

**VISOKA ZDRAVSTVENA ŠOLA V CELJU**

**DIPLOMSKO DELO**

**SAMONADZOR PACIENTOV S SRČNIM POPUŠČANJEM**

**SELF-CONTROL OF PATIENTS WITH HEART FAILURE**

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## POVZETEK

**Uvod:** Srčno popuščanje ni bolezen temveč je sindrom, ki je sestavljen iz simptomov in kliničnih znakov, ki so posledica nezadostnega minutnega srčnega iztisa ter pljučne in sistemske kongestije. Cilj zdravljenja srčnega popuščanja je preprečevanja napredovanja in poslabšanja bolezni in izboljšanje kakovosti življenja in preživetja. Samonadzor pomeni, da pacient s pomočjo znanja, ki ga prejme, vzpostavi aktivno vlogo pri zdravljenju svoje bolezni. Namen diplomskega dela je predstaviti samonadzor pacientov s srčnim popuščanjem.

**Metoda dela:** Raziskava je temeljila na kvalitativni paradigmi raziskovanja. Uporabili smo metodo deskripcije. Podatki iz primarnih virov so bili pridobljeni s pomočjo strokovnih in znanstvenih člankov in zbornikov zdravstvenih konferenc. Pridobivanje podatkov od pacientov je potekalo s tehniko intervjuja. V raziskavo smo vključili 5 pacientov, ki imajo diagnozo srčno popuščanje in so po New York Heart Association lestvici razvrščeni v tretji ali četrti razred. Zaključku intervjujev je sledila njihova analiza. Zbrani podatki so urejeni in prikazani v programu Microsoft Word. Rezultati analize besedila so predstavljeni opisno.

**Rezultati:** Glavna spoznanja raziskave so, da vsi intervjuvanci vključeni v raziskavo in niso bili deležni zdravstveno vzgojnega svetovanja s strani medicinske sestre. Ugotovili smo odstopanja pri uživanju tekočine in soli v prehrani, vsi intervjuvanci se ne držijo omejitev, ki jih imajo. Glavna spoznanja raziskave so tudi odstopanja pri izvajanju meritev telesne teže, meritev vsi pacienti vključeni v raziskavo ne izvajajo vsakodnevno. Vsem je bilo tudi skupno, da so povsem zanemarili telesno dejavnost. Pri poslabšanju bolezenskega stanja opazijo oteženo dihanje, medtem ko samo dva intervjuvanca opazita porast telesne teže.

**Razprava in sklep:** Z raziskavo, v katero smo vključili pet pacientov s srčnim popuščanjem, smo ugotovili, da kljub velikemu poudarku na posredovanju informaciji in zdravstvenem vzgojnem delu medicinske sestre vsi niso prejeli zadostnih informacij, zato je nerealno pričakovati kakovostno izvajanje samonadzora. Medicinska sestra mora pacientu pri hospitalizaciji posredovati čim več potrebnega znanja, usmeritev in nasvetov, ki mu bodo v pomoč pri prilagajanju bolezni v domačem okolju.

**Ključne besede:** srčno popuščanje, samonadzor, zdravstvena vzgoja, pacient, medicinska sestra

## **ABSTRACT**

**Introduction:** Congestive heart failure is not a disease, but a syndrome that consists of symptoms and clinical signs, which are the result of inadequate cardiac output and pulmonary and systemic congestion. The aims of congestive heart failure treatment are prevention of progress and deterioration of the disease, and improvement of the lifestyle quality and survival. Self-control means that the patient, by means of acquired adequate knowledge, establishes an active role in treating their illness. The purpose of this diploma thesis is to present self-control of patients suffering from congestive heart failure.

**Work method:** The research was based on a qualitative research paradigm. We used the description method to conduct the research. The data from primary sources were obtained from professional and scientific articles, and a collection of scientific papers from health conferences. The data from patients were obtained by using the technique of interviews. There were five patients included in the research who were diagnosed with congestive heart failure and who were classified in the third or fourth class according to New York Heart Association scale. The interviews were followed by their analysis. The information were processed and presented in Microsoft Word. The analysis results are presented descriptively.

**Results:** The main findings of the research showed that the interviewed patients had not been part of health educational counselling by a nurse. We found out some deviations in liquid and salt food intake of the respondents. All of them did not follow their food restrictions. Another research finding was a deviation in performing weight measurements. All of the respondents did not perform their measurements regularly, but were far more consistent with measuring blood pressure. It was common to all the interviewed patients to totally neglect physical activity. In cases of aggravation of their condition, they noticed difficult breathing, while two of the interviewed patients also noticed the increase in their body weight.

**Discussion and conclusion:** The research covered five patients with congestive heart failure. It showed that in spite of raising awareness of the meaning of sharing information and emphasising health educational work of nurses, not all patients received enough adequate information. For this reason, it is unrealistic to expect quality self-control. A nurse must provide as much knowledge, guidance and advice as they can to a hospitalised patient. This will be helpful to such patient when adapting their illness to their home environment.

**Key words:** congestive heart failure, self-control, health education, patient, nurse