Ministry of science and higher education
Federal state budgetary educational
institution higher education institution
Ulyanovsk state University
Medical faculty named by T.Z. Biktymirov
Department of propaedeutics of internal diseases
Department of general and operative surgery with topographic anatomy and the course of dentistry

Smirnova A.Yu., Makarov S.V.

Methodical instructions for practical training in the practice of "NURSE ASSISTANT" FOR SPECIALTY 31.05.01 "GENERAL MEDICINE»

Ulyanovsk

УДК 616-051(075.8)

ББК 53.52п.я73

Published by the decision of the Academic Council
Institute of medicine and ecology
Ulyanovsk state University
19 June 2021 № 10/210

19 June 2021 J\\\ 10/210
Reviewer – MD, prof. Razin V.A.
SmirnovaA. Yu. Methodical manual on clinical practice of 1st year students "Nurse assistant. Part I " for independent work of the student Ulyanovsk, Ulsu, 2021.p.45
The manual is prepared in accordance with the work program of the clinical practice "Nurse assistant.". The methodical manual is intended for independent work of students of medical faculty studying on specialties 31.05.01-General medicine.

Content

	The course aims and objectives	4
	Explanatory note	5
I.	The course aims	6
II.	The course objectives	6
III.	Content of Practice	6
IV.	Questions for ongoing monitoring depending on the type and type of practice	7
V.	Checklist for mastering of practical skills	8
VI.	List of recommended literature	45

The course aims and objectives

Aim of the Course:

The formation of a knowledge system in the field of methodology for the development and management of projects and the formation of skills for the phased implementation of projects in educational and professional activities in healthcare

Objectives:

- master the methods and applied tools of project management;
- form a project approach to solving problems of improving management systems in the healthcare system.

Safety instructions:

safety Instructions when working with electrical appliances:

All work related to the use of electrical appliances must

be supervised by a teacher (laboratory assistant).

If there is a malfunction in the electrical appliance, contact the

teacher. It is forbidden to repair the devices yourself.

In case of electric shock, if the victim remains in

contact with live parts, it is necessary to immediately

turn off the current using the starter or remove the security plug

or cut the current-carrying wire with an insulated tool.

The victim must not be touched

with unprotected hands (without rubber gloves) while under electric shock. If the victim lost consciousness, after turning off the current, you should immediately, without waiting for a doctor, perform artificial respiration.

Instructions on fire safety measures in premises

Ulyanovsk state University

All employees and students of USU must clearly know and strictly

follow the rules of fire safety, prevent violations

of the fire regime, be able to use almost primary

fire extinguishing agents and keep them clean and tidy.

OFFICIALS RESPONSIBLE FOR BUILDINGS AND

ROOMS. They are OBLIGED to:

- 1. Monitor the condition of power grids and electrical equipment, take the necessary measures to eliminate malfunctions.
- 2. Strictly observe internal order and cleanliness, baskets and boxes for papers should be regularly cleaned, garbage should be taken out of the building to a specially designated place.
- 3. Know the plan for evacuating people from buildings in case of fire.
- 4. All emergency doors and other exits to contain in a serviceable condition .
- 5. Check the readiness of fire extinguishing equipment and all violations inform the head of the economic unit and the fire safety engineering service.
- 6. Upon completion of the work to carry out a mandatory inspection of all premises.

Smoking is

1. Smoking is PROHIBITED IN the premises of USU, except for places specified by

the order of the rector

- 2. Perform flammable works without the written permission of the Vice-rector for AHR and CS and the fire safety engineer.
- 3. Store flammable and flammable liquids.
- 4. Use home-made electric household heating devices or devices not of the established sample.
- 5. Use fire-fighting equipment for other purposes.
- 6. Clutter up passageways, corridors, stairs, exits with various materials.
- 7. To make installation of temporary electric systems, to apply them in inserts do not meet the technical requirements.
- 8. To carry out cleaning of the premises using gasoline, kerosene and other flammable and combustible liquids.
- 9. Leave live electrical appliances unattended.

EVERYONE WHO DETECTED A FIRE OR FIRE, MUST:

- 1. immediately report the fire to the fire Department "01" and the operational duty officer of the ahch Ulsu (32-98-22).
- 2. Notify all people in the building about the fire.
- 3. Disconnect the power grid and electrical equipment.
- 4. To take measures to evacuate people.
- 5. Start extinguishing the fire with primary fire extinguishing means before the arrival of the fire Department.

Explanatory note

Methodical recommendations are intended for the organization of independent work of students in extracurricular time during the practical training "nurse assistant". This practice is part of the specialty program 31.05.01 General medicine.

Independent extracurricular work is planned within the framework of the curriculum activities of students, which is carried out on assignment, with the guidance and control of the teacher, but without direct participation.

The purpose of independent extracurricular work – mastering knowledge, professional skills and practical skills, the development of independence, organization, creative approach to solving problems of educational and professional levels.

The objectives of the organization of independent extracurricular work is to:

- 1. Motivate students to learn the curriculum.
- 2. To broaden the horizons of students, to deepen their knowledge, to develop the skills of research activities, to show the elements of creativity.
 - 3. Promote the development of General and professional competencies.
- 4. Create conditions for the formation of students 'ability to self-education, self-government and self-development.

For out-of-class study offers check sheets for training, mastering and consolidation of practical skills.

I. The course aims

Aim of the Course: developing thegeneral professional competences necessary for working the procedural nurse. II. **The course objectives Objectives:**

- to administer of the medical documentation procedural nurse;
- to administer parenteral ways of introduction of drugs;
- to know principles care of patients and to know first pre-medical aid; to administer of medical devices for medical aid. III. **Content of Practice**

Total volum	Total volume of practice				
Credit units	Hours	Weeks			
3	108	2			

Practical training is conducted in the 6nd semester at training center for medical technology of medical faculty and training rooms of the Institute of Medicine, Ecology and Physical Culture USU.

The structure and Workload

№ п/п	Name of sections	The form of practice, including independent work	Quanti ty of Hours	The form of control
--------------	------------------	--	--------------------------	---------------------

		I. Preparatory stage of practice		
1	Briefing on safety	Briefing on safety	4	Control of the filling of the diary
		II. Production stage		
1	Administration of the medical documentation	Medical documentation procedural nurse (sheet prescribing, log-book of strong and narcotic drugs).	24	Control of the filling of the diary, check-lists
2	Invasive parenteral ways of introduction of drugs	General rules for the use of medicines. Methods of administration of medicine. The collection of syringes, making medicines from vials, collection of	28	Control of the filling of the diary, check-lists
		IVS. In/m, subcutaneous, intravenous, intravenous injection, drip medicines. Complications of injections. Principles of first aid in anaphylactic shock. Development of practical skills training center of medical technology.		
3	General care of the patients and first aid	First aid for bronchial asthma attack, pulmonary bleeding, hypertensive crisis, gastric bleeding, cardiac asthma, collapse, pains in the abdomen, heart attack Development of practical skills training center of medical technology.	28	Control of the filling of the diary, check-lists
4	Handling and preparing to use medical devices provide primary prehospital health care	Blood pressure measurement. Study of arterial pulse and counting the frequency of respiratory movements. Urinary bladder cauterization Development of practical skills	24	Control of the filling of the diary, check-lists

		training center of medical technology.		
	Total		108	

IV. Questions for ongoing monitoring depending on the type and type of practice

	No.	question			
	INO.	question PHASE I "PREPARATION»			
Ingte					
IIISU	Instructing students on safety and health, according to the rules of the diary, schedule and order of practice, etc.				
	1	-			
	1.	Types of instructing students on occupational safety and health			
	2.	Basic documents on conducting introductory, primary, unscheduled			
	2	and targeted instruction on labor protection The person responsible for conducting the initial unplanted and target			
	3.	The person responsible for conducting the initial, unplanned and target			
	4	instructing The main types of medical institutions			
	4.	The main types of medical institutions Main modes of medical institutions			
	5.				
		PHASE I "PREPARATION»			
		Maintenance of medical records			
	6.	Medical documentation of the treatment room			
	7.	Duties of the procedural nurse			
	1 -				
	8.	Basic medical documentation of a procedural nurse			
	9.	Accounting forms of medical documentation and terms of their			
		storage			
	10.	Rules of registration of medical documentation of the procedural			
		nurse			
	11.	Rules for filling the temperature sheet			
	12.	Rules for filling in the journal of medical appointments.			
	13.	Rules of taking of blood sampling for biochemical studies.			
	14.	The rules of filling the log of blood on RW, the collection of blood			
		for AIDS.			
	15.	Rules for filling in the register of potent drugs and narcotic analgesics			
		PHASE II "PRODUCTION»			
	Imp	plementation of the invasive parenteral administration of drugs			
	16.	Methods of parenteral invasive administration of drugs			
	17.				
	18.	Methodsofdrugadministration			
	19.	Advantages of parenteral invasive method of drug administration			
	20.	Methods of absorption of drugs from ampoules			
	21.	Methods of collecting syringes for intravenous administration of			
		drugs			

22	The method of collection systems for intravenous introduction of
22.	medical products
23.	Thetechniqueoftourniquet
	- Theteeningue of touringue
	Techniqueofintradermalinjection
	Techniqueofintradermalinjection
	Techniqueofsubcutaneousinjection.
	Techniqueofsubcutaneousinjection.
	Techniqueofintravenousinjection.
	Technique of intravenous drip of drugs.
	Technique of intravenous drip of drugs.
	Technique of intramuscularinjections.
	Techniqueofintramuscularinjections.
	Methods of blood sampling from a vein for biochemical,
51.	immunological, bacteriological studies
35.	Injecting the possible complications of the different methods of
	administering drugs
36.	Rules of the statement, the account and storage of medicines
	(including, strong and drugs)
37.	Clinical manifestations of post-injection complications
	PHASE II "PRODUCTION»
	General care and first aid in case of emergency
38.	Risk factors for cardiovascular diseases
39.	Risk factors for respiratory diseases
40.	The method of calculation of NPV
41.	The mechanisms of origin of shortness of breath, its types
42.	Methods of studying the pulse on the radial arteries.
	Propertiesofarterialpulse
43.	Method of study of carotid pulse
44.	Method of measuring blood PRESSURE. Possible causes of a change
	of AD in the direction of increase and decrease
45.	The methodology of the peakflowmetry. The main indications and
	contraindications. Interpretationofresults
46.	The main clinical manifestations of bronchial asthma attack
47.	Algorithm of emergency care in case of bronchial asthma attack
48.	The main clinical manifestations of pulmonary hemorrhage
49.	Algorithm of emergency care in pulmonary hemorrhage
50.	The main clinical manifestations of bleeding from the gastrointestinal
	tract. Possiblecause
51.	Algorithm of emergency care in case of gastrointestinal bleeding
52.	The main clinical manifestations of collapse
53.	Algorithm of emergency care in case of collapse
54.	The main clinical manifestations of angina attack
55.	The algorithm of rendering of the urgent help at the attack of angina
	38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54.

	56.	The main clinical manifestations in hypertensive crisis
	57.	Algorithm of emergency care in hypertensive crisis
		PHASE II "PRODUCTION»
Tre	atment an	d preparation for use of medical devices provided for by the procedure
		of medical care
	58. Indications for bladder catheterization, types of catheters	
	59.	Methods of bladder catheterization in men and women.
	60.	Rules of treatment and storage of soft urinary catheters
	61. Rules for disinfection and disposal of needles and syringes.	
	62. Rules of treatment and storage of metal urinary catheters	
	63. Types of des. disinfection solutions, rules for dilution of solutions	

V. Checklist for mastering of practical skills

1.	Evaluation sheet (checklist) No. 1 Dialing a drug from an ampoule			
	#	Actions (elements)	Check	
			mark	
			Yes(1)/	
			no(0)	
	1.	Treat hands in a hygienic way		
	2.	Put on sterilegloves		
	3.	Control purpose (to install the identity information on		
		the vial and packaging of ampoules and in the medical		
		records about the name of drug; check the dosage of		
		drugs, route of administration of drugs)		
	4.	Check the date of manufacture and integrity of the		
		sterile packaging of the syringe and needles		
	5.	Check drugs (integrity and date of		
		manufactureampoules with drugs)		

6.	Shake the ampoule so that the whole solution is in its widest part.	
7.	Process the narrow end of the ampoule with a cotton ball smo-chennym alcohol, it is necessary to ensure that the inscription on the ampoule preserved.	
8.	To nagpalit vial at the transition of the narrow end with the wide, and again treated with a ball moistened with alcohol.	
9.	Hold the ampoule with your left hand, with your right hand grab a cotton ball narrow end of the ampoule along the line of the inscription I and II fingers of the right hand and movement I finger "from myself" to break it off.	

	10.	Take the ampoule in the left hand between the second and third fingers, flip it narrow down. In the right hand to take the pen so II finger was on the coupling of a needle, and without touching the outer edges of the ampoule, insert the needle into the ampoule.	
	11.	Grab the syringe I, IV and V with the fingers of the left hand, and the right to pull the plunger of the syringe by the handle down — the medicine enters the syringe.	
	12.	Dial the medication gradually, watching that the tip of the needle was kept in solution to prevent the ingress of air into the syringe during typesetting.	
	13.	Disinfection and disposal of consumables in class B waste	
	14.	Remove of gloves, disinfection and disposal as class B waste Treat of hands in a hygienic way	
2.		Evaluation sheet (check-list) № 2 The tourniquet	
	#	Actions (elements)	Check mark Yes(1)/ no(0)
	1.	Treat hands in a hygienic way	
	2.	Put on sterilegloves	
	3.	Put a napkin on the shoulder of the patient without closing the cubital fossa.	
	4.	Take a tourniquet, bring it under the shoulder 5 cm above the ulnar fossa.	
	5.	Stretch the harness by the ends and start one after the other so as to obtain a loop at the bottom, and the ends of the harness - on top.	
	6.	When untying the harness, it is necessary to pull the end from which the loop was formed.	
	7.	When applying the tourniquet, the pulse should not disappear (if there is no pulsation - then not only the	
			Т
		wine is squeezed, but also the artery). It is necessary to loosen the tourniquet.	
3.	Eva	aluation sheet (check-list) № 3 Collection of systems for in drip drug administration	ntravenous

		wine is squeezed, but also the artery). It is necessary to	
		loosen the tourniquet.	
3.	Evaluation sheet (check-list) № 3 Collection of systems for intravenous		
		drip drug administration	
	#	Actions (elements)	Check
			mark
			Yes(1)/n
			o(0)
	1.	Treat hands in a hygienic way	
	2.	Wearsterilegloves	

	3.	Control purpose (to install the identity information on	
		the bottle, package the bottle and in the medical records	
		about the name of drug; check the dosage of drugs,	
		route of administration of drugs)	
	4.	Check the date of manufacture and integrity of the	
		packaging bottle, syringe and needles)	
	5.	Check drug (integrity and date of manufacture	
		ampoules with drugs)	
	6.	Open the packaging bag, get the system (work on the	
		desktop), put on the lid of the sterilizer, on a sterile	
		cloth, sterile tray.	
	7.	Treat the aluminum bottle cap with a cotton ball with	
		alcohol, open the aluminum bottle cap with tweezers	
		and treat the rubber stopper of the bottle with a cotton	
		ball with alcohol.	
	8.	Handle hand balls with alcohol.	
	9.	Remove the cap from the needle of the air duct (short	
		tube with filter) and enter it until it stops in the rubber	
		stopper of the bottle, the free end of the air duct to fix	
		on the bottle with a patch or a pharmacy elastic band at	
		the bottom of the bottle.	
	10.	Close the screw clip, remove the cap from the needle on	
		the short end of the system and insert this needle into	
		the bottle stopper.	
	11.	Turn the bottle over and secure it on a tripod.	
	12.	Turn the dropper to a horizontal position, remove the	
		needle with the cap at the end of the long tube system	
		and open the clamp, slowly fill the dropper to half the	
		volume.	
	13.	Close the clamp and return the dropper to its original	
		position. The filter must be completely immersed in the	
		liquid for transfusion.	
	14.	Open the clamp, slowly fill the system until the air is	
		completely displaced and droplets from the connecting	
		cannula appear in the rubber tube.	
	15.	Check for air bubbles in the system - the system is full.	
	16.	Place the needle with the cap in a sterile cloth.	
	T		
	17.	Put five cotton balls in a sterile tray, Prepare two strips	
	1.0	of adhesive plaster, a tourniquet, a pillow.	
	18.	Treatment of hands in a hygienic way	
4.		Evaluation sheet 4 (check sheet)	
		Intravenous infusion	
		Simulation equipment: simulator-arm for intravenous injection	ction.

Numbe	Step	check
r of		that
actions		the
		Yes(1
)/no(
		2)
1.	Greet the patient, ask the patient, comparing with	
	medical records, his/her surname, name, age. To	
	inquire about the health of the patient	
2.	To introduce themselves, indicate your role	
3.	To inform the patient about the procedure and	
3.	obtain medical informed consent to perform the	
	procedure	
4.		
	To treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	Ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the	
	clothes)	
7.	To check the prepared all necessary equipment	
	before the start of the manipulation (prepared sterile	
	tray with cotton balls and forceps; syringe of the	
	required volume with 2 needles, 70% aq ethanol;	
	tray for the used material).	
8.	To control prescription (to identity in the medical	
	records about the name of drugs, dosage of drugs,	
	route of administration of drugs)	
9.	To check the label on the syringe. Check the	
	expiration date on the package. Do not use expired	
	syringe.	
10.	To unpack the bottle, prepare the system for	
10.	intravenous drop infusion	
11.	To position a patient so that the vein is easily	
11.	accessible and you are able to perform the	
	venepuncture in a comfortable position. To position	
	the patient's arm extended with little or no flexion at the elbow.	
10		
12.	To perform venepuncture. To be convinced, that a	
	needle is in vein,	
13.	To remove or open the clip system for regulating	
	the speed of introduction of liquid	
14.	Adjust the infusion rate (the number of drops per	

	minute)	
15.	To fix a needle to the skin with an adhesive plaster	
16.	To close the needle from the top with sterile towel	
17.	To remove the needle from the injection site	

	18.	To overlay the bandage
	19.	To dispose systems for intravenous infusion
	20.	Disinfection and disposal of used material in waste class B
	21.	To take off the gloves Disinfection and disposal of gloves in class B
	22.	To treat hands in a hygienic way
		Unregulated actions
	1.	
	2.	
	3.	
5		Evaluation sheet (check sheet)5

5.

Evaluation sheet (check sheet)5 Intravenous injection

Simulation equipment: simulator-arm for intravenous injection.

Num	Step	check
ber of		that
actio		the
ns		Yes(1
)/no(
		2)
1.	Greet the patient, ask the patient, comparing with	
	medical records, his/her surname, name, age. To	
	inquire about the health of the patient	
2.	To introduce themselves, indicate your role	
3.	To inform the patient about the procedure and obtain	
	medical informed consent to perform the procedure	
4.	To treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	To ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	
7.	To check the prepared all necessary equipment before	
	the start of the manipulation (prepared sterile tray	
	with cotton balls and forceps; syringe of the required	
	volume with 2 needles, 70% aq ethanol; tray for the	
	used material).	
8.	To control prescription (to identity information on the	
	ampoule and packaging of ampoules and in the	
	medical records about the name of drugs, dosage of	
	drugs, route of administration of drugs)	
9.	To check the label on the syringe. Check the	
	expiration date on the package. Do not use expired	
	syringe.	
10.	To check the label on the ampoule to make sure that	

11			
		the right medicine is used. Check the expiration date	
		on the ampoule. Do not use expired medicine.	
		Inspect medication for any discoloration. Do not use	
		if it is discolored.	
	11.	To prepare the syringe	
	12.	To open the ampoule with the medicine	
	13.	To take the medicine from the ampoule	
	14.	To change the needle	
		To remove air from syringe	
		To position the patient's arm extended with little or no flexion at the elbow.	
	17	To apply the tourniquet around the arm approximately	
	17.	10 cm above the cubital fossa with enough tension so	
		that the VEIN but not the ARTERY is compressed.	
	18.	To fill the vein by massaging the arm with an upward	
		motion to force blood into the vein. To ask a patient	
		sometimes squeezes and unclenches his fist for	
		improvement of vein filling.	
	19.	To locate a prominent vein by palpation.	
	20.	To prepare the injection site by cleaning the area with	
		an alcohol cotton ball twice.	
	21.	Fixing the site of injection: take the syringe in the	
		dominant hand, the needle cut above, index finger	
		fixes the cannula needle, the other fingers hold the	
		syringe barrel. Pinch up the skin gently at the	
		injection site with a free hand.	
	22.	The positioning of the syringe: bring the syringe	
		needle to the injection site, the index finger on the	
		cannula needle, cut needle facing upwards, the	
		syringe is at an angle of 15° to the surface of the	
		patient's forearm	
	23.	To warn the patient to be patient	
		To puncture the skin above the vein and the walls of	
	2	the vein itself	
	25.	To correct needle of the syringe parallel to the surface	
		of the patient's forearm. To insert the needle further	
		into the vein for 10-15 mm	
-	26	To be convinced, that a needle is in vein, it is	
	20.	necessary to pull the syringe plunger on itself	
		slightly - in the cylinder of a syringe blood should	
		appear	
-	27	When blood appeared in a syringe to untie the	
	۷1.	tourniquet by the left hand pulling for one of the free	
		- ·	
		ends of the tourniquet, and also to ask a patient to unclench his fist.	
		UNCICHCH HIS HSt.	

28. To repeat the pulling the syringe plunger on itself	
slightly to be convinced, that a needle is in vein	

	slightly to be convinced, that a needle is in vein	
29.	To introduce the medicine	1
30.	To remove the needle from the injection site.	1
31.	To overlay the bandage	Ī
32.	Disinfection and disposal of used material in waste class B	ĺ
33.	To take off the gloves Disinfection and disposal of gloves in class B	
34.	To treat hands in a hygienic way	1
1.	Unregulated actions	1
2.		Ī
3.		1
4.		Ì

6.

Evaluation sheet (check sheet)6 Intradermal injection Simulation equipment: trim on the arm (i\d injection.)

Numb	Step	chec
er of		k
actions		that
		the
		Yes
		(1)/
		no(0
)
1.	Greet the patient, ask the patient, comparing with	
	medical records, his/her surname, name, age. To	
	inquire about the health of the patient	
2.	To introduce themselves, indicate your role	
3.	To inform the patient about the procedure and obtain	
	medical informed consent to perform the procedure	
4.	To treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	Ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	
7.	To check the prepared all necessary equipment before	
	the start of the manipulation (prepared sterile tray wi h	
	cotton balls and forceps; syringe of the required	
	volume with 2 needles, 70% aq ethanol; tray for the	
	used material).	
8.	To control prescription (to identity in the medical	
	records about the name of drugs, dosage of drugs,	
	route of administration of drugs)	
9.	To check the label on the syringe. Check the expiration	
	date on the package. Do not use expired syringe.	

10.	To check the label on the ampoule to make sure that	
	the right medicine is used. Check the expiration date	
	on the ampoule. Do not use expired medicine.	

11.	To prepare the syringe	
12.	To open the ampoule with the medicine	
13.	To take the medicine from the ampoule	
14.	To change the needle	
15.	To remove air from syringe	
16.	To prepare the injection site by cleaning the area with	
	an alcohol cotton ball twice.	
17.	To prepare drugs in a syringe (by thumb and index	
	finger of the hand holding the syringe fix the needle	
	cannula with the other hand to remove the needle cap)	
18.	To fix the site of injection: take the syringe in the	
	dominant hand, the needle cut above, index finger	
	fixes the cannula needle, the other fingers hold the	
	syringe barrel. The second hand put around the outside	
	of the forearm of the patient and fix the skin	
19.	The positioning of the syringe: bring the syringe	
	needle to the injection site, the index finger on the	
	cannula needle, cut needle facing upwards, the syringe	
	is at an angle of 15° to the surface of the patient's	
20	forearm	
20.	To warn the patient to be patient	
21.	To produce a puncture: by one movement in the	
	upward direction insert the needle at the length of the	
	needle cut so that the cut shone through the skin, by the first attempt without touching the treated area with	
	anything except the needle	
22.	To introduce the medicine	
23.	To remove the needle from the injection site. Apply	
25.	pressure to the injection site with a dry, sterile cotton	
	pad.	
24.	Disinfection and disposal of used material in waste	
27.	class B	
25.	To take off the gloves. Disinfection and disposal of	
	gloves in class B	
26.	To treat hands in a hygienic way	
	Unregulated actions	
1.	9	
2.		
3.		

7.	Numb er of action	Evaluation sheet (check sheet)7 Subcutaneous injection Simulation equipment: trim on the arm (s\c injection.)	Chec k that the
	S	Step	Yes(1)/no(

		0)
1.	Greet the patient, ask the patient, comparing with	
	medical records, his/her surname, name, age. To	
	inquire about the health of the patient	
2.	To introduce themselves, indicate your role	
3.	To inform the patient about the procedure and obtain	
	medical informed consent to perform the procedure	
4.	To treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	Ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	
7.	To check the prepared all necessary equipment before	
	the start of the manipulation (prepared sterile tray with	
	cotton balls and forceps; syringe of the required	
	volume with 2 needles, 70% aq ethanol; tray for the	
	used material).	
8.	To control prescription (to identity in the medical	
	records about the name of drugs, dosage of drugs,	
	route of administration of drugs)	
9.	To check the label on the syringe. Check the	
	expiration date on the package. Do not use expired	
10	syringe.	
10.	To check the label on the ampoule to make sure that	
	the right medicine is used. Check the expiration date on the ampoule. Do not use expired medicine.	
11.	To prepare the syringe	
12.	To open the ampoule with the medicine	
13.	To take the medicine from the ampoule	
	•	
14.	To change the needle	
15.	To remove air from syringe To propers the injection site by cleaning the area with	
16.	To prepare the injection site by cleaning the area with an alcohol cotton ball twice.	
17		
17.	To prepare drugs in a syringe (by thumb and index finger of the hand holding the syringe fix the needle	
	finger of the hand holding the syringe fix the needle cannula with the other hand to remove the needle cap)	
	camula with the other hand to remove the needle cap)	

18.	To fix the site of injection: take the syringe in the	
	dominant hand, the needle cut above, index finger	
	fixes the cannula needle, the other fingers hold the	
	syringe barrel. Pinch up the skin gently at the injection	
	site with a free hand.	
19.	The positioning of the syringe: bring the syringe	
	needle to the injection site, the index finger on the	
	cannula needle, cut needle facing upwards, holding	
	the syringe at a right angle (45°) to the site	
20.	To warn the patient to be patient	
21.	To produce a puncture: insert the needle using a quick	
	smooth motion at the base of the skin fold at the depth	
	of 15 mm, by the first attempt without touching the	

	treated area with anything except the needle	
22.	To introduce the medicine	
23.	To remove the needle from the injection site	
24.	To apply pressure to the injection site with a dry, sterile gauze pad.	
25.	To remove the needle from the injection site. Apply pressure to the injection site with a dry, sterile gauze pad.	
26.	Disinfection and disposal of used material in waste class B	
27.	To take off the gloves. Disinfection and disposal of gloves in class B	
28.	To treat hands in a hygienic way	
	Unregulated actions	
1.		
2.		
3.		

8. Evaluation sheet (check sheet)8
Intramuscular injection
Simulation equipment: trim on the arm (i\m injection.)

Nu	Step	check
mbe		that
r of		the
acti		Yes
ons		(1)/no
		(0)
1.	Greet the patient, ask the patient, comparing with	
	medical records, his/her surname, name, age. To inquire	
	about the health of the patient	
2.	To introduce themselves, indicate your role	
3.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	

4.	To treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	Ask the patient to take a comfortable position (the patient	
	sits, the injection site is free from the clothes)	
7.	To check the prepared all necessary equipment before the start of the manipulation (prepared sterile tray with cotton balls and forceps; syringe of the required volume with 2 needles, 70% aq ethanol; tray for the used material).	
8.	To control prescription (to identity in the medical records about the name of drugs, dosage of drugs, route of administration of drugs)	
9.	To check the label on the syringe. Check the expiration date on the package. Do not use expired syringe.	
10	To check the label on the ampoule to make sure that the	

	right medicine is used. Check the expiration date on the	
	ampoule. Do not use expired medicine.	
11	To prepare the syringe	
12	To open the ampoule with the medicine	
13	To take the medicine from the ampoule	
14	To change the needle	
15	To remove air from syringe	
16	To prepare the injection site by cleaning the area with an alcohol cotton ball twice.	
17	To prepare drugs in a syringe (by thumb and index finger of the hand holding the syringe fix the needle cannula with the other hand to remove the needle cap)	
18	To fix the site of injection: take the syringe in the dominant hand, the needle cut above, by little finger fixe the cannula needle, the other fingers hold the syringe barrel. Stretch a patient's skin by 2 fingers of the left hand in the place of the injection.	
19	The positioning of the syringe: bring the syringe needle to the injection site, the little finger on the cannula needle, cut needle facing upwards, holding the syringe at a right angle (90°) to the site (The outer upper quadrant of the buttocks)	
20	To warn the patient phrase about the need to be patient	
21	To produce a puncture: insert the needle using a quick smooth motion at a right angle (90°) at the length 2/3 of the needle	
22	To introduce the medicine	
23	To remove the needle from the injection site. Apply pressure to the injection site with a dry, sterile cotton pad.	
	20	

	24	Disinfection and disposal of used material in waste class B	
	25	To take off the gloves Disinfection and disposal of gloves in class B	
	26	To treat hands in a hygienic way	
		Unregulated actions	
	1.		
	2.		
	3.		
9.	Ev	valuation sheet (checklist) No. 9 Blood sampling from biochemical, immunological, bacteriological studies.	a vein for
	#	Actions (elements)	Check mark Yes(1)/ no(0)
	1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the	

		information with medical documentation; to inquire	
		about the state of health	
	2.	Introduce yourself, define your role	
	3.	Get informed consent of the patient for manipulation	
	4.	Exclude in the morning on the day of the study	
		Breakfast, medication, physiotherapy, massage,	
		gymnastics, x-ray examination, Smoking.	
	5.	Prepare a referral for the study on the eve of filling it in	
		the form (specify the name of the hospital, Department,	
		room number, laboratory, type of analysis (name of the	
		patient, the signature of the nurse, the date of taking the	
		material, № medical history, policy number)	
	6.	Ask the patient to take a comfortable position (the	
		patient is sitting, the injection site is free of clothes)	
	7.	Check availability of all necessary for carrying out	
		manipulation (sterile needle with a diameter of 1,5 mm	
		in length $40 - 60$ mm, sterile disposable syringe with a	
		volume of 10 ml, sterile cotton balls, napkins, bandage,	
		70% alcohol, a tourniquet, an oilcloth pad, a tripod with	
		test tubes (test tubes dry and with anticoagulant), rubber	
		stoppers, a container for transportation, a direction, a log for registration of analyses, containers with a	
		solution, disposable gloves, a mask.)	
	8.	1 0	
		Treat hands in a hygienic way	
	9.	Put on sterilegloves	
	10.	Positioning of the patient's arm	
	11.	Apply Thetourniquet	

12.	Fillingofveins	
13.	To select a vein for injecting drugs	
14.	The field to be treated injections of 2-fold	
15.	Preparation of drugs for injection, fixation of the injection site: take the syringe into the dominant hand with the needle cut up, the index finger fixes the needle cannula, the other fingers hold the syringe cylinder, remove the cap from the needle. The second hand slightly pull the skin from the injection site	
16.	Positioning of the syringe: bring the syringe needle to the injection site, the index finger on the cannula of the needle, the needle cut is facing up, the syringe is located at an angle of 15°- 20° to the surface of the patient's forearm	
17.	Warn the patient with a phrase about the need to be patient	
18.	To perform venepuncture: with one movement at the first attempt, without touching the treated venepuncture site with anything but a needle	
19.	Align the syringe needle parallel to the patient's	

	forearm. Hold the needle further into the vein for 10-15
	mm
20.	To dial into the syringe the required amount of blood (to determine a single figure is enough 3-5ml blood, and when more research should proceed at the rate of 1 ml
	of blood in one study).
21.	Remove the tourniquet (pulling the end).
22.	Remove the needle by pressing the puncture site with a cotton ball moistened with 70% alcohol.
23.	Bandageapplication
24.	Drain the blood from the syringe into a dry centrifuge tube (blood should flow slowly along the wall of the
25	tube).
25.	Close the tube tightly with a rubber stopper, put the tripod in a container for transporting tests.
26.	Disinfection and disposal of consumables in class B waste
27.	Removal of gloves, disinfection and disposal as class B waste
28.	Treatment of hands in a hygienic way
29.	Make an entry in the journal about taking the material for research.
30.	Deliver the blood to the laboratory no later than 1.5 hours after taking (In the direction and on the tube should be the same number).

10.		Evaluation sheet (check sheet) №10	
		Intradermal injection Simulation equipment: trim on the arm ($i \setminus d$ injection.)	
	Numb er of actions	Step	ch ec k tha t the Ye s (1)
	1.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To	/no (0)
		inquire about the health of the patient	
	2.	To introduce themselves, indicate your role	
	3.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	
	4.	To treat hands in a hygienic way	
	5.	To put on sterilized gloves	
	6.	Ask the patient to take a comfortable position (the	

6.	Ask the patient to take a comfortable position (the patient sits, the injection site is free from the clothes)	
7.	To check the prepared all necessary equipment before the start of the manipulation (prepared sterile tray with cotton balls and forceps; syringe of the required volume with 2 needles, 70% aq ethanol; tray for the used material).	
8.	To control prescription (to identity in the medical records about the name of drugs, dosage of drugs, route of administration of drugs)	
9.	To check the label on the syringe. Check the expiration date on the package. Do not use expired syringe.	
10.	To check the label on the ampoule to make sure that the right medicine is used. Check the expiration date on the ampoule. Do not use expired medicine.	
11.	To prepare the syringe	
12.	To open the ampoule with the medicine	
13.	To take the medicine from the ampoule	
14.	To change the needle	
15.	To remove air from syringe	
16.	To prepare the injection site by cleaning the area with an alcohol cotton ball twice.	

17.	To prepare drugs in a syringe (by thumb and index	
	finger of the hand holding the syringe fix the needle	
	cannula with the other hand to remove the needle cap)	
18.	To fix the site of injection: take the syringe in the	
	dominant hand, the needle cut above, index finger	
	fixes the cannula needle, the other fingers hold the	
	syringe barrel. The second hand put around the outside	
	of the forearm of the patient and fix the skin	
19.	The positioning of the syringe: bring the syringe	
	needle to the injection site, the index finger on the	
	cannula needle, cut needle facing upwards, the syringe	
	is at an angle of 15° to the surface of the patient's	
	forearm	
20.	To warn the patient to be patient	
21.	To produce a puncture: by one movement in the	
	upward direction insert the needle at the length of the	
	needle cut so that the cut shone through the skin, by	
	the first attempt without touching the treated area with	
	anything except the needle	
22.	To introduce the medicine	
23.	To remove the needle from the injection site. Apply	
	pressure to the injection site with a dry, sterile cotton	
	pad.	
24.	Disinfection and disposal of used material in waste	
2	Distinction and disposar of used material in waste	
21.	class B	
21.	-	
25.	Class B To take off the gloves. Disinfection and disposal of	
	class B	
	Class B To take off the gloves. Disinfection and disposal of	

	25. 26.	To take off the gloves. Disinfection and disposal of gloves in class B To treat hands in a hygienic way Unregulated actions	
	3.		
11.	-	Evaluation sheet (check sheet) № 11 Subcutaneous injection Simulation equipment: trim on the arm (s\c injection.)	, ,
	Numb er of action s	Step	Chec k that the Yes(1)/no(0)
	12.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	

13	. To introduce themselves, indicate your role
14	To inform the patient about the procedure and obtain
	medical informed consent to perform the procedure
15	. To treat hands in a hygienic way
16	To put on sterilized gloves
17	. Ask the patient to take a comfortable position (the
	patient sits, the injection site is free from the clothes)
18	
	the start of the manipulation (prepared sterile tray with
	cotton balls and forceps; syringe of the required
	volume with 2 needles, 70% aq ethanol; tray for the
	used material).
19	1 1 \
	records about the name of drugs, dosage of drugs,
20	route of administration of drugs)
20	J & 1
2.1	date on the package. Do not use expired syringe.
21	
	the right medicine is used. Check the expiration date on the ampoule. Do not use expired medicine.
22	
	1 1
23	
24	1
25	C
26	, ,
27	
20	an alcohol cotton ball twice.
28	. To prepare drugs in a syringe (by thumb and index

	finger of the hand holding the syringe fix the needle cannula with the other hand to remove the needle cap)	
29.	To fix the site of injection: take the syringe in the	
	dominant hand, the needle cut above, index finger	
	fixes the cannula needle, the other fingers hold the	
	syringe barrel. Pinch up the skin gently at the injection	
	site with a free hand.	
30.	The positioning of the syringe: bring the syringe	
	needle to the injection site, the index finger on the	
	cannula needle, cut needle facing upwards, holding	
	the syringe at a right angle (45°) to the site	
31.	To warn the patient to be patient	
32.	To produce a puncture: insert the needle using a quick	
	smooth motion at the base of the skin fold at the depth	
	of 15 mm, by the first attempt without touching the	
	treated area with anything except the needle	
33.	To introduce the medicine	
	25	

	34.	To remove the needle from the injection site	
	35.	To apply pressure to the injection site with a dry,	
		sterile gauze pad.	
	36.	To remove the needle from the injection site. Apply	
		pressure to the injection site with a dry, sterile gauze	
		pad.	
	37.	Disinfection and disposal of used material in waste	
		class B	
	38.	To take off the gloves. Disinfection and disposal of	
		gloves in class B	
	39.	To treat hands in a hygienic way	
		Unregulated actions	
	1.		
	2.		
	3.		
12.		Evaluation sheet (check sheet) № 12	'
		Intramuscular injection	
		Simulation equipment: trim on the arm (i\m injection.)	
	Nu	Step	check
	mbe		that
	r of		the
	acti		Yes
	ons		(1)/no
			(0)
		Greet the patient, ask the patient, comparing with	
		medical records, his/her surname, name, age. To inquire	
		about the health of the patient	
		To introduce themselves, indicate your role	
		To inform the patient about the procedure and obtain	
		medical informed consent to perform the procedure	
П			
		To treat hands in a hygienic way	
		To put on sterilized gloves	
		Ask the patient to take a comfortable position (the	
		patient sits, the injection site is free from the clothes)	
		To check the prepared all necessary equipment before	
		he start of the manipulation (prepared sterile tray with	
		cotton balls and forceps; syringe of the required volume	
		vith 2 needles, 70% aq ethanol; tray for the used	
		naterial).	
		To control prescription (to identity in the medical	
		ecords about the name of drugs, dosage of drugs, route	
-		of administration of drugs)	
		To check the label on the syringe. Check the expiration	
	l a	late on the package. Do not use expired syringe.	

	36	To check the label on the ampoule to make sure that the	
		right medicine is used. Check the expiration date on the	
	_	ampoule. Do not use expired medicine.	
		To prepare the syringe	
	38	To open the ampoule with the medicine	
	39	To take the medicine from the ampoule	
	40	To change the needle	
	41	To remove air from syringe	
	42	To prepare the injection site by cleaning the area with	
		an alcohol cotton ball twice.	
	43	To prepare drugs in a syringe (by thumb and index	
		finger of the hand holding the syringe fix the needle	
		cannula with the other hand to remove the needle cap)	
	44	To fix the site of injection: take the syringe in the	
		dominant hand, the needle cut above, by little finger	
		fixe the cannula needle, the other fingers hold the	
		syringe barrel. Stretch a patient's skin by 2 fingers of	
		the left hand in the place of the injection.	
	45	The positioning of the syringe: bring the syringe needle	
		to the injection site, the little finger on the cannula	
		needle, cut needle facing upwards, holding the syringe	
		at a right angle (90°) to the site (The outer upper	
		quadrant of the buttocks)	
	46	To warn the patient phrase about the need to be patient	
	47	To produce a puncture: insert the needle using a quick	
		smooth motion at a right angle (90°) at the length 2/3 of	
		the needle	
	48	To introduce the medicine	
	49	To remove the needle from the injection site. Apply	
		pressure to the injection site with a dry, sterile cotton	
		pad.	
	50	Disinfection and disposal of used material in waste	
		class B	
<u> </u>	·		<u>, </u>
	5	To take off the gloves Disinfection and disposal of	
		gloves in class B	
	52	To treat hands in a hygienic way	
		Unregulated actions	
	4.		1
	5.		
	6.		
13.	<u> </u>		
13.		Evaluation sheet (check sheet) № 13 Intravenous injection	
	,	initavenous injection	.•

Simulation equipment: simulator-arm for intravenous injection.

Num	Step	check
ber of		that
actio		the
ns		Yes(1
)/no(
2.5		2)
35.	Greet the patient, ask the patient, comparing with	
	medical records, his/her surname, name, age. To	
26	inquire about the health of the patient	
	To introduce themselves, indicate your role	
37.	To inform the patient about the procedure and obtain	
20	medical informed consent to perform the procedure	
	To treat hands in a hygienic way	
	To put on sterilized gloves	
40.	To ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	
41.	To check the prepared all necessary equipment before	
	the start of the manipulation (prepared sterile tray	
	with cotton balls and forceps; syringe of the required	
	volume with 2 needles, 70% aq ethanol; tray for the	
10	used material).	
42.	To control prescription (to identity information on the	
	ampoule and packaging of ampoules and in the medical records about the name of drugs, dosage of	
	drugs, route of administration of drugs)	
13	To check the label on the syringe. Check the	
43.	expiration date on the package. Do not use expired	
	syringe.	
44	To check the label on the ampoule to make sure that	
	the right medicine is used. Check the expiration date	
	on the ampoule. Do not use expired medicine.	
	Inspect medication for any discoloration. Do not use	
	if it is discolored.	
45.	To prepare the syringe	
	To open the ampoule with the medicine	
	To take the medicine from the ampoule	
	To change the needle	

49.	To remove air from syringe	
50.	To position the patient's arm extended with little or no	
	flexion at the elbow.	
51.	To apply the tourniquet around the arm approximately 10 cm above the cubital fossa with enough tension so that the VEIN but not the ARTERY is compressed.	

52.	To fill the vein by massaging the arm with an upward	
	motion to force blood into the vein. To ask a patient	
	sometimes squeezes and unclenches his fist for	
	improvement of vein filling.	
53.	To locate a prominent vein by palpation.	
54.	To prepare the injection site by cleaning the area with	
	an alcohol cotton ball twice.	
55.	Fixing the site of injection: take the syringe in the	
	dominant hand, the needle cut above, index finger	
	fixes the cannula needle, the other fingers hold the	
	syringe barrel. Pinch up the skin gently at the	
	injection site with a free hand.	
56.	The positioning of the syringe: bring the syringe	
	needle to the injection site, the index finger on the	
	cannula needle, cut needle facing upwards, the	
	syringe is at an angle of 15° to the surface of the	
	patient's forearm	
57.	To warn the patient to be patient	
58.	To puncture the skin above the vein and the walls of	
	the vein itself	
59.	To correct needle of the syringe parallel to the surface	
	of the patient's forearm. To insert the needle further	
	into the vein for 10-15 mm	
60.	To be convinced, that a needle is in vein, it is	
	necessary to pull the syringe plunger on itself	
	slightly - in the cylinder of a syringe blood should	
	appear	
61.	When blood appeared in a syringe to untie the	
	tourniquet by the left hand pulling for one of the free	
	ends of the tourniquet, and also to ask a patient to	
	unclench his fist.	
62.	To repeat the pulling the syringe plunger on itself	
	slightly to be convinced, that a needle is in vein	
	To introduce the medicine	
	To remove the needle from the injection site.	
	To overlay the bandage	
66.	Disinfection and disposal of used material in waste	
	class B	
67.	To take off the gloves Disinfection and disposal of	
	gloves in class B	

68.	To treat hands in a hygienic way	
5.	Unregulated actions	
6.		
7.		
8.		

14. Evaluation sheet (check sheet) №14 Intravenous infusion Simulation equipment: simulator-arm for intravenous injection. Numbe Step check

Numbe	Step	check
r of		that
actions		the
		Yes(1
)/no(
		2)
23.	Greet the patient, ask the patient, comparing with	
	medical records, his/her surname, name, age. To	
	inquire about the health of the patient	
24.	To introduce themselves, indicate your role	
25.	To inform the patient about the procedure and	
	obtain medical informed consent to perform the	
	procedure	
26.	To treat hands in a hygienic way	
27.	To put on sterilized gloves	
28.	Ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the	
	clothes)	
29.	To check the prepared all necessary equipment	
	before the start of the manipulation (prepared sterile	
	tray with cotton balls and forceps; syringe of the	
	required volume with 2 needles, 70% aq ethanol;	
	tray for the used material).	
30.	To control prescription (to identity in the medical	
	records about the name of drugs, dosage of drugs,	
	route of administration of drugs)	
31.	To check the label on the syringe. Check the	
	expiration date on the package. Do not use expired	
	syringe.	
32.	To unpack the bottle, prepare the system for	
	intravenous drop infusion	
33.	To position a patient so that the vein is easily	
	accessible and you are able to perform the	
	venepuncture in a comfortable position. To position	
	the patient's arm extended with little or no flexion	
	at the elbow.	
34.	To perform venepuncture. To be convinced, that a	
	needle is in vein,	
35.	To remove or open the clip system for regulating	

	the speed of introduction of liquid	
36.	Adjust the infusion rate (the number of drops per	
	minute)	

1		T_ a,	
	37.	1	
	38.	To close the needle from the top with sterile towel	
	39.	To remove the needle from the injection site	
	40.	To overlay the bandage	
	41.	To dispose systems for intravenous infusion	
	42.		
		class B	
	43.	To take off the gloves Disinfection and disposal of	
		gloves in class B	
	44.	To treat hands in a hygienic way	
		Unregulated actions	
	4.		
	5.		
	6.		
15.		Checklist of the skill № 15"Blood pressure Measuremen	nt"
10.		Equipment: volunteer, stethoscope, sphygmomanomete	
-	No॒	Step	Chec
	_ ,_	Step	k that
			the
			Yes(1
)/no(
			0)
	1.	Greet the patient	0)
	2.	To offer the patient to sit on a chair	
	3.	-	
	+	To introduce themselves, indicate their role	
	4.	Ask the patient, checking with medical records:	
		name, surname, age	
	5.	Refer to patient by name	
	6.	To inquire about the health of the patient	
	7.	Ask questions about the following actions	
		sovershennyh for 30 minutes before measurement:	
		about Smoking, intense physical exertion,	
		medications, the use of coffee, taking food, alcohol	
	8.	Ask (if necessary to help) the patient to take the	
		required position for the procedure, ask the bare hand	
		and to clarify that: the patient comfortable, relaxed	
		and not crossed legs, feet on the floor, the emphasis	
		back on the back of a chair, hand lies on the surface	
		at heart level, palm faces upwards, breathing calm	
	9.	Measure the diameter of the shoulder	
	-	Choose the suitable size cuff	
	11.	To test the tonometer, filling cuffs and visualization of	
	10	mobility of the arrow pressure gauge	
	\perp 12.	To expose the arm and apply the cuff of the	

		tonometer on 2-2,5 cm above the cubital fossa	
		(clothes should not squeeze the shoulder above the	
		cuff): to correctly place cuff on arm, to pin the cuff	
		so that under it and freely held 2 fingers	
	13.	Install a monometer in position for its observations	
		With one hand to find the place of pulsation of the	
		radial artery	
	15.	Second hand close the valve (valve) pears in a	
		clockwise direction and pump air until the	
		disappearance of the pulsation of the radial artery	
	16.	To voice the readings (normal variant) and pull the air	
		The second secon	
	17.	Use the stethoscope: a membrane which is placed at	
		the lower edge of the cuff over the brachial artery	
		projection, to avoid creating a significant pressure on	
		the skin, head of the stethoscope is not under the cuff	
	18.	Second hand close the valve (valve) pears (clockwise)	
		and quickly pump air into the cuff to a level	
		exceeding 30 mm of mercury. the result obtained by	
		palpation test	
	19.	Open the valve (valve) pear and slowly deflate the	
		cuff,	
	20.	the speed of lowering of the pressure in the cuff 2 - 3	
		mm Hg. article in a second	
	21.	watch the manometer, listening to the tones	
		To listen to pressure reduction in smear to zero	
		To inform the patient the result of the study, referring	
	23.	to the two digits corresponding to the time (BP sit)	
		and disappearance (BP diast) tones	
	24	Repeat the measurement on the second hand	
		Re-clarification of the condition of the patient at the	
	25.	end of the procedure	
	26	Thank the patient, to say that one can wear to	
	20.	announce that You have finished and will now	
		prepare a written report of its results	
16.	A ch	peck-list of skills \mathbb{N}_2 16"Inspection and palpation of the v	essels"
10.	11 011	Equipment: volunteer	Coscis
	№	Step	Chec
	• '-	Stop	k that
			the
			Yes(1
)/no(
			0)
	1.	Greet the patient	
	2.	To offer the patient to sit on a chair	
	3.	To introduce themselves, indicate their role	
ı l	٦,	10 miroduce dicinserves, indicate their role	

4. Ask the patient, checking with medical records	4.	Ask the	patient,	checking	with	medical	records:	
---	----	---------	----------	----------	------	---------	----------	--

	name, surname, age	
5.	Refer to patient by name	
6.	To inquire about the health of the patient	
7.	Inform the patient about the procedure of inspection	
	and get approval for it	
8.	Treating hands in a hygienic manner before the	
	beginning of the manipulation	
9.	To offer the patient to lie on the couch (with our	
	heads elevated at 45 degrees)	
10.	To say that you want to evaluate the color of the skin	
11.	Say that you want to assess the condition of the fingers	
	of the patient	
12.	To put pressure on the tip of the nail of the hand of the	
	patient to determine the capillary pulse	
13.	Inspection of surface vessels	
14.	Conduct a visual inspection of the jugular veins:	
	Using the inspection light source is directed along the	
	tangent to the body surface	
15.	Ask the patient to turn his head to the side	
16.	Estimation of parameters of the pulse at the radial	
	arteries:	
17.	To palpate a pulse simultaneously on both radial	
	arteries, to verify its symmetry	
18.	To continue the palpation of the radial artery in one	
	hand	
19.	Keep at least three of your fingers in place of the	
	projection of the radial artery, not less than 10	
	seconds, looking at the clock (to assess the rhythm,	
	frequency, and content of the voltage pulse)	
20.	Evaluation of frequency of inspiration movements:	
21.	To evaluate the frequency of respiratory movements,	
	continuing to pretend to measure the pulse at the	
	radial artery	
22.	:second hand put on the stomach or chest of the	
	patient, not less than 10 seconds, looking at his watch	
	(count the number of breaths)	
23.	Estimation of parameters of pulse on carotid	
	arteries:	
	To palpate the carotid pulse on one side	
	To palpate the pulse in the other carotid artery	
26.	Not to palpate the pulse at the same time on both	
1.1	carotid arteries	

	27.	Estimation of parameters of pulse on femoral arteries:	
	28.	To palpate the pulse at the same time on both femoral arteries, to verify its symmetry	
	29.	To palpate the pulse at the same time on the radial and femoral arteries (with one hand) to verify its symmetry	
	30.	Ask the patient to release the chest from the clothes	
17.	A c	heck-list of skills № 17"Evaluation of frequency of inspi movements "	ration
		Equipment: volunteer	
	№	Step	Chec k that the
			Yes(1)/no(0)
	1.	Greet the patient	
	2.	To offer the patient to sit on a chair	
	3.	To introduce themselves, indicate their role	
	4.	Ask the patient, checking with medical records: name, surname, age	
	5.	Refer to patient by name	
	6.	To inquire about the health of the patient	
	7.	Inform the patient about the procedure of inspection and get approval for it	
	8.	Treating hands in a hygienic manner before the beginning of the manipulation	
	9.	To offer the patient to lie on the couch (with our heads elevated at 45 degrees)	
	10.	To say that you want to evaluate the color of the skin	
	11.	Say that you want to assess the condition of the fingers of the patient	
	12.	To put pressure on the tip of the nail of the hand of the patient to determine the capillary pulse	
	13.	Evaluation of frequency of inspiration movements:	
	14.	To evaluate the frequency of respiratory movements, continuing to pretend to measure the pulse at the radial artery	
	15.	:second hand put on the stomach or chest of the patient, not less than 10 seconds, looking at his watch (count the number of breaths)	

18.	F	Evaluation sheet (check-list) № 18 Performing peakflow	metry	
	#	Actions (elements)	Check	
			mark	
			Yes	
			(1)/no	
			(0)	
	1.	To get acquainted with the patient: to say Hello; to		
		specify the name and age of the patient, checking the		
		information with medical documentation; to inquire		
		about the state of health		
	1			
	2.	Introduce yourself, define your role		
	3.	Get informed consent of the patient for the study.		
	4.	Prepare everything you need to perform the study.		
	5.	Inform the patient about the progress of the study.		
		Explain the purpose and essence of the study.		
	6.	Diagnosis is carried out in the patient's standing		
		position. Peak flow meter held horizontally.		
	7.	Attach the mouthpiece to peakflowmetry. It is		
		necessary to make sure that the arrow of the device is		
		at the zero level of the scale.		
	8.	Invite the patient to take a deep breath, then clasp the		
		mouthpiece of the device with his lips and make the		
		fastest and strongest exhalation through the mouth.		
	9.	Exhaled air puts pressure on the valve of the device,		
		which moves along the scale of the arrow pointer.		
		The arrow shows the peak expiratory flow rate		
		(PSV), usually in liters per minute.		
	10.	In one study, make three attempts, each time		
		returning the arrow to zero.		Ц
	11.	Of the three results, select the largest (best) and mark		
		it in the diary of self-observation.		
	12.	Ask the patient how he feels.		
	13.	The used mouthpiece is soaked in des. solution.		
19.	1	Evaluation sheet (check sheet) № 19		7
		Bladder catheterization with a soft catheter		
	Simulati	ion equipment: a simulator for catheterization of the ma	le bladder	r
		catheterization trainer male/female bladder		
		Catheterization of the bladder in male		
	Numb	Step	check	П
	er of		that	
	actions		the	
			Yes(1	
)/no(
			2)	

1.	Greet the patient	
2.	To introduce themselves, indicate their role	
3.	Ask the patient, comparing with medical records	
	(surname, name, patronymic, age)	
4.	To inquire about the health of the patient	
5.	Inform the patient about the procedure and obtain	
	consent to conduct	
6.	To collect anamnesis of disease.	
7.	Prepare all necessary equipment before the start of the	
	manipulation	
8.	Beneath the patient the oilcloth on top of it lay a diaper	
9.	To offer the patient to take the position (the patient lies	
	with legs bent at the knees, raise the hips, to rest the	

	1 1		
		feet in the mattress)	
	10.	Between the legs to put the container of urine	
	11.	Treatment of hands in a hygienic way	
	12.	To put on the gloves	
	13.	Conduct visual and physical examination of the external	
		genitalia, to determine the filling level of the bladder.	
	14.	Lift penis with your nondominant hand, which is then	
		considered contaminated. Retract foreskin in the	
		uncircumcised male patient.	
	15.	Clean area at meatus with cotton ball held with	
		forceps. Use circular motion, moving from the meatus	
		toward base of the penis for three cleansings.	
	16.	Pour 3-4 drops of sterile paraffin oil in an open outer	
		opening of the urethra and applied to the catheter	
		(length 15-20 cm) of sterile mineral oil (to facilitate	
		introduction of the catheter and prevent discomfort in	
	17	the patient)	
	17.	Right hand take sterile tweezers, catheter at a distance	
		of 5-7 cm from its end ("beak"), to enter the end of the catheter into the external meatus of the urethra	
	10		
	18.	Insert the tip into the meatus. Advance intermittent	
		catheter 15 to 20 cm (6-8 inches) or until urine flows. Do not use force to introduce the catheter	
	19.	The appearance of the urine to lower the outer end of	
	19.	the catheter in the tray for urine collection	
	20.	At the end of the procedure (when the force of the	
	20.	urine stream begins to significantly subside) carefully	
		remove the catheter from the urethra	
	21.	After finishing the manipulation of the waste material,	
	21.	tools and gloves are placed in a disinfected solution	
	22.	Treating hands in a hygienic way	
ı l		110ating halas in a hygiethe way	

23.	To make a mark in the medical records on the	,
	performed manipulations	
24.	Unregulated actions	
25.	Does not complete the washing of hands	
26.	The opinion of the teacher	
27.	Other unregulated actions (number)	
Simulati	catheterization with a soft catheter on equipment: a simulator for catheterization of the male catheterization trainer male/female bladder Catheterization of the bladder in female	bladder
Numb er of actions	Step	check that
actions		the Yes(1

)/no(2)
1.	Greet the patient	
2.	To introduce themselves, indicate their role	
3.	Ask the patient, comparing with medical records	
	(surname, name, patronymic, age)	
4.	To inquire about the health of the patient	
5.	Inform the patient about the procedure and obtain	
	consent to conduct	
6.	To collect anamnesis of disease.	
7.	Prepare all necessary equipment before the start of the	
	manipulation	
8.	Beneath the patient the oilcloth on top of it lay a	
	diaper	
9.	To offer the patient to take the position (the patient lies	
	with legs bent at the knees, raise the hips, to rest the	
	feet in the mattress)	
10.	Between the legs to put the container of urine	
11.	Treatment of hands in a hygienic way	
12.	To put on the gloves	
13.	Conduct visual and physical examination of the	
	external genitalia, to determine the filling level of the	
	bladder.	
14.	With thumb and one finger of your nondominant	
	hand, spread labia and identify meatus. Be prepared	
	to maintain separation of labia with one hand until	
	urine is flowing well and continuously.	

15.	Using cotton balls held with forceps, clean both labial	
	folds and then directly over meatus. Move cotton ball	
	from above the meatus down toward the rectum.	
	Discard each cotton ball after one downward stroke.	
16.	Lubricate 1 to 2 inches of catheter tip.	
17.	Again push with the left hand the labia; right hand gently introduce the catheter into the urethra to a depth of 4-5 cm to the appearance of urine	
18.	To lower the free end of the catheter into the urine specimen container	
19.	At the end of the procedure (when the force of the urine stream begins to significantly subside) carefully remove the catheter before complete emptying of the bladder from the urethra to the remaining urine washed the urethra	
20.	After finishing the manipulation of the waste material, tools and gloves are placed in a disinfected solution	
21.	Performhandhygiene.	
22.	Record time of catheterization, amount of urine removed, description of urine, patient's reaction to procedure, and your name.	

	23.	Unregulated actions	
	24.	Does not complete the washing of hands	
	25.	The opinion of the teacher	
	26.	Other unregulated actions (number)	
21.		Evaluation sheet (check sheet) № 21	
		Bladder catheterization with Foley's catheter	
	Simulati	on equipment: a simulator for catheterization of the male	bladder
		catheterization trainer male/female bladder	
		Catheterization of the bladder in male	1
	Numb	Step	check
	er of		that
	actions		the
			Yes(1
)/no(
			2)
	1.	Greet the patient	
	2.	To introduce themselves, indicate their role	
	3.	Ask the patient, comparing with medical records	
		(surname, name, patronymic, age)	
	4.	To inquire about the health of the patient	
	5.	Inform the patient about the procedure and obtain	
		consent to conduct	
	6.	To collect anamnesis of disease.	

7.	Prepare all necessary equipment before the start of the	
	manipulation	
8.	Beneath the patient the oilcloth on top of it lay a diaper	
9.	To offer the patient to take the position (the patient lies	
	with legs bent at the knees, raise the hips, to rest the	
	feet in the mattress)	
10.	Between the legs to put the container of urine	
11.	Treatment of hands in a hygienic way	
12.	To put on the gloves	
13.	Conduct visual and physical examination of the	
	external genitalia, to determine the filling level of the	
	bladder.	
14.	Lift penis with your nondominant hand, which is then	
	considered contaminated. Retract foreskin in the	
	uncircumcised male patient.	
15.	Clean area at meatus with cotton ball held with	
	forceps. Use circular motion, moving from the meatus	
	toward base of the penis for three cleansings.	
16.	Pour 3-4 drops of sterile paraffin oil in an open outer	
	opening of the urethra and applied to the catheter	
	(length 15-20 cm) of sterile mineral oil (to facilitate	
	introduction of the catheter and prevent discomfort in	
4.5	the patient)	
17.	Right hand take sterile tweezers, catheter at a distance	

	of 5-7 cm from its end ("beak"), to enter the end of the
	catheter into the external meatus of the urethra
18.	Insert the tip into the meatus. Advance intermittent
	catheter 15 to 20 cm (6-8 inches) or until urine flows.
	Do not use force to introduce the catheter
19.	The appearance of the urine to lower the outer end of
	the catheter in the tray for urine collection
20.	Inflate balloon according to
	manufacturer's recommendations.
21.	Tug gently on catheter after balloon is inflated to feel
	resistance.
22.	Attach catheter to drainage system if necessary.
23.	Secure to upper thigh with a Velcro leg strap or tape.
	Leave some slack in catheter to allow for leg
	movement.
24.	Check that drainage tubing is not kinked and that
	movement of side rails does not interfere with catheter
	or drainage bag.
25.	Treating hands in a hygienic way
26.	To make a mark in the medical records on the
	performed manipulations

	27.	Unregulated actions	
	28.	Does not complete the washing of hands	
	29.	The opinion of the teacher	
	30.	Other unregulated actions (number)	
22.		Evaluation sheet (check sheet) №22 Bladder	
		catheterization with a soft catheter	
	Simulati	on equipment: a simulator for catheterization of the male	bladder
		catheterization trainer male/female bladder	
	1	Catheterization of the bladder in male	1 I
	Numb	Stan	check
	er of	Step	that
	actions		the
	actions		Yes(1
)/no(
			2)
	28.	Greet the patient	
	29.	To introduce themselves, indicate their role	
	30.	Ask the patient, comparing with medical records	
		(surname, name, patronymic, age)	
	31.	To inquire about the health of the patient	
	32.	Inform the patient about the procedure and obtain	
		consent to conduct	
	33.	To collect anamnesis of disease.	
	34.	Prepare all necessary equipment before the start of the	
		manipulation	
	35.	Beneath the patient the oilcloth on top of it lay a diaper	
<u> </u>			
	36.	To offer the patient to take the position (the patient lies	
		with legs bent at the knees, raise the hips, to rest the	
		feet in the mattress)	
	37.	Between the legs to put the container of urine	
	38.	Treatment of hands in a hygienic way	
	39.	To put on the gloves	
	40.	Conduct visual and physical examination of the	
		external genitalia, to determine the filling level of the	
		bladder.	
	41.	Lift penis with your nondominant hand, which is then	
		considered contaminated. Retract foreskin in the	

Clean area at meatus with cotton ball held with

forceps. Use circular motion, moving from the meatus

toward base of the penis for three cleansings.

uncircumcised male patient.

42.

		13.	Pour 3-4 drops of sterile paraffin oil in an open outer	
			opening of the urethra and applied to the catheter	
			(length 15-20 cm) of sterile mineral oil (to facilitate	
			introduction of the catheter and prevent discomfort in	
			the patient)	
		14.	Right hand take sterile tweezers, catheter at a distance	
			of 5-7 cm from its end ("beak"), to enter the end of the	
			catheter into the external meatus of the urethra	
		1 5.	Insert the tip into the meatus. Advance intermitten	ıt
			catheter 15 to 20 cm (6-8 inches) or until urine flows.	
			Do not use force to introduce the catheter	
		16.	The appearance of the urine to lower the outer end o	f
			the catheter in the tray for urine collection	
		1 7.	At the end of the procedure (when the force of the	
			urine stream begins to significantly subside) carefully	
			remove the catheter from the urethra	
		18.	After finishing the manipulation of the waste material	1,
			tools and gloves are placed in a disinfected solution	
		19.	Treating hands in a hygienic way	
	4	50.	To make a mark in the medical records on the	e
			performed manipulations	
	4	51.	Unregulated actions	
	4	52.	Does not complete the washing of hands	
	4	53.	The opinion of the teacher	
	4	54.	Other unregulated actions (number)	
64.	Eva	luati	ion sheet (check-list) № 22 Emergency care for the patie	nt in case
			ct with irritating drugs (calcium chloride) under the skin	
	#	Ac	etions (elements)	Check
				mark
				Yes
				(1)/no
				(0)
	1.	Ca	ll a doctorimmediately.	
	2.	Pu	ll the piston toward you, out of the vein.	
	3.		y to determine the amount of drug that has fallen under	
		the	e skin of the patient.	
	4.		dial into a sterile syringe and 0.9% sodium chloride	
			lution in the same amount that got under the skin of the	
	_	1	ag (ratio 1:5)	
	5.		n the place of the drug.	
	6.		oply an aseptic bandage to the injection site.	
	7.	_	oplycoldfor 30 minutes.	
	8.	Th	en put a warming compress for 6 hours.	

# Actions (elements) Actions (elements) Check mark Yes (1)/no (0) Call a doctor right away.	65.					
1. Call a doctor right away. 2. The CESSATION of CONTACT WITH the ALLERGEN to stop the introduction of medicines, to remove the sting of an insect. Above the place of introduction of the drug or the sting to tie it off. Place of injection to inject 0.5 ml 0.1% p-RA ADRENALINE diluted in 2-3 ml. 0.9% NaCl. at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration – intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			anaphylactic shock			
1. Call a doctor right away. 2. The CESSATION of CONTACT WITH the ALLERGEN to stop the introduction of medicines, to remove the sting of an insect. Above the place of introduction of the drug or the sting to tie it off. Place of injection to inject 0.5 ml 0.1% p-RA ADRENALINE diluted in 2-3 ml. 0.9% NaCl, at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% ran administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		#	Actions (elements)			
2. The CESSATION of CONTACT WITH the ALLERGEN to stop the introduction of medicines, to remove the sting of an insect. Above the place of introduction of the drug or the sting to tie it off. Place of injection to inject 0.5 ml 0.1% p-RA ADRENALINE diluted in 2-3 ml. 0.9% NaCl. at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or IV bolus of 0.5 ml of 0.1% R-RA ADRENALINE or IV bolus of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes				(1)/no (0)	
ALLERGEN to stop the introduction of medicines, to remove the sting of an insect. Above the place of introduction of the drug or the sting to tie it off. Place of injection to inject 0.5 ml 0.1% p-RA ADRENALINE diluted in 2-3 ml. 0.9% NaCl, at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration—intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		1.	Call a doctor right away.			
medicines, to remove the sting of an insect. Above the place of introduction of the drug or the sting to tie it off. Place of injection to inject 0.5 ml 0.1% p-RA ADRENALINE diluted in 2-3 ml. 0.9% NaCl, at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration—intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		2.	The CESSATION of CONTACT WITH the			
Above the place of introduction of the drug or the sting to tie it off. Place of injection to inject 0.5 ml 0.1% p-RA ADRENALINE diluted in 2-3 ml. 0.9% NaCl, at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			ALLERGEN to stop the introduction of			
the sting to tie it off. Place of injection to inject 0.5 ml 0.1% p-RA ADRENALINE diluted in 2-3 ml. 0.9% NaCl, at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			medicines, to remove the sting of an insect.			
0.5 ml 0.1% p-RA ADRENALINE diluted in 2- 3 ml. 0.9% NaCl, at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or l/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			Above the place of introduction of the drug or			
3 ml. 0.9% NaCl, at the same time in/m enter 0.5 ml. 0.1% p-RA ADRENALINE. 3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration – intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			the sting to tie it off. Place of injection to inject			
0.5 ml. 0.1% p-RA ADRENALINE.			•			
3. ENSURING the PATENCY of the RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			3 ml. 0.9% NaCl, at the same time in/m enter			
RESPIRATORY TRACT: lay the patient, lift his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			0.5 ml. 0.1% p-RA ADRENALINE.			
his legs, turn his head to the side, push n/a jaw and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.18 R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		3.	ENSURING the PATENCY of the			
and fix the tongue. 4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or l/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			RESPIRATORY TRACT: lay the patient, lift			
4. INHALATION of HUMIDIFIED OXYGEN h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration— intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			his legs, turn his head to the side, push n/a jaw			
h\W nasal catheter at a rate of 5-10 l/min. 5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration— intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			and fix the tongue.			
5. IF RESPIRATORY failure AND HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration − intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		4.	INHALATION of HUMIDIFIED OXYGEN			
HYPOTENSION sublingual injection of 0.5 ml of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration—intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			h\W nasal catheter at a rate of 5-10 l/min.			
of 0.1% R-RA ADRENALINE or I/V bolus of 0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		5.	IF RESPIRATORY failure AND			
0.5 ml of 0.1% R-RA ADRENALINE 20 ml of 0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma Actions (elements) Check mark Yes			HYPOTENSION sublingual injection of 0.5 ml			
0.9% NaCl slowly for 5 minutes, If necessary, every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma Actions (elements) Check mark Yes			of 0.1% R-RA ADRENALINE or I/V bolus of			
every 10-15 min. administration of epinephrine repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration − intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			0.5 ml of 0.1% R-RA ADRENALINE 20 ml of			
repeated. 6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration – intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			· · · · · · · · · · · · · · · · · · ·			
6. CORTICOSTEROIDS: in/in drip 90-120 mg of PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			•			
PREDNISOLONE. After 4-6 hours, the introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration – intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			repeated.			
introduction of GCS is repeated. 7. The ineffectiveness of recovery of respiration – intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		6.	CORTICOSTEROIDS: in/in drip 90-120 mg of			
7. The ineffectiveness of recovery of respiration — intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			PREDNISOLONE. After 4-6 hours, the			
intubation, mechanical ventilation. 66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			introduction of GCS is repeated.			
66. Evaluation list (check-list) № 24 Emergency care for a patient with an attack of bronchial asthma # Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		7.	The ineffectiveness of recovery of respiration –			
# Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton			intubation, mechanical ventilation.			
# Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton					1	
# Actions (elements) Check mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton	66.	Eva	· · · · · · · · · · · · · · · · · · ·	a patient	with an	
mark Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton						
Yes (1)/no (0) 1. Call a doctor right away. 2. To provide a comfortable position, unbutton		#	Actions (elements)		Check	
1. Call a doctor right away. 2. To provide a comfortable position, unbutton						
1. Call a doctor right away. 2. To provide a comfortable position, unbutton					Yes	
1. Call a doctor right away. 2. To provide a comfortable position, unbutton		1				
 Call a doctor right away. To provide a comfortable position, unbutton 						
2. To provide a comfortable position, unbutton					(0)	
constraining clothes		2.	1 '	nbutton		
			constraining clothes]

67.	3. 4. 5. Ev	1-2 ml (20-40 drops) salbutamol or berodual inhaled for 10 minutes using a nebulizer, in the absence of effect or lack of effect inhalation repeated after 20 min. With moderate (severe) exacerbation - PREDNISOLONE orally 30-60 mg (i/V 60-90 to 150 mg) or PULMICORT via the nebulizer 1000-2000 μg (1-2 nebula) for 10 min At inefficiency of PP. 1-2 and the threat of respiratory arrest – ADRENALINE 0,1% 0,5 ml subcutaneously, tracheal intubation, mechanical ventilation, hospitalization in a ICU.	ents with
		pulmonary hemorrhage	
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Call a doctor right away.	
	2.	To give the patient SITTING OR semi-sitting POSITION WITH a TILT toward the AFFECTED LUNG. Persistent COUGH SHOULD NOT be SUPPRESSED COMPLETELY, in order not to hinder the expectoration of blood	
	3.	TO PUT TOURNIQUETS ON LIMBS	
	4.	To SUCK the BLOOD through a catheter or bronchoscope	
	5.	To STOP the BRONCHOSPASM: SALBUTAMOL inhalation.	
	6.	Asphyxia - endotracheal INTUBATION, SUCTIONING of BLOOD AND ventilation	
	7.	If it is impossible to determine the indicators of blood coagulation - HEMOGOBIN (2-3 teaspoons inside) or ETAMZILAT (2-4 ml 12.5% R-RA in/in or/m).	
	8.	In the absence of the hemostatic effects of medicines – BRONCHOSCOPY with OCCLUSION of the bleeding segment.	
68.	Evalu	uation sheet (checklist) № 26 Emergency care in case of	fainting
	#	Actions (elements)	Check mark Yes (1)/no (0)

1. 2. 3. 4. 5. 6. 7.	Call a doctor right away. Lay the patient horizontally with raised legs (30°) without headrest. Unbuttonclothes. Providefreshair. Spray the face and chest with water, Pat on the face. To give to inhale the vapors of ammonia.	
3. 4. 5. 6. 7.	without headrest. Unbuttonclothes. Providefreshair. Spray the face and chest with water, Pat on the face.	
4. 5. 6. 7.	without headrest. Unbuttonclothes. Providefreshair. Spray the face and chest with water, Pat on the face.	
4. 5. 6. 7.	Providefreshair. Spray the face and chest with water, Pat on the face.	
5. 6. 7.	Spray the face and chest with water, Pat on the face.	
6. 7.	- ·	
7.	- ·	
7.	1 - 2 6- 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	If the swoon continues, to enter 2 ml of a 25%	
(0)	kordiamin/m or 1 ml of 10% caffeine benzoate n/a.	
(O E	Rotalinia in of 1 ini of 10/0 carreine benzoate in a.	
69. Ev	valuation sheet (checklist) № 27 Emergency care in case of	collapse
#	Actions (elements)	Check
		mark
		Yes
		(1)/no
		(0)
1.	Call a doctor right away.	
2.	To ensure the patient is at rest.	
3.	Lay flat without head restraint.	
4.	To warm (cover with a blanket, a heating pad to the	
	lower back and extremities).	
5.	Provide fresh air and oxygen therapy.	
6.	Enter 1 ml of 1% solution of MESATON / m	
7.	Introduce/60-90 mgof PREDNISOLONE.	
5 0 5		2 .
	valuation sheet (check-list) № 28 Urgent help at an attack of	1
#	Actions (elements)	Check
		mark
		Yes
		(1)/no
		(0)
1.	Call a doctor right away.	
2.	Give moist oxygen; 1-2 tablets of NITROGLYCERIN	
	sublingual.	
3.	If there is no effect: after 3-5 minutes re —	
	NITROGLYCERIN (no more than three).	
4.	Give 0,25 to chew ACETYLSALICYLIC ACID.	
	valuation sheet (check-list) № 29 Emergency care for cardia	
#	Actions (elements)	Check
		mark
		Yes
		(1)/no
1 1	Call a doctor right away.	(0)
1.		

	2.	Give the patient a semi-sitting position;	
	3.	Oxygenotherapy with defoamer (ethyl alcohol vapors)	
		through a mask or nasal catheter: 96% ethyl alcohol is	
		poured into a dosimeter or special humidifier and	
		oxygen is passed through it. The feed rate of oxygen	
		2-3 l/min, and in a few minutes - 6-7 l/min is Possible in/with the introduction of 33% R-RA ETHYL ALCOHOL - 30 ml;	
	4.	With the purpose of unloading of the pulmonary circulation at normal and elevated AP – LASIX/in 4-8 ml. + NITROGLYCERIN sublingually 1-2 tab.	
	5.	For the purpose of bronchodilation – EUFILLIN 2,4% 10 ml / drip in 200 ml of saline.	
72.	Ev	valuation sheet (check-list) № 30 Emergency care in hyper crisis	tensive
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Call a doctor right away.	
	2.	To ensure the patient is at rest.	
	 3. 4. 	To reduce the pressure, take one of the following drugs: 1) CAPTOPRIL - 6.25 mg under the tongue, with insufficient effect, take the drug again after 30-60 minutes; 2) CLONIDINE - 0.15 mg inside or under the tongue, again after 1 hour at 0.075 mg; 3)HYDROCHLOROTHIAZIDE 25 mg or	
		FUROSEMIDE 40 mg inside;	
	5.	In cases of severe emotional stress, you can take 40 drops of CORVALOL.	
73.	Eval	uation list (checklist) № 31	
		iopulmonary resuscitation (CPR)	
	#	Actions (elements)	Check mark Yes (1)/no (0)
		The technique of "mouth-to-mouth»	
	1.	Call a doctor right away.	
ı			

2.	To straighten the patient's head, putting one hand on the
	line of the scalp, I and II fingers of this hand clamp the
	nostrils. The other hand is located on the tip of the chin
	and the mouth opens to the width of the finger.
3.	To put her mouth gauze, handkerchief
4.	Take a deep breath, tightly cover the mouth of the victim with your mouth and blow air, while watching the chest of the patient — it should rise when blowing air.
5.	Each breath should last at least 1.5—2 seconds. BH 12 in 1 min, i.e. one breathing cycle every 5 seconds.
	The technique of "mouth-to-nose»

	6.	Place one hand on the hairy part of the forehead, the
		other — under the chin.
	7.	The patient's head should be bent, the lower jaw pushed
		forward, the mouth closed.
	8.	The thumb is placed between the lower lip and chin of
		the patient to ensure the closure of the mouth.
	9.	Take a deep breath, and tightly pressing your lips to
		extend them to the nose of the patient and injected into
		the nose in the air.
	10.	Pulling away from the nose and waiting for the end of
		the exhalation, again to blow the air.
		Indirectheartmassage
	11.	Lay the patient on a firm flat surface
	12.	Kneel down next to the patient.
	13.	Mark compression point — three transverse fingers
		above the base of the xiphoid process.
	14.	Compression is carried out by perpendicular movements
		from top to bottom, elbows straight, the base of the
		palms — one on the other, fingers raised up. Apply not
		only the strength of the hands, but also to work the body
		The amplitude of the movements of the adult sternum
		3.5—5 cm.
		The compression rate is 80-100 per minute.
	Not	: If chest compressions are conducting one-Reanimator — ratio
	co	pression-to-ventilation rate of 15:2; If CPR perform 2 rescuer -
		compression-to-ventilation rate — 5:1.
74.	Eva	uation list (check-list) № 32 Processing and storage of
	ther	mometers

	1. 2.	Actions (elements) Rinse the thermometer under running water. To prepare capacity (Cup) of dark glass, putting it on the bottom wool (not to break the tank of mercury) and pour the disinfectant solution (0,1% "Charmix" (exposure 60 minutes) or 0,1% "Chlorotic" (exposure 60 minutes)). Place the thermometers for 60 minutes in the prepared container.	Check mark Yes (1)/no (0)
	4.	Remove thermometers, rinse with running water, wipe dry.	
	5.	Place the treated thermometers in another container, also filled with a disinfectant solution marked "Clean thermometers".	
75.	Evaluation list (check-list) № 33 Processing and storage of rubber		

	products, warmers, gastric and intestinal probes, soft urinary catheters				
	#	Actions (elements)	Chec		
			k		
			mark		
			Yes		
			(1)/n		
			o (0)		
		Treatmentofwarmers	0 (0)		
	1	Conduct a two-time wiping with a rag at intervals of 15			
	1	minutes, soaked with chloramine B 1% solution or			
	•	·			
		chloramine 3% solution (if contaminated with blood).			
	Treatment of gastric and intestinal probes, soft urinary catheters				
	2	Preparethenecessaryequipment			
	3	Put on an apron, gloves			
	4	Immersion in 3% chloramine solution for 60 minutes.			
	5	Rinsing with running water and kneading.			
	6	Dive into one of the washing complexes for 15 minutes.			
	7	Rinsingwithrunningwater.			
	8	Rinsingindistilledwater			
	9	Sterilization in the CSO after drying and laying in a two-layer calico.			
76.	Evaluation list (check-list) № 34 Processing and storage of urinals, bedpan				
	#	Actions (elements)	Check		
			mark		
			Yes		
			(1)/no		
			(0)		
	1	Preparethenecessaryequipment			
	2	Put on an apron, gloves			
	3	Place the vessels in the tank, fill them with disinfectant solution, close the lid, mark the time.			
	4	Removeglovesandapron			
	5	Exposure time: dexazone-1 – 30 minutes; bleach 0.5% - 60			
	•	minutes; chloramine 1% - 60 minutes	1		
	6	After 1 hour, put on the gloves and apron again, remove from the vessel's tank and wash them with hot water using a brush.			

Evaluation criteria and scales:

- evaluation criteria –performing a skill according to the checklist;
- score percentage of correct stapes of the check-list;
- scale of assessment(assessment) 4 levels of assessment of competences are allocated: high more than 85% of correct answers; sufficient from 75 to 84 % of correct answers; satisfactory from 65 to 74 % of correct answers critical less than 64% of correct answers.

VI. List of recommended literature:

a) Core reading:

1. Smirnova A. Yu. Patients care with internal diseases. Course of training practice [Электронныйресурс]: textbook of medicine for medicine faculty students / Smirnova A. Yu., V. V. Gnoevykh; Ulyanovsk State University, Insitute of Medicine, Ecology and Physical culture. - Электрон. текстовыедан. (1 файл: 3,09 Мб). - Ulyanovsk: ULSU, 2016.-108 c.- Access mode:ftp://10.2.96.134/Text/Smirnova_2016-1.pdf

2. Ostrovsky V. K.

The general care per surgical patients with elements of first-aid treatment at sharp surgical diseases and injuries: educational and methodical edition for students of 1 course in "Medical business" and "Pediatrics" / V. K. Ostrovsky; translated by D. N. Isaev; Ulyanovsk State University, Insitute of Medicine, Ecology and Physical culture. - Ulyanovsk: UlSU, 2015. - 92 с. - Текстнаангл. яз. - Библиогр.: с. 91. - б/п.

3. Gostishchev Victor Kuzmich.

General surgery = A guide to general surgery practice: the manual: textbook for foreign students of medical higher educational institutions / Gostishchev Victor Kuzmich. - Moscow: GEOTAR-Media, 2018. - 219 р.: il. - Парал. тит. л. рус. - ISBN 978-5-9704-4697-3: 900.00.

b) Supplementary reading:

- **1.**Oslopov V.N., Epiphany O.V., et al..General care. Training manual. Part 1.General care of a patient. Manual. Part 1 Kazan: KSMU, 2005. 106 c. Access mode: http://oslopovkazan.ru/wordpress/wp-content/uploads/2014/02/General-care-of-a-Patient.-Part-1.pdf
- **2.**Oslopov V.N., Epiphany O.V., et al..General care. Training manual. Part 2.General care of a patient. Manual. Part 2 Kazan: KSMU, 2005. 114 c. Access mode: http://oslopovhttp://oslopov-kazan.ru/wordpress/wp-kazan.ru/wordpress/wp-content/uploads/2014/02/General-care-of-a-Patient.-Part-2.pdf

c) educational-methodical readin

- **1.** *Smirnova A.Yu.* Methodical manual on clinical practice of 3d year students " Procedural nurse assistant. Part I " for the student.- Ulyanovsk, Ulsu, 2019.-45;
- **2.** *Smirnova A.Yu.* Methodical manual on clinical practice of 3d year students "Procedural nurse assistant. Part I " for the teacher.- Ulyanovsk, Ulsu, 2019.-13;
- **3.** *Smirnova A.Yu.* Methodical manual on clinical practice of 1st year students "Procedural nurse assistant. Part I" for independent work of the student.- Ulyanovsk, Ulsu, 2019.-45.

Professed data base, directory and search systems:

- 1. Electronic library systems:
- 1.1.IPRbooks: Electronic Library System / AI P.Er Media Group. Electron. Dan. Saratov, 2019. Access mode: http://www.iprbookshop.ru.
- 1.2. WRIGHT E-Resource: Electronic Library System / E-Publishing Ltd. Electron. Dan. Moscow, 2019. Access mode: https://www.biblio-online.ru.
- 1.3. Student Consultant "Electronic Resource": Electronic Library System / PolytechResource LLC. Electron. Dan. Moscow, 2019. Access mode: http://www.studentlibrary.ru/pages/catalogue.html.
- 2. ConsultantPlus "Electronic Resource": Reference Legal System. /Consultant Plus Electron. Dan. Moscow : ConsultantPlus, "2019".
- 3. Database of periodicals "Electronic resource" : electronic magazines / IVIS LLC. Electron. Dan. Moscow, 2019. Access mode: https://dlib.eastview.com/browse/udb/12.
- 4. National Electronic Library
- 5. Educational resources of the USU:
- 5.1. Electronic libraries of USU. Access mode: http://lib.ulsu.ru/MegaPro/Web
- 5.2. Educational portal of USU. Access mode: http://edu.ulsu.ru

Разработчик О должность Семериева Аниер Юроевия

Approved by:

Утверждаю / зав. кафедрой пропедевтики вн. болезней Гноевых В.В.

Утверждаю зав. кафедрой общ. и опер. хир-и Смолькина А.В.

должность