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SURUNKALI BUYRAK KASALLIGI TERMINAL BOSQICHIDAGI BEMORLARNING HAYOT SIFATINI OSHIRISHDA IXTISOSLASHGAN HAMSHIRALIK PARVARISHINING AHAMIYATI

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Annotatsiya. Ushbu maqola va ilmiy tezisda surunkali buyrak kasalligi (SBK) bilan og'rikan, xususan, hayotiy ko'rsatmalarga ko'ra dasturiy gemodializ muolajasini muntazam ravishda olayotgan bemorlarni parvarish qilishda zamonaviy hamshiralik jarayonini (Nursing Process) to'g'ri tashkil etish masalalari kompleks yoritilgan. Hamshiraning bemor parhezini (nutrition status), gidratatsiya balansini nazorat qilishi, arterio-venoz fistula (AVF) monitoringi hamda psixosomatik qo'llab-quvvatlash bo'yicha faoliyati tahlil etildi. To'g'ri tashkil etilgan hamshiralik parvarishi dializlararo asoratlarni keskin kamaytirishi klinik ko'rsatkichlar bilan isbotlangan.

Kalit so'zlar: surunkali buyrak kasalligi, gemodializ, hamshiralik parvarishi, parhez nazorati, hayot sifati, arterio-venoz fistula, gidratatsiya monitoringi, komplayens.

Kirish. Surunkali buyrak kasalligi (SBK) butun dunyoda global tibbiy-ijtimoiy muammo hisoblanib, uning yakuniy bosqichlarida buyrak funksiyasining progressiv pasayishi va organizmning endogen intoksikatsiyasi kuzatiladi. Kasallikning 4-5 terminal bosqichlarida bemorlar hayoti uzoq muddatli o'rinbosar terapiya – dasturiy gemodializ muolajalariga bog'liq bo'lib qoladi. Bunday og'ir sharoitda faqatgina shifokor tomonidan buyurilgan dori-darmonlar va apparat parametrlari yetarli emas; bemorning kundalik salomatligini saqlash, dializ seanslari orasidagi og'ir asoratlarning oldini olish va davolashga bo'lgan sodiqligini (komplayens) shakllantirishda maxsus tayyorgarlikka ega bo'lgan oliy ma'lumotli tibbiyot hamshirasining roli fundamental ahamiyat kasb etadi.

Tadqiqot nefrologiya va gemodializ bo'limida davolanayotgan 62 nafar SBK bilan og'rikan bemorlar ustida olib borildi. Hamshiralik parvarishi dasturi doirasida hamshiralar tomonidan tizimli ravishda to'rtta asosiy yo'nalish bo'yicha monitoring olib borildi: gidratatsiya (interdialitik vazn ortishi), arterial bosim dinamikasi, tomirlarga kirish yo'li (arterio-venoz fistula) xavfsizligi va qat'iy oqsil-tuz-kaliy parheziga rioya qilinishi.

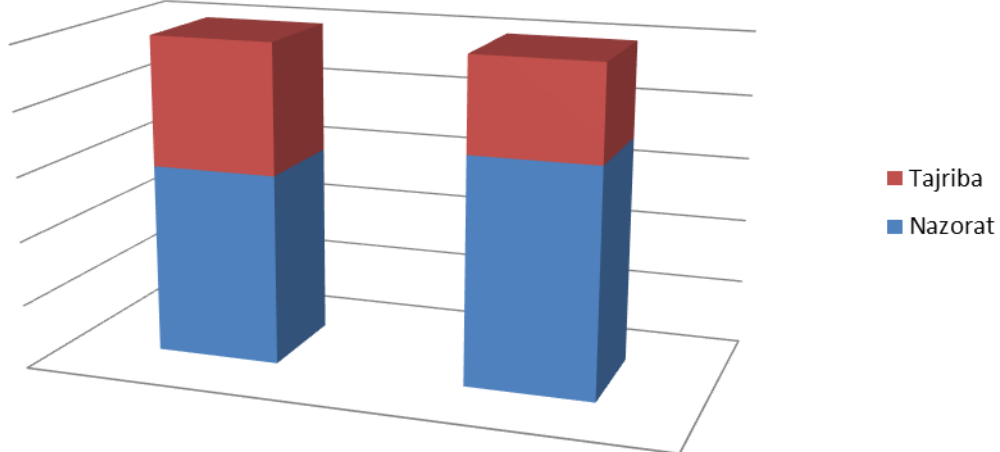
Tadqiqot natijalari shuni ko'rsatdiki, dializ seanslari oralig'ida hamshira tomonidan intensiv parhez darslari va suyuqlik cheklovlari bo'yicha tushuntirish ishlari olib borilgan tajriba guruhidagi bemorlarda dializlararo vazn ortishi xavfsiz me'yorda (tana vaznining 3-4% idan yoki 2-2.5 kg dan oshmadi) saqlanib turdi. Bu esa o'z navbatida, gemodializ jarayonida eng ko'p kuzatiladigan o'tkir arterial gipotoniya, mushaklar tirishishi (kramp) va chap qorincha gipertrofiyasi kabi og'ir





kardiovaskulyar asoratlari sonini 31.5% ga kamaytirish imkonini berdi. Hamshiraning venoz qon tomir kirish yo'lini (fistulani) aseptika qoidalariga binoan to'g'ri parvarishlashi natijasida tromboz va fistula infeksiyalari xavfi 2.4 barobarga kamaydi. Shuningdek, SF-36 xalqaro so'rovnoma bo'yicha o'tkazilgan testlar hamshiraning psixologik ko'magi bemorlarning depressiya shkalasini pasaytirib, ijtimoiy adaptatsiyasini oshirganini ko'rsatdi.

Hamshiralik parvarishining klinik samarasi



Xulosa. SBK bilan og'riq va gemodializdagi bemorlarni parvarish qilishda tibbiyot hamshirasi nafaqat texnik manipulyatsiyalarni bajaruvchi xodim, balki davolash sifati va bemor xavfsizligini ta'minlovchi asosiy professional koordinator. Ixtisoslashtirilgan hamshiralik parvarishi bemorlar umrini uzaytirishda hal qiluvchi bo'g'indir.

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