Yoğun Bakım Ünitesinde Edinilmiş Güçsüzlük ve Yoğun Bakım Ünitesinde Erken Mobilizasyon

BÖLÜM 14

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ÖNEMLİ NOKTALAR

1. ICU'da edinilmiş güçsüzlük sık görülür ve yatışın erken dönemlerinde ortaya çıkar.
2. Yatak istirahati, katkıda bulunan ve değiştirilebilir bir faktördür.
3. Erken mobilizasyon, ICU'da edinilmiş güçsüzlüğü önlemek için umut verici bir uygulamadır.
4. Erken mobilizasyon, koordineli ve multidisipliner bir yaklaşım gerektirir.

GİRİŞ

Son yıllarda kritik hastalığa bağlı ölümlerin azalması ile yoğun bakım ünitesinde (ICU) sağ kalım artmıştır.[1-3] Bunun sonucunda da yoğun bakım alanında odak noktası kısa vadeli mortaliteden uzun vadeli morbiditeye kaymıştır. Yoğun bakım ünitesinde edinilmiş güçsüzlük (ICUAW) ve fiziksel fonksiyon bozukluğuna neden olan nöromüsküler komplikasyonlar, sağ kalan yoğun bakım hastalarında % 9 ila % 87 arasında değişen bir yaygınlıkta görülmektedir[4]. Üstelik bu komplikasyonlar, sıklıkla fonksiyonel bozukluğa ve sağlıkla ilgili yaşam kalitesinde azalmaya yol açacak kadar ciddi ve kalıcıdır.[5-11]

Kritik hastalığı takiben kas güçsüzlüğü nedenleri multifaktöriyel olup buna kronik hastalığa bağlı premorbid güçsüzlük de dahildir. Son zamanlarda, hem kritik hastalığın hem de buna bağlı tedavilerin kaslar ve sinirler için toksik olduğu ve ICUAW gelişimine katkıda bulunduğu yönünde artan bir fikir birliği vardır.[1-2] Maalesef, ICUAW'ı önlemek veya tedavi etmek için yöntemler sınırlıdır. Günümüzde; erken mobilizasyonun (EM), hastanın sonuçlarını iyileştirebileceği yönünde gözlemsel ve küçük randomize kontrollü çalışmalar bulunmaktadır. Bu bölümde, ICUAW gelişimine, tanınmasına ve sonuçlarına odaklanılacak ve beraberinde kritik hastalarda EM'nin rolüne değinilecektir. EM'nin önündeki engeller, EM için güvenlik hususları, sonuçları ölçmek için stratejiler, hem hasta hem de aileleri için hedefler de ayrıca tartışılacaktır.

YOĞUN BAKIM GÜÇSÜZLÜĞÜNÜN ETİYOLOJİSİ VE PATOFİZYOLOJİSİ

Yatak İstirahati, İmmobilizasyon ve Kullanmama Kas Atrofisi

Uzun yatak istirahati ve immobilizasyon, birçok yoğun bakım ünitesinde yaygın görülür ve ICUAW gelişimine katkıda bulunabilir.[3] On beş farklı tıbbi durum ve işlemle ilişkili yatak istirahatinin etkilerini inceleyen 39 randomize çalışmanın bir meta-analizinde, yatak istirahatinin yararlı olmadığı ve zararlı olabileceği ortaya konmuştur.[4]

komplikasyonu için terapötik hedefler bulmak ve geliştirmek amacıyla ileri çalışmalara ihtiyaç vardır. Erken mobilizasyon, ICUAW'ı önlemek veya hafifletmek için umut verici bir uygulamadır ve hastanın mobilizasyona hazır olduğunu değerlendirmek ve aktivitesinin ilerlemesini optimize etmek için koordineli, meslekler arası ekip yaklaşımı gerektirir. EM'yi değerlendiren gözlemsel ve küçük randomize çalışmalar, güvenli ve uygulanabilir olduğunu göstermektedir fakat bunlar çoğunlukla tek merkezli ve dış geçerliliği sınırlı olan çalışmalardır. Bu çalışmalar aynı zamanda, EM'nin kurtulan hastalarda fonksiyonel sonuçları iyileştirme, yeniden yatışı ve sağlık maliyetini azaltma potansiyeline sahip olduğunu göstermektedir. Temel standart uygulamayı tanımlamak, kas zayıflığı için risk altındaki hastaları öngören risk faktörlerini belirlemek, ve EM için bir uygulama şekli ve dozunu tanımlamak için daha fazla araştırma gereklidir.

BURADAN ÇIKARACAĞIMIZ NOKTALAR

- ICUAW sık görülür, kritik hastalığın erken dönemlerinde ortaya çıkar ve dikkate değer uzun dönem morbidite ve potansiyel mortalite ile ilişkilidir.
- Kısıtlılıklarına rağmen, ICUAW'ın teşhisi için hastanın yatak başı rutin fizik muayenesi başlangıç noktası olmalıdır. Göreceli maliyet, invazivlik, uzman doktor ve teknisyenlere olan ihtiyaç göz önüne alındığında, seri klinik muayenede beklenenden daha yavaş gelişen, güçsüz hastalar için kapsamlı elektrofizyolojik çalışmalar ve kas biyopsisi yapılmalıdır.
- Erken mobilizasyon ICUAW'ı önlemek veya azaltmak için umut verici bir müdahaledir.
- Erken mobilizasyon, mobilizasyona hazır olmayı değerlendirmek ve hasta aktivitesinin ilerlemesini optimize etmek için koordineli, meslekler arası ekip yaklaşımı gerektirir.

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