

鬱血性心臟病患者夜間通氣支持之出院計畫及居家呼吸照護

Discharge Plan and Home Respiratory Care for Congestive Heart Failure Patients with Nocturnal Ventilation Support

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摘要

此為一位合併呼吸衰竭之鬱血性心臟衰竭(congestive heart failure, CHF)病患，兩年內入院五次，並重複插管三次。此次入院再度插管，為促進呼吸器脫離，於一個月後做氣切。然而病患於呼吸器完全脫離後，二氧化碳仍高且白天體力下降，無法進一步復原身體功能，故維持夜間呼吸器通氣，使用壓力協助控制呼吸模式能維持白天二氧化碳分壓正常；此減低因中樞型睡眠暫停之呼吸障礙。身體復原計劃包括：四肢肌力訓練，帶氧氣走路運動，講話訓練，清除痰液。夜間通氣(nocturnal ventilation)治療合併復原訓練三週後，病患之四肢血循環改善，膝下近黑色之皮膚轉為近淺棕膚色；且日常生活能由嚴重進步到至中度依賴，生活品質亦顯著進步。因此我們認為心臟病患者使用夜間通氣治療合併復原計劃，能有效的減緩病情之惡化，並增進生活功能。

Abstract

This is a congestive heart failure patient with respiratory failure. She was admitted five times within two years, and repeated intubated for three times. She was intubated again at this admission, in order to facilitate wean ventilator, tracheostomy was performed after one month intubation. However, she was weaker with hypercapnia in day time after she was weaned from ventilator and breathing with oxygen only all day; and it is hardly to condition the physical status. Therefore, she was supported with PACV mode (pressure assist control ventilation) via tracheostomy at night and maintain normal PaCO₂, then she could eliminate sleep disorder breathing by reduce central sleep apnea episode. Physical Reconditioning program including: limb strengthening exercise, wear oxygen walking, speaking training, secretion

clearance. After three week nocturnal ventilator support and reconditioning, circulation of four limbs improved, her skin color below knee significantly changed from black to light brown ◦ Moreover her activity of daily living could improve from severe to moderate dependent, also the quality of life increased. Therefore, we thought nocturnal ventilator support combined with reconditioning program could delay deterioration of disease, and further enhance function level of living.