Janeiro in November 2011, describes pressure ulcer as an adverse event and a major threat to the patient safety in the healthcare system of each institution and all countries in the world.

The data on hospitalized patients at risk of developing pressure ulcers has been systematically monitored, collected and recorded since 2003 at the Cardiovascular Clinic, University Hospital Centre Zagreb and nursing interventions have been conducted with an aim to prevent and treat pressure ulcers. Out of a total number of 7,398 hospitalized patients, there were 139 (1.87%) patients with pressure ulcers who were treated at the Department for Intensive Cardiac Care, Arrhythmias, and Transplant Cardiology in the five-year period from 2009 - 2013. Despite the conducted procedures aimed at the prevention and treatment of pressure ulcers we recorded the occurrence of pressure ulcer 1st stage in 38 patients (0.51%), 2nd stage in 27 patients (0.36%), 3rd stage in 1 patient (0.01%) and eschar in 1 patient (0.01%). The sites of occurrence of pressure ulcers were in the rump in 65% patients, heels in 19.42% patients, gluteal muscles 7.91% patients, scapula in 3.59% patients and the back in 2.15% patients.

In the case of the patient who was treated at our Department after acute myocardial infarction with cardiogenic shock by using mechanical ventilation, short-term mechanical circulatory support in heart failure and ultimately heart transplant, we follow up the course and the treatment of pressure ulcer from 1st to 3rd with necrectomy and by using the VAC (*Vacuum Assisted Closure*) system one year after successful healing of the primary cardiac disease.

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