



Zbrinjavanje novorođenčeta nakon reanimacije

Caring for a newborn baby after resuscitation

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Apstrakt

Ukupna stopa preživljavanja kod dece kod koje je nastao kardio-pulmonalni zastoj van bolnice je svega 6-8%, a veliki broj preživle dece ima značajna neurološka oštećenja. Zbog toga je brza i odlučna kardio-pulmonalna reanimacija vrlo bitna za uspostavljanje srčane radnje i cirkulacije, kao i za preživljavanje bez neuroloških sekvela. Stopa preživljavanja iznosi tek 27-33%. Posle uspešne reanimacije sledi stabilizacija, koja podrazumeva brzu procenu rizika, potrebu za dodatnim intervencijama i sprovođenje istih. Novorođenče je u posebnom riziku od hipoglikemije, te prvi korak podrazumeva obezbediti i.v. liniju.

Ekstra mere su usmerene na sprečavanje hipotermije. Nije retka i potreba za dodatnom potporom disanja, s obzirom na to da su respiratorni distres ili respiratorni distres sindrom najčešći razlozi boravka u jedinicama intenzivne neonatalne nege. Hipovolemija dovodi do složene cirkulatorne disfunkcije, što za posledicu ima nedovoljnu oksigenaciju tkiva i neadekvatnu ishranu tkiva, a sve to rezultira multiplom organskom disfunkcijom. Prisustvo infekcije dodatno otežava oporavak. Rođenje bolesnog deteta za roditelje predstavlja početak teške i duge borbe. Uzajamno poverenje jedino dovodi do uspeha u lečenju.

Abstract

The overall survival rate in children who developed cardiopulmonary arrest outside the hospital is only 6-8%, and a large number of surviving children have significant neurological impairments. Therefore, rapid and decisive cardio-pulmonary resuscitation is very important for the establishment of cardiac function and circulation, as well as for survival without neurological sequelae. The survival rate is only 27-33%. Successful resuscitation is followed by stabilization, which implies rapid risk assessment, the need for additional interventions, and their implementation. The newborn is at a special risk of hypoglycemia, and the first step involves providing i.v. line.

Additional measures are aimed at preventing hypothermia. The need for additional respiratory support is not uncommon, since respiratory distress or respiratory distress syndrome are the most common reasons for staying in neonatal intensive care units. Hypovolemia leads to complex circulatory dysfunction, which results in insufficient tissue oxygenation and inadequate tissue nutrition, all of which result in multiple organic dysfunctions. The presence of infection further complicates recovery. For parents, the birth of a sick child is the beginning of a difficult and long struggle. Mutual trust only leads to treatment success.