■ Skrb palijativnog kardiološkog bolesnika

Palliative medical care in a cardiology patient

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Poznato je da je zatajivanje srca najčešća otpusna bolnička dijagnoza bolesnika starijih od 65 godina.¹ Zbog sve bolje zdravstvene zaštite produžuje se životni vijek i raste učestalost bolesnika s kroničnim zatajivanjem srca.

Kardiološka medicinska sestra se sve češće susreće s bolesnicima koji su kratko hospitalizirani i otpuštaju se na kućno liječenje, a psihofizičke sposobnosti samozbrinjavanja se smanjuju. Već opći dojam govori o teškom bolesniku. Obitelj, zajedno s bolesnikom je opterećena zbrinjavanjem ovakvih bolesnika i često su iscrpljeni. Aktivno uključivanje kardiološke medicinske sestre, kao bolesnikove zagovornice, pri hospitalizaciji i pri otpustu ovakvih bolesnika može uvelike povećati kvalitetu života i bolesnika i njegove obitelji. Sudjelovanje medicinske sestre u izradi ukupne otpusne dokumentacije je nužno, kako bi se bolesnik prepoznao kao palijativni kardiološki bolesnik.

Naš zdravstveni sustav prepoznaje palijativnog bolesnika kroz dijagnozu Z515. Pri bolničkoj skrbi i otpustu bolesnika s kroničnim zatajivanjem srca i funkcijskim NYHA IV. razredom, korisno za bolesnika je razmotriti pravo na palijativnu skrb. Nužno je uključiti i educirati bolesnika i obitelj u donošenje odluke o prihvatanju palijativne skrbi, kao i obliku te količini palijativne skrbi koja se može planirati nakon otpusta iz bolnice. Obveza zdravstvenog tima koji liječi bolesnika je poštivati pravo na donošenje odluke o tretmanu nakon informiranosti. Nakon ovakvog pristupa, pisanje otpusnog pisma zdravstvene njege bit će jednostavnije, a za bolesnika i njegovu obitelj, korisnije. Ovdje počinje kontinuirana skrb za palijativnog bolesnika i nastavlja se dogovorna zdravstvena njega. Potrebno je imati na umu da bolesnik koji čeka mehaničku potporu srcu, kirurški zahvat ili transplataciju srca, može nakon ovakve potpore srcu prestati biti palijativan, ali potrebno je živjeti sada, pomoć se pruža onda kada je potrebna. Palijativnu skrb je potrebno učiniti dostupnom uz mogućnost odabira željenog mjesta skrbi.

Stručni tim koji skrbi bolesnika u bolnici, (liječnik, prvostupnica sestrištva, psiholog, fizioterapeut, socijalni radnik, duhovnik) nakon uključivanja bolesnika i skrbnika u tim individualno se formira. Na obiteljskom sastanku, koji se upriličuje čim prije po prijemu, izrađuje se dogovorna, planirana skrb, prilagođena očekivanjima i mogućnostima. Posebno se poklanja pažnja informiranju, bolesnikovoj autonomiji, dostojanstvu, poštovanju, stvaranju odnosa istinoljubivosti i stvaranja povjerenja. Planira se i dogovara da posjete budu edukacija skrbnika kroz aktivno uključivanje u zbrinjavanje bolesnika. Pored aktivnog uključivanja u skrb, edukacija se upotunjuje i pisanim materijalima o samoj Bolnici, njezi teškog bolesnika sa, po potrebi, materijalima o njezi urin katetera, dekubitusa, sprečavanja nastanka pneumonije, kontrakture, oštećenja kože, PEG-a, trahealne kanile, aspiratora, ev. života s VAD-om i dr. Eventualne vrijedi slikaju se pri prijemu. Sastavni su dio planiranih intervencija u zdravstvenoj njezi, te se, upotunjene slikom pri otpustu, prilažu otpusnoj dokumentaciji.

Skrb kardiološkog palijativnog bolesnika u Specijalnoj bolnici «Sveti Rafael», prezentirat ćemo u prikazu slučaja.

LITERATURE

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It is well known that heart failure is the most common discharge diagnosis in patients older than 65 years.¹ Due to the ever-improving medical care average life span is increasing and the incidence of patients with chronic heart failure with it. A cardiology nurse more and more commonly meets patients who were shortly hospitalized and then released home, but their psychophysical capabilities for self-assistance are diminishing. An overall impression points towards a very ill patient. The family, along with the patient himself, is under heavy burden when taking care of such patients and is often exhausted.

Active participation of a cardiology nurse, as patient's advocate, during hospitalization and discharge, can increase the quality of life of patient and his family. An active participation of a nurse in discharge papers is essential, so that the patient can be recognized as a palliative cardiology patient.

Our healthcare system recognizes palliative patient with diagnosis Z515. During hospital care and discharge of a patient with chronic heart failure in a functional NYHA IV class, it is very useful to consider palliative care for the patient. It is crucial to involve and educate the patient and family in making the decision about accepting palliative care, as well as scope and form of palliative care which can then be planned after hospital discharge. Health care team is obliged to respect a patient's right to make the decision after receiving adequate information. Using this approach writing a discharge letter will be easier and more useful for the patient and his family. That is the moment where continuous palliative care begins and agreed care continues. It is good to have in mind that a patient who is on a waiting list for mechanical heart support, surgical treatment or heart transplantation, can stop being palliated, but as living in the present we need to provide the assistance that is needed when it's needed. Palliative care needs to be available with the possibility to choose the place of care.

The expert team that takes care about the patient in hospital (physicians, bachelor nurse, psychologist, physiotherapist, social worker, priest) is formed individually after involving the patient and the guardian. On a family meeting, which should be organized the moment patient is admitted, adequate care plan is made, adjusted to expectations and possibilities. Special care is made to provide information to the patient, to provide autonomy, dignity, respect, and a relationship based on truth and confidence. Part of the plan is to involve and educate daily visitors through active participation in patient management. Beside active participation in care, written materials about the hospital and taking care of difficult patient are given, and if needed, materials about urinary catheter care, bedsores, pneumonia prevention, contractures, preventing skin defects, PEG tube, tracheal cannula, suction devices, life with VAD etc. Bedsores presents during admission are photographed. They are integral part of planned intervention in medical care and, with a photo on the discharge day, are enclosed into the medical documentation.

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