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Department of general and operative surgery with topographic anatomy and the course of
dentistry

METHODICAL INSTRUCTIONS FOR SELF-INDEPENDENT WORK OF THE STUDENT
OF TRAINING PRACTICE «PRACTICE ON RECEPTION OF PRIMARY PROFESSIONAL
SKILLS, INCLUDING PRIMARY SKILLS OF RESEARCH ACTIVITY (CARE OF
THERAPEUTIC AND SURGICAL PATIENTS. (THE PART 1))»
FOR SPECIALTY 31.05.01 "GENERAL MEDICINE"

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Methodical manual on training practice of 1st year students «Practice on reception of primary professional skills, including primary skills of research activity (Care of therapeutic and surgical patients. (The Part 1))» for self-independent work of the student.- Ulyanovsk, Ulsu, 2019.

The manual is prepared in accordance with the work program of the training practice «Practice on reception of primary professional skills, including primary skills of research activity (Care of therapeutic and surgical patients. (The Part 1))». The methodical manual is intended for self-independent work of the students of medical faculty studying on specialties 31.05.01-General medicine.

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Explanatory note

Methodical recommendations are intended for the organization of independent work of students in extracurricular time during the training practice «Practice on reception of primary professional skills, including primary skills of research activity (Care of therapeutic and surgical patients. (The Part 1))». 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.

The course aims

Aim of the course is forming professional skills for therapeutic and surgical patients care, reception of the first experience of professional activity in conditions training center of medical technology, and also developing competencies necessary for working in medical field.

The course objectives

- studying of checks - sheets with the subsequent development of practical skills (according to the list) in conditions training center of medical technology;
- familiarity with the organization of a sanitary mode and the organization of work of admission department, therapeutic and surgical departments of the hospital;
- familiarity with rules of care of therapeutic and surgical patients;
- familiarity with first pre-medical aid for diseases of the internal organs.
- familiarity with instrumental and laboratory methods of research in diseases.
- training students to provide first aid for mechanical injuries, bleeding due to injuries and diseases of the internal organs, acute diseases of the thoracic and abdominal cavities, as well as carrying out basic resuscitation measures (artificial respiration, heart massage) with electric injuries, drownings, hangings, first aid for thermal and chemical burns, frostbite
- teaching students the elements of desmurgy, transport immobilization, implementation of rational nutrition, prevention of bedsores, sanitary treatment of patients upon admission to the surgical hospital.

Proposed results

The course is aimed at the following competences:

Competence index. Content of a competence	The proposed results of the course students are:

(or a part of it)	
<p>GPC-10: the willingness to organize patients care and provide primary pre-hospital health care</p>	<p>To know:</p> <ul style="list-style-type: none"> - organization of work and structure of (medical institutions) health care facilities; -first pre-medical aid for bronchial asthma attack, pulmonary bleeding; -first pre-medical aid for angina pectoris, hypertensive crisis, cardiac asthma, myocardial infarction; -first pre-medical aid for anaphylactic shock. - principles of personal hygiene and methods of its implementation; - diet tables and their importance in therapeutic measures for the recovery of patients; -first aid for gastric bleeding, vomiting; -rules for the use of gastrostomy for feeding patients; -rules for the care of the urinary catheter, rules for the care of the colostomy. <p>To able to:</p> <ul style="list-style-type: none"> -divide patients on department; -care for febrile patients; -gastric lavage making (a model); - apply methods of caring for skin and mucous membranes; -to change the underwear and bed linen; -distribute patients by Department; -to carry out prevention of bedsores; -to shave the patient's skin in the area of the operating field. Treatment of the patient's skin before surgery. Treatment of hands before surgical procedures. Wearing sterile clothing; - perform artificial respiration and evaluate its effectiveness; -do an indirect cardiac massage. <p>To own to:</p> <ul style="list-style-type: none"> -the method of hygienic treatment of hands; -the method of temperature measurement and is graphically reflected in the temperature sheet; -the method of gastric lavage (a model); - methods of hygienic treatment of hands; - the method of toilet of the mouth, eyes, ears, nasal passages in seriously ill; - methods of change of underwear and bed linen in patients on General and bed rest.
<p>GPC-11: the willingness to use medical devices intended for medical care</p>	<p>To know:</p> <ul style="list-style-type: none"> - rules and methods of transporting patients to the hospital; - rules for handling and storage of thermometers filling out temperature sheets, types of fevers; - rules for storage and discharge of medicines; - rules applying and cleaning of nebulizers; - rules applying and cleaning the aerosol and dry powder inhaler;

- the technique of enteral and parenteral ways of introduction of drugs, complications of parenteral ways of introduction of medicines;
- laboratory diagnostic methods, rules of collection of biological materials in the respiratory diseases and cardiovascular diseases.
- rules for the care of the tracheostomy;
- the rules of feeding through a gastrostomy tube.
- urinary catheter care rules
- rules of colostomy treatment and replacement of the colostomy bag;
- equipment of processing, storage of catheters, urinals.

To able to:

- to transport patients to the hospital;
- measure body temperature and is graphically reflected in the temperature sheet;
- to apply nebulizers;
- to apply pocket aerosol and dry powder inhaler;
- to carry out the simplest physiotherapeutic manipulation;
- to conduct a cleansing enemas (a model).
- to care for the tracheostomy, to enteral nutrition through the gastrostomy;
- to carry out colostomy treatment and replacement of the colostomy bag, to carry out treatment of the urinary catheter and replacement of the ureter.

To own to:

- rules and methods of transporting patients to the hospital;
- the skill of applying the aerosol and dry powder inhaler;
- method of nebulizers;
- the method of disinfection of medical objects and products (thermometers, therapeutic tools, the medical equipment, disposable systems after use, tourniquet for a fence of blood, the sanitary-and-hygienic equipment, tips for enema, probes etc.);
- the collection of syringes, droppers, taking medicine from ampoule;
- taking medicine from bottle;
- removing air from the syringe;
- carrying out intradermal injection (a model);
- carrying out subcutaneous injection (a model);
- carrying out intramuscular injection (a model);
- sequence of the tourniquet before venipuncture (model);
- carrying out intravenous injection (a model);
- venipuncture for blood sampling for tests (a model);
- preparation (filling) of the system for intravenous infusion;
- filling and exhausting air from the system for intravenous infusion;
- carrying out intravenous infusion (a model);
- methods of using inflatable circles, foam pads of anti-

	bedsore mattress for the prevention of bedsores.
<p>PC-1: Ability and readiness for realization of a complex of the actions directed on preservation and strengthening of health and including formation of a healthy way of life, the prevention of occurrence and (or) distributions of diseases, their early diagnostics, revealing of the causes and conditions of their occurrence and development, and also directed on elimination of harmful influence on health of the person of factors of environment of dwelling</p>	<p>To know:</p> <ul style="list-style-type: none"> -technics of cleaning chambers, airings of chambers, technics of the current and final disinfection; -features of working the admissions office and specialized care units; -the method of treatment of patients with lice; -the method of anthropometry; -rules of measuring blood pressure; -rules of measuring arterial pressure, to investigate the pulse on arteries; -rules of calculation respiratory rate and to estimate the result; <p>To able to:</p> <ul style="list-style-type: none"> -carrying out cleaning chambers, airings of chambers, technics of the current and final disinfection; -carrying out features of working the admissions office and specialized care units; -carrying out anthropometry; -to quantify respiratory motion and to estimate the result; -to measure arterial pressure; -to investigate the pulse on arteries. <p>To own to:</p> <ul style="list-style-type: none"> -technics of cleaning chambers, airings of chambers, technics of the current and final disinfection; -features of working the admissions office and specialized care units; -the method of treatment of patients with lice; -the method of anthropometry; -rules of measuring blood pressure; -rules of measuring arterial pressure, to investigate the pulse on arteries; -rules of calculation respiratory rate and to estimate the result.

Content of practice

The block of care of therapeutic patients

№	Name of sections	The form of practice, including independent work	Quantity of Hours	The form of control
I. Preparatory stage of practice				

			contact work	Self-work	
1	Briefing on safety	Briefing on safety	2	2	Interviewer and control of the filling of the diary
II. Training stage of practice					
2	Medicines and methods of their application	General rules for the use of medicines. Methods of administration of medicine. The collection of syringes, making medicines from vials, collection of IVS. In/m, subcutaneous, intravenous, intravenous injection, drip medicines. Complications of injections. Principles of first aid in anaphylactic shock.	2	4	Interviewer, control of the filling of the diary and check-lists
3	Medical application of the simplest professional skills. Enemas. Gastric lavage.	Blood pressure measurement. Study of arterial pulse and counting the frequency of respiratory movements. Heating pad, ice packs, hot compresses. Enemas. Gastric lavage. Help the patient with vomiting.	2	4	Interviewer, control of the filling of the diary and check-lists
4	Medicines and methods of their application. Simple physical therapy. The technique of applying of medical devices used to care for patients in a therapeutic clinic are: heating pad, ice packs, compresses.	Development of practical skills training center of medical technology.	2	4	Control of the filling of the diary and check-lists
5	The technique of gastric lavage. Methods of cleaning enemas. Device for the production of cleansing enemas (mug douches). General concepts of its use. Measurement of blood pressure, examination of	Development of practical skills training center of medical technology.	2	4	Control of the filling of the diary and check-lists

	arterial pulse, and calculating the frequency of respiratory movements.				
6	Sanitary and hygienic regime and organization of work of the reception and therapeutic departments of the hospital.	Medical record. Thermometry. Anthropometry. Transportation of patients	2	4	Interviewer , control of the filling of the diary and check-lists
7	Monitoring and care of patients with respiratory diseases.	The main symptoms of diseases of the respiratory system. First aid for bronchial asthma attacks. The method of using a pocket inhaler in case of a suffocation attack. The use of nebulizers. Oxygen therapy. Principles of first aid for pulmonary bleeding.	2	8	Interviewer , control of the filling of the diary and check-lists
8	Monitoring and care of patients with diseases of the cardiovascular system.	Arterial pulse and its properties. Rules for measuring blood pressure. Classification of blood pressure levels. Symptoms of major diseases of the cardiovascular system. Principles of first aid in case of angina attack, myocardial infarction, cardiac asthma, hypertensive crisis.	4	6	Interviewer , control of the filling of the diary and check-lists
9	CREDIT				Interview, the final control of a diary
	Total		18	36	
			54		

The block of care of surgical patients

№	Name of sections	The form of practice, including independent work	Quantity of Hours	The form of control
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			contact work	Self-work	
Section 1. Deontology.					
1.1	Deontology.	Ethical standards and principles of behavior of the medical worker in the performance of professional duties.		4	Interviewer, control of the filling of the diary
Section 2. Work in the surgical units of the hospital					
2.1	Work in the emergency Department of a surgical hospital.	Duties of Junior medical staff of the emergency room. The beaks of laying for the treatment of patients with lice. The procedure for sanitary and hygienic treatment of patients with pediculosis in the emergency room.	3	7	Interviewer, control of the filling of the diary
2.2	Surgical Department of the hospital. General principles of care for surgical patients.	Duties of Junior medical staff of the surgical Department. Change of underwear and bed linen.. Rules for the prevention of bedsores. Daily sanitary and hygienic treatment of the skin, toilet of the mouth, nose, Treatment of the scalp.	2	6	
Section 3. Aseptic and antiseptic					
3.1	Aseptic and antiseptic.	Shaving the patient's skin in the area of the operating field. Treatment of the patient's skin before surgery. Treatment of hands before surgical procedures. Wearing sterile clothing.	2	6	Control of the filling of the diary
Section 4. Care for patients with surgical diseases					
4.1	Care of surgical patients in	Tracheostomy care. Treatment of tracheostomy	3	5	Control of

	the postoperative period	tube. Care of gastrostomy. Rules for the use of gastrostomy for feeding patients. Caring for the colostomy, changing the colostomy bag.			the filling of the diary
4.2	Care for surgical patients with diseases of the abdominal cavity	Gastric lavage, post-operative care for drainage, the introduction of the vapor tube, holding enemas.	2	4	
4.3	Care for patients with surgical diseases of the genitourinary system	Care of urinary catheter. Sanitary and hygienic treatment of external genitals. Changing of the drainage bag.	4	4	
	Final class.	Credit.	2		Interview, the final control of a diary
	Total		18	36	
			54		

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

1. Definition of concept "labour safety"
2. The regime of medical establishment
3. Actions at detection of a fire
4. Kinds of instructing on a labour safety
5. First aid for a poisoning with carbonic oxide
6. Rules of an extract, the account and storage of medical products (including, strong and narcotics)
7. Rules of use of medicines
8. Advantages of the parenteral administration
9. Types of syringes, needles, medicines for parenteral administration
10. Types of sterilization and methods of quality control
11. Technique of intracutaneous injections
12. Technique of subcutaneous injections
13. Technique of intramuscular injections
14. Technique of intravenous injections
15. Complications of injections

16. Determination of pulse, its characteristics.
17. Methods of the assessing arterial pulse.
18. Measuring blood pressure (Korotkov's method).
19. Applying of the warming compresses. The mechanism of action, indications, contraindications.
20. Applying of the warmer. The mechanism of action, indications, contraindications.
21. Applying of the bubble with ice. The mechanism of action, indications, contraindications.
22. Gastric lavage. Method. Indications, contraindications.
23. Enema. Method. Indications, contraindications.
24. First aid for vomiting.
25. Type of the transportation of patients
26. Technics of stacking of the patient on a stretcher, rise on a ladder, descent
27. The rule of the storage and disinfection of thermometers
28. Methods of temperature measurement
29. Types of temperature curves
30. Changes in the basic systems of the body in different periods of fever
31. Features of the febrile patients care
32. Sanitary treatment of patients in the admission Department.
33. Sanitary-epidemiological regime in the hospital.
34. Current cleaning in the therapeutic department.
35. General cleaning in the therapeutic department.
36. Definition, the method of anthropometry.
37. Symptoms of the bronchial asthma
38. Principles of emergency care in case attack bronchial asthma
39. Hemoptysis, pulmonary hemorrhage: definition, symptoms, principles of emergency care
40. The rule of an applying pocket aerosol
41. Types of oxygen therapy
42. Taking of the sputum for laboratory studies
43. Instrumental methods of diagnosis of respiratory system diseases
44. Basic function of the respiratory system.
45. Type of the breathing
46. Dyspnea. Definition. Type of the dyspnea.
47. Rules of calculation respiratory rate.
48. Abnormal type of the breathing.
49. Principles of emergency care for hypertensive crisis.
50. Myocardial infarction: definition, symptoms, principles of emergency care
51. Angina pectoris: definition, symptoms, principles of emergency care for cardiac attack.
52. Cardiac asthma: definition, symptoms, principles of emergency care
53. Instrumental and laboratory methods of diagnosis of cardiovascular system diseases.

Checklist for mastering of practical skills

1	Evaluation sheet (checklist) Dialing a drug from an ampoule		
	#	Actions (elements)	Check mark Yes(1)/no(0)
	1.	Treat hands in a hygienic way	
	2.	Put on sterile gloves	
	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 manufacture ampoules 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 smoothened with alcohol, it is necessary to ensure that the inscription on the ampoule is preserved.	
	8.	To palpate 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) The tourniquet		
	#	Actions (elements)	Check mark Yes(1)/no(0)
	1.	Treat hands in a hygienic way	
	2.	Put on sterile gloves	
	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 vein is squeezed, but also the artery). It is necessary to loosen the tourniquet.	
3	Evaluation sheet (check-list) Collection of systems for intravenous drip drug administration		
	#	Actions (elements)	Check mark Yes(1)/no(0)
	1.	Treat hands in a hygienic way	
	2.	Wear sterile gloves	

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.	
17.	Put five cotton balls in a sterile tray, Prepare two strips of adhesive plaster, a tourniquet, a pillow.	
18.	Treatment of hands in a hygienic way	

4	Evaluation sheet (check sheet) Intravenous infusion Simulation equipment: simulator-arm for intravenous injection.		
	Number of actions	Step	check that 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 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 intravenous drop infusion	

	11.	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.																																																							
	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																																																							
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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. 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																																																								
15.	To remove air from syringe																																																								
16.	To position the patient's arm extended with little or no flexion at the elbow.																																																								
17.	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.													
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													
24.		To puncture the skin above the vein and the walls of 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 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 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.													
28.		To repeat the pulling the syringe plunger on itself slightly to be convinced, that a needle is in vein													
29.		To introduce the medicine													
30.		To remove the needle from the injection site.													
31.		To overlay the bandage													
32.		Disinfection and disposal of used material in waste class B													
33.		To take off the gloves Disinfection and disposal of gloves in class B													
34.		To treat hands in a hygienic way													
1.		Unregulated actions													
2.															
3.															
4.															
6	<p style="text-align: center;">Evaluation sheet (check sheet) Intradermal injection Simulation equipment: trim on the arm (i\ d injection.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number of actions</th> <th style="width: 60%;">Step</th> <th style="width: 25%;">check that the Yes (1)/no(0)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td>Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient</td> <td></td> </tr> <tr> <td style="text-align: center;">2.</td> <td>To introduce themselves, indicate your role</td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td>To inform the patient about the procedure and obtain medical informed consent to perform the procedure</td> <td></td> </tr> </tbody> </table>			Number of actions	Step	check 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	
Number of actions	Step	check 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 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 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.			
7	Evaluation sheet (check sheet) Subcutaneous injection Simulation equipment: trim on the arm (s/c injection.)		
	Number of actions	Step	Check 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 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. 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) Intramuscular injection Simulation equipment: trim on the arm (i\m injection.)		
	Number of actions	Step	check 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 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.	
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	Evaluation sheet (checklist) Blood sampling from a vein for biochemical, immunological, bacteriological studies.	
	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.	Treat hands in a hygienic way	
	9.	Put on sterile gloves	
	10.	Positioning of the patient's arm	
	11.	Apply The tourniquet	
	12.	Filling of veins	
	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.	Bandage application	
	24.	Drain the blood from the syringe into a dry centrifuge tube (blood should flow slowly along the wall of the 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 (checklist) Emergency care for patients with anaphylactic shock		
	Actions (elements)	Check mark Yes (1)/no (0)	
	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 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.	
11	Evaluation sheet (check-list) Emergency care for the patient in case of contact with irritating drugs (calcium chloride) under the skin	
	Actions (elements)	Check mark Yes (1)/no (0)
1.	Call a doctor immediately.	
2.	Pull the piston toward you, out of the vein.	
3.	Try to determine the amount of drug that has fallen under the skin of the patient.	
4.	To dial into a sterile syringe and 0.9% sodium chloride solution in the same amount that got under the skin of the drug (ratio 1:5)	
5.	Pin the place of the drug.	
6.	Apply an aseptic bandage to the injection site.	
7.	Apply cold for 30 minutes.	
8.	Then put a warming compress for 6 hours.	
12	Evaluation list (check-list) Setting wet (warming) compress	
	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.	Treat hands in a hygienic way	
5.	To check the availability of all necessary equipment before the start of the manipulation	
6.	Convenient to plant or put the patient	
7.	Moisten a napkin in a semi-alcoholic solution, folded in 6-8 layers, squeeze it	
8.	Apply a damp cloth to the appropriate area of the body and press it tightly	
9.	On top lay the middle layer: compress paper, the length and width of this layer should be 2-3 cm longer than the inner layer	
10.	From above to lay the outer layer: wool (batting, flannel); the length and width of this layer should be 2-3 cm longer than the middle layer	
11.	Fix the compress with a bandage so that it fits tightly to the skin, but does	

		not restrict movement.	
	12.	Treat hands in a hygienic way	
	13.	Remove the compress after 6-8 hours, wipe the skin with water, wipe dry with a towel	
	14.	Disinfection and disposal of consumables in class B waste	
	15.	Treat hands in a hygienic way	
13	Evaluation list (check-list) Staging an ice bubble		
	#	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.	Treat hands in a hygienic way	
	5.	To check the availability of all necessary equipment before the start of the manipulation	
	6.	Fill in the bubble for 2/3 of the volume with ice cubes, pour cold water (140C-160)	
	7.	Gently displace the air from the bladder, tightly close the bubble tube (cap)	
	8.	Check the bubble for leaks by turning it over	
	9.	An ice pack, wrapping it with a towel or diaper, applied to the affected area	
	10.	Remove the ice pack after 20-30 minutes	
	11.	If necessary, a long procedure every 30 minutes to take breaks in cooling for 10 minutes	
	12.	Examine the patient's skin in the application of the ice bubble	
	13.	At the end of the procedure, drain the water, disinfect the bubble	
	14.	Treat hands in a hygienic way	
14	Evaluation list (checklist) Setting the warmer		
	#	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.	Treat hands in a hygienic way	
	5.	To check the availability of all necessary equipment before the start of the manipulation	
	6.	Fill the warmer with 2/3 hot water (500C-600C)	
	7.	Gently push the air out of the warmer, squeezing her hands towards the neck	
	8.	Tightly close the bottle stopper (cap)	
	9.	Check the heating pad for leaks by turning it over	
	10.	Wrap the warmer with a towel or diaper and apply to the appropriate area of the body	
	11.	Leave the heating pad for 20 minutes	
	12.	If necessary, a long procedure every 20 minutes should be done 15-20-minute break	
	13.	To remove the heating pad. Examine the patient's skin in the area of contact with the warmer	
	14.	Pour water from the warmer	
	15.	To disinfect a hot water bottle	
	16.	Treat hands in a hygienic way	

15	Checklist of the skill "Blood pressure Measurement" Equipment: volunteer, stethoscope, sphygmomanometer		
	№	Step	Check 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.	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	
	10.	Choose the suitable size cuff	
	11.	To test the tonometer, filling cuffs and visualization of mobility of the arrow pressure gauge	
	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	
	14.	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	
	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	
	22.	To listen to pressure reduction in smear to zero	
	23.	To inform the patient the result of the study, referring to the two digits corresponding to the time (BP sit) and disappearance (BP diast) tones	
	24.	Repeat the measurement on the second hand	
	25.	Re-clarification of the condition of the patient at the end of the procedure	
26.	Thank the patient, to say that one can wear to announce that You have finished and will now prepare a written report of its results		
16	A check-list of skills"Inspection and palpation of the vessels" Equipment: volunteer		
	№	Step	Check 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.	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:	
	24.	To palpate the carotid pulse on one side	
	25.	To palpate the pulse in the other carotid artery	
	26.	Not to palpate the pulse at the same time on both 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 check-list of skills" Evaluation of frequency of inspiration movements " Equipment: volunteer		
	No	Step	Check 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	Evaluation list (check-list) Gastric lavage with a probe		
		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.	Treat hands in a hygienic way	
	5.	Put on gloves and an apron	
	6.	Put an oilcloth apron on the patient	
	7.	To check the availability of all necessary equipment before the start of the manipulation	
	8.	Inspect the oral cavity for the presence or absence of removable dentures, if any, remove.	
	9.	Suggest the patient to take a position (the patient is sitting, the back is close to the back of the chair, the patient's head is slightly tilted forward)	
	10.	Get from package sterile probe	
	11.	Determine the required length of the probe (measure the distance from the tip of the nose to the earlobe, then down the anterior abdominal wall, to the lower edge of the xiphoid process)	
	12.	Mark the found point on the probe	
	13.	Lubricate the blind end of the probe with vaseline	
	14.	Stand on the side of the patient	
	15.	Ask patient to open mouth	
	16.	Place the blind end of the probe on the root of the patient's tongue	
	17.	Ask the patient to make swallowing movements and breathe deeply through the nose	
	18.	Slowly move the probe to the desired mark as the patient swallows	
	19.	Check the position of the probe to enter a syringe 20-30 ml of air and listen with a phonendoscope noise over the stomach area. The characteristic "gurgling" indicates that the probe is in the stomach.	
	20.	Connect a funnel to the probe	
	21.	Lower the funnel, slightly tilting, to the level of the patient's knees, to pour out the contents of the stomach	
	22.	Pour 1 liter of water into the funnel	
	23.	Slowly raise the funnel until the water level in the funnel reaches its mouth	
	24.	Lower the funnel below the level of the patient's knees, draining the contents of the stomach into the pelvis	
	25.	Repeat the gastric lavage procedure several times until the rinsing water is	

	clean	
26.	Please check that the volume of introduced fluid and the amount of wash water (must match)	
27.	Disconnect the funnel from the probe	
28.	Carefully remove the probe from the patient's stomach	
29.	Allow the patient to rinse the mouth with water	
30.	Disinfection and disposal of consumables in class B waste	
31.	Removal of gloves, disinfection and disposal as class b waste	
32.	Treat hands in a hygienic way	

19		
Evaluation list (check list) Formulation enema		
Number	Step	Check that the Yes(1)/no(0)
1.	To greet the patient	
2.	To introduce themselves, indicate their role	
3.	To ask the patient, comparing with medical records (surname, name, patronymic, age)	
4.	To inquire about the health of the patient	
5.	To inform the patient about the procedure and obtain consent to conduct	
6.	To treat hands in a hygienic way	
7.	To prepare all necessary equipment before the start of the manipulation:	
8.	To put on a mask, apron and gloves for yourself	
9.	To pour into a mug Esmarch pure water at room temperature	
10.	To hang a mug on a tripod at a height of 1 meter above the level of the patient's body	
11.	To open the tap	
12.	To fill tubes (long rubber and connecting) with water to avoid air	
13.	To close the tap	
14.	To put basin on the floor near the bed	
15.	To put an oilcloth on the bed, to put a free end of the oilcloth in a basin in case the patient cannot keep water.	
16.	To lay a patient on the left recumbent position at the border of the bed and to suggest him to bend his knees, to move them to the stomach to relax the abdominal press.	
17.	Tell the patient to relax and breathe deeply through her mouth without straining	
18.	Lubricate the tip with vaseline	
19.	To move the buttocks apart with a left hand	
20.	To enter the tip firstly in the direction of the novel on 3-4 cm, secondly in parallel to coccyx on 7-8 cm long	
21.	To open the tap a little, watching for that water should not get into intestines too quickly as it can cause pain.	
22.	Close the tap	
23.	To take the tip out, having pressed the right buttock of the patient to left, so that the liquid does not get out from the rectum	
24.	To suggest the patient to detain whenever possible a desire of defecation during 5-10 minutes after the procedure	
25.	After finishing the manipulation of the waste material, tools and gloves are placed in a disinfected solution	
26.	Treating hands in a hygienic way	
27.	To make a mark in the medical records on the performed manipulations	
28.	Unregulated actions	
29.	The procedure was performed in the standing position	
30.	Haven't washed the hands before starting the procedure	
31.	The opinion of the teacher	
32.	Other unregulated actions (number)	

20	Evaluation list (check-list) Emergency care for vomiting, collection of vomit for the study		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Call a doctor right away.	
	2.	Sit the patient on a chair comfortably, cover the chest with oilcloth.	
	3.	Give the patient a towel, put the pelvis to his feet.	
	4.	Ask the patient to remove dentures (if any).	
	5.	Perform the decontamination of hands at the hygienic level, wear gloves.	
	6.	Hold the patient's head during an act of vomiting, putting his forehead with his hand	
	7.	Invite the patient to rinse his mouth with clean water after each act of vomiting, wipe his face and mouth with a napkin.	
	8.	Inspect and leave the vomit until the doctor arrives.	
	9.	In case of poisoning by an unknown poison, collect the vomit in a clean dry jar, close it tightly with a lid.	
	10.	If prescribed by a doctor, send them to the laboratory for examination	
11.	Remove your gloves. Place napkins, gloves in the household waste container		
21	Evaluation list (checklist) Emergency care for vomiting unconscious patient, collection of vomit for clinical research		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Call a doctor right away.	
	2.	Before the doctor comes, lay the patient on his side, if this is not possible, change the position by turning his head to one side to avoid aspiration of vomit - ingress into the respiratory tract.	
	3.	Spend decontamination of hands at the hygienic level, wear gloves	
	4.	Remove the pillow, remove dentures (if any).	
	5.	Cover the patient's neck and chest with a towel and place a kidney-shaped vomit tray at the corner of the mouth.	
	6.	Suck the electric pump or pear-shaped spray from the mouth, nose, vomit.	
	7.	Treat the patient's mouth with boiled water after each act of vomiting, wipe the mouth with a napkin.	
	8.	Inspect and leave the vomit until the doctor arrives.	
	9.	In case of poisoning by an unknown poison, collect the vomit in a clean dry jar, close it tightly with a lid.	
	10.	If prescribed by a doctor, send them to the laboratory for examination	
11.	Remove your gloves. Place napkins, gloves in the household waste container		
22	Evaluation list (check-list) Processing and storage of rubber products, warmers, gastric and intestinal probes		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	Treatment of warmers		
	1.	Conduct a two-time wiping with a rag at intervals of 15 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.	Prepare the necessary equipment	
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.	Rinsing with running water.	
	8.	Rinsing in distilled water	
	9.	Sterilization in the CSO after drying and laying in a two-layer calico.	
23	Evaluation list (check-list) Anthropometry.		
		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.	Prepare everything necessary to perform the manipulation.	
	Body mass measurement		
	5.	Check the balance adjustment: to do this, open the shutter located above the panel, adjust the weights with the screw: the level of the balance rocker on which all the weights are in the zero position must coincide with the control point. Close the shutter.	
	6.	Suggest and help the patient gently stand (without Slippers) in the center of the weighing pad.	
	7.	Open the shutter and move the weights on the rocker bars to the left until it is level with the control point	
	8.	Close the shutter. Tell the patient the result. Record the data in the medical history.	
	Measurement of growth		
	9.	To help the patient (if necessary) to take off his shoes and stand correctly on the site: the heels and buttocks, the interscapular area touch the bar of the rostromer. To keep your head straight so that the tragus of the ear and outer corner of the eye were in one horizontal line.	
	10.	Lower the bar of the stadiometer to the top of the head of the patient and identify on the scale the number of centimeters from baseline to the bar	
	11.	Help the patient to get off the site (if necessary) or offer to get off.	
	12.	Inform the patient of the measurement result, record it in the medical history	
	Measurement of the circumference of the chest		
	13.	Suggest the patient to spread his hands to the side.	
	14.	Centimetric tape impose behind the lower corners of the blades, front – men and children at the bottom edge of the areola circles, in women over the breast glands at the place of attachment of the IV rib to the sternum.	
15.	Invite the patient to lower his hands.		
16.	Measure the circumference of the chest in 3 positions: - resting state (with quiet breathing); - at the height of maximum inhalation; - after maximum exhalation.		
17.	Offer the patient to get dressed (if necessary, help).		
18.	Inform the patient of the measurement results.		
19.	Write the received data to the documentation		

24	Evaluation list (check-list) Thermometry		
		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.	Treat hands in a hygienic way	
	5.	To check the availability of all necessary equipment before the start of the manipulation	
	6.	Inspect the armpit and wipe it dry	
	7.	Take the thermometer and shake the mercury below 35	
	8.	Place the thermometer in the armpit so that the mercury tank is in contact with the body on all sides	
	9.	To measure the temperature within 5-10 min.	
	10.	Remove the thermometer and record the digital data in the medical history during the patient's diary, as well as in the temperature list in the form of a line, according to the digital value	
	11.	Shake the thermometer	
	12.	Treat the thermometer in a special tray with a disinfectant solution for 30 minutes	
13.	Then rinse the thermometer under running water, wipe dry and put in a clean container with the inscription: "Clean thermometers»		
25	Evaluation list (check-list) Processing and storage of thermometers		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Rinse the thermometer under running water.	
	2.	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)).	
	3.	Place the thermometers for 60 minutes in the prepared container.	
	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".		

26	Evaluation list (checklist) Treatment of patients with pediculosis		
		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.	Prepare everything necessary to perform the manipulation.	
	5.	Inform the patient about the course of the manipulation and about the drug.	
	6.	To wear a special gown, scarf, gloves.	
	7.	The position of the patient — sitting, if the condition allows — on the couch with oilcloth.	
	8.	The patient's hair is treated with 0.15-th solution of carbophos.	
	9.	To cover his hair oiled silk and cloth scarves.	
	10.	After 20 minutes, rinse hair with warm water.	
	11.	For rinsing it is necessary to use the 6th solution of vinegar.	
	12.	Comb the hair with a comb.	
	13.	The patient's underwear should be sent to the disinfection chamber in a special bag.	
	14.	On the title page of the medical records to make in the upper right corner of the mark "P" — pediculosis.	
	15.	The room and everything with which the pediculous patient came into contact, treated with carbophos.	
16.	The overalls in which processing was carried out, also to put in a bag and to send for processing.		
27	Evaluation list (check-list) General cleaning, wet and routine cleaning		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	Current disinfection		
	1.	Prepare everything you need to perform disinfection	
	2.	Wear overalls for cleaning (Bathrobe, hat, apron, gloves, Slippers).	
	3.	Prepare 2% soap and soda solution (100.0 soap, 100.0 soda). Apply detergent to all surfaces to be treated. Rinse with water	
	4.	Apply the working solution of disinfectant	
	5.	Rinse with clean water	
	6.	Cleaning equipment to be disinfected: a rag, a cloth to soak in the disinfecting solution in separate tanks, rinse, dry	
	7.	Remove the used spec. clothes	
	8.	To carry out hygienic hand antiseptics	
	9.	Put on clean clothing	
	10.	Turn on the quartz for 30 minutes, ventilate for 15 minutes	
	Final disinfection		
	11.	Wear special cleaning clothes (Bathrobe, Slippers, apron, gloves, hat)	
	12.	The room as much as possible to release from furniture and move it to the center	
	13.	Wash Windows with warm water and window cleaner	
	14.	With the help of separate cleaning equipment, apply the cleaning solution to the walls, wipe the surfaces, equipment, furnishings, floor, observing the sequence - ceiling, window, walls from top to bottom, equipment, floor from the far wall to the exit	
	15.	Rinse with clean water using a rag	
	16.	Re-treat all surfaces with a disinfectant working solution, maintaining the exposure in virulotsidnoe mode	
	17.	Wash hands with soap and water, change work clothes to clean	
	18.	Rinse with clean water	
19.	Arrange the furniture, equipment in place		
20.	Turn on the germicidal lamps for 2 hours		
21.	Air 1 hour room		

	22.	Disinfect the cleaning equipment	
28	Evaluation list (check-list) Transportation of patients to the Department		
		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.	Prepare everything necessary to perform the manipulation.	
	Shifting the patient from bed to stretcher (gurney)		
	5.	Put the stretcher perpendicular to the bed to their head end came to the foot end of the bed	
	6.	Bring the hands under the patient: one nurse brings the hands under the head and shoulder blades, the second - under the pelvis and upper thighs, the third - under the middle of the thighs and shins of the patient. If transportation is carried out by two nurses, one of them brings his hands under the neck and shoulder blades of the patient, the second - under the waist and knees	
	7.	At the same time agreed motion to lift the patient together with it to rotate 90° to the side of the stretcher and put them on the patient	
	8.	Carry the patient on a stretcher should be without haste and shaking, moving out of step	
	9.	Down the stairs the patient should be carried feet forward, and the foot end of the stretcher should be raised, and the head - a few lower. At the same time, the person behind holds the handles of the stretcher on the arms straightened at the elbows, going in front - on the shoulders	
	10.	Up the stairs the patient should be carried headfirst also in a horizontal position. While walking in front holding the handle of the stretcher on straightened in elbows hands, going back - on the shoulders.	
	Shifting the patient from the stretcher (gurney) to the bed		
	11.	Put the head end of the stretcher (gurney) perpendicular to the foot end of the bed. If the area of the chamber is small, put a stretcher parallel to the bed	
	12.	Bring hands under the patient: one nurse brings hands under the head and shoulder blades, the second - under the pelvis and upper thighs, the third - under the middle of the thighs and shins. If transportation is carried out by two nurses, one of them brings his hands under the neck and shoulder blades of the patient, the second - under the waist and knees	
	13.	Simultaneously coordinated movements to lift the patient, together with it to turn on 90° (if stretchers are put in parallel - on 180°) towards a bed and to lay on it the patient	
	14.	When placing the stretcher close to the bed, holding the stretcher at the level of the bed, the two (three) pull the patient to the edge of the stretcher on the list, slightly lift it up and shift the patient to the bed	
	Seating the patient in a wheelchair		
	15.	Tilt the wheelchair forward and step on the footboard of the chair	
	16.	To offer the patient to get on the bandwagon and put him in supporting, in the chair. Make sure that the patient's hands are in the correct position - to avoid injury, they should not go beyond the armrests of the wheelchair	
	17.	Return the wheelchair to the correct position	
	18.	Carry out transportation	

29	Evaluation list (check-list) 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 constraining clothes	
	3.	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.	
	4.	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	
5.	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.		
30	Evaluation sheet (checklist) № 25 Emergency care for patients 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.		
31	Evaluation list (check-list) Using the aerosol and dry powder inhalers		
	#	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.	Control of the appointment (to establish the identity of the information on the package of the inhaler in the medical documentation on the name of the drug; check the dosage of drugs, the method of administration of drugs, shelf life)	
	Use of aerosol inhalers		
	5.	Remove the protective cap from the mouthpiece of the aerosol can	
	6.	Turn the can upside down and shake well	
	7.	Ask the patient to take a deep breath	
	8.	Explain to the patient that he should tightly wrap his lips around the mouthpiece and take a deep breath, while simultaneously pressing the valve of the can; after inhalation, the patient should hold his breath for a few seconds	
	9.	After that, ask the patient to remove the mouthpiece from the mouth and exhale slowly	

	10.	Allow patient to rinse mouth with water	
	The use of dry powder inhalers		
	11.	To prepare the inhaler	
	12.	Exhale slowly	
	13.	Grasp the mouthpiece lips	
	14.	Take a deep powerful breath	
	15.	Hold your breath for 5-10 seconds	
	16.	After that, ask the patient to remove the mouthpiece from the mouth and exhale slowly	
	17.	Allow the patient to rinse the mouth with water	
32	Evaluation list (check-list) Application of the nebulizer		
	#	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.	Prepare everything necessary to perform the manipulation.	
	5.	Treat hands in a hygienic way	
	6.	Put on gloves	
	7.	Control of prescription (to establish the identity of the information on the packaging of the drug in the medical documentation on the name of the drug; check the dosage of drugs, the method of administration of drugs, shelf life)	
	8.	To open the device	
	9.	Pour the medicine from the container (nebula) or drip from the container the desired dose	
	10.	The volume necessary according to the instruction to add with a saline solution	
	11.	The Assembly of the device and check the operation. Check the air filter by connecting the tubes. The glass with the finished liquid should be attached to the inhaler tube	
	12.	Attach a mouthpiece or mask that fits	
	13.	Take a comfortable position	
	14.	Connect the nebulizer and compressor by turning on the compressor	
	15.	Nebulizer inhalations are performed until the drug is fully consumed. The Cup should be kept flat so that the drug does not spill out. When the steam from the Cup stops, inhalation can be considered complete	
	16.	Disassemble the device and clean its parts. Place the mouthpiece, glass and mask in the des. solution	
	17.	Allow the patient to rinse the mouth with water	
	18.	Remove gloves in disinfection solution, treat hands in a hygienic way	
	19.	Make a mark about the assignment	
33	A check-list of skills" Evaluation of frequency of inspiration movements " Equipment: volunteer		
	№	Step	Check 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)	
34	Evaluation list (check-list) The sputum collection for the clinical trial		
	#	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.	The day before the patient is given a clean dry wide-mouth Bank of transparent glass 50-100 ml with marking (name, Department, room number, date)	
	4.	Conduct instruction on the technique of collecting sputum; Sputum is collected early in the morning (on an empty stomach) before meals	
	Ask the patient:		
	5.	- brush your teeth in the morning 2 hours before collecting sputum;	
	6.	- rinse the mouth and pharynx with boiled water immediately before collecting sputum;	
	7.	- stand or sit straight;	
	8.	- hold the can to collect sputum from the lower lip without touching it;	
	9.	- take a few deep breaths and exhale and then cough;	
	10.	- collect it in a jar in an amount of at least 3-5 ml; - close the jar with a wet lid.	
	11.	Inspect the collected sputum and send it to the laboratory within 2 hours after its collection.	
	12.	Note: if the collected sputum is less than 3-5 ml, the sputum collection procedure should be repeated	
35	Evaluation sheet (check-list) Urgent help at an attack of angina		
	#	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.	
36	Evaluation sheet (check-list) Emergency care for cardiac asthma		
	#	Actions (elements)	Check mark Yes (1)/no (0)

	1.	Call a doctor right away.	
	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.	
37	Evaluation sheet (check-list) Emergency care in hypertensive crisis		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Call a doctor right away.	
	2.	To ensure the patient is at rest.	
	3.	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;	
	4.	3)HYDROCHLOROTHIAZIDE 25 mg or FUROSEMIDE 40 mg inside;	
	5.	In cases of severe emotional stress, you can take 40 drops of CORVALOL.	
38	A check-list of skills "Inspection and palpation of the vessels" Equipment: volunteer		
	№	Step	Check 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.	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:	
24.	To palpate the carotid pulse on one side	
25.	To palpate the pulse in the other carotid artery	
26.	Not to palpate the pulse at the same time on both 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	

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.

Documentation of the practice

Documentation on the practice, provided at the end of the teacher, includes a diary of training practice with a digital report.

List of recommended literature and infomation support of the training practice:

a) List of recommended literature:

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 с.-Режимдоступа: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 : UISU, 2015. - 92 с. - Текст на англ. яз. - Библиогр.: с. 91. - б/п.

Supplementary reading:

1. 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 p. : il. - Парал. тит. л. рус. - ISBN 978-5-9704-4697-3 : 900.00.

Educational-methodical reading:

1. Chernova N.G. Methodical manual on training practice of 1st year students «Practice on reception of primary professional skills, including primary skills of research activity (Care of therapeutic and surgical patients. (The Part 1))» for the student/N.G. Chernova, A.Yu. Smirnova; edited by Gnoevykh V.V. - Ulyanovsk, Ulsu, 2019.-p.15;

2. Chernova N.G. Methodical manual on training practice of 1st year students «Practice on reception of primary professional skills, including primary skills of research activity (Care of therapeutic and surgical patients. (The Part 1))» for the teacher/N.G. Chernova, A.Yu. Smirnova; edited by Gnoevykh V.V. - Ulyanovsk, Ulsu, 2019.-p.15;

3. Chernova N.G. Methodical manual on training practice of 1st year students «Practice on reception of primary professional skills, including primary skills of research activity (Care of therapeutic and surgical patients. (The Part 1))» for independent work of the student/N.G. Chernova, A.Yu. Smirnova; edited by Gnoevykh V.V. - Ulyanovsk, Ulsu, 2019.-p.38.

b) 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>

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