

VISOKA ZDRAVSTVENA ŠOLA V CELJU

DIPLOMSKO DELO

**PREPOZNAVA IN DELOVANJE IZVAJALCEV ZDRAVSTVENE NEGE
PRI SEPTIČNEM ŠOKU**

**RECOGNITION AND OPERATION OF A NURSING PROVIDER IN
SEPTIC SHOCK**

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POVZETEK

Uvod: V diplomskem delu želimo prikazati značilnosti šoka ter hkrati preveriti vpliv znanja in izkušenj na zgodnjo prepoznavo, saj je pravočasna in pravilna postavitev diagnoze ključna za potek zdravljenja. Zato sta znanje in opazovanje izvajalcev zdravstvene nege pomembna dejavnika pri zdravljenju sepse in preprečevanju septičnega šoka.

Metoda: Raziskavo smo opravili s kvantitativnim raziskovalnim pristopom z uporabo deskripcije, izvedli smo jo na Kliničnem oddelku za travmatologijo v Univerzitetnem kliničnem centru Ljubljana. Anonimni anketni vprašalnik, sestavljen na podlagi strokovne literature je izpolnilo 105 anketirancev, kar predstavlja 70 odstotno realizacijo. Podatke smo statistično obdelali z Microsoftovim programom in statističnim programom SPSS.

Rezultati: Tako 105 anketirancev meni, da je koža pomemben znak šoka, 89 anketirancev se strinja, da je tahikardija ob hipotenziji zgodnji znak šoka. Da nastopi tkivna hipoksemija, meni 59 anketirancev. Medtem ko 70 anketirancev meni, da so motnje zavesti in orientiranosti eden od znakov šoka. Da zdravila vplivajo na prepoznavo šoka, meni 95 anketirancev. Posledica nezdravljene sepse je septični šok, tako meni 96 anketirancev. Najpogostejši znak septičnega šoka je tahikardija (88), najpogostejši povzročitelj so po Gramu negativni bacili meni 60 anketirancev. Septični šok 68 anketirancev uvršča med distributivne šoke. Anketirani z visoko izobrazbo (73 odstotkov) prej prepoznajo šok kot anketirani s srednjo izobrazbo (67 odstotkov). Z Mann-Whitneyev U-testom smo dokazali, da izkušnje in znanje, pomembno vplivajo na pravočasno prepoznavo šoka.

Razprava in sklep: Rezultati kažejo, da anketiranci prepoznajo šok, predvsem na podlagi opazovanja kože, vedenja pacienta in vitalnih znakov. Ob tem dopuščajo možnost vpliva zdravil na zgodnje znake šoka. Malo anketirancev uporablja algoritme za oceno ogroženosti. Vedo, da nezdravljena sepsa preide v septični šok. Za nastavitev intravenske poti in aplikacijo infuzije se brez odredbe zdravnika ne odločajo. Izvajalce zdravstvene nege je treba usposobiti na področju šokovnih stanj, da bi pravočasno prepoznali prve znake šoka in pravilno ukrepali.

Ključne besede: šok, sepsa, septični šok, kompetence medicinske sestre, kardiogeni šok, distributivni šok, hipovolemični šok.

SUMMARY

Introduction: In this diploma thesis the features of septic shock are presented and the impact of knowledge and experience on its early recognition is verified. The correct diagnosis given in time is of vital importance for the treatment. Therefore, the knowledge and experience of medical personnel are important issues in the treatment of sepsis and prevention of septic shock.

Method: The research was done with the quantitative research approach using the description method. It was carried out at the Clinical Department of Traumatology at University Medical Centre Ljubljana. 105 respondents completed an anonymous survey which was based on expert literature. The data were statistically processed with programs Microsoft and SPSS.

Results: 105 respondents think that changes in skin are an important sign of septic shock. 89 respondents agree on tachycardia being an early sign of septic shock when hypotension occurs. 59 respondents assume that tissue hypoxemia does occur. 70 respondents think that the disturbances of consciousness and orientation are considered the signs of the shock and 95 respondents believe that medicines have an influence on its recognition. 96 respondents consider septic shock to be the result of an untreated sepsis. 88 respondents think that tachycardia is the most common symptom of septic shock and 60 respondents believe that Gram negative bacteria are its most common cause. 68 respondents classify septic shock as a distributive shock. Respondents with higher education (73 %) are more likely to recognize septic shock than those with secondary education (67%). By using Mann-Whitney *U* test it was proved that both experience and knowledge have an important impact on the prompt recognition of septic shock.

Discussion and conclusion: The results show that respondents recognize septic shock mainly on the basis of visual changes in skin, patient's behaviour and vital signs. Additionally, they acknowledge that medicines affect the early signs of septic shock. Only a few respondents use the threat level algorithm. They know that untreated sepsis leads to septic shock. However, without a doctor's order, they would not set an intravenous route or give infusion. Nursing care providers need to be trained in the field of septic shock in order to identify the early signs of septic shock and take appropriate action in time.

Key words: shock, sepsis, septic shock, competencies of a nurse, cardiogenic shock, distributive shock, hypovolemic shock.