

VISOKA ZDRAVSTVENA ŠOLA V CELJU

DIPLOMSKO DELO

**VLOGA MEDICINSKE SESTRE PRI PACIENTIH Z ELEKTRIČNO
KARDIOVERZIJO**

NURSING IN PATIENTS WITH ELECTRICAL CARDIOVERSION

Študent: MIRELA ŠABIĆ

**Mentor: ANDREJA HROVAT BUKOVŠEK, pred. mag. dipl. m. s.,
univ. dipl. org.**

Somentor: izr. prof. dr. Gorazd VOGA, dr. med., spec. int. med.

**Študijski program: VISOKOŠOLSKI STROKOVNI ŠTUDIJSKI
PROGRAM ZDRAVSTVENA NEGA**

CELJE, 2017

POVZETEK

Uvod: Motnje srčnega ritma so v Sloveniji in v svetu v porastu, največ na račun staranja prebivalstva in tudi na račun boljše diagnostike. Z električno kardioverzijo (EK) zdravimo nekatere od teh motenj, pri kateri pa ima pomembno vlogo medicinska sestra. Namen raziskave je predstaviti vlogo medicinske sestre pri prepoznavi motenj srčnega ritma in pripravi pacientov na električno kardioverzijo (EK).

Metoda: Raziskava je temeljila na kvantitativni metodi raziskovanja, metodi deskripcije. Uporabljena je bila tehnika anketiranja. Kot instrument smo uporabili anketni vprašalnik, ki je bil oblikovan na osnovi pregleda literature. V nenaključni vzorec smo vključili 35 izvajalcev zdravstvene nege. Realizacija vzorca je bila 90 %. Podatki so bili analizirani s pomočjo programa Excel.

Rezultat: 17 (53 %) anketirancev je prepoznalo paroksizmalno supraventrikularno tahikardijo (PSVT), AF je prepoznalo 23 (72 %) anketirancev. Vsi (100 %) anketiranci so prepoznali asistolijo in 26 (81 %) je prepoznalo bradikardijo. EKG pred EK posname 32 (100 %) anketiranih, pomeri vitalne funkcije in aplicira i.v. pot. 30 (94 %) anketiranih vedno aplicira analgetik in sedativ, priskrbi pisno privolitev, se informira o alergijah in antikoagulantni terapiji, preveri, ali je pacient tešč, ter odstrani nakit in protezo. Identifikacijsko zapestnico namesti 29 (91 %), psihično pripravi paciente 27 (84 %) anketiranih, 7 (22 %) pa pobrije prsni koš. 12 (43 %) anketiranih pove, da z neprehodno kanilo nima nikoli težav, 11 (40 %) nima nikoli težav zaradi pomanjkljivo pripravljenih pripomočkov, 10 (36 %) anketiranim nikoli ne manjka pisna privolitev in ne pozabijo odstraniti nakita, 9 (32 %) jih nima psihično nepripravljenega pacienta, 15 (53 %) nima nikoli onemogočenega dostopa do pacienta in 6 (21 %) anketiranih nima nikoli težav zaradi neobritega prsnega koša. 18 (56 %) anketirancev pacientom pred odpustom domov pojasni vse o antikoagulantni terapiji in preveri, ali so navodila razumeli, 3 (9 %) pouči, vendar ne preverja, in 9 (28 %) odgovori, da jim vse razloži zdravnik. Prav tako ob odpustu 18 (56 %) anketiranih razloži pacientom pomen rednih kontrol v antikoagulantnih ambulantah ustno, 5 (15 %) pisno in 9 (28 %) jih meni, da to opravi le zdravnik.

Razprava in sklep: Ugotovili smo, da se medicinske sestre zavedajo pomena prepoznave motenj srčnega ritma pri pacientih in da v glavnem prepoznajo pomembne motnje na EKG zapisu. Pripravo pacienta izvedejo kakovostno, poznajo aktivnosti, ki jih morajo izvajati pri pacientu pred, med in po EK. Zdravstveno vzgojno delo izvajajo v okviru svojih zmožnosti. V prihodnosti bo treba verjetno še veliko postoriti, da bodo medicinske sestre obnavljale in pridobivale nova znanja, da bodo za dobro pacienta lahko kakovostno opravljale svoje delo.

Ključne besede: električna kardioverzija, motnje srčnega ritma, atrijska fibrilacija, ventrikularna tahikardija, medicinska sestra

SUMMARY

Introduction: The number of cases of heart rhythm disturbances is growing in Slovenia as well as all around the world, mainly because of the ageing of the population and also because of improved diagnoses. Some of the disturbances are treated with electrical cardioversion (EC). In this procedure an important role is played by a nurse. The purpose of the research is to establish the role of a nurse in the recognition of heart rhythm disturbances and the preparation of patients for electrical cardioversion.

Methodology: The research included a quantitative approach based on a descriptive research method. Data was collected by survey method. The questionnaire used as a measuring instrument was set up on the basis of the review of specialised literature. A non-random sampling method was conducted on 35 nursing care providers. The response rate was 90 %. Data analysis was carried out in Excel.

Outcomes: 17 (53 %) of the people asked recognised paroxysmal supraventricular tachycardia (PSVT), and 23 (72 %) recognised atrial fibrillation (AF). All of them (100 %) recognised asystole and 26 (81 %) recognised bradycardia. 32 (100 %) of them perform ECG before EC, verify vital functions and install an intravenous line. 30 (94 %) of the people asked always administers an analgesic and a sedative, takes care of the written consent, collects information about allergies and anticoagulant therapy, make sure that the patient has an empty stomach and checks that the patient is not wearing any jewellery and prosthesis. 29 (91 %) of them give the patient an identification bracelet and 27 (84 %) of them psychologically prepare the patient, 7 (22 %) of them shave the patient's chest. 12 (43 %) of the people asked never experienced problems with a stuck cannula, 11 (40 %) never have problems with poorly prepared tools, 10 (36 %) never forget about the written consent and the jewellery, 9 (32 %) never have a psychologically unprepared patient, 15 (53 %) never experience a denied access to the patient and 6 (21 %) of the people asked never have problems because of an unshaven chest. 18 (56 %) of the people asked explain to the patient the anticoagulation therapy before they are dismissed and make sure the patient understood the instructions, 3 (9 %) give the instructions but do not verify the patient's understanding, and 9 (28 %) say the patient is given all the instructions from their doctor. 18 (56 %) of them orally explain to the patient the importance of regular check-ups in anticoagulation clinics, 5 (15 %) give written explanations and 9 (28 %) believe that this is carried out by the doctor.

Discussion and conclusion: It was established that nurses are aware of the importance of the recognition of heart rhythm disturbances in patients and that they do recognise important heart rhythm disturbances in the ECG result. They prepare the patient in a qualitative way, they are familiar with the activities they have to carry out before, during and after an EC procedure. They implement health care related educational work within the scope of their abilities. In the future it would probably be necessary to invest a lot of effort in enabling nurses to renew and acquire further knowledge in order to carry out their work in a more qualitative way for the patients benefit.

Key words: Electro cardioversion, heart rhythm disturbances, atrial fibrillation, ventricular tachycardia, a nurse.