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Results of treatment and care of patients with vegetative condition.

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Here are results of treatment and care of chronic patients with vegetative conditions and here are represented considerations that in those patients chance for complete recovery is miserably low but we do not forget that there are some changes for certain patients, so we cannot determine whether a patients has a chance to be treated completely or not so that treatment should be continued in any conditions besides when a patient is in an extreme, unbearable painful situation and by the decision of the court.

Key Words: Critical condition, Vegetative condition, unconscious condition

Introduction: during past years, patients with chronic vegetative conditions are more and more in critical care medicine clinics and treatment and care of them is difficult and not cheap; majority of them have lethal outcome during first weeks and months (Z.Kheladze,Zv.Kheladze-2015,2016). It is very difficult to recover a patients completely and they come back to an usual lifestyle rarely. But even in such conditions, medical staff is responsible for an efficient and adequate treatment even when there is a miserable chance for recovery.

Materials and Methods: We have studied 9,0(100.0%) critical patients who suffered from vegetative condition: 3,0(33,3 %) was female and6,0 (66,7 %) males. Age of patients varied between 18-62 ages. 7,0 (77,8%) of patients was below 50 years, 2,0(22,2%) below 70. Critical care condition was caused because of ischemic-1,0 11,1%) and hemorrhagic insults -2,0(22,2%), respiratory failure caused from pneumonia, acute cardiac failure, and sepsis, polytrauma- 4,0(44,4%), poisonings, 1,0 (11,1%),and 1,0(11,1%)-from meningitis. According to Glasgow scale condition of patients was less than 8 points and “Appach-2” prognostic-analogous scale complied 32 an more points. Treatment included artificial breathe, correction of water and electrolytic balance, parenteral and enteral nutrition, antibacterial therapy and etc.

3,0 patients underwent a cardiac arrest episodes during 5-17 minutes which was eliminated in aids of reanimation actions.

Results and Discussion: All patients were 271,0 bed days in the clinic and in average it was 30,1 days in total. The diagnosis of vegetative condition was confirmed on 30-31th days of treatment. At that time, critical condition was liquidated and patients were not under a danger of death. They

were provided with artificial respiration, blood circulation was normal, feeding was implemented in aids of nasal-gastric probe, function of intestine was normal as well and spontaneous:1-2 times a day, urination occurred in aids of catheter. Neurological status of those patients was approximately 3 points according to Glasgow scale. 2(22,2%) patients suffered from a bed sore, 2,0(22,2%)-from sepsis, 3,0(33,3%)- double pneumonia. Those patients lived about 2,0 months till 2,0 years. 8,0 (88,9%) patients died and 1,0(11,1) could survive but they needed constant external help.

Conclusion: in those patients chance for complete recovery is miserably low but we do not forget that there are some changes for certain patients, so we cannot determine whether a patients has a chance to be treated completely or not so that treatment should be continued in any conditions besides when a patient is in an extreme, unbearable painful situation and by the decision of the court

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