

# Bol kao značajan dijagnostički podatak

## Pain as a significant part of diagnostic data

Nataša Jevtović

Klinički centar Kragujevac

Clinical Center Kragujevac

### Apstrakt

Bol je subjektivno, neprijatno opažanje i osećaj, koji se može javiti usled oštećenja tkiva, njegovog predstojećeg oštećenja, ili usled psiholoških uzroka. Javlja se gotovo kod svih bolesti i povreda. To je zaštitni mehanizam čija je funkcija da organizam postane svestan opasnosti i reaguje kako bi uklonio bolni nadražaj, međutim ukoliko se bolni nadražaj ne može ukoniti onda se javlja hronični bol koji nema više zaštitnu funkciju, već dodatno opterećuje obolelog.

Bol kod neurološkog bolesnika istovremeno može ukazivati na aktuelne neurološke probleme ali istovremeno i na potencijalno životno ugrožavajuća stanja, koja nisu neurološka. Upravo zbog povećane učestalosti komorbiditeta kod neurološkog pacijenta moramo istaći značaj posmatranja pacijenta kao i evaluaciju bola od starane medicinski sestara tehničara.

Ako bol klasifikujemo prema organima i sistemima organa svakako moramo uzeti u obzir i neke druge okolnosti koje ne potiču iz samog organa ili sistema organa a koja mogu da pojačavaju ili da uzrokuju bol. Tako, glavobolja koja je najčešći subjektivni osećaj kod neurološkog bolesnika može biti uzrokovana nekim patološim supstratom ili nekim patološkim procesom npr. u ranoj fazi hemoragije ali isto tako i manje značajnijim stanjima. Tako na primer imamo izrazitu glavobolju kod moždanog udara u fazi oporavka gde se ne potvrđuje ni jedan drugi razlog već bol uzrokovan kontrakturama mišića vrata usled dugog ležanja.

Posmatranje pacijenta, procena stanja pacijenta, detektovanje bola, evaluacija bola predstavaju poseban entitet u zdravstvenoj nezi neurološkog bolesnika. Upravo zbog toga iz višedecenijskog iskustva prikazaću primerima iz prakse najčešće razloge bola kod neurološkog pacijenta koja primarno nisu bila uzrokovana akutnom ili hroničnom neurološkom bolešću.

### Abstract

Pain is a subjective, unpleasant perception and feeling, which can occur due to tissue damage, its impending damage, or due to psychological causes. It occurs in almost all diseases and injuries. It is a protective mechanism whose function is for the organism to become aware of the danger and react in order to remove the painful irritation, however, if the painful irritation cannot be eliminated, then chronic pain occurs which no longer has a protective function, but additionally burdens the patient.

Pain in a neurological patient may simultaneously indicate current neurological problems but at the same time potentially life-threatening conditions, which are not neurological. Due to the increased frequency of comorbidities in the neurological patient, we must emphasize the importance of patient observation as well as the evaluation of pain by nursing technicians.

If we classify pain according to organs and organ systems, we must certainly take into account some other circumstances that do not originate from the organ or organ system itself and which can intensify or cause pain. Thus, the headache that is the most common subjective feeling in a neurological patient can be caused by some pathological substrate or some pathological process, e.g. in the early phase of hemorrhage, but also in less significant conditions. For example, we have a prominent headache in stroke in the recovery phase, where no other reason is confirmed, but the pain caused by contractures of the neck muscles due to long lying down.

Observing the patient, assessing the patient's condition, detecting pain, evaluating pain are a special entity in the health care of a neurological patient. Thanks to my experience of a few decades, I will introduce you to the examples of the most common causes of pain in neurological patients that were not primarily caused by acute or chronic neurological disease.