



Jeden pacient pre všetkých, všetci pre pacienta

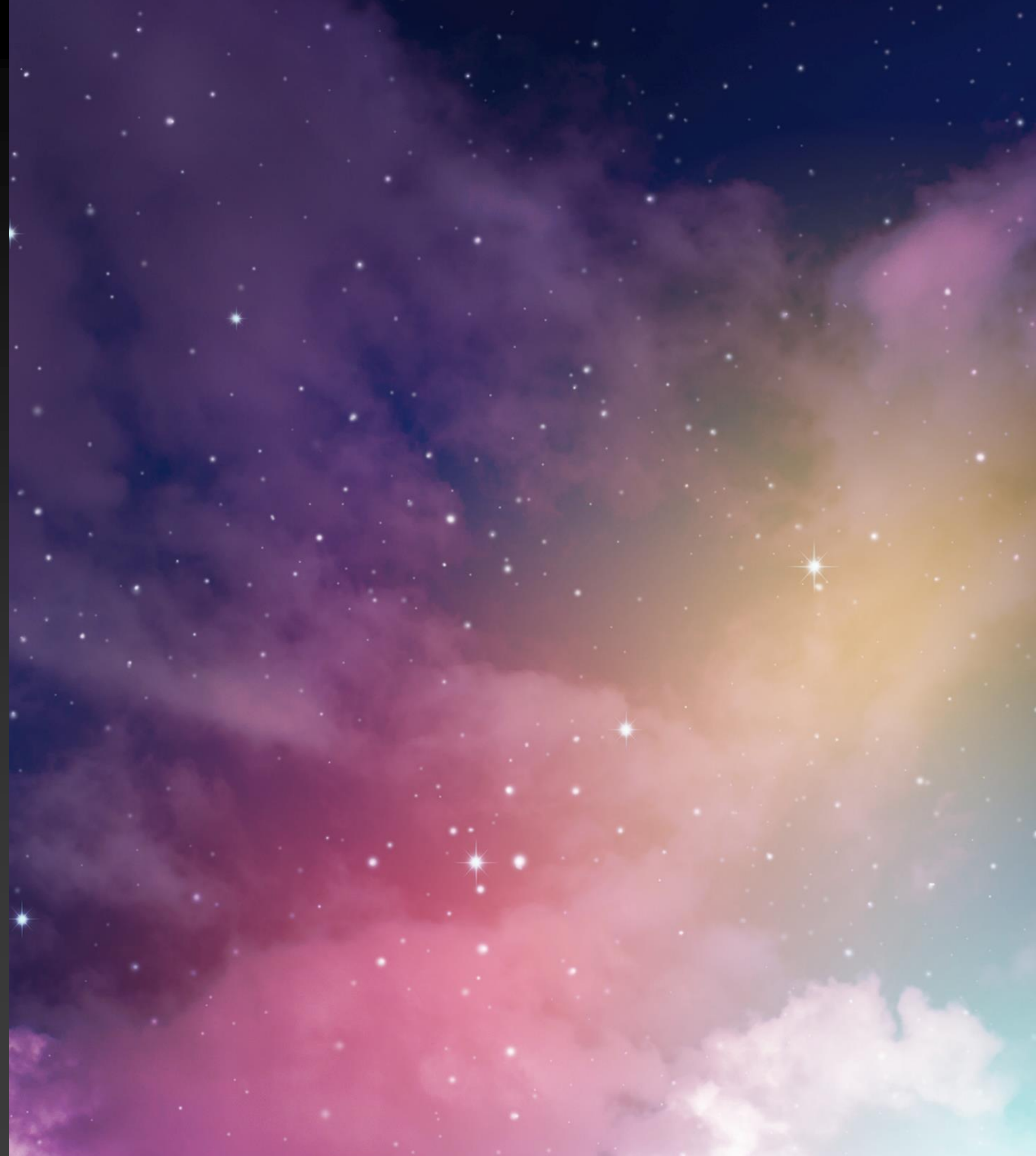
RESCUE DAY

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



A dramatic landscape featuring a rugged mountain range. The central peak is the most prominent, its ridges and craggy surfaces catching a low, golden light that creates a strong contrast with the deep shadows. The sky is filled with dark, heavy clouds, suggesting an approaching storm or late twilight. The overall mood is somber yet majestic.

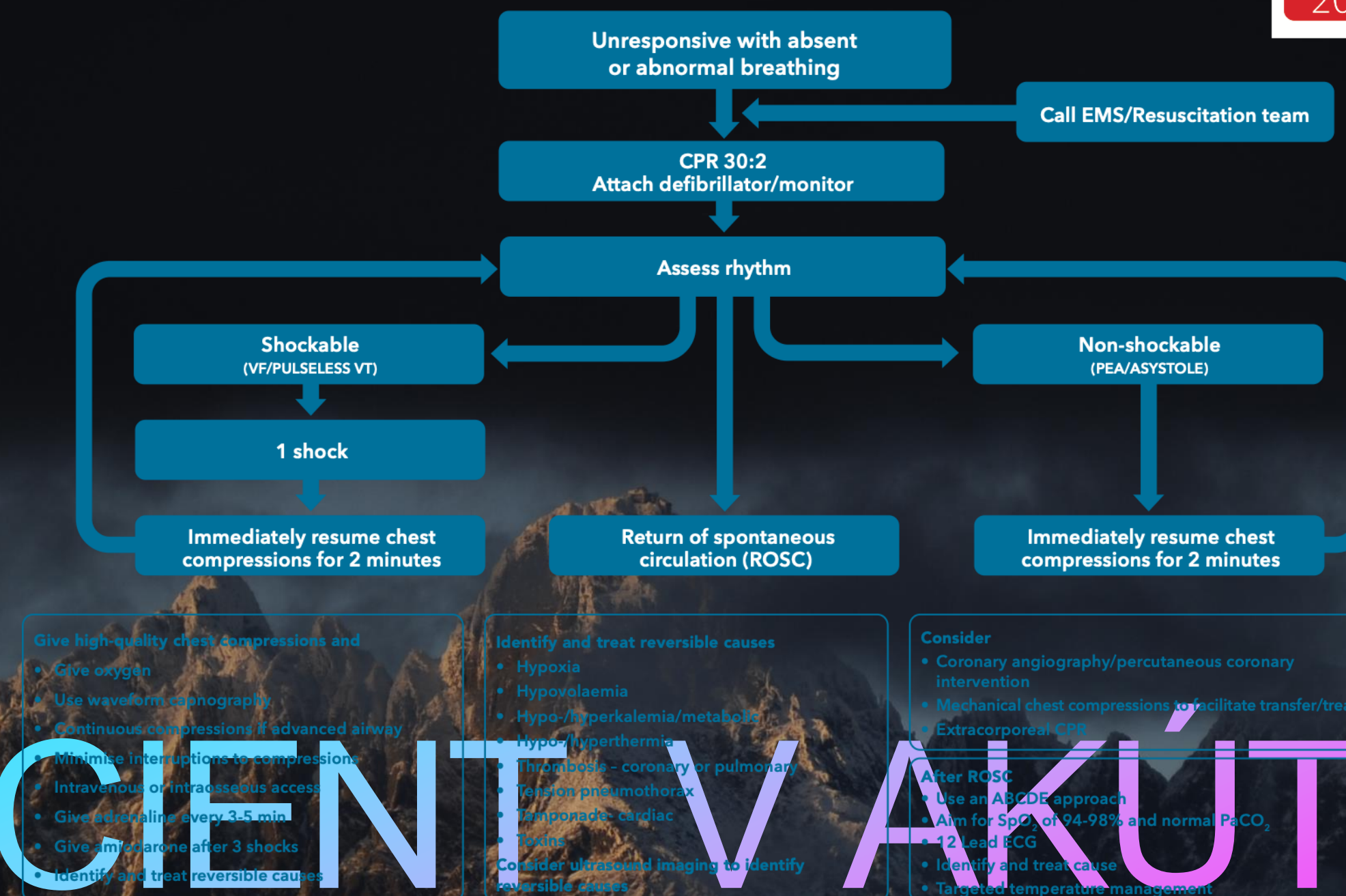
UPOZORNENIE



PACIENT



ZÁVER. spolupráca, komunikácia
VÝCHODISKÁ. jednotný postup



PACIENT V AKÚTNOM OHROZENÍ ZDRAVIA A ŽIVOTA

ZÁVER. doporučená odborných spoločností
X
zabehnutá prax jednotlivca

VÝCHODISKÁ. akútne riešenie/ resuscitácia
dokonalá organizácia univerzálneho postupu



Z PRAXE

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 choices³⁹⁸ 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.

2018 ESC/ESH Guidelines for the management of arterial hypertension

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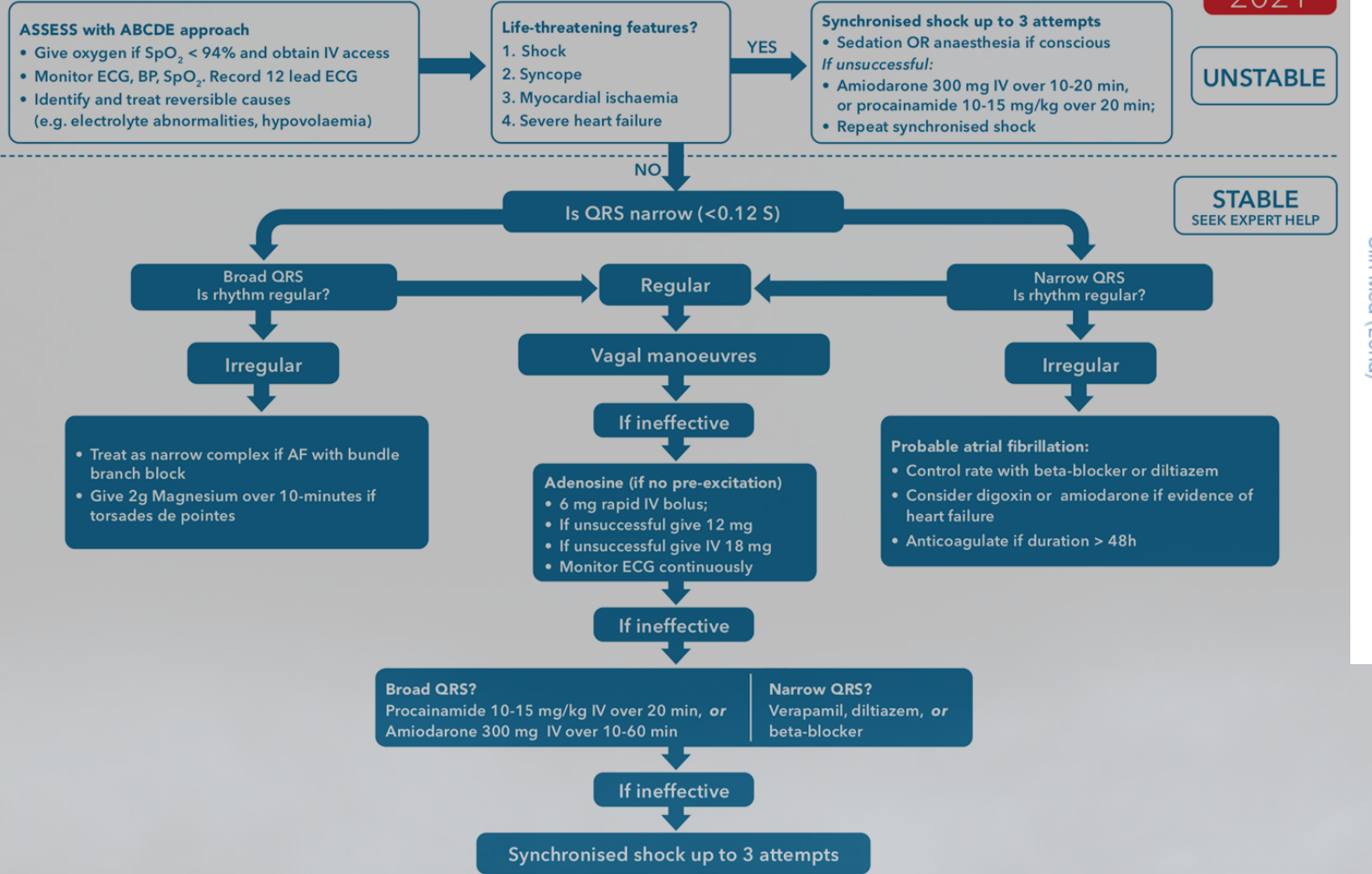
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PACIENTS HYPERTENZIOU

ZÁVER. jednotný postup, rozdielny výsledok

VÝCHODISKÁ. aktuálne doporučená odborných spoločností
etika v komunikácii s pacientom
profesijná komunikácia medzi kolegami

TACHYCARDIA



Clin Med (Lond), 2018 Feb; 18(1): 88–92. PMID: 29436445

A systematic approach to the unconscious patient

Tim Cooksley, consultant in acute medicine,^A Sarah Rose, consultant in acute medicine,^B and Mark Holland, consultant in acute medicine^C

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This article has been cited by other articles in PMC.

ABSTRACT

Go to: ☑

Unconscious patients are commonly seen by physicians. They are challenging to manage and in a time sensitive condition, a systematic, team approach is required. Early physiological stability and diagnosis are necessary to optimise outcome. This article focuses on unconscious patients where the initial cause appears to be non-traumatic and provides a practical guide for their immediate care.

KEYWORDS: Unconscious, coma, neurological injury, hypoglycaemia, drug toxicity

Křeče – diagnostika a léčba v prvním kontaktu

MUDr. Jana Šeblová, Ph.D.

Územní středisko záchranné služby Středočeského kraje, Kladno

Příspěvek se zabývá křečemi neepileptického i epileptického původu zejména se zaměřením na diagnostiku v prvním kontaktu. Je uvedena i základní terapie včetně léčby status epilepticus.

Klíčová slova: křeče, epilepsie, status epilepticus.

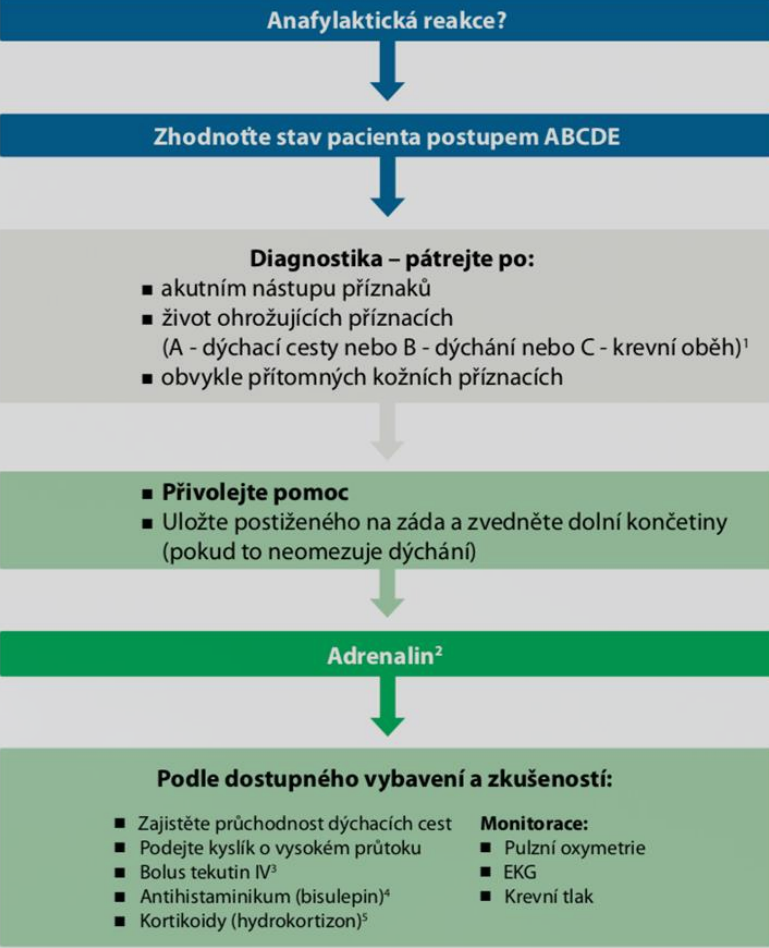
Convulsions – diagnostics and treatment on scene

The paper deals with convulsions of both nonepileptic and epileptic origin. The differential diagnostics is also discussed. The review of therapy including epileptic state is presented.

Key words: convulsions, epilepsy, status epilepticus.

Interní Med. 2011; 13(3): 109–110

Anafylaxe



¹ Život ohrožující příznaky:
A – dýchací cesty: otok, chrápot, stridor
B – dýchání: tachypnoe, pískoty, vyčerpání, cyanóza, SpO₂ < 92%, zmatenost
C – krevní oběh: bledost, chladná akra, hypotenze, porucha vědomí

² Adrenalin vždy IM, pokud nemáte zkušenosti s IV podáním
IM dávky adrenalinu v lednění 1:1000 (zopakujte po 5 minutách, pokud se stav nezlepší)

■ Dospělý	0,5 mg IM (0,5 ml)
■ Dítě ve věku nad 12 let	0,5 mg IM (0,5 ml)
■ Dítě ve věku 6–12 let	0,3 mg IM (0,3 ml)
■ Dítě ve věku pod 6 let	0,15 mg IM (0,15 ml)

³ Bolus tekutin IV (krystaloidní roztok):
Dospělý 500–1000 ml
Dítě 20 ml/kg

Zastavte podávání IV koloidu, může-li být příčinou anafylaxe

⁴ Antihistaminikum (bisulepin)
(IM nebo pomalu IV)
1–2 mg
Dítě ve věku 6–12 let 1 mg
Dítě ve věku 6 měsíců–6 let 0,5–1 mg
Dítě ve věku méně než 6 měsíců Pro děti do 1 roku výrobce doporučenou dávku neuvádí

⁵ Kortikoidy (hydrokortizon)
(IM nebo pomalu IV)
200 mg
100 mg
50 mg
25 mg

PACIENT
V OHROZENÍ ŽIVOTA

Posádka ZZS 1

ANAFYLAXIA po podání metamizolu. Pacient přivezený na OUP pre bolesť hlavy. Doma skolaboval. PŽK

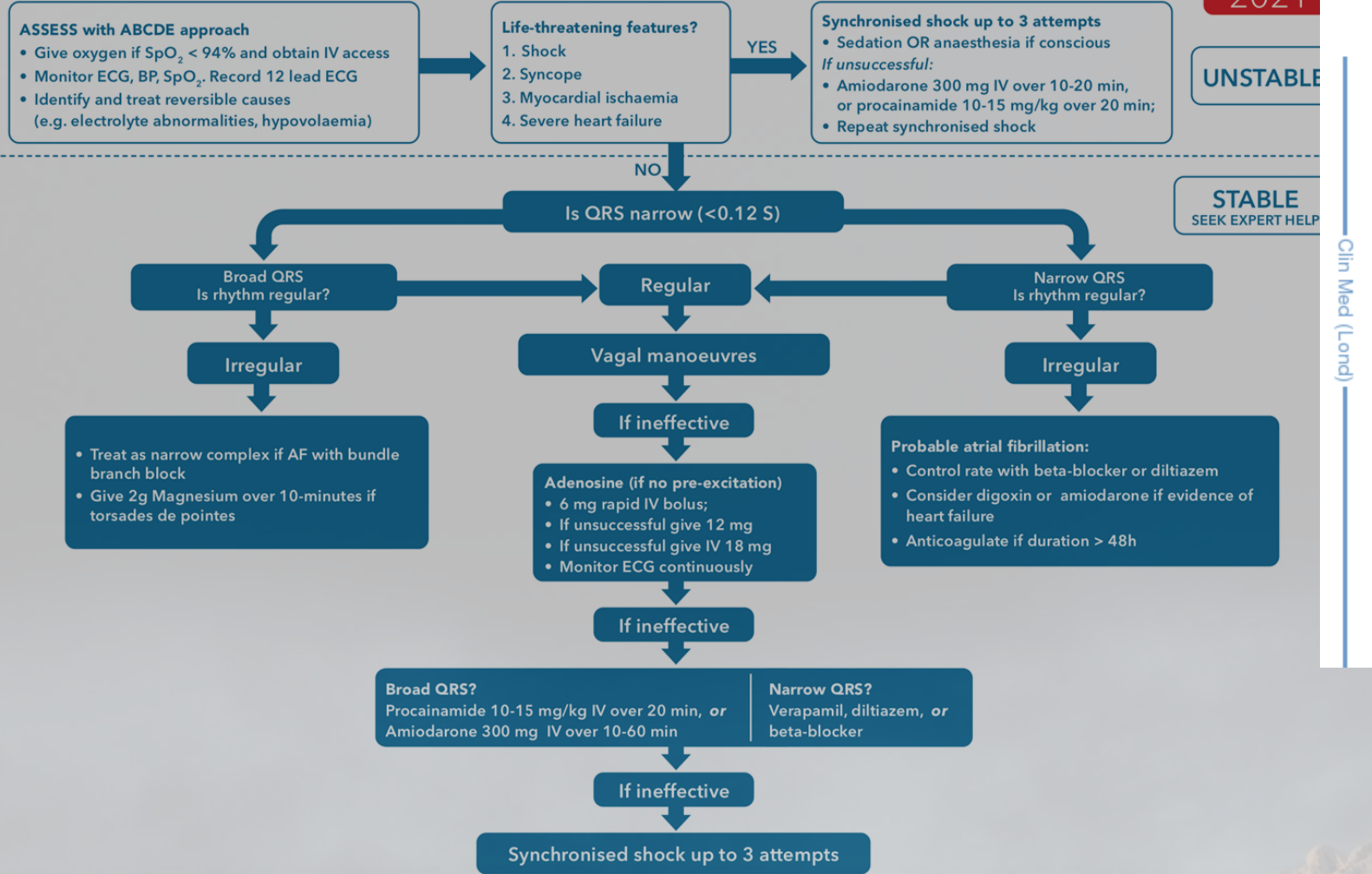
Posádka ZZS 2

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

Posádka ZZS 3

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

TACHYCARDIA



Clin Med (Lond)

Clin Med (Lond). 2018 Feb; 18(1): 88–92. PMID: 29436445

A systematic approach to the unconscious patient

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MUDr. Jana Šeblová, Ph.D. Územní středisko záchranné služby Středočeského kraje, Kladno

Príspevek se zabývá křečemi neepileptického i epileptického původu zejména se zaměřením na diagnostiku v prvním kontaktu. Je uvedena i základní terapie včetně léčby status epilepticus.

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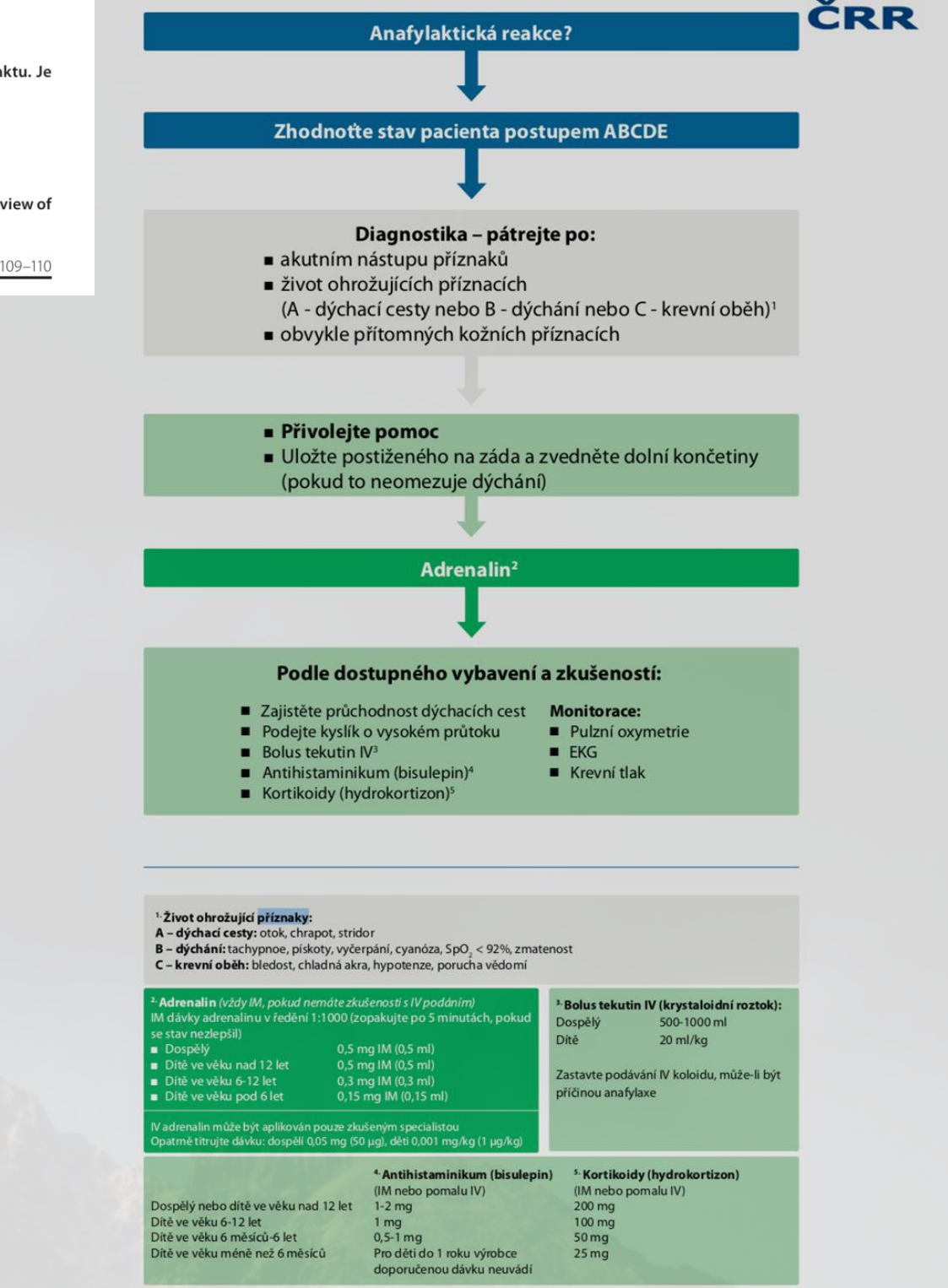
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Anafylaxe



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
<i>Resuscitation</i>	<i>Emergency</i>	<i>Urgent</i>	<i>Semi-urgent</i>	<i>Non-urgent</i>
				
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, termínálne štádium Ca, na UP zástava obehu. Simultánne prichádza 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
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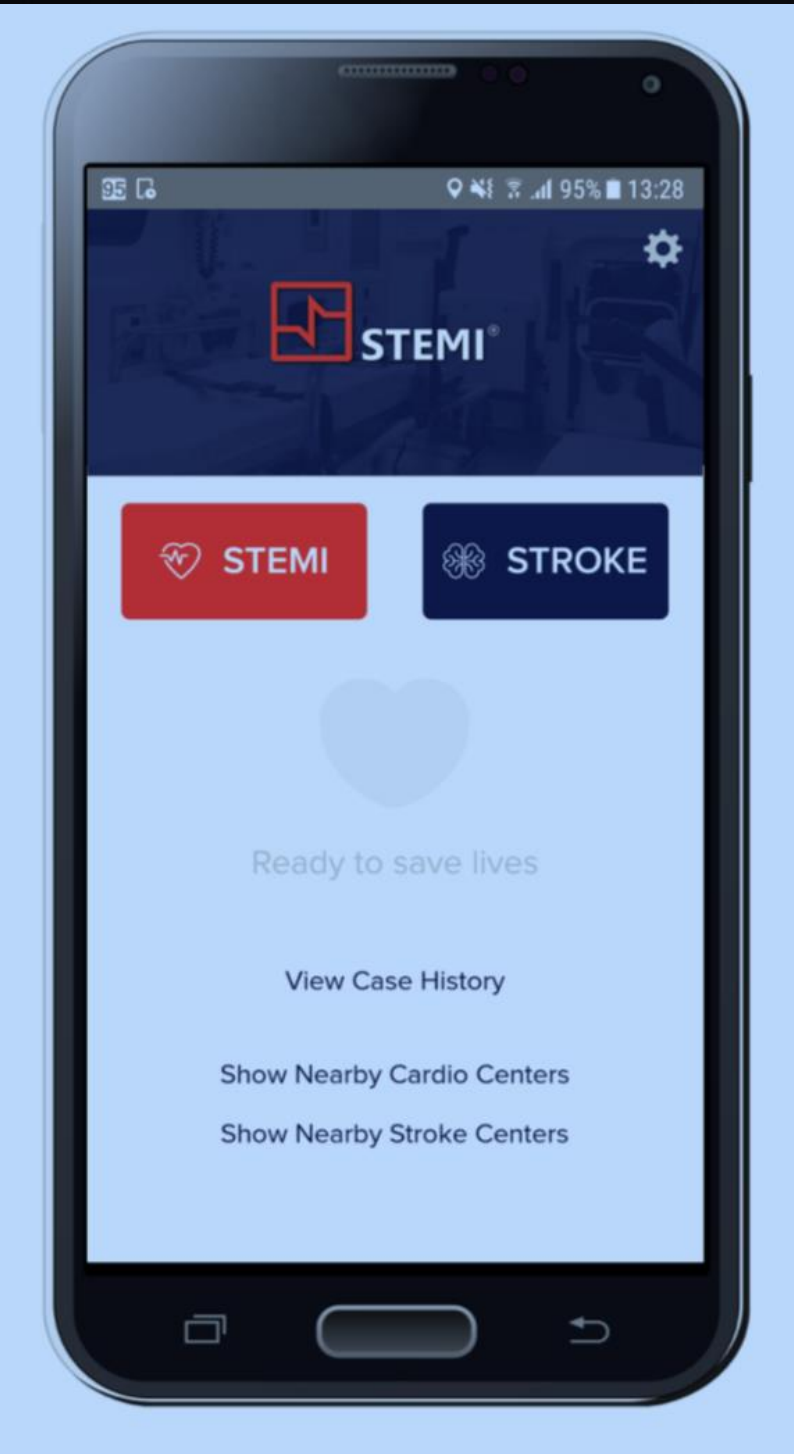
ROZHODOVACÍ PROCES

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;



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



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

Risks associated with the stages of guideline development	Risk mitigation strategy
Prior to implementation	• Widespread stakeholder engagement • Incorporation of local knowledge
During implementation	• Regular communication and feedback loops • Monitoring and evaluation of guideline impact
Post implementation	• Regular updates and revisions • Re-evaluation of guideline relevance

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

Oct 2018 | <https://doi.org/10.1111/1742-6723.13189>



DOPORUČENÉ POSTUPY GUIDELINES

Table 1. Solutions to risks associated with the development of clinical practice guidelines

Risks associated with the stage of 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 ▼
• **challenge**
• **Ref**
• **De**
• **refi**
Juan Víctor Ariel Franco



.opitowski

<https://doi.org/10.1111/1742-6723.13189>

DOPORUČENÉ POSTUPY

Table 1. Solutions to risks associated with the development of health care

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

Guidelines for the development of health care
current
Tamara Kravtsov
Quinette L...

International
2016, Pages 1
Published: 2016

- ...
- Re...
- De...



WHO

REGIONAL OFFICE FOR EUROPE

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GUIDELINES IN HEALTH CARE PRACTICE

Report on a WHO Meeting



.1111/1742-6723.13189

DOPLŮVĚNÉ POSTUPY

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

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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

PMCID: PMC1114973
PMID: [10024268](#)

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PRACTICE

Report on a WHO Meeting

Table 1. Solutions to risks associated with the development of clinical guidelines

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

DOPORUČENÉ POSTUPY



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Post imp...

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