

Comprehensive approach to endoscopies in children and adolescents

Celostna obravnava otroka in mladostnika pri endoskopskih preiskavah

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Izveček

Endoskopija je za otroka zahteven in neprijeten poseg. Endoskopija zahteva izrazito dobro timsko delo.

Cilji zdravstvenonegovalne endoskopske ekipe so, da so endoskopski posegi izvedeni kakovostno, varno in hitro, za otroka čim manj neprijetno in boleče. Pogoj za kakovostno izveden poseg je tudi dobra priprava otrok in staršev, ki so dejavno vključeni v vse faze, tudi med endoskopskim posegom. Otrokom je potrebno zagotavljati celovitost pri zadovoljevanju potreb z upoštevanjem fizioloških, razvojnih, socialnih in kulturnih vidikov.

Sediranje otrok pri endoskopskih preiskavah zmanjša negativno izkušnjo in omogoči boljše izvedbo preiskave ali posega. Otrokom do približno desetega leta starosti izvajamo endoskopije zgornjega dela prebavil v stanju sediranosti, večjim otrokom načeloma brez sediranja, kolonoskopije pa se izvajajo v stanju sediranosti, ne glede na starost otroka.

Kapsulna endoskopija je ena novejših diagnostičnih metod v gastroenterologiji, ki omogoča pregled sluznice celotnega tankega črevesa. Pri otrocih je kapsulna endoskopija pomembna in varna diagnostična metoda. Uspešno se uporablja pri vse mlajših otrocih.

Otroka, ki ima predvideno kapsulno endoskopijo, vključimo v zdravstveno nego ob sprejemu v bolnišnico. Medicinska sestra in zdravstveni tehnik sodelujeta v vseh fazah diagnostičnega postopka: pri pripravi otroka na postopek, pri uvedbi kapsule (z endoskopsko metodo ali brez nje). Zdravstveni tehnik med potekom preiskave skrbi za otrokovo varnost, za pravilno prehranjevanje, otrokovo dobro počutje, nadzoruje odvajanje in je pozoren na morebitne zaplete. Medicinska sestra in zdravstveni tehnik vključujeta v

vse dejavnosti tudi otrokove starše, pač glede na otrokove potrebe.

Cilj zdravstvene nege je dobra priprava otroka, vključevanje staršev in timsko sodelovanje, ki omogočijo, da preiskavo izvedemo varno, kakovostno in na otroku prijazen način.

Abstract

For children, endoscopies are very unpleasant and difficult to cope with. Endoscopies require a very good teamwork.

The objective of the endoscopic team is to perform endoscopic procedures skillfully, safely, quickly, and as painlessly for children as possible.

To perform a good endoscopic procedure, good preparation of the child and parents is essential. They should all be actively involved in all phases of the procedure, including during the endoscopy. We have to provide children holistic care. We have to abide physiological, developmental, social and cultural aspects of the child.

Sedation of children during endoscopy minimizes bad experience for them, and allows better performance of the procedure or intervention. We perform gastroscopy under sedation in children younger than ten years of age, with rare exceptions. Colonoscopies are always performed under sedation.

Capsule endoscopy is a newer diagnostic method in gastroenterology that enables examination of the whole small bowel. In children, it is an important and safe diagnostic method that is being successfully used in young children as well.

A child scheduled for capsule endoscopy receives nursing care from admission onwards. The primary care nurse and graduate nurse work together in all phases of the diagnostic procedure: in the preparation of the child for the procedure, and in the introduction of capsule (with

or without an endoscope). The nurse is responsible for the child's safety during the procedure, for his correct timing of feeding, his well-being, regular defecation, and for monitoring the child for any side effects following the procedure. The

child's parents, when necessary, are included in all these activities.

The aim of nursing care is good preparation of the child for the procedure, inclusion of his parents and teamwork to provide a safe, child-friendly and well-performed procedure.