Jeden pacient pre všetkých, všetci pre pacienta

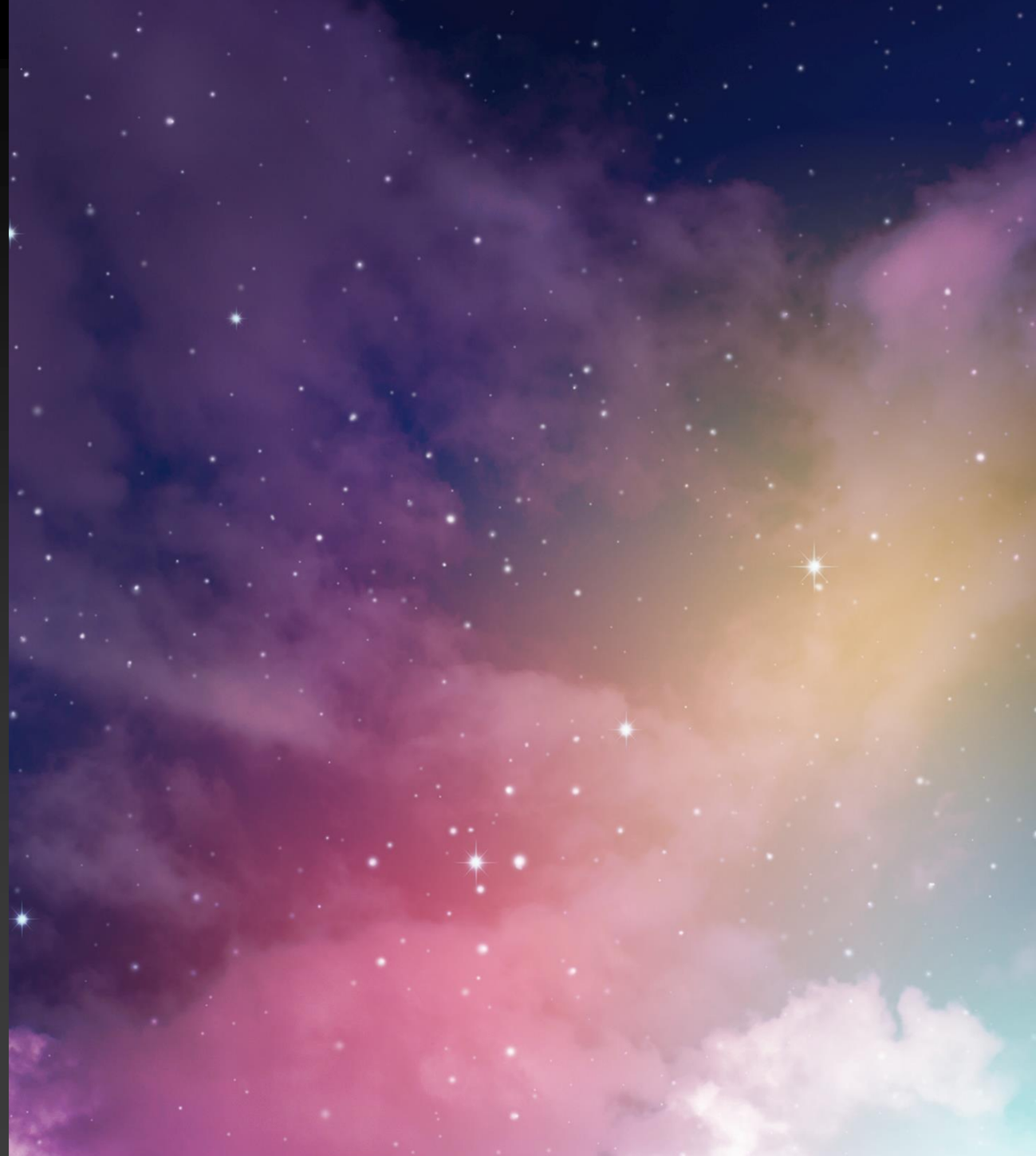
RESCUE DAY

MUDr. Katarína Kolarovová

Stará Lesná 26.03.2021

KONFLIKT ZÁUJMOV /CONFLICT OF INTEREST/

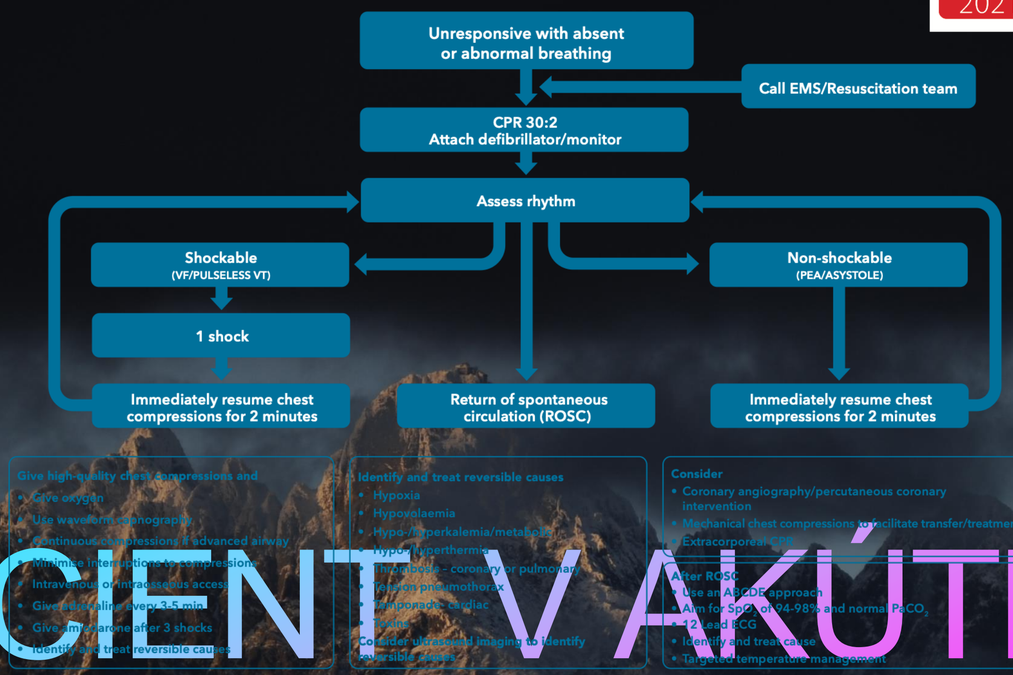
AKO AUTORKA UVEDENEJ PREZENTÁCIE PREHLASUJEM, ŽE V SÚVISLOSTI S ŇOU NEMÁM ŽIADEN KONFLIKT ZÁUJMOV




UPOZORNENIE

PACIENT

ZÁVER. spolupráca, komunikácia
VÝCHODISKÁ. jednotný postup



PACIENT V AKÚTNOM OHROZENÍ ZDRAVIA A ŽIVOTA

ZÁVER. doporučenia odborných spoločností
x
zabehnutá prax jednotlivca

VÝCHODISKÁ. akútne riešenie/ resuscitácia
dokonalá organizácia univerzálneho postupu


Z PRAXE

ESC European Society of Cardiology
European Heart Journal (2018) **39**, 3021–3104
doi:10.1093/eurheartj/ehy339

2018 ESC/ESH Guidelines for the management of arterial hypertension

The Task Force for the management of arterial hypertension of the European Society of Cardiology (ESC) and the European Society of Hypertension (ESH)

Authors/Task Force Members: Bryan Williams* (ESC Chairperson) (UK), Giuseppe Mancia* (ESH Chairperson) (Italy), Wilko Spiering (The Netherlands),

8.3.1 Acute management of hypertensive emergencies

Apart from acute BP lowering in stroke, there are no RCTs evaluating different treatment strategies for hypertensive emergencies. The key considerations in defining the treatment strategy are:

(1) Establishing the target organs that are affected, whether they require any specific interventions other than BP lowering, and whether there is a precipitating cause for the acute rise in BP that might affect the treatment plan (e.g. pregnancy);
(2) The recommended timescale and magnitude of BP lowering required for safe BP reduction;
(3) The type of BP-lowering treatment required. With regard to drug treatment, in a hypertension emergency, i.v. treatment with a drug with a short half-life is ideal to allow careful titration of the BP response to treatment in a higher dependency clinical area with facilities for continuous haemodynamic monitoring.

Recommended drug treatments for specific hypertension emergencies[398,406] are shown in *Table 31* and an expanded range of possible drug choices[398] is shown in *Table 32*. Rapid uncontrolled BP lowering is not recommended as this can lead to complications.[397]

Although i.v. drug administration is recommended for most hypertension emergencies, oral therapy with ACE inhibitors, ARBs, or beta-blockers is sometimes very effective in malignant hypertension because the renin system is activated by renal ischaemia. However, low initial doses should be used because these patients can be very sensitive to these agents and treatment should take place in hospital. Further comprehensive details on the clinical management of hypertension emergencies are available.[398]

PACIENT S HYPERTENZIOU

Posádka ZZS 1
Na UP privezená 70 ročná pacientka s akcelerovanou hypertenziou. Užila večernú medikáciu. Aktuálny TK 130/80 torr. Iné ťažkosti neguje

Posádka ZZS 2
Na UP privezená 73 ročná non-compliant pacientka s akcelerovanou hypertenziou. T.č. nemá k dispozícii chronickú medikáciu. Podaná liečba posádkou, pacientka trvá na transporte do ZZ. Aktuálny TK 130/80 torr. Iné ťažkosti neguje.

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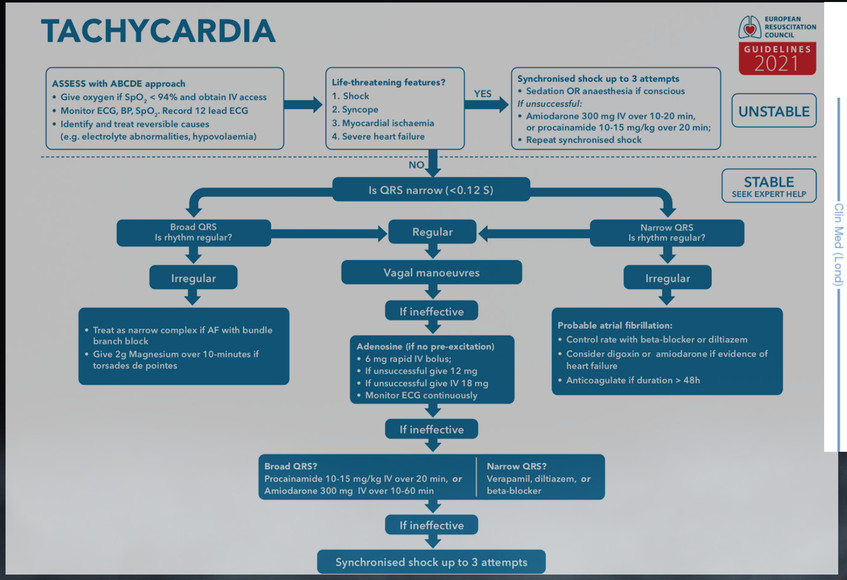
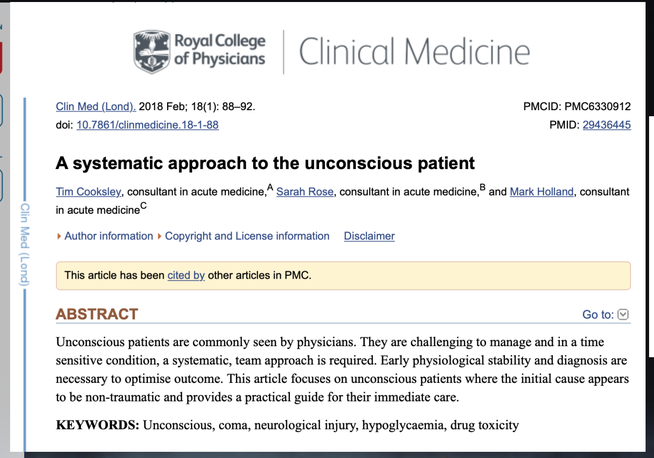
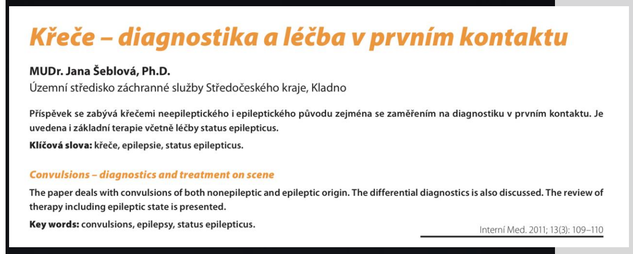
PACIENT S HYPERTENZIOU

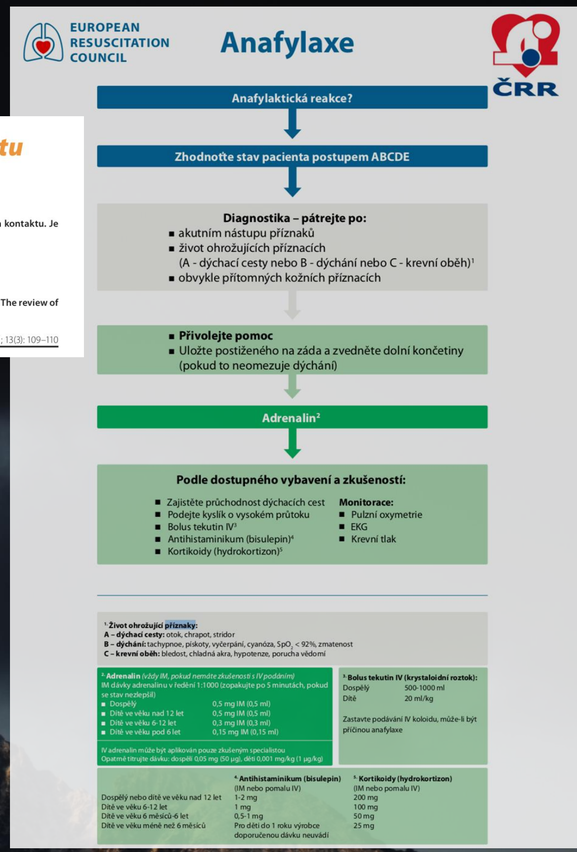
ZÁVER. jednotný postup, rozdielny výsledok

VÝCHODISKÁ. aktuálne doporučenia odborných spoločností
etika v komunikácii s pacientom
profesoinálna komunikácia medzi kolegami









PACIENT V OHROZENÍ ŽIVOTA

Posádka ZZS 1

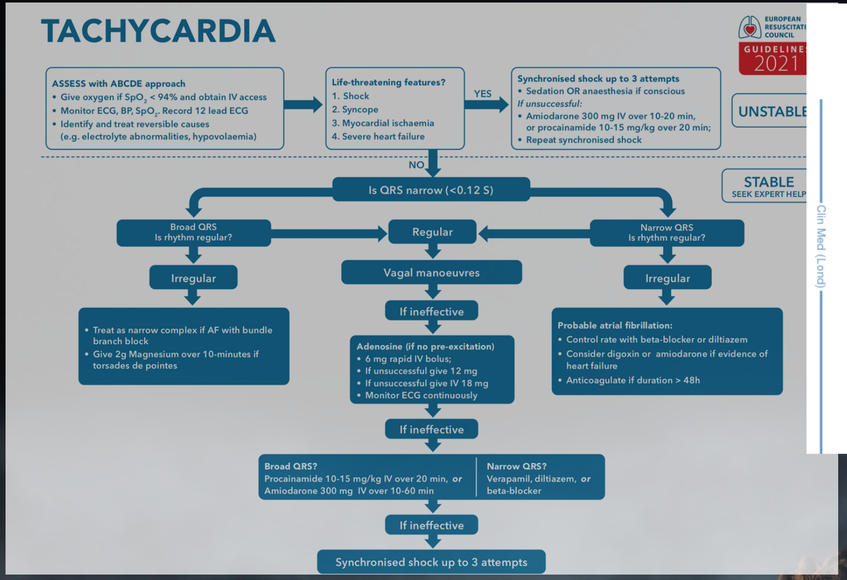
ANAFYLAXIA po podaní metamizolu. Pacient privezený na OUP pre bolesť hlavy. Doma skolaboval. PŽK

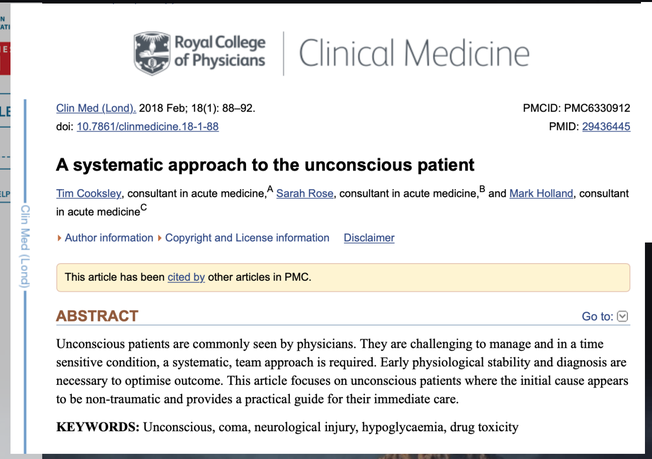
Posádka ZZS 2

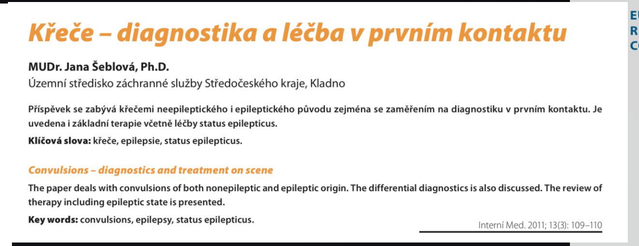
BEZVEDOMIE. Pacientka s nemerateľnou glykémiou privezená na OUP. Podaný Apaurin 10 mg iv pre kŕče počas transportu. PŽK

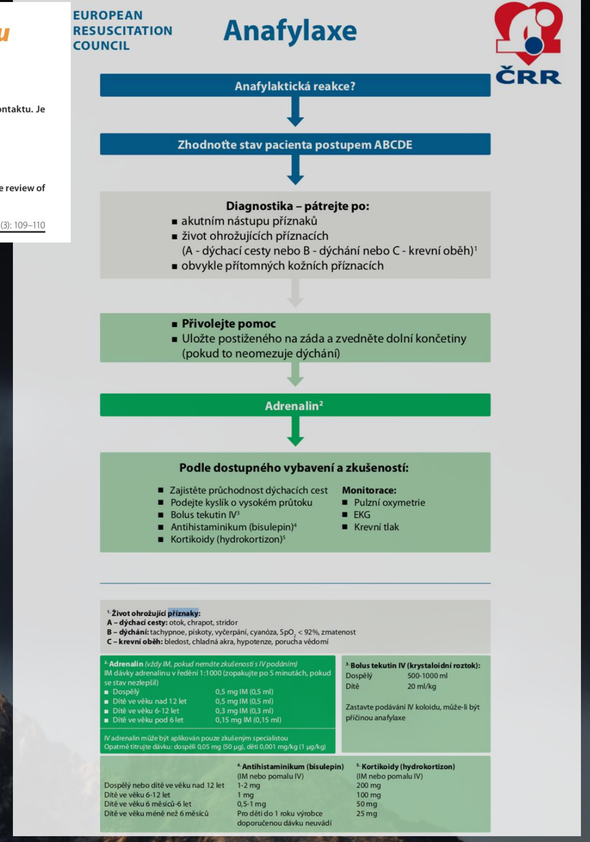
Posádka ZZS 3

TACHYKARDIA. Pacient po kolapse. Hemodynamicky nestabilný. Privezený na OUP. Monitorácia VF. PŽK









PACIENT V OHROZENÍ ŽIVOTA

ZÁVER. scoop and run x resuscitačné postupy

VÝCHODISKÁ. aktuálne doporučené postupy a diferenciálna diagnostika
resuscitačné postupy
etika v prístupe k pacientovi

Category 1	Category 2	Category 3	Category 4	Category 5
Resuscitation	*Emergency*	*Urgent*	*Semi-urgent*	*Non-urgent*
Examples: Heart attack, major car accident	**Examples:** Severe blood loss, overdose	**Examples:** Head injury (conscious), breathing difficulties, infection	**Examples:** Sprained ankle with possible fracture, eye inflammation	**Examples:** Cut not requiring stitches, common cold
Deadline: Immediate (seconds)	Deadline: Within 10 minutes	Deadline: Within 30 minutes	Deadline: Within 1 hour	Deadline: Within 2 hours

ROZHODOVACÍ PROCES

Posádka ZZS 1

Suspektný pacient na infekčné ochorenie privezený posádkou na OUP s bolesťami na hrudi. Pretože ich TAK SMEROVALI.

Posádka ZZS 2

Pani doktorka, chcem sa len s vami PORADIŤ, ČI SI MYSLÍTE, že môžeme pacinta zložiť na UP. Pacienta máme v sanitke.

ZZ s nefunkčným CT prístrojom (ohlásené na KOS)

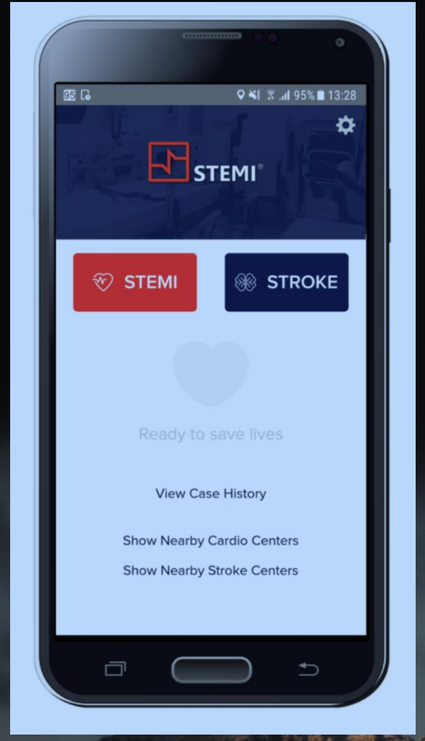
V priebehu 5 min prichádzajú an UP 3 posádky ZZS. Polymorbídna pacientka, septická, obnubilované vedomie, termínalne štádium Ca, na UP zástava obehu. Simultánne pricháza posádka s pacientom, ktorý má KF, prebieha KPR, po stabilizácii stavu nutný transport ad KC. Následne privážajú pacientku s KCP, v bezvedomí.

Category 1	Category 2	Category 3	Category 4	Category 5
Resuscitation	*Emergency*	*Urgent*	*Semi-urgent*	*Non-urgent*
Examples: Heart attack, major car accident	**Examples:** Severe blood loss, overdose	**Examples:** Head injury (conscious), breathing difficulties, infection	**Examples:** Sprained ankle with possible fracture, eye inflammation	**Examples:** Cut not requiring stitches, common cold
Deadline: Immediate (seconds)	**Deadline:** Within 10 minutes	**Deadline:** Within 30 minutes	**Deadline:** Within 1 hour	**Deadline:** Within 2 hours

ROZHODOVACÍ PROCES

ZÁVER. prvotná informácia od posádky ZZS
závažné stavy hlásiť vopred na UP

VÝCHODISKÁ. aktuálne doporučené postupy
komunikácia



AHA/ASA Guideline

Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke

A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

Endorsed by the Society for Academic Emergency Medicine and The Neurocritical Care Society

Reviewed for evidence-based integrity and endorsed by the American Association of Neurological Surgeons and Congress of Neurological Surgeons.

William J. Powers, MD, FAHA, Chair; Alejandro A. Rabinstein, MD, FAHA, Vice Chair; Teri Ackerson, BSN, RN; Opeolu M. Adeoye, MD, MS, FAHA;

ESC European Society of Cardiology
European Heart Journal (2017) **00**, 1–66
doi:10.1093/eurheartj/ehx393

ESC GUIDELINES

2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation

The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC)

Authors/Task Force Members: Borja Ibanez* (Chairperson) (Spain), Stefan James* (Chairperson) (Sweden), Stefan Agewall (Norway), Manuel J. Antunes (Portugal),

IDEÁL SPOLUPRÁCE

KOS ->posádka ZZS-> menežment STEMI/NCMP> APLIKÁCIA STEMI/STROKE-> akútna liečba -> transport VZZS/ZZS -> KC/IC

ZÁVER. včasná informácia, včasná liečba

VÝCHODISKÁ. aktuálne doporučené postupy
koordinácia a spolupráca

DOPORUČENÉ POSTUPY GUIDELINES

Table 1. Solutions to risks associated with emergency medicine clinical guidelines

Risks associated with the stages of guideline development	Risk mitigation strategy
Prior to implementation	• Widespread stakeholder engagement • Incorporate high level of evidence • Ensure transparency among author group
During implementation	• Promote awareness of guideline among target audience • Provide education on appropriate patient selection for guideline use • Encourage guideline use as an adjunct to clinical judgement
Post implementation	• Regularly audit guideline effectiveness • Develop robust processes to continually update and refine guidelines

EMA Emergency Medicine Australasia

Editorial | Free Access

When guidelines guide us to harm

Lisa Brichko, Biswadev Mitra, Peter Cameron

First published: 19 November 2018 | https://doi.org/10.1111/1742-6723.13189

DOPORUČENÉ POSTUPY GUIDELINES

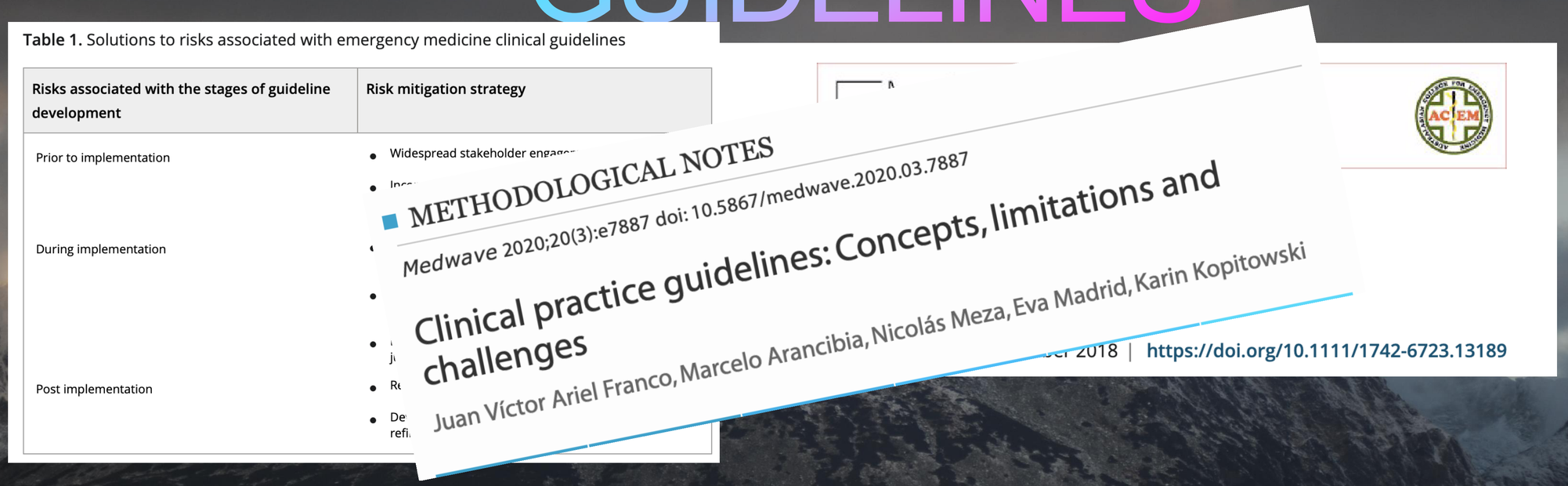


Table 1. Solutions to risks associated with emergency medicine clinical guidelines

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Prior to implementation	• Widespread stakeholder engage…
During implementation	•
Post implementation	• Re…

METHODOLOGICAL NOTES

Medwave 2020;20(3):e7887 doi: 10.5867/medwave.2020.03.7887

Clinical practice guidelines: Concepts, limitations and challenges

Juan Víctor Ariel Franco, Marcelo Arancibia, Nicolás Meza, Eva Madrid, Karin Kopitowski

…2018 | https://doi.org/10.1111/1742-6723.13189

DOPORUČENÉ POSTUPY GUIDELINES

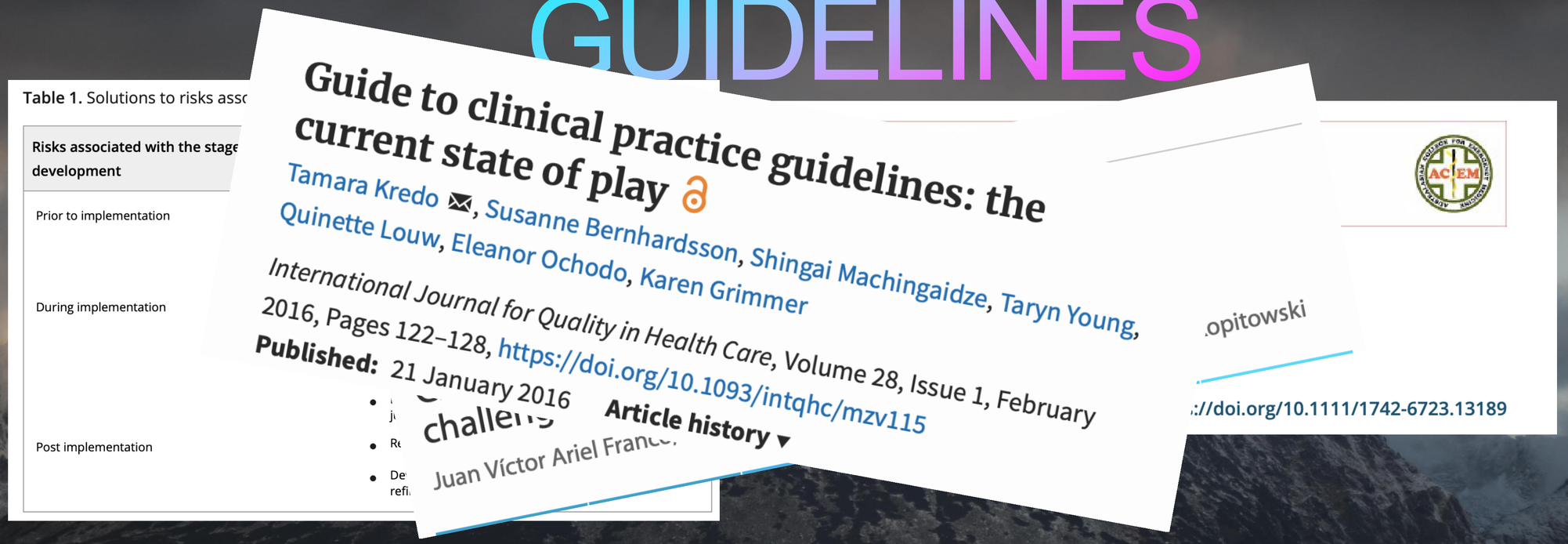


Table 1. Solutions to risks assc

Risks associated with the stage development
Prior to implementation
During implementation
Post implementation

Guide to clinical practice guidelines: the current state of play

Tamara Kredo, Susanne Bernhardsson, Shingai Machingaidze, Taryn Young, Quinette Louw, Eleanor Ochodo, Karen Grimmer

International Journal for Quality in Health Care, Volume 28, Issue 1, February 2016, Pages 122–128, https://doi.org/10.1093/intqhc/mzv115

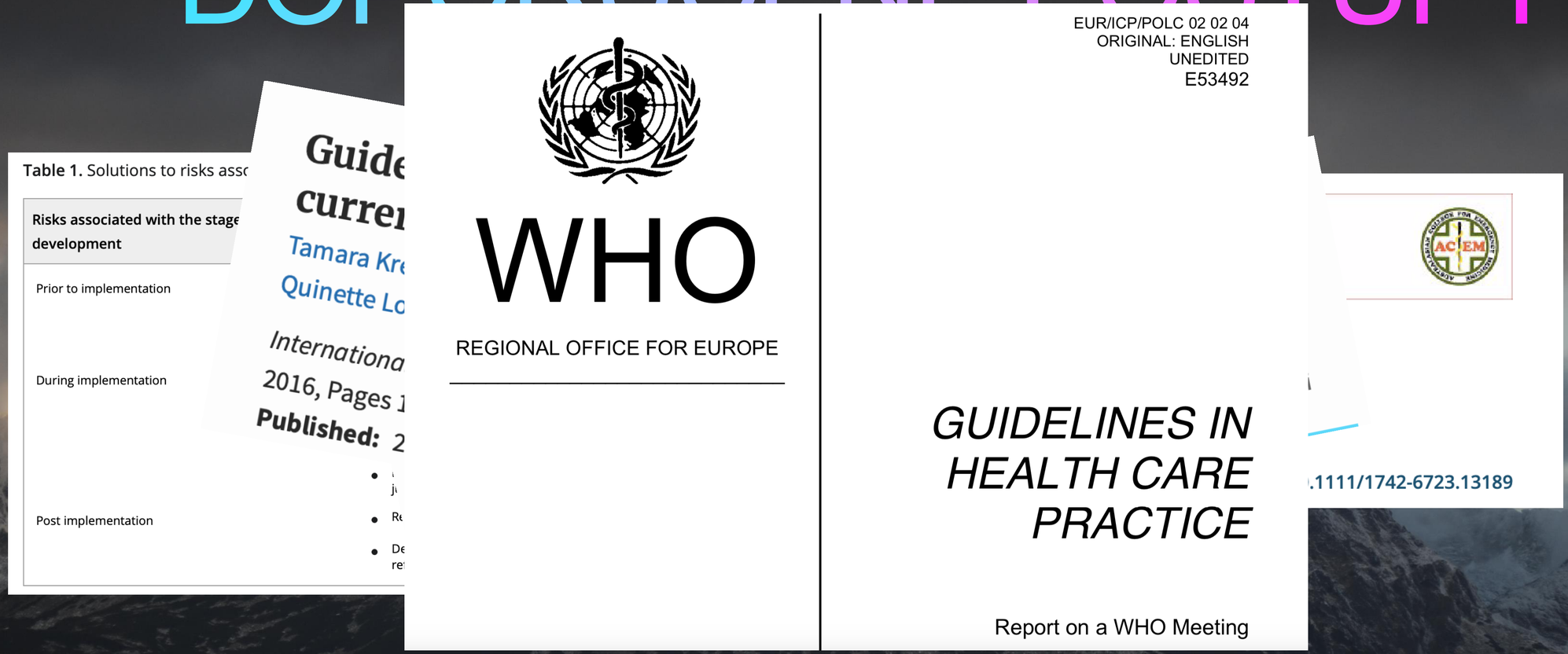
Published: 21 January 2016 Article history

Juan Víctor Ariel Franc

opitowski

://doi.org/10.1111/1742-6723.13189

DOPORUČENÉ POSTUPY



DO PLIČENÉ POSTUPY

BMJ. 1999 Feb 20; 318(7182): 527–530.
doi: 10.1136/bmj.318.7182.527
Clinical guidelines

Potential benefits, limitations, and harms of clinical guidelines

Steven H Woolf, professor of family medicine,[a] Richard Grol, director,[b] Allen Hutchinson, professor of public health,[c] Martin Eccles, professor of clinical effectiveness,[d] and Jeremy Grimshaw, professor of public health[e]

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PMCID: PMC1114973
PMID: 10024268

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During implementation	
Post implementation	

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2016, Pages 1

Published: 2

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PRAC

Report on a WHO Meeting

DOPORUČENÉ POSTUPY

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ORIGINAL: ENGLISH
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BMJ. 1999 Feb 20; 318(7182): 527–530.
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PMCID: PMC1114973
PMID: 10024268

DOPORUČENÉ POSTUPY
GUIDELINES

ZÁVER. zhrnutie najnovších poznatkov
prispôsobenie postupov
implementácia do praxe

východiská. JENDOTNÉ POSTUPY PRE ZZS
SIMULAČNÁ MEDICÍNA
SPOLUPRÁCA KOS-ZZS-ZZ


BUĎME ZMENOU, KTORÚ CHCEME VIDIEŤ VO SVETE.
Mahátma Gándhí