

EKSTERNAL KALP MASAJI

ve

HAVAYOLU YÖNETİMİ

EKSTERNAL KALP MASAJI

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- Dominant elin topuğu,
- Göğsün merkezine,
- Diğer el onun üzerine,
- Elleri kenetleme,
- Dik bas

EKSTERNAL KALP MASAJI

- En az 5 cm çöktür, (güçlü)
- Genişlemeye izin ver,
- Hızlı bas (110/dk),
- Cilt temasını kesme,
- Basılara gereksiz ara vermeden yap,
- Göğüs basısı yapanı 2 dk bir değiştir!

EKSTERNAL KALP MASAJI

Kanıtı dayalı olarak biliyoruz ki;

- En etkin, doğru kalp masajı bile normal karotis kan akımının %30 kadar kan akımı sağlıyor,
- Masaja başlayınca hemen akım sağlanmıyor,
- Ama masaj durunca hemen akım da duruyor!
- Yani serebral-koroner akım “0” oluyor!!!

EKSTERNAL KALP MASAJI

Mümkün olduğu kadar kesintisiz olmalı, Öyle ki sadece;

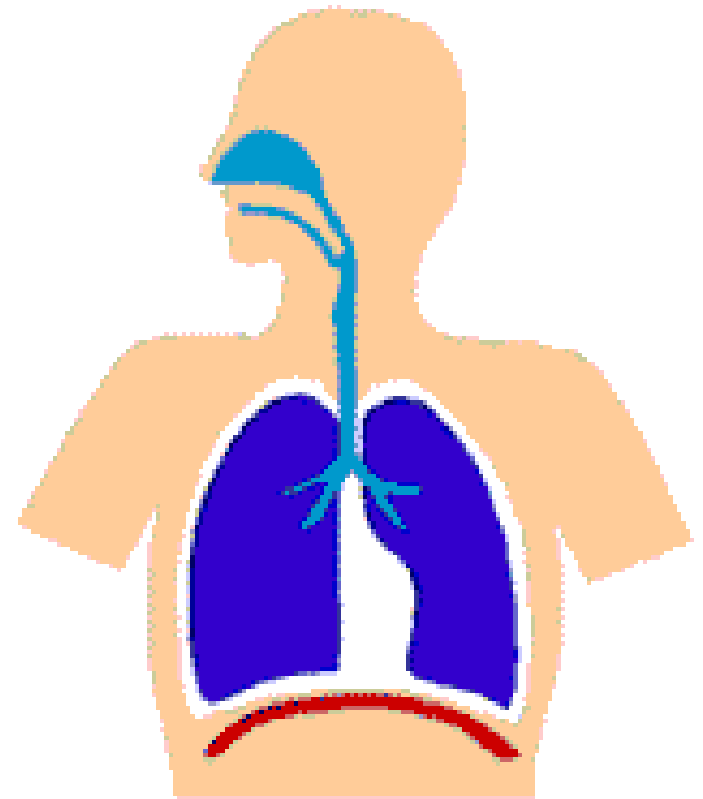
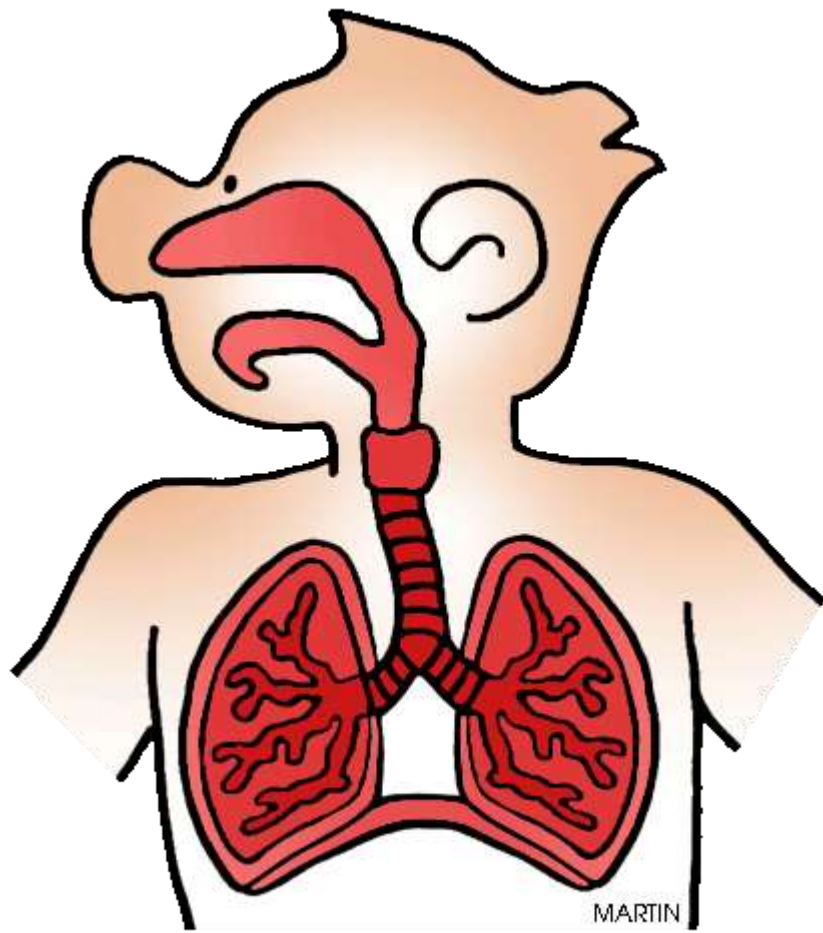
- Kalp ritmine bakılıyorken,
- Defibrilasyon yapılıyorken,
- BVM ile solutuyorsak 30bası/2solutmanın solutma kısmında,
- Endotrakeal tüp ses tellerinin arasından geçerken kalp masajına ara verilebilir.

ETKİN KALP MASAJI

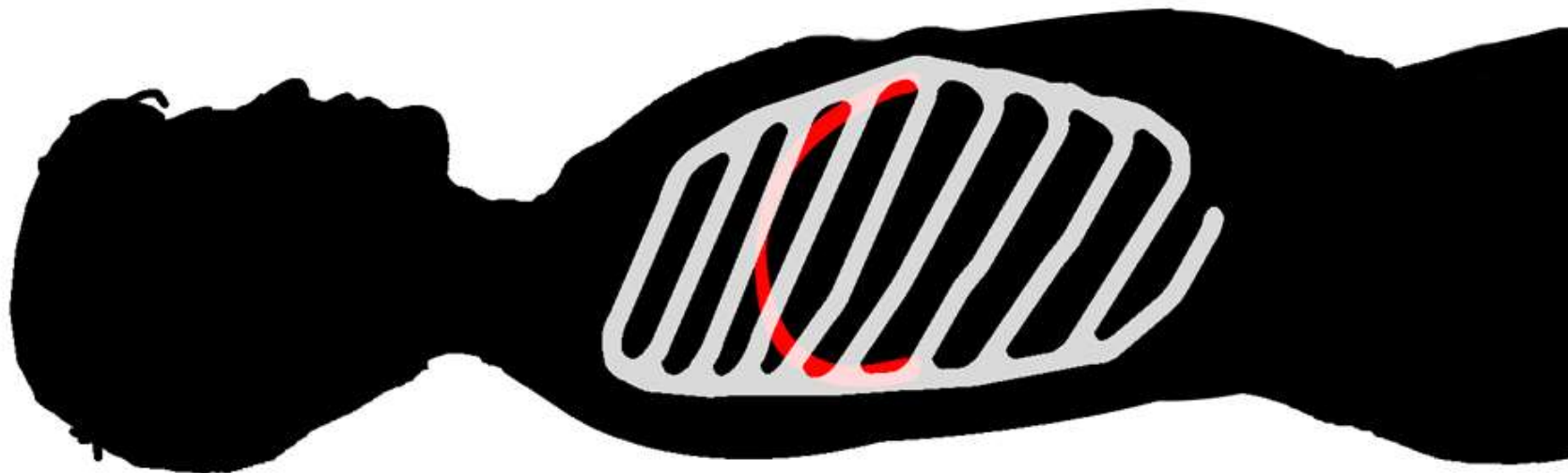
- Doğru yere bas,
- Güçlü bas,
- Hızlı bas,
- Kesintisiz bas



HAVAYOLU YÖNETİMİ ve SOLUTMA



Optimal Breathing® Pace

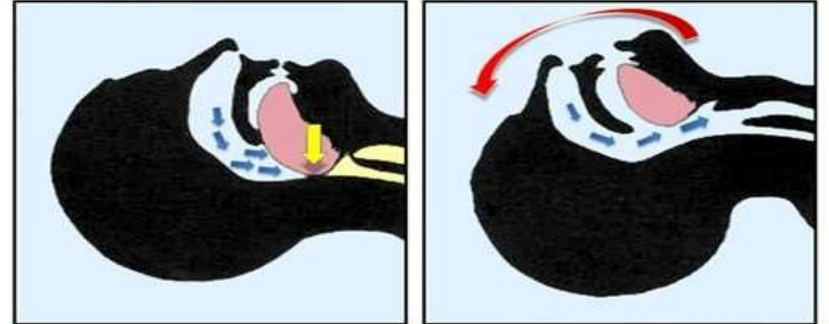


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INHALE

HAVAYOLU AÇIKLIĞI

- Bilinci kapalı bir hastada hava yolu tıkanıklığının en sık sebebi dilin hipofarenksi tıkamasıdır.
- Başa pozisyon verme,
- Airway kullanma,





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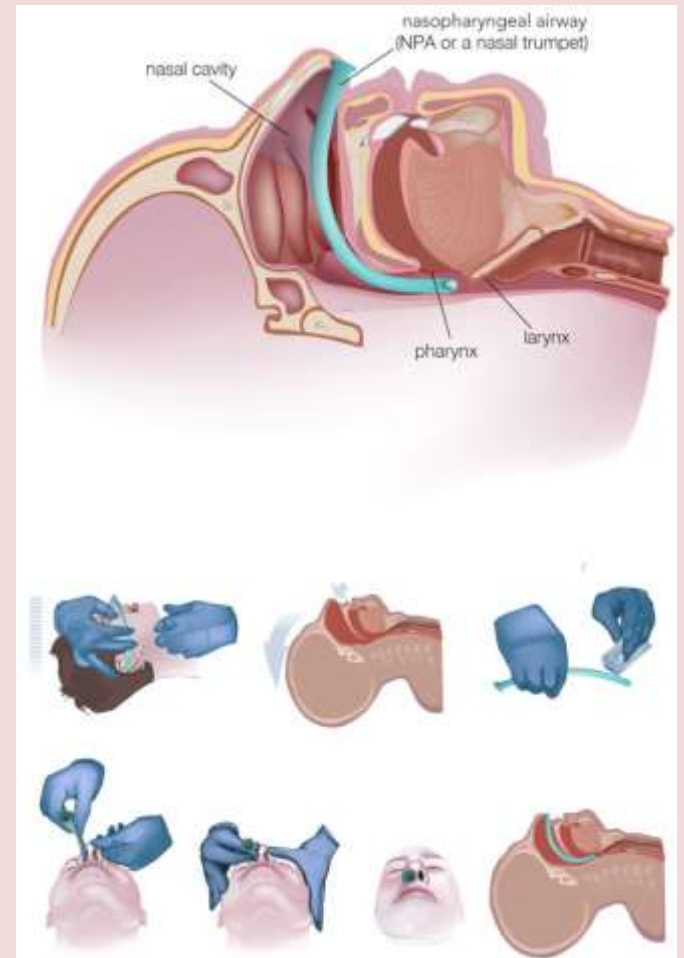
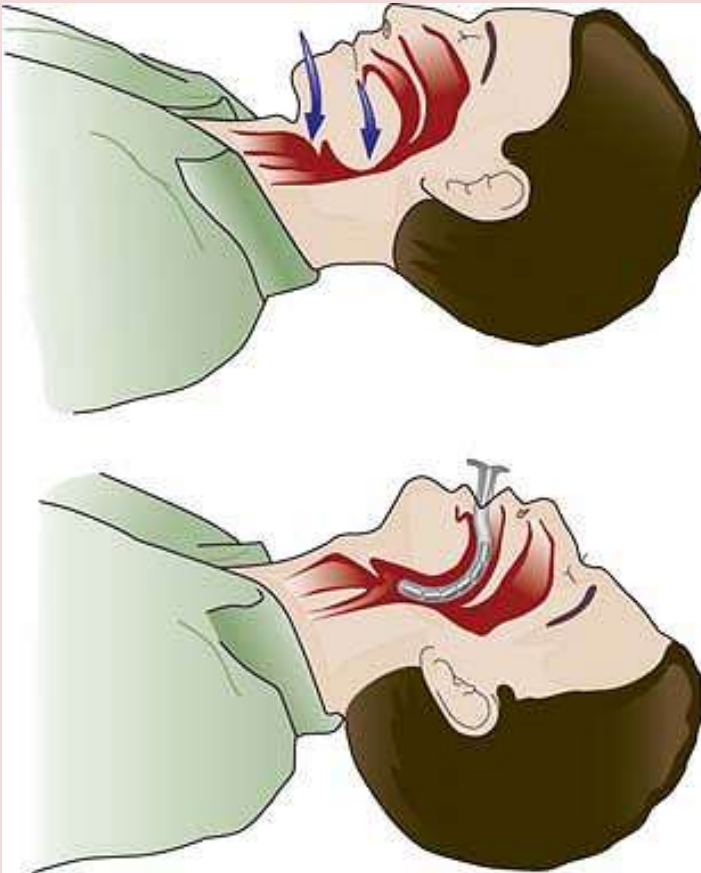


AIRWAY KULLANIMI

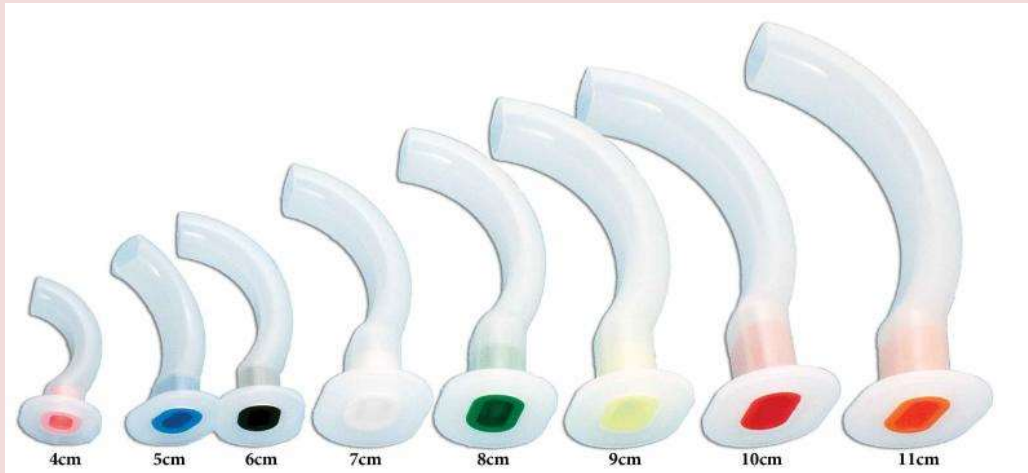
- Uygun ebat seçimi,
- Airwayin takılması



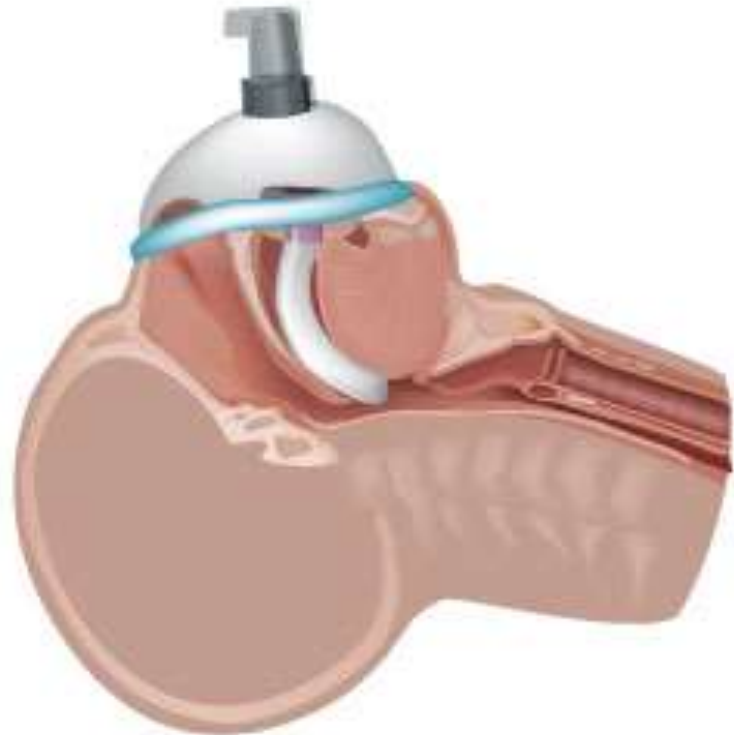
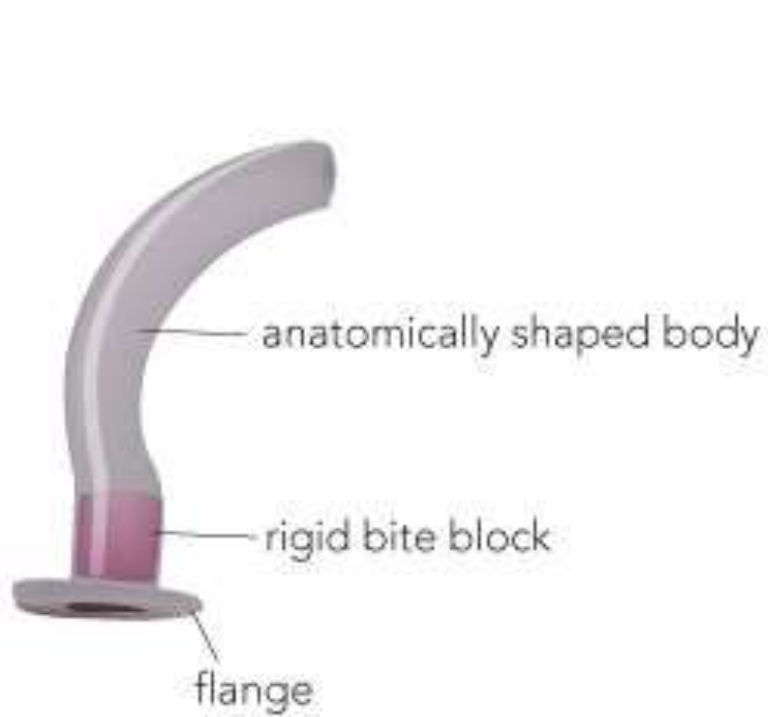
AIRWAY



AIRWAY



AIRWAY



SOLUTMA

- Ağızdan Ağıza
- Balon-Valf-Maske
- Kombi tüp
- Laringeal tüp
- i-Gel
- LMA
- Fastrach
- Endotrakeal klasik entübasyon

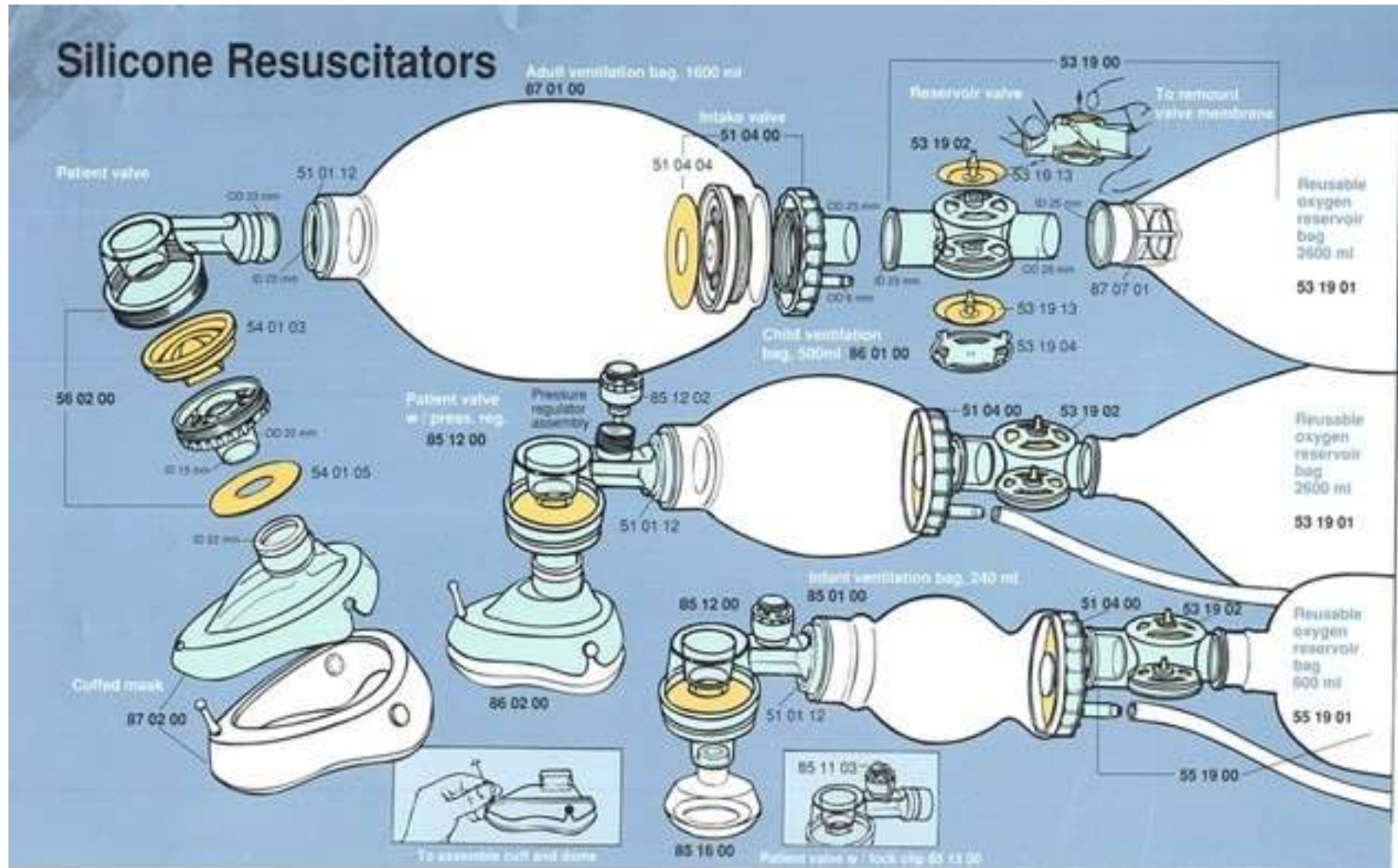
BALON-VALF-MASKE (BVM)



BALON-VALF-MASKE (BVM)



BALON-VALF-MASKE (BVM)



BALON VALF MASKE (BVM)

- Önce airway takılmalıdır.
- C-E tekniği kullanılır
 - Baş ve işaret parmaklarıyla maske yüze oturtulur.
 - Diğer parmaklarla çene altından kavranır.
- Oksijen bağlantı hortumu mutlaka takılmalıdır.
- Rezervuar % 100 O₂ vermek için gereklidir.
- Farklı ebatları vardır.



BALON-VALF-MASKE KULLANIMI



RESÜSİTASYONDA OKSİJEN KULLANIMI

- Etkin solutma için %100 oksijen verilmelidir.
- Gereğinden sık solutmamalı (Dakikada 8-10 defa)
- Yüksek hacimle solutmamalı
(Göğüs kafesi hareket edecek kadar)

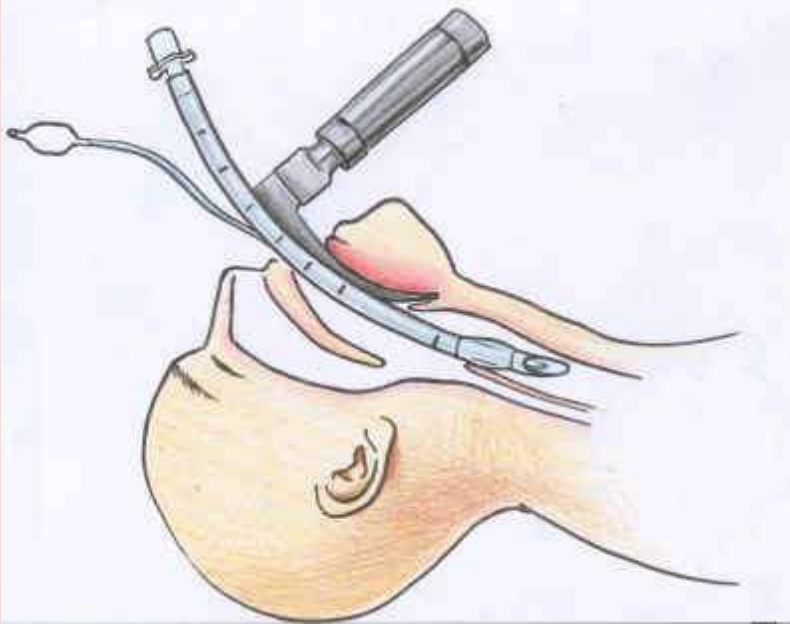
RESUSITATÖR

(OKSİLATÖR?)

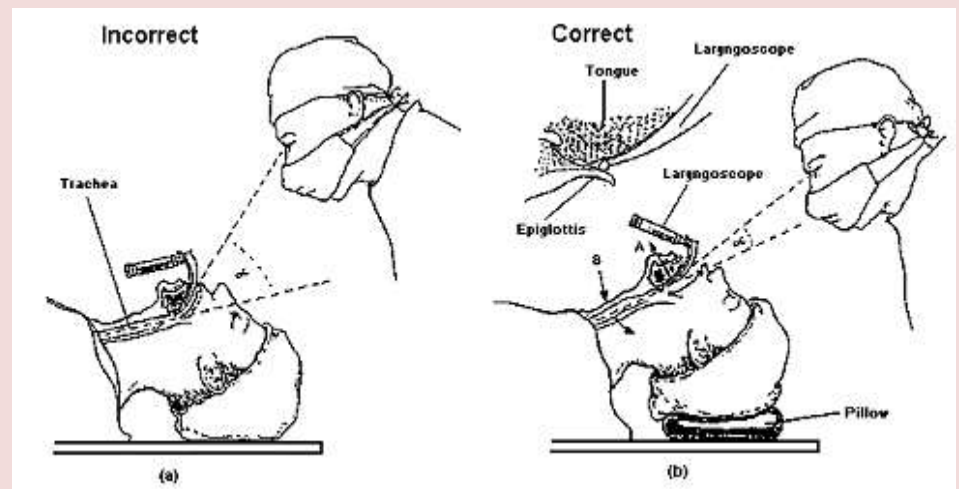
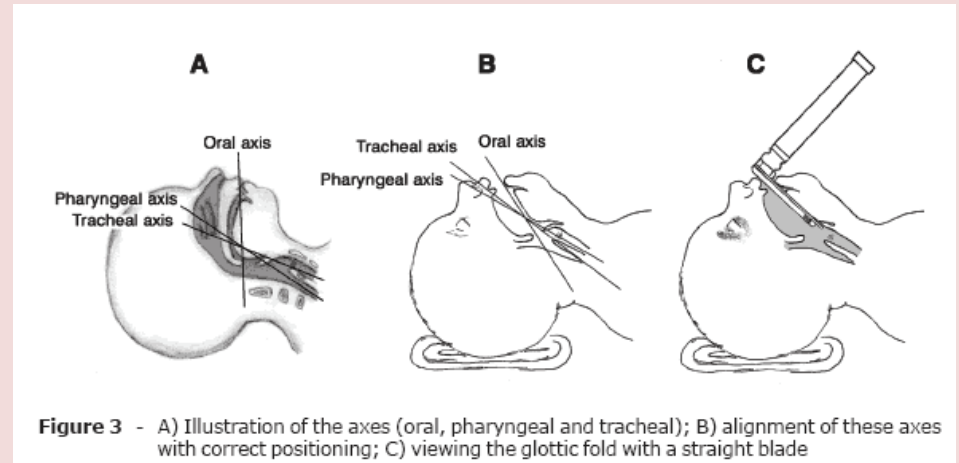
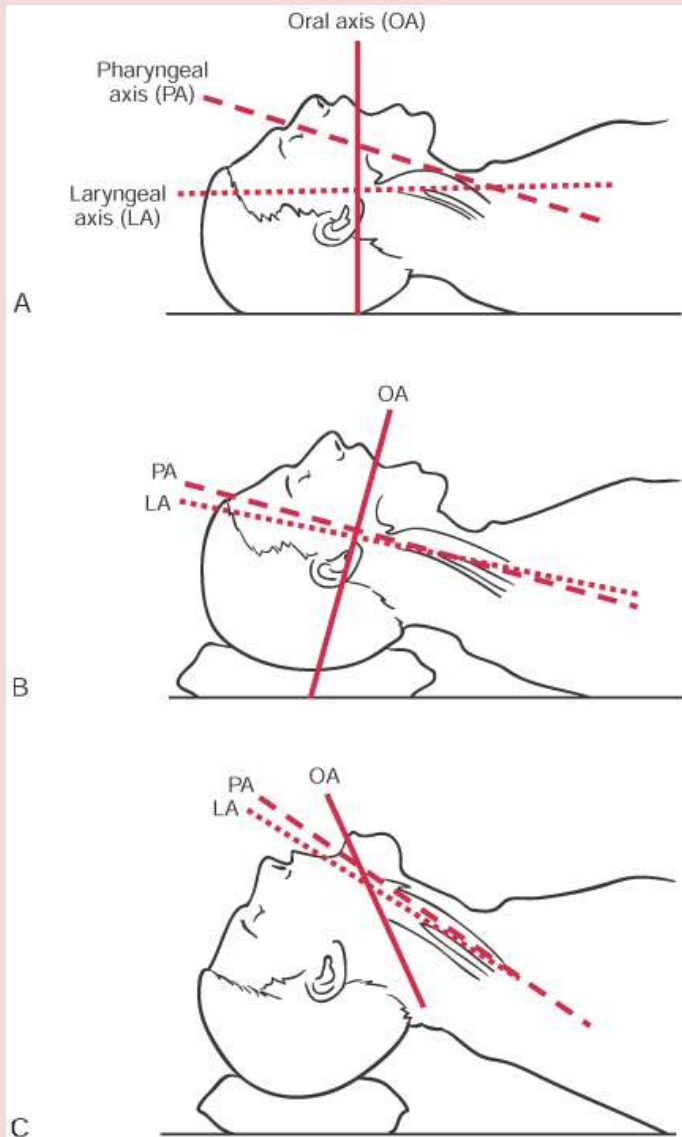


ALTERNATİF HAVA YOLLARI

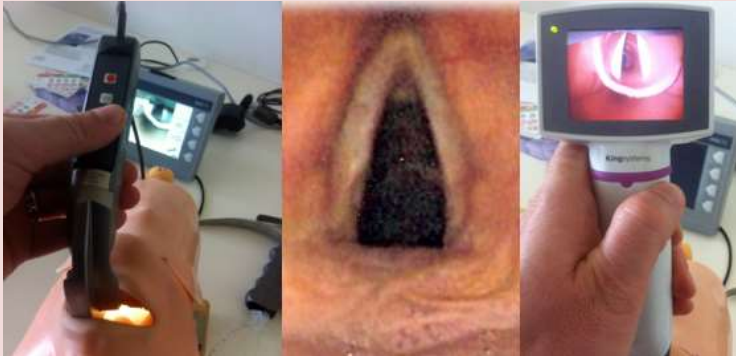
ENDOTRAKEAL ENTÜBASYON



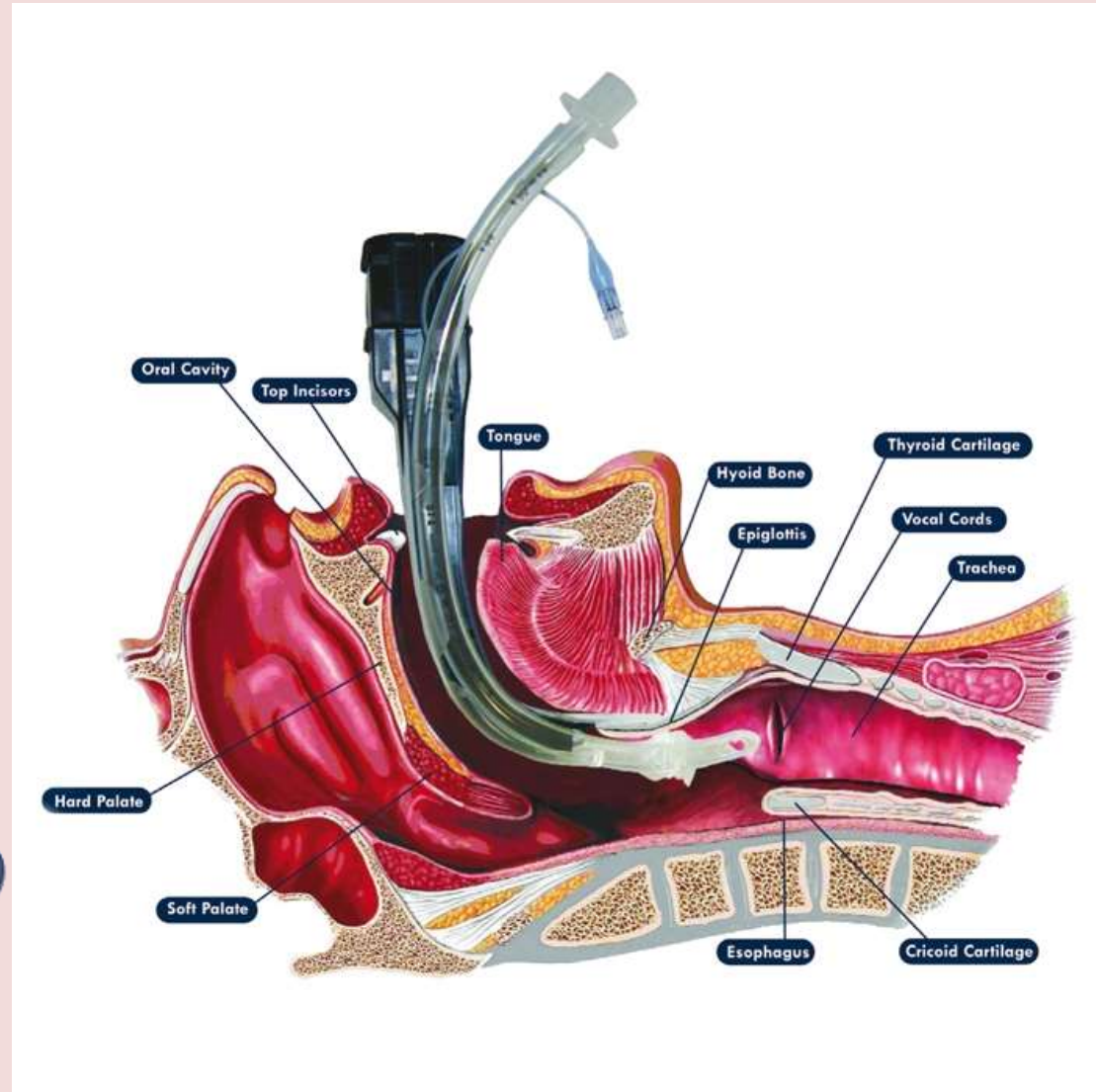
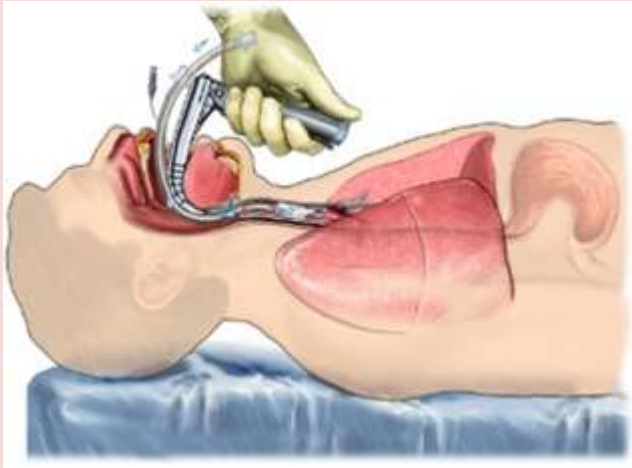
KLASİK ENDOTRAKEAL ENTÜBASYON



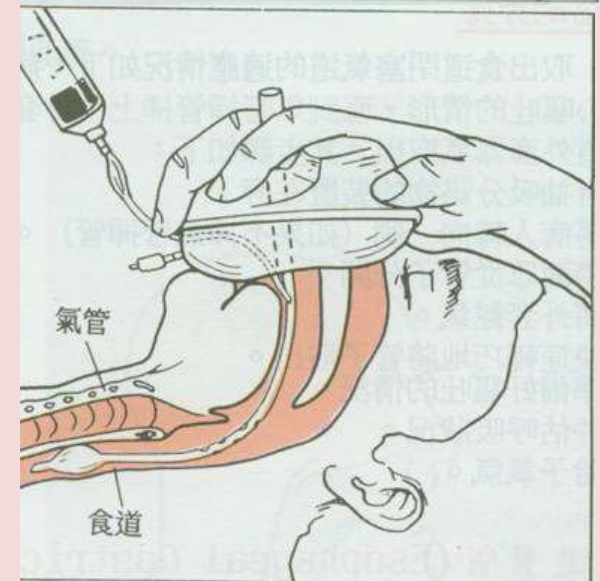
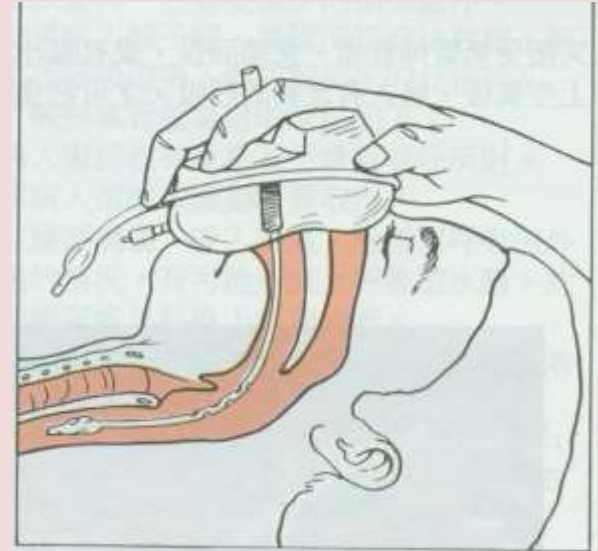
VIDEOSKOPIK – PEROSKOPIK LARİNGOSKOPI



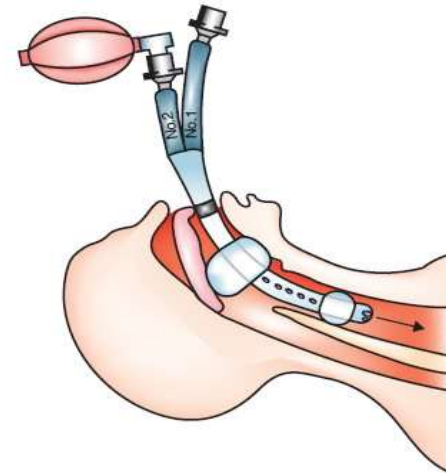
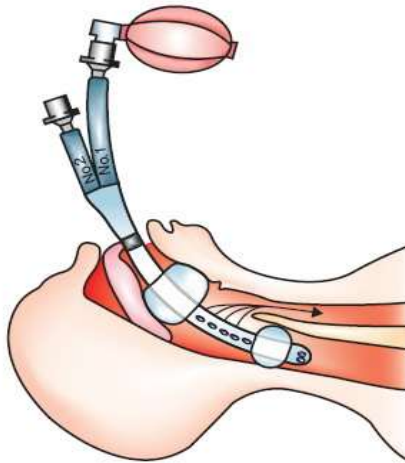
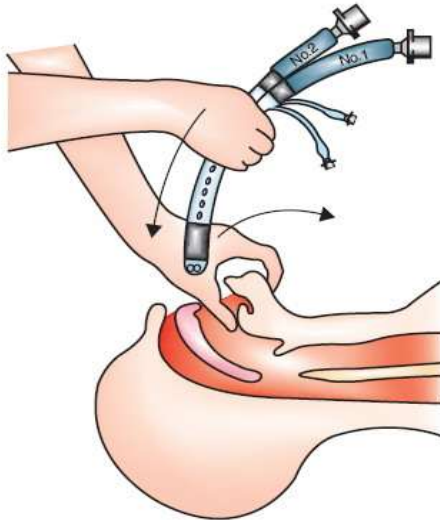
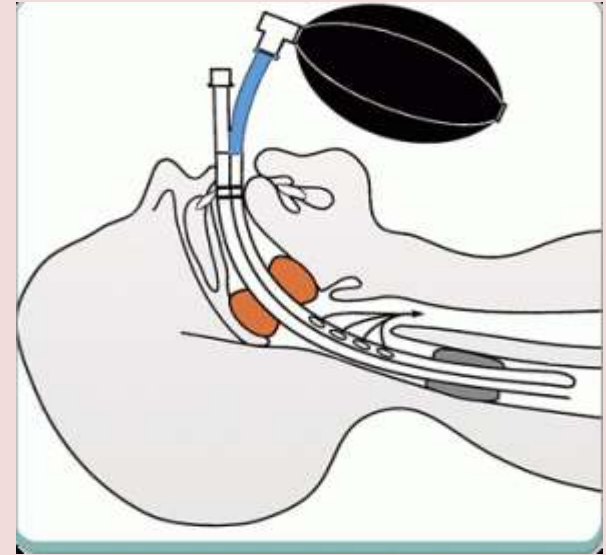
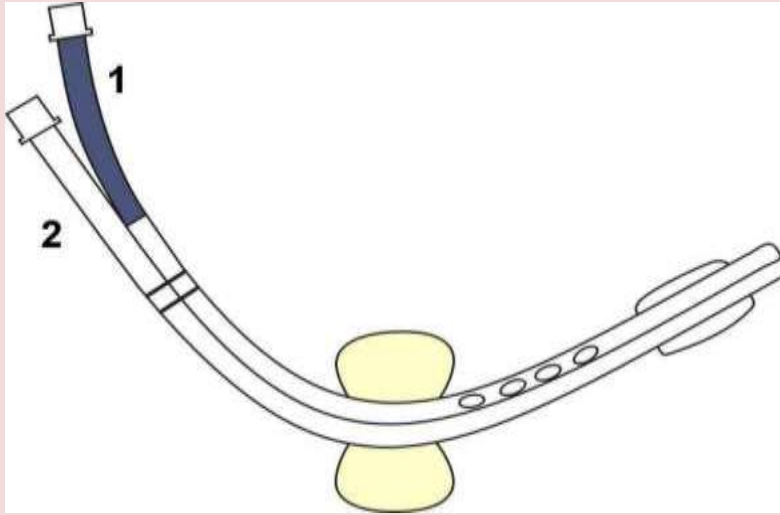
VIDEOSKOPIK – PEROSKOPIK LARİNGOSKOPI



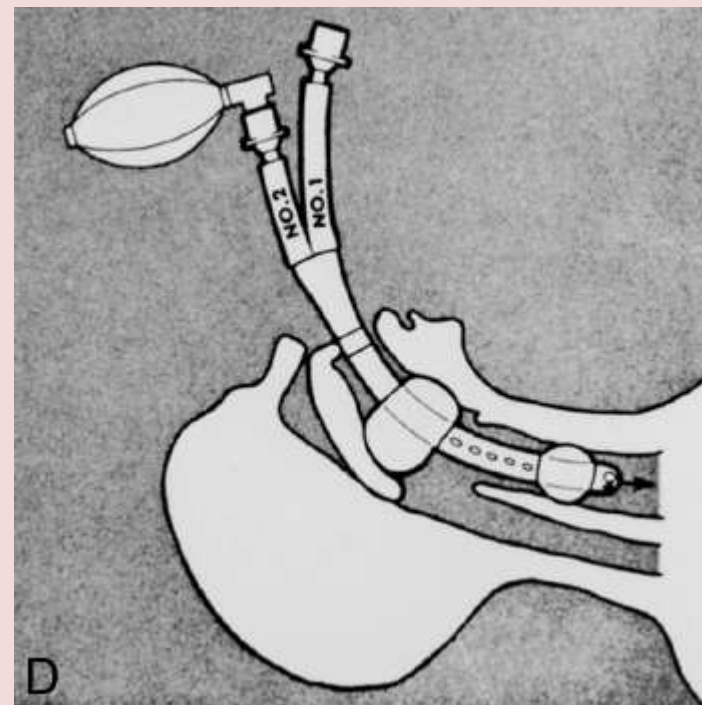
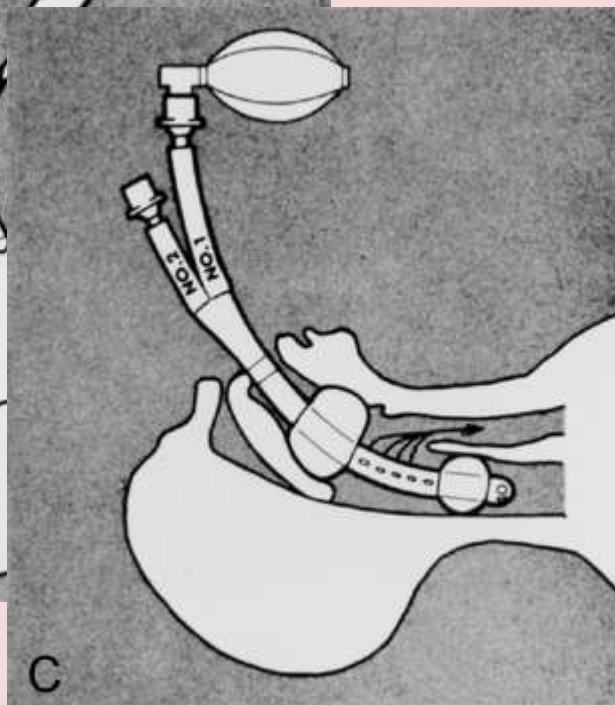
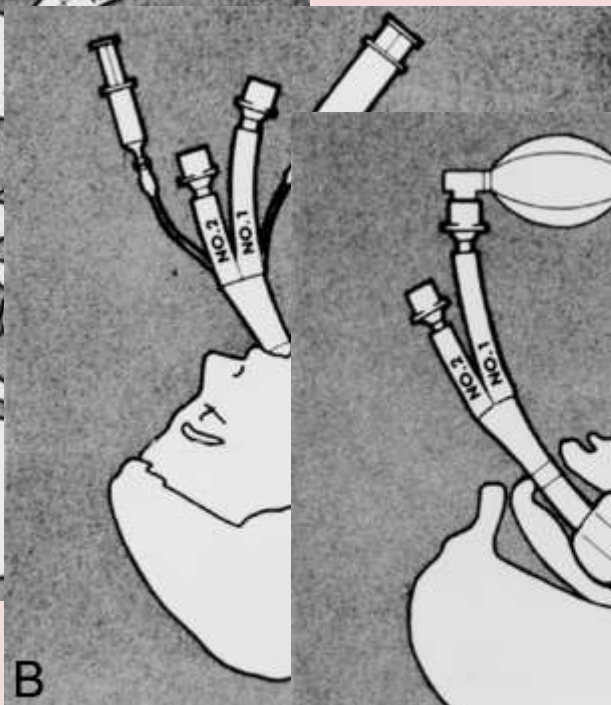
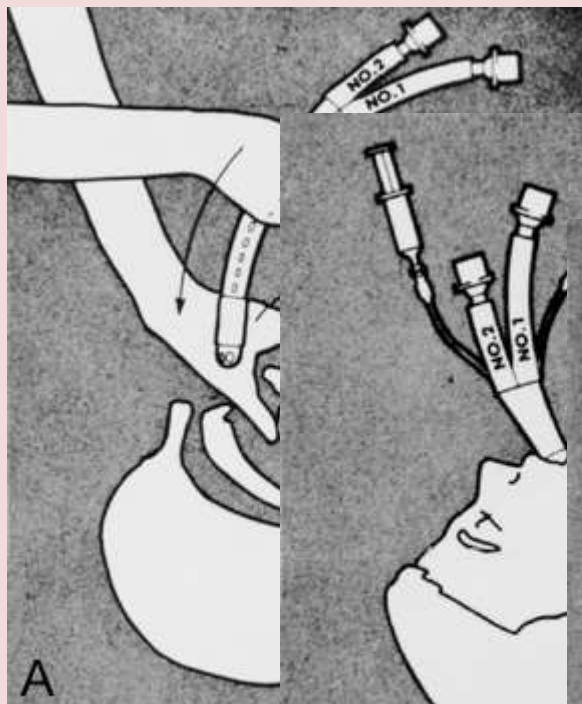
ÖZEAGEAL OBTURATOR KİT



KOMBİ TÜP



KOMBİTÜP



VIDEO LARINGOSKOPI



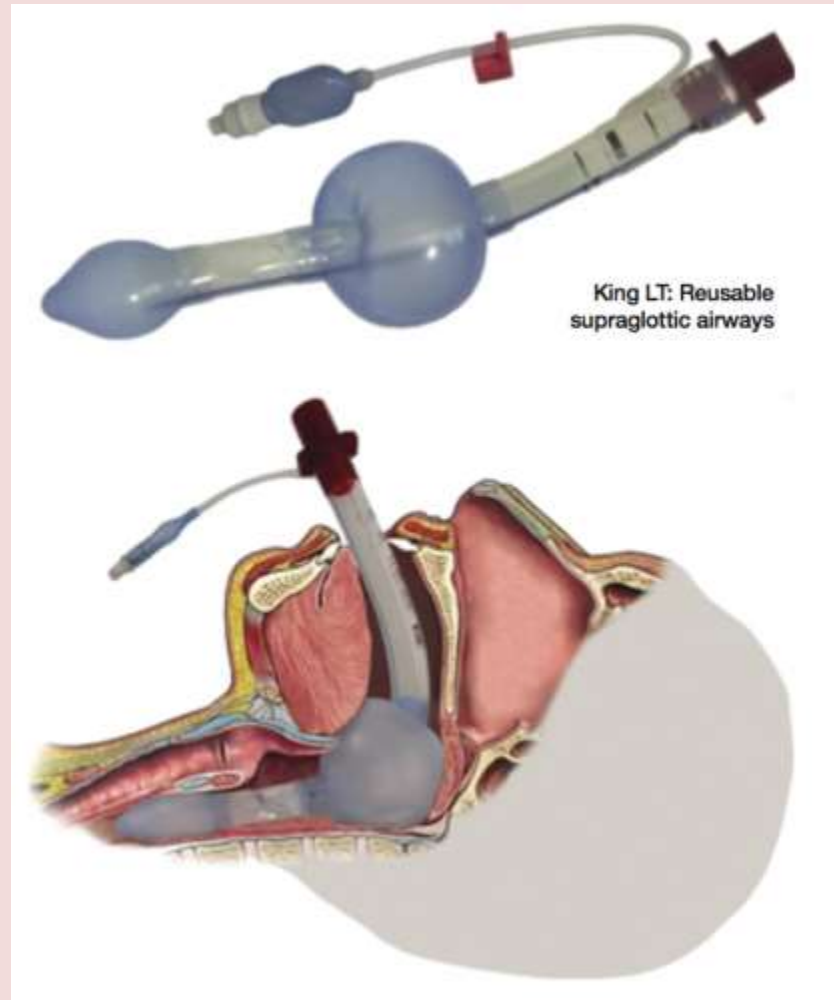
AIRTRAQ



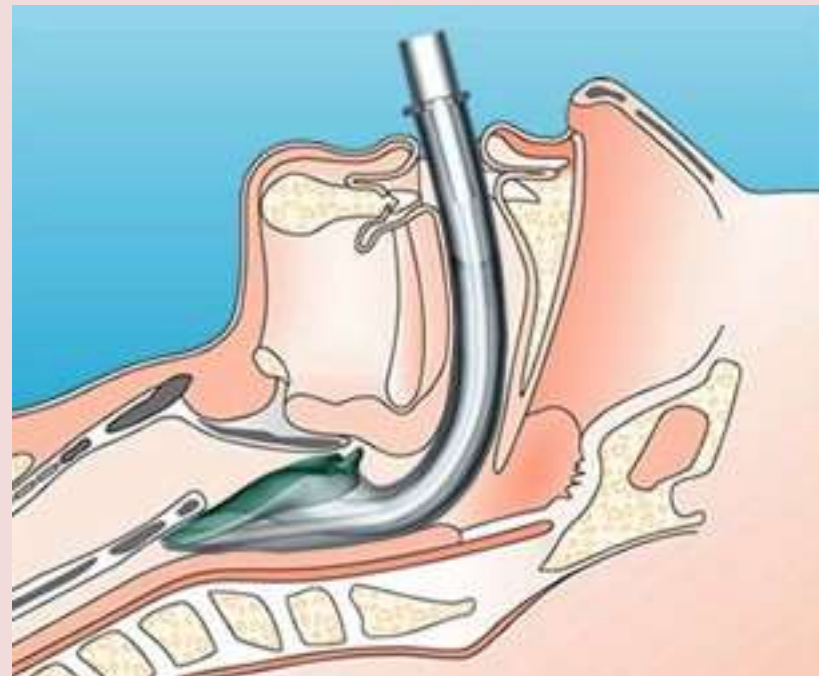
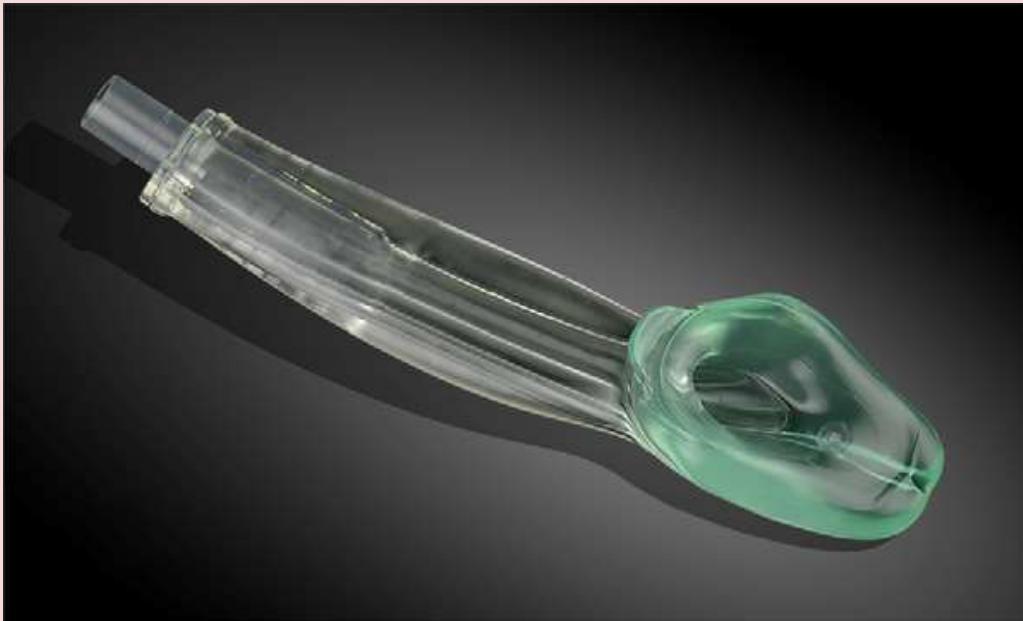
GLIDESCOPE



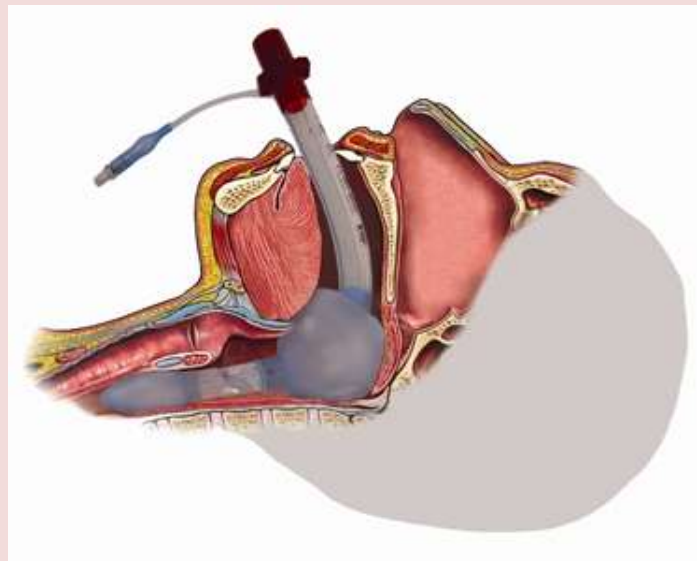
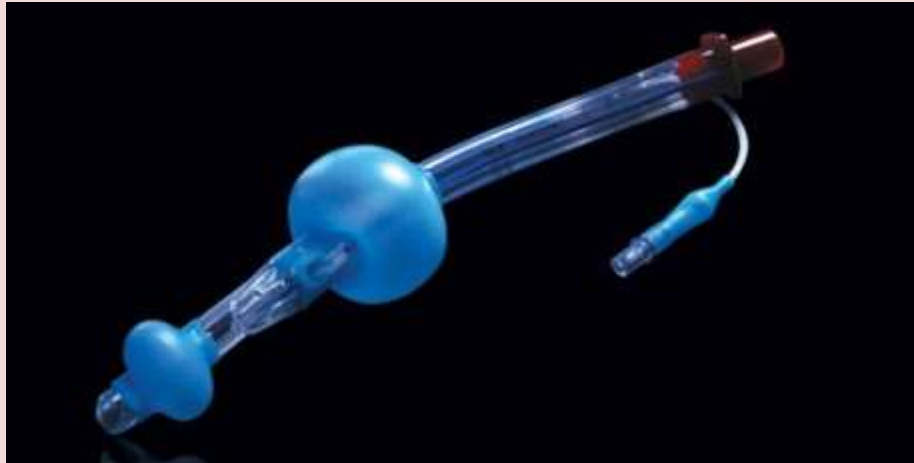
LARINKSTÜP



i-GEL



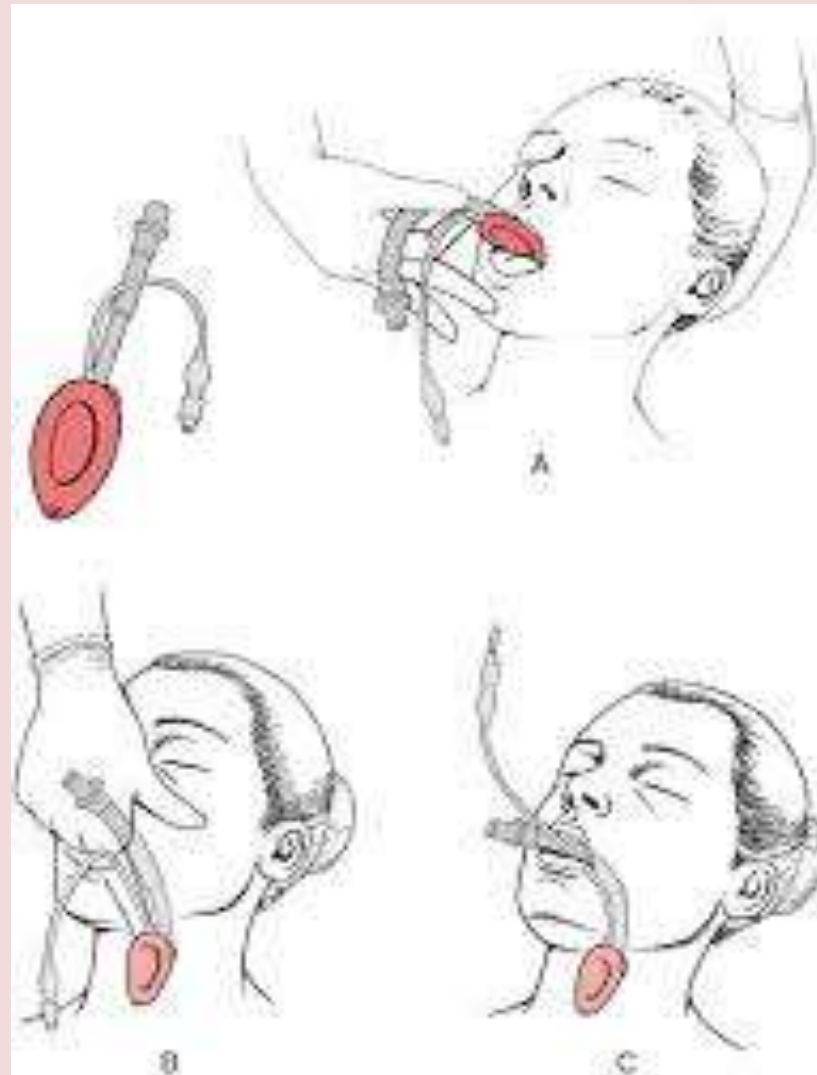
KING



KING Vision



LMA



PROSEAL LMA



FASTRACH



LMA G Trach



TULIP



COBRA PLA



S.A.L.T.



BASKA MASK



AIR-Q-BLOCHER



SORU ?

KATKI ?