MINISTRY OF HEATH OF UKRAINE
POLTAVA STATE MEDICAL UNIVERSITY
Department of general surgery

Study discipline	**General surgery**
Module №2	**Necrosis. Bases of transplantology and clinical oncology. Methods of examination of surgical patients**
Content Module 3	**Inspection technique and supervision of a surgical patient.**
Lesson theme №31,32,33	**Curation surgical patients. Analysis and assessment of the written histories.**
Years of study	***III***
Faculty	***International***

Poltava

I. A urgency of a theme

The knowledge of rules curation surgical patients has the big practical and legal; importance in a consecutive, correct, competent statement of the plan of inspection, treatment, carrying out of dynamic observation, an extract of the patient from a hospital, a summer residence of adequate references for the period of an after treatment.

II. The purpose of workshop:

1. To study the scheme of a case history (= II).
2. To learn students to show correctly sequence of the basic methods of subjective and objective inspection of surgical patients (= II).
3. To treat the basic subjective and objective signs, results of laboratory, tool methods of inspection (= III).
4. To learn to formulate the diagnosis according to its gradation: the basic, complications of the core, accompanying (= III).
5. To learn to frame the plan of inspection (= III).
6. To learn to frame a treatment planning (= III).

To show skill to make a case history by results of inspection (= III).

Technological card of workshop

№ п/п	The Basic stages of workshop their function and the maintenance	The Level of mastering	The Quality monitoring and studies	Materials of methodical maintenance	Distribution hour
	The Preparatory stage				
1.	The organizational moments				5
2.	Statement of the educational purposes and motivation			П.1 " The Urgency of a theme " Item 2 " the Educational purposes "	5
3.	Acquaintance students with the scheme{plan} of a case history	I	Plans of a case history	Schemes of a case history	10
4.	Distribution of patients among students	I		Medical case histories	10
	The Basic stage				
5.	1. Carrying out of subjective inspection.	II	Professional training at the decision of unstandart problems. Practical training under the control of the teacher	Schemes of a case history Medical case histories. Methodical recomendations on inspection of surgical patients	160
	2. caring of objective inspection of patients.	II			
	3. Work with the medical documentation.	II			
	4. Entering of the received data into the plan of history.	II			
	5. Formation of the	III			

	diagnosis, the plan of inspection, treatment and dynamic observation over surgical patients. 6. Veneering of case histories	III			
6. 7. 8.	**The Final stage** The control and correction of a level of professional skills. Summarizing of workshop Homework	III	Analysis and protection of the written histories with the individual control of skills	"Short" methodical indicatings on work on practical workshop	80 10

IV. The contents of training

The case history for students under the program of the general surgery is the manual for fastening practical skills on inspection of surgical sick and corresponding veneering the medical documentation.

The case history is made out accordingly plans which affirms the general cathedral assembly.

After acquaintance with the scheme of a case history patients of base surgical units are given to students. The teacher acquaints the patient with the student, explains to the patient necessity of such dialogue with the future expert, frames optimum conditions for carrying out curation, under the control spends acquaintance of the student with necessary sections of a medical case history.

Students independently spend the collecting of subjective, objective data of inspection, formulate the preliminary diagnosis, decibels the plan of additional methods of inspection, from a medical case history carry to the plans results of laboratory, tool researches, the advisory conclusions of interfacing experts, preoperative epicrisis, the report of operation. Then substantially prove the clinical diagnosis and decides a treatment planning of the patient.

The writing of diaries that is carrying out immediate curation patients during after-hour time is important. At veneering diaries the attention addresses on correction of treatment according to days of observation over patients and a writing of prescriptions of medical preparations on to the accepted rules.

In the end of history the student makes out final эпикриз, a temperature leaf, references at the moment of the termination history taking.

During curation the teacher supervises executions by students of rules of a deontology, conservations of medical secret, whenever possible, helps them to familiarize on dressings at the operated patients with a condition and dynamics of a postoperative wound (the local statute of illness), answers questions which arise at students during curation.

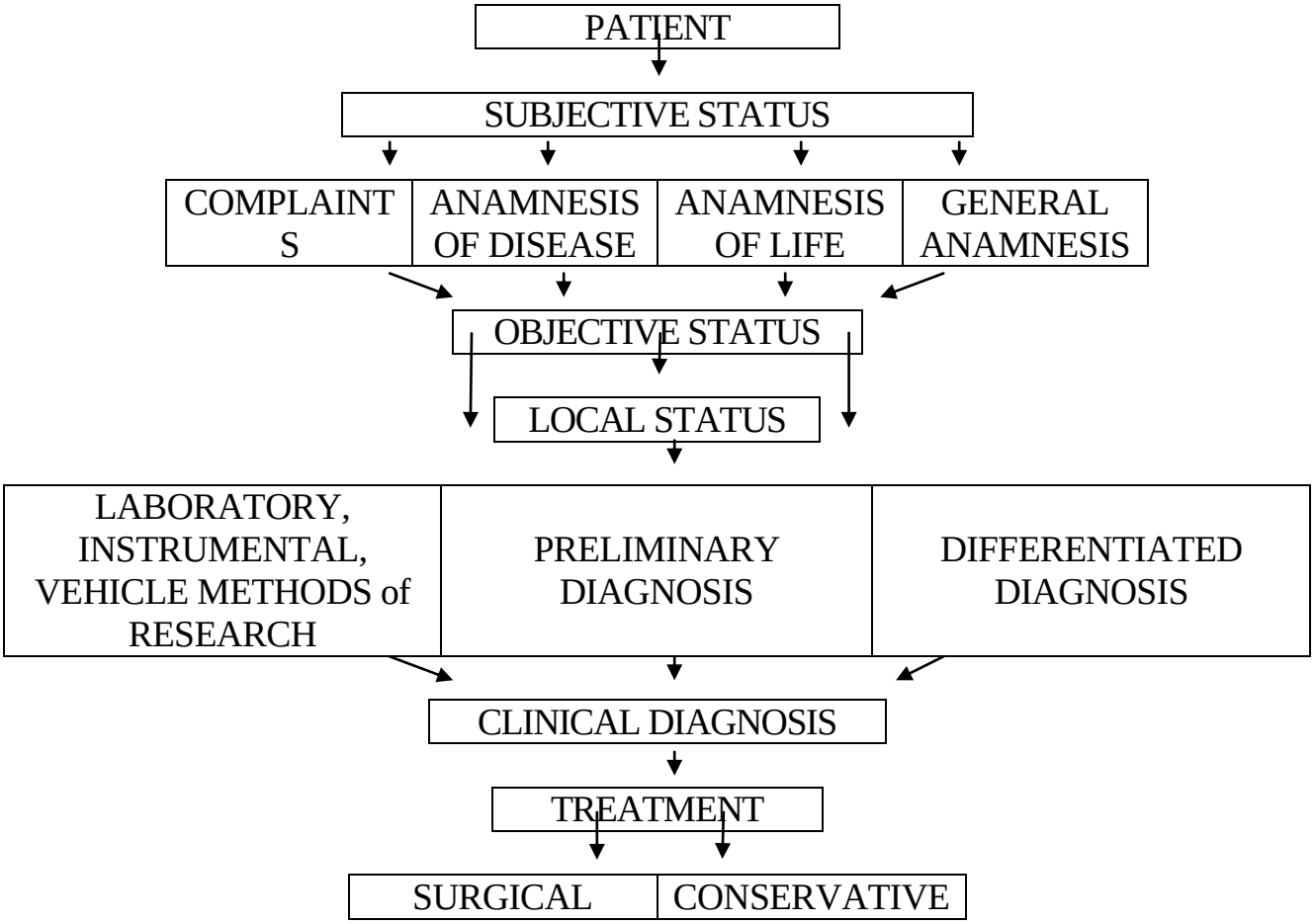
In the appointed term students hand over completely issued case histories for check.

V. The rough basis of action (the scheme of a case history)

Finding out character of disease is possible only in case that the study of patient will be conducted on the beforehand produced plan, but not fragmentary, chaotically. Research which is directed on recognition of illness must pursue 3 purposes: 1) to find out, what organ is staggered and which character of defeat; 2) to set reason and pathogeny of disease; 3) to define how a disease influences on the organism of patient. Anatomic and etiologic recognition of illness determines the plan of treatment of patient. Information, got at the inspection of patient, is added to the hospital chart.

The important moments of inspection of surgical patient it is been finding out of complaints, anamnesis of disease, and also careful and detailed research of local status. A surgeon, as well as other doctor, is under an obligation to probe all of organs and systems of patient, to set a correct diagnosis and choose the proper medical tactic. However much basic attention needs to be spared finding out of pathological changes (subjective and objective), constituents essence of surgical disease.

Algorithm of surgical patient examination



METHOD OF INSPECTION OF HEAD AND FACE

Topographic and anatomic information

A skull is divided on a brain and facial. Has a vault, which consists of overhead parts frontal, temporal, a brain, cervical and parietal bones. Basis of him consists of the back of head, basic and temporal bones, orbital outgrowths of frontal bone, hole plate of the latticed bone. All of bones of skull (vault) are connected by stitches. A stitch between parietal bones is named arrow-shaped or sagittal, between parietal and frontal – coronal, between parietal and by the back of head – lambda-form.

All of surface of vault of skull is covered a supracranial muscle (*m. epicranius*) the middle of which is occupied by aponeurotic send (*galea aponeurotica*), hypodermic basis in area of vault is absent.

A facial skull consists of overhead and lower jaws, cheek-bone, nasal and tear bones. In frontal and maxillary bones there are air cavities, additional to the cavity of nose frontal bosom (*sinus frontalis*), a bosom of overhead jaw is a genyantrum (*sinus maxillaris*).

Outsides of head are provided with blood due to outward carotids, brain – due to internal vertebral arteries which form a Velisius circle on the basis of skull.

Outflow of blood from the cavity of skull and from outward covers passes through the system of internal jugular vein which takes beginning from a transversal bosom (*sinus transversus*).

In addition, a head and person is divided on certain topographic and anatomic areas.

HEAD

Examination

At a review pay a regard to form and size of head. For children the small sizes of head (microcephaly) are observed at idiocy, and loggerhead (macrocephaly) – at hydropsy of head. Square head, oblate from above and with salient frontal hillocks talks about the carried rachitis. "*Tower skull*", low and high is combined, as a rule, with an innate hemolytic icterus.

Position of head can be characteristic for many nervous diseases. We will be stopped only for symptoms which meet more frequent. Immobile position of head is observed at immobility of joints of neck part of spine (spondyloarthrosis, spondyloarthritis), or at rigor contraction of neck muscles (myositis), if muscles are taken only from one side, a head is inclined on one side (*torticollis*), throwing back of head back (as a result of cervical muscles rigor contraction) and limitation of passive motions of head (rigidity of cervical muscles) is a characteristic symptom at an irritation and inflammation of brain-tunics (meningitis).

Local deformation of vault of skull (thrusting out or falling back) can testify to the break of bones or tumour of soft tissues. Bleeding presence, excretions a spinal liquid from a nose and ears is the sign of break of foundation of skull.

The diffuse fall of hairs on a head (alopecia) is observed at radiation illness, cachexy, anaemia, erysipelas. Local (nidicolous) balden is observed at syphilis, mycotic defeat.

FACE

Examination

Examining a face, pay a regard to expression, his symmetry and proportion of his separate parts, color of skin, presence of rash, edema. The spotted blush with brilliance of eyes, hyperemia of vessels of sclera and excited mien is observed at patients with a fever.

Attacks of tonic cramps with contracting a muscle face at patients it is resulted a tetanus in appearance of expression *of sardonic smile*. Inflammatory processes on face, especially at localization on an overhead lip (furuncle, carbuncle), can acquire a heavy flow with formation of large inflammatory инфильтрата and edema of tissues. An inflammatory process can spread on the area of eye, through venous anastomoses – on brain-tunics and area of cavernous sine. There is an edema of eyelids and thrusting out of eyeballs at development of thrombosis of cavernous sine. Deformation is most expressed – at front dislocations of lower jaw. A mouth is widely opened, a patient can not close a jaw, a lower jaw is pulled out ahead, swallowing and speech is laboured, mastication is impossible, there is a salivation.

At patients a mouth crack is asymmetric neuritis of facial nerve. A mouth is here twisted in a healthy side, and on the side of defeat the corner of mouth is dropped, a носогубная fold is less expressed. Opening of mouth painfully and it is laboured at a paratonsillar abscess, furuncle of outward acoustic duct. The strong compression of mouth is caused the tonic cramps of masticatory muscles (trismus).

At the heavy diseases of organs of abdominal region (acute and purulent peritonitis) there is a typical face, described yet Hippocrates: deathly pale with a cyanotic tint, pointed face, deeply by hollow full of suffering eyes, with the large drops of death-damp on a forehead (*facies Hyppocratica*). Edema – at the disease of buds, pale disfigured – at the edema forms of diseases or puffy and pale with indifferent, sleepy and as though blind a look – at chronic diseases with the phenomena insufficiency of buds (diabetic nephropathy, wrinkled buds).

At patients AIDS the skin of face quite often is struck the Caposhi sarcoma as red, darkly violet or brown color of spots, knots, rash. Round, occlude by fat, shine, with a blush characteristically for women with Itsenko-Kushing's disease.

At the phlegmons of face there is hyperemia of the proper area of skin or mucous membrane without the sharply expressed scopes, edema sometimes considerable. Hyperemia of skin is so intensive, that simulates an ugly face. A skin is glossy, tense, difficultly going to the fold. Natural folds or deepenings at a considerable edema are smoothed out. As a result of the inflammatory slight swelling and collateral edema of surrounding tissues the face of patient quite often is distorted. At one-sided phlegmons asymmetry of face strikes the eyes. Characteristic are changes of mucous membrane of lips, internal surface of mouth, language, a skin becomes dry, pale or cyanotic. A language is here assessed. Infiltrate at a developing phlegmon is determined as a compression, located in mass of edema tissues.

The special value has systematic and attentive examination of head and face at fresh traumatic damages, to development of edema of surrounding tissues.

The special attention needs to be turned examination eye. At first by sight determine a width and evenness of eye cracks, position of eyeballs. Pay a regard to form and mobility of eyelids, state of their skin, saving of eyebrows and cilia. The bilateral narrowing of eye cracks

as a result of edema is «watery» eyelids characteristic for the disease of buds. To the increase of volume of eyelids emphysema which arises up at the break of orbit with penetration of air from the additional bosoms of nose leads also, there is crepitation at their palpation. The one-sided edema of eyelids is caused inflammation, trauma or tumour. At inflammation eyelids are slightly swollen, hyperaemia, hot by touch and sickly. Ptosis (prolapsus) of overhead age, twisted face testify to paresis or paralysis of facial nerve.

Examine the mucous membrane of conjunctiva and eyeballs. Determine the color of mucous membrane, degree of its humidity (shine), state of vascular picture, presence of rash and pathological excretions. At examination of eyeballs give description the state of sclera, corneas. For this purpose a doctor draws off large fingers downward lower eyelids and asks a patient to look up.

At examination of eyes pay a regard to form, size, reaction on light and accommodation of pupils.

Midriasis (expansion of pupils) is observed at some poisonings (by a belladonna, mushrooms) and at a hepatic coma.

Myosis (narrowing of pupils) arises up at patients by a uremic coma, during alcoholic intoxication, tumour of brain, hemorrhage in the ventricles of brain. If pupils are narrowed, it is necessary to specify, whether omnopon or morphine did not enter. Acute myosis is observed at heavy intoxications.

A diagnostic value has disparity of pupils (*anisocory*). A pupil is extended on a side, where a subarachnoidal was or subdural hemorrhage at the acute trauma of skull, at the break of foundation of skull, development of thrombosis of cavernous sine. It should be noted that at the comatose state, when visible vital (pulse, breathing, palpitation) sparks disappear, it is necessary to pay a regard to the state pupils which broaden at biological death. If pupils remain restricted, it is necessary to conduct reanimation measures.

It is necessary at verification *of cornea reflex:* holding fingers an eyelid to touch the tag of wadding tampon to the cornea; motion of eyelids and his intensity testifies to the positive test.

The reaction of pupil is on light determined as follows. Preliminary by sight determine a size pupils, close both eyes hands on a few seconds and, opening them by turns, determine the change of size of pupils.

Falling back of eyes (*enophtalmus*) is typical for mixedema, also one of the faceal touches of peritoneal face.

Thrusting out of eyes (*exophtalmus*) is a symptom, characteristic for hyperfunction of thyroid, it is necessary to check up the so-called eye symptoms.

Symptom of Grephe – it is recommended a patient to look after motion of index finger from top to bottom. At the turn of eyeball downward between the edge of age and cornea there is a bar of sclera.

Symptom of Kokher – motion a finger is conducted in retrograde. An overhead eyelid moves quick than eyeball and opens part of sclera higher than cornea.

Symptom of Mebius (insufficiency of convergence) – a patient looks after a finger-

point, what doctor tricks into to his nose. As a result of weakness of internal muscles during fixing of sight near-by eyes one of them departs on a side.

Symptom of Shteljvag – patients rarely blink (in a norm 5-10 times for a minute) as a result retraction of overhead age.

The one-sided falling back of eye at the simultaneous narrowing of an eye crack, prolapsus of an eye age and narrowing of pupil is *a symptom Claude Bernar-Gorner*; to the indicated phenomena quite often the increase of temperature and sudation joins yet on a sick side. This symptom is related to paresis or paralysis of neck or pectoral part of likable nerve and specifies on the compression of mediastinum his tumour, by a metastasis in mediastinum or aneurysm of aorta. The exposure of Gorner triad after vagal-sympathetic novocaine blockade testifies to its correct implementation. If it is succeeded to set at examination of face, that a patient is unable to close eyelids, or it can to do partly, we look after "hare's eye" (*lagophtalmus*) which in combination with the prolapsus of corner of mouth and smoothing of nasolabial fold is the result of peripheral paralysis of facial nerve.

NOSE

Examination

Pay a regard to sizes, form, state of skin. Increase of sizes and sickly slight swelling, hyperemia of skin arise up at the furuncle of nose. At a trauma a nose is slightly swollen and cyanotic. Disproportionate large, fleshy characteristic for patients acromegalia. The «cone-shaped nose» of crimson-red color is characteristic for alcoholics. At sclerodermy patients a nose is narrow with the thinned skin, not going to the fold. Rhinoscleroma, tuberculosis, recurrent perichondritis result in deformation of the back of nose as a result of wrinkling of cartilaginous part. Falling back of the back of nose (saddle nose) arises up after the carried traumas, syphilis, leprosy.

A labouring nasal breath can be caused many reasons: vasomotor rhinitis, polypoid sinusitis, adenoids, haematoma or abscess, foreign body, tumour. At heavy difficulty in breathing quite often there is the increased motion of wings of nose during breathing.

EARS

Examination

Pay a regard to position, sizes, form of ears, state of skin. The inflammatory processes of cartilages (perichondritis) result in the slight swelling and increase of sizes of ears. One-sided perichondritis more frequent than infectious origin, the bilateral is observed at the inflammatory defeat of cartilaginous fabric (recurrent polychondritis).

Deformation of ears is observed at the scar wrinkling of cartilages as a result of carried perichondritis, tuberculosis, and also at the innate anomaly of development of connective tissue (*Marphan syndrome*) and chromosomal anomalies (*Shereshevsky-Terner syndrome*). The rejection of ear ahead arises up at inflammation of mammiform outgrowth (mastoiditis) at patients by a purulent otitis and can be accompanied the slight swelling and hyperemia of skin. At patients with inflammation of parotid salivary glands (parotitis) at the front single or

bilateral slight swelling appears from an auricle.

Examination of outward acoustic ducts allows to find out the changes of skin and presence of excretions. Serous or purulent excretions are observed at patients with inflammation of middle ear (mesotympanitis); with blood excretions from ears which appeared after a trauma are the display of break of foundation of skull, or investigation of barotrauma.

MOUTH AND CAVITY OF MOUTH

Examination

Consistently we examine lips, teeth, gums, language, mucous membrane of cheeks, hard and soft palate, front handles of almond and back wall of gullet.

In a norm lips have a regular shape, moderate thickness, integrity of red border is not broken, it rose-red color, clean. A mouth crack is symmetric. Nasolabial folds are identically expressed on either side. On occasion a mouth is opened or half-open at a labouring nasal breath, heavy stomatitis, heavy difficulty in breathing. Opening of mouth in a norm possibly on the width of 2-3 transversal inserted fingers.

The bulge of lips is characteristic for patients acromegalia and mixedema. The sudden origin of bulge of lips is caused an allergic or angioneurotic edema. A pallor of lips is the display of anaemia, and cyanosis – by breathing pathology.

The state of teeth is estimated by examination by a spatula, consistently drawing aside cheeks or lips outside.

Use a dental formula:

87654321 12345678
87654321 12345678

The staggered teeth in a formula are outlined a group. The mucous membrane of cheeks looks around at the same time. At patients with a heavy sepsis in a postoperative period on the mucous membrane of mouth it is possible to find appearance of fungus of "dairymaid" as plenty of the white superficially located raid, which reminds grains of the "condensed" milk.

The small size of teeth, their transversal striation, anomaly of two overhead chisels, is sometimes determined, on the free edge of which semilunar pits, narrowed in overhead part and considerably remote from each other, appear. Combination of these signs with parenchymatous corneitis and changes of middle ear (loss of hearing) is *a Getchinson's triad* – it is talked about innate syphilis.

Plural and rapid destruction of teeth from a caries arises up at saccharine diabetes.

A language in the changes and properties gives the row of the valuable pointing at many diseases. Characteristic advancement of language – slow, with shaking at heavy infections, septic states. Very energetic for neurasthenics, accustomed to examine him. Advancement of language with a rejection in sides observed at the paralyses of sublingual nerve. The characteristic is consider the type of language at some diseases:

1. Clean, moist and red – at a gastric ulcer.
2. Thickly enough assessed near a root and in a center, but red on edges and on an end –

at typhoid.
3. Bright red, velvet – at a scarlatina (raspberry language).
4. Dry with an umber raid, choppy, difficultly moving – at heavy infections and intoxications.
5. Pale, smooth, shine, as though polished, with nodes, by ulcers on edges – at malignant anaemia (Gyunter's glossitis).

Smell of mouth (*foetor ex ore*):
1. Putrid (fetid), the gangrene of lights, diverticulum of gullet, can cause except for local reasons (carious teeth, alveolar pyorrhea, purulent corks in almonds).
2. Sweetish, reminding the smell of chloroform, apples the smell of acetone is observed mainly at a hyperglycemic coma.
3. Urinary (ammoniac) – at uremia.

Changes of voice.

A loss specifies him (aphonia) on the paralysis of vocal cords as a result of paralysis of recurrent nerve of larynx (compression his aneurysm, by a tumour). Weakening of voice often is the sign of general weakness at heavy septic diseases. Roughening of voice specifies on the defeats of larynx.

METHOD OF INSPECTION OF NECK

Anatomic-topographical information

A neck is divided into front (*regio colli anterior*) and back (*regio colli posterior*) departments, the border of which is a line which connects the mammiform outgrowths of shoulder-blades. A back department is the back (*cervix* or *regio nuchae*) of head, placed between *linea nuchae superior* and horizontal line which passes through the awned outgrowth of the VII neck vertebra. Front surface of neck both on the right and on the left of middle line by a sternocleidomastoid muscle divided into two large triangles: internal – with foundation in area of lower jaw and external – with foundation in area of collar-bone. In an internal triangle find out a submaxillary area, limited the edge of lower jaw and two legs of digastric muscle, and carotid triangle – between the back belly of digastric muscle, sternocleidomastoid muscle and proximal part of omohyoid muscle. The middle surface of neck is divided into the followings areas: *reg. submentalis, hyoidea, laringea, trachealis.*

Examination

A neck is examined from every quarter at direct and lateral illumination. Pay a regard to its form, contours, presence of changes on a skin, edema, bulge of veins, visible pulsation of arteries, and also position of larynx and trachea. At examination of front surface of neck a sternocleidomastoid muscle is determined as a roller which begins behind a lower jaw and goes obliquely, medially downward and fixed to the collar-bone and sternoclavicular joining. A middle of medial edge of sternocleidomastoid muscle is the place of finding of pulsation of

carotid. Sharply a visible pulsation of carotids ("dance them") is the characteristic sign of insufficiency of aortic valves.

Examination allows to find out the sharp even increase of sizes of neck at the sudden compression of thorax and increase of intrathoracic pressure (traumatic asphyxia), at the compression of средостения tumours with violation of blood and lymphatic supply (loop neck) is an uneven increase in a submaxillary area and lateral departments of neck as a result of pathological process of lymphatic knots (tubercular lymphadenitis, lymphogranulomatosis, leukemia, lymphosarcoma). In area of front and lateral surface of neck at examination can be found out fistulas of various origin as a result of tubercular lymphadenitis, purulent osteomyelitis of vertebrae, actinomycosis, foreign bodies and innate. It is necessary to define character of granulation tissue round fistula (flat, hypergranulations, pale, bright red), also amount and quality of excretions. Thick leave to rot with an unpleasant smell meets at a purulent infection, liquid watery odourless with the elements of cheesy disintegration – at tuberculosis, leave to rot with the presence of yellow or whitish-grey corns – at actinomycosis. Mucous excretions are characteristic for innate fistulas which appear as a result of wrong reverse development of embryonic motions of neck. Lateral fistulas, located near the cutting edge of sternocleidomastoid muscle, product the two-bit of mucous secret, at suppuration excretions acquire mucous-purulent character. Hyperemia and edema of skin develops round opening of fistula. Middle fistulas take beginning from blind formation of root of language, the outward opening of fistula is subjacent a bit sublingual bone, sometimes ahead of it.

The increase of front surface of neck testifies below than thyroid cartilage, as a rule, about pathology of thyroid. Goitre, tumours, inflammatory processes result in expansion of its scopes, an isthmus can spread for a breastbone and higher thyroid cartilage.

METHOD OF INSPECTION OF MAMMARY GLAND

Anatomical-topographical information

A mammary gland is located between III and VII ribs on length and by a front armpit and by parasternal lines on a width. A gland is limited fatty tissue, framework of it are fibrous bridges. A mammary gland lies a back surface on fascia of large pectoral muscle.

The conclusion channels of gland are opened on a nipple which is surrounded a pigmental area (areola). Lymphatic drainage is carried out mainly to, subscapular, subclavicular, supraclavicular and retrosternal lymph-nodes of arm-pits.

Blood supply takes a place in the pool of internal artery of mammary gland (*a. mammaria interna*) the perforate branches of which go to the gland through II-IV intercostal spaces.

Examination

De bene esse mammary gland divided vertical and horizontal lines which pass through a nipple into four sectors (quadrant): upper-external, upper-internal, lower-external, lower-internal.

Examination is begun, comparing both mammary s glands, establish their form, size,

symmetry, presence of deformations, retraction nipple, change of colouring of skin, origin of fistula.

The presence of hyperemia and slight swelling testifies to the inflammatory process in a gland (venerable). Typical retraction as a "lemon crust" on a skin, diminishing of elasticity last inherently to the malignant processes.

It is necessarily necessary to ask a patient to heave up a hand, here more relief posterized image tumours and armpit pit can with increased lymph-nodes. Must not go by attention of doctor form of nipple and his contours. Retraction of nipple and deformation of periareolar area is inherent malignant new formation, opposite is thrusting out more characteristically for the purulent-inflammatory defeats of mammary gland.

METHOD OF INSPECTION OF THORAX

Topographical-anatomic information

A thorax is formed a breastbone, by the pectoral department of spine and 12th the pair of ribs and costal cartilages, has two openings – upper and lower.

The lower opening is limited the lower edge of the XII pectoral vertebra, lower edge of the XII rib, end of the XI rib, costal arc and ensiform outgrowth. On a shoulder-blade line ribs are formed by costal corners.

On a thorax select such areas which have characteristic features of structure:

1. Shoulder is supraclavicular pits, suprascapular areas, edge of cowl muscle.
2. A front surface is a breastbone (right and left edge, handle, jugular undercut, corner of Lui, body, ensiform outgrowth), collar-bones, sternoclavicular connections, infraclavicular pits, mammary glands, teats, ribs, intercostal spaces, pectoral muscles.
3. Lateral surfaces are pits of arm-pits, ribs, intercostal spaces.
4. A back surface is shoulder-blades (comb, lower corner, medial and lateral edge), ribs, intercostal spaces, interscapular space, awned outgrowths of vertebrae.

On a thorax select 10 topographical lines which are utillized as guiding lines.

On a front surface:

1. Front middle (odd) – passes on the middle of breastbone.
2. Sternal (pair) – on the left and right edges of breastbone.
3. Parasternal (pair) – between a breastbone and middle-clavicular lines.
4. Middle-clavicular (pair), for men – nipple, passes through the middle of collar-bone.

On lateral surfaces:

5. Front armpit (pair) – on the cutting edge of axilla.
6. Middle armpit (pair) – through the highest point of axilla.
7. Back armpit (pair) – on the back edge of axilla.

On a back surface:

8. Shoulder-blade (pair) – through the lower corner of shoulder-blade at the dropped

hands.

9. Back middle (odd) – on the awned outgrowths of vertebrae.
10. Paravertebral (pair) – on a middle between back middle and shoulder-blade lines.

The general inspection of thorax is conducted in a certain sequence.

Features of complaints and anamnesis

To the basic complaints, to characteristic for the diseases of breathing organs, the shortness of breath, cough, hemoptysis, pain in a thorax, belong.

Shortness of breath – characterized violation of frequency, rhythm and breathing depth, strengthening of work of respiratory muscles.

A shortness of breath can be subjective, at which feeling of labouring breath takes a place without the change of his frequency, depth; objective is a change of frequency, depth and breathing rhythm; mixed – at presence of signs of subjective and objective shortness of breath.

Distinguish the shortness of breath physiological – at the physical loading, excitation and pathological – at the diseases of the respiratory, cardiovascular and hemapoietic systems.

A cough is a protective reaction on an accumulation in the overhead respiratory tracts of foreign bodies, mucuses. Has the features at different diseases. It is needed to find out character, duration, time of appearance. A cough is dry, moist, permanent and periodic, loud "barking" and quiet, short or coughing.

Hemoptysis is observed at the diseases of overhead respiratory tracts, lights, cardiovascular system. During a cough blood is selected with a sputum. Blood at hemoptysis can be unchanged and changed.

Pain arises up as a result of pathological process in a thorax or in the organs of pectoral cavity, and also irradiate can from other areas. It is needed to distinguish pain on its origin, localization, character, intensity, duration, and also to take into account connection with breathing, cough, motions.

Examination

At examination by sight a form and symmetry of thorax is determined. Pay a regard to the isolated or poured out thrusting out or falling back, breathing frequency, rhythm, depth and evenness of participation of both halves of thorax.

A thorax is examined at direct and lateral illumination and in a certain sequence is an area of collar-bones, breastbone, sternal-clavicular joinings, supra- and subclavicular cavities, Morenhaim's pit (between delta-shaped and large breast muscles) compare ahead and behind both halves of thorax, intercostal spaces (width, degree of implementation), form of epigastric corner (sharp, dull – in degrees).

For men more frequent, than women have more obtuse epigastric angle and more flat corner of Lui. At measuring of circumference of thorax it is expedient to compare on either side distance from the middle of breastbone to the awned outgrowths.

There is a thorax of regular, symmetric shape in a norm. The changes of form can be predefined pathology of organs of thorax or wrong forming of skeleton in the process of development.

Innate anomalies of development of thorax: as falling back of lower part of breastbone in form crater ("breast of bootmaker") or "infundibular" thorax; there can be the longitudinal deepening of breastbone ("shuttle thorax"). At a rachitis a thorax as though is compressed on either side, a breastbone comes forward ahead as a "keel" ("chicken breast").

Breathing frequency is determined by the visual looking after the respiratory excursions of thorax. It is necessary to set, whether does not fall behind in the act of breathing one of its halves or some area.

Lag of pectoral wall is in the act of breathing, often with thrusting out of intercostal spaces, as a rule, takes a place at a exudative pleurisy.

Limitation of motions of half of thorax in combination with falling back of intercostal spaces and prolapsus of humeral belt, observed lag of shoulder-blade at diminishing of volume of pleura cavity after pulmonectomy.

A thorax falls behind in breathing at the breaks of ribs, when breathing is superficial, irregular from strengthening of pain at deep inhalation.

At violation of ability to travel the cross-country of overhead respiratory tracts (larynx, trachea, bronchial tubes) auxiliary muscles take part in breathing. Breathing becomes increased, tense with whistling noises, inhalation – prolonged.

Appearance for the men of pectoral type of breathing, characteristic for women, it can be caused sharp pathology of organs of abdominal region.

Instrumental, laboratory and vehicle methods of inspection

Roentgenologic inspection

For clarification of diagnosis roentgenoscopy is used, sciagraphy in different projections with the receipt of aiming pictures, tomography, computed tomography, bronchography.

Bronchography

It is contrasting research which is necessary at the diseases of bronchial tree, namely: tumours, suppurative diseases of lungs.

Ultrasonic research (ULTRASONIC)

Enables to define the presence of liquid in pleura cavities, compression and cavities in pulmonary tissue, functionally morphological changes of heart and large vessels of mediastinum.

Presently widely apply endoscopic methods, such as thoraco- and bronchoscopy.

Reference basis of actions

METHOD OF ACQUISITION OF ANAMNESIS FOR SURGICAL PATIENT

Questioning. A doctor in a certain sequence conducts questioning, aiming to find out one or another side of disease. Correct formulation of questions has a large value. From the information

got at questioning must be taken into account only those which can help to find out reasons and essence of disease.

An inspection is begun with finding out ***of complaints*** of patient. It is necessary to describe each of them. So, at presence of pains it is necessary to find out their exact localization, irradiation, time of appearance, firmness, intensity and character, repetition and periodicity of origin, connection of the pain feelings with physical tension, trauma, physiological sending, combination be ill with besot, by the loss of consciousness, fluctuations in the temperature of body from the moment of origin of disease and appearance be ill.

At complaints about vomiting specify character of vomitive the masses, frequency of origin of vomiting, connection with other complaints, whether a facilitation comes after vomiting.

At finding out ***of history of development of disease (anamnesis morbi)*** it is needed to set time of appearance of the first signs of illness and their development to the present tense, to specify, what treatment (surgical, sanatorium, ambulatory) was conducted and his results are which. It is necessary to study present at patient medical documents: certificate, extract from history of illness, analyses, information of roentgenologic research and to fix them in a hospital chart.

History of patient's life (anamnesis vitae) includes short biographic information with pointing of character of growth and development of patient, terms of way of life and labour, feed. Find out the carried diseases, information about heredity, for women collect gynaecological anamnesis. It is necessary to find out allergist anamnesis: as a patient carried in the past treatment antibacterial preparations (above all things by antibiotics), whether blood and blood substitutes transfusion was conducted before, a reaction on them of patient is which was. It is necessary to find out the presence of harmful habits, professional health hazard.

Further pass to the objective inspection of patient with the use of general clinical methods: examination, thermometry, palpation, percussion, auscultation.

METHOD OF INSPECTION OF HEAD AND FACE

Head

Palpation

Of high quality tumours discover by palpation of soft fabrics of skull, determine their closeness, consistency, mobility, fixing to the skin and aponeurosis. At the protracted flow they can cause impression or oval defect of skulls bone.

At the damage of bones of skull by palpation determine the type of break (linear, pressed).

Percussion

Percussion of skull is conducted a half-bent index finger, pattering on a vault. At by volume intracranial educations which are close from bones (tumour, haematoma, abscess) get clear тимпанит. Percussion of temporal bone causes pain at inflammation of middle ear.

Face

Palpation

By palpation set the limit of pathological process relatively osseous-episematic

elements. Such identification element in area of head is a cervical hillock (*prominentia occipitalis externa*) from which *linea nuche superior* goes to the mammiform outgrowth. The overhead and lower edge of jaw arc, its joint, edges of an eye orbit, nasal bones, palpate before ears. A sickliness which arises up at pressure the index finger of place of output of overhead branch of triple nerve in the area of superciliary arc specifies on inflammation of frontal sine (frontitis).

For determination of the state of lower jaw at its trauma last engulf two hands for teeth and lower edge in the projection of chisels and molars. Careful compression in an opposite side to appearance of the first displays enables pathological mobile to find out the sign of break.

Nose

Nasal motions examine a next method – a doctor declines one hand back and fixes the head of patient, and insignificantly lifts the tag of nose the large finger of the second hand upwards.

A presence in nasal motions of mucous-purulent excretions specifies on inflammation of mucous membranes or additional bosoms. Bloody-purulent excretions from a nose are observed at pathological processes which result in necrosis and formation of ulcers of mucous membrane (diphtheria, tuberculosis, cancer, leprosy). Thus quite often excretions have an unpleasant smell. A fetid cold is characteristic for the special form of atrophy rhinitis – ozena. Nose-bleeds arise up at the trauma of nose, vascular tumour (hemangioma) of nasal motions, haemorrhagic diathesis, hypertension strokes, rapid decompression for pilots and divers, and also at promoted tenderness of mucous membrane. In most cases the source of nose-bleed is vascular interlacement in the front department of nasal partition (area of Kissel'bakh). Expiration from the nose of transparent cerebrospinal liquid (nasal liquorrhea) is observed at the trauma of skull.

Ears

Palpation

Parotid salivary glands in a norm are unnoticeable, not palpate. At patients tumular sickly new formation palpate with the inflammatory defeat of parotid glands, to softly-doughy or densely-elastic consistency. Insignificantly the sickly slight swelling and sickliness ahead from an ear arise up at arthritis of temporomandibular joint.

Mouth and cavity of mouth

Examination

The state of internal surface of lips is determined such method. Outsides of lower lip take the first and second finger of both hands and turn away downward, it is possible to do it by 2th spatulas. It is necessary to pay a regard to at examination, defects of cover (cracks, ulcers), junction compressions color mucous membrane. At the exposure of compression, suspicious on the cancer of lip, to define the low bound of tumour. Atrophy processes on

gums are accompanied baring of dental roots and deposit on them of stone. The selection of purulent content from under the free edge of gums testifies to development of alveolar suppuration.

The state of teeth is estimated by a review by a spatula, consistently drawing off cheeks or lips outside.

In subsequent a doctor offers to the patient to open a mouth, maximally to put out a tongue, touch a language to the right and левой cheek. It allows to define possibility of the complete opening of mouth, position and volume of motions of language, his sizes, form, character of dorsal surface and state of taste papillae. A patient holds a language near sky, and a doctor by a spatula examines the corners of mouth, front and back the surface of teeth, gums, lower surface of language, his bridle. A patient drops a language and doctor lays a spatula on his middle part, examines sky, front handles of almonds and back wall of gullet.

METHOD OF INSPECTION OF NECK

Examination

At presence of tumour on the front surface of neck in relation to the place of location of thyroid check up *the symptom of mouthful of water*. In the moment of swallowing of liquid a patient there is a tumour, related to the thyroid moves together with a larynx at first up, and then downward.

Palpation

At palpation it is necessary to define scopes of the slight swelling, consistency (soft, dense, knotted), location of trachea in relation to a middle line, displacement of education in vertical and horizontal directions. The overhead poles of gland palpate well, and lower can go behind a breastbone and they need palpate during swallowing. Palpation of thyroid is conducted a next method. At first a doctor becomes before fixes a neck a patient and left arm, and the palm of right arm lays along, by fingers upwards, on the forehand of neck. Palpated a thyroid cartilage, asks a patient it is insignificant to heave up a head up. After it slides fingers downward on a surface thyroid and farther on the handle of cricoid. Directly under him there is the horizontally located roller of isthmus of thyroid. Palpated an isthmus, determine his width, consistency, mobile at swallowing. After it between the internal edge of sternocleidomastoid muscle and trachea lateral stakes palpate directly above the overhead edge of isthmus.

It is necessary to complement the described method of palpation of thyroid such reception: a patient sits on a chair, a doctor becomes behind patient and engulfs a neck two hands so that large fingers were behind, and other lay on a front surface. After it the middle fingers of both hands are find a thyroid cartilage, isthmus of thyroid. Tissues which are above a trachea palpate. Displace fingers on the sides of trachea to the internal edges of sternocleidomastoid muscles. Palpated such method it is necessary, that a patient some inclined a head for weakening of sternocleidomastoid muscles. To define mobility of thyroid ask a patient to do a mouthful.

In the norm of stake of thyroid not palpated, and an isthmus is determined as a

transversal lying roller, smooth, painless, homogeneous consistency.

The sizes of thyroid are divided on the V degrees:

0 - a thyroid not palpate;

I - a thyroid on an eye is not noticeable, an isthmus palpate, sometimes lateral stakes;

II - a gland palpate easily, but the contours of neck are displaced insignificantly, a gland is noticeable on an eye at swallowing;

III - the increase of thyroid is noticeable not only at swallowing, the contours of neck are changed also;

IV - it is the expressed goitre, configuration of neck is sharply changed;

V - it is a goitre of largenesses.

Increase of thyroid I-II degrees it is necessary to consider hyperplasia, III-IV-V degrees of increase of thyroid are the expressed goitre.

In grain the increases of thyroid distinguish:

a) diffuse form at which a thyroid is increased evenly;

b) key goitre, when one or a few knots are felt in fabric of thyroid;

c) mixed form which nodes and areas of evenly increased tissue of thyroid palpate at.

METHOD OF INSPECTION OF MAMMARY GLAND

Palpation

Execute both in vertical and in horizontal position of patient. Tissue of mammary gland cuddles palm's surfaces of fingers to the pectoral wall or palpate between two hands. Thus it is better succeeded to define the presence of compressions and nodes. At the same time determine a skin temperature, elasticity, consistency and character of surface of mammary gland. At presence of pathological educations their sizes, mobility of concrescence, are determined with surrounding tissues, sickliness. The rounded form, dense consistency, mobility and painlessness, is inherent fibroadenoma. Uneven surface, densely-elastic consistency without clear scopes, mobile, insignificant sickliness, absence of concrescence with a skin – for the key form of mastopathy of mammary gland; uneven surface, dense consistency, union with surrounding tissues, retraction mamilla or skins – for a malignant tumour.

To define the germination of tumour in subject fabric it is possible, taking a tumour two fingers, displacing it in vertical and horizontal directions at the dropped and lifted extremity.

The careful inspection of regional lymphatic knots has a large value with their clear description. Deciding for diagnostics and accordingly for tactic of treatment there is morphological verification of diagnosis. To that end before the beginning of treatment conduct a needle biopsy for cytological research or sector resection of mammary gland with urgent histological research of remote in the moment of operation tumour.

Computed tomography, ultrasonic research, mammography enable to take diagnostic errors to the minimum.

METHOD OF INSPECTION OF THORAX

Palpation

Ribs, intercostal spaces, pectoral muscles, degree of resistance of thorax, phenomenon of the vocal shaking, determine at palpation.

A patient is inspected upright or sitting. In a norm a thorax is resilient, pliable, especially in lateral departments. Resistance of thorax is determined on resistance at its compression in various directions.

The increase of rigidity of thorax is looked after at pleura effusion, large tumours of lungs, emphysema, ossification of costal cartilages in declining years.

Determination of retrosternal pulsation. At the inclined head of patient in jugular pit put a finger. The pulsation of aorta which testifies to its expansion can be felt.

Palpation of collar-bones. A collar-bone is taken large and indicatory fingers and palpate on all of length. At suspicion on the break of collar-bone palpation is conducted with a large carefulness from a acute sickliness and possibility of damage of infraclavicular vessels bone wreckages. It is possible to find out typical displacement of internal fragment upwards and downward, and external – downward and anteriad.

Palpation of supraclavicular pit. Conduct comparative determination of lymphatic nodes on either side. It matters at new formations mammary gland, lungs.

It is sometimes possible to find out flat bone education which depends on the presence of additional neck rib. A sickliness at pressure on the internal department of supraclavicular pit (placing of humeral interlacement) can testify to plexitis.

Palpation of ribs and intercostal space

There is a thorax of painless at palpation, the surface of uncrippled ribs is smooth. It should be remembered that palpate is needed every rib from a breastbone to the spine. Pay attention and into place of connection of ribs and cartilages (rachitic ledges), bone bulges, noncommunicative sickliness. Tender crepitation is determined, as a result of hypodermic emphysema at the break of rib with the damage of pleura and lungs. More rough crepitation at respiratory motions testifies to the break of ribs (bone crepitation). It is better to conduct determination of bone crepitation after the novocaine blockade of site of fracture. To set, what rib is damaged, a count is conducted from above, at the front, beginning from a collar-bone. A count can be conducted and behind, from below, since the XII rib. The isolated slight swelling and sickliness of intercostal space can testify to the presence of inflammatory process (purulent hearth) in a pleura cavity.

Determination of the vocal shaking

The vocal shaking arises up at a talk and palpation is felt vibrations of thorax, transmissible from vibrating vocal cords. A patient repeats words which have a letter of "P" deep voice, for example "thirty three". Determination is conducted by the dense put hands symmetric on either side of thorax. Strengthening of the vocal shaking takes a place at the infiltrative processes of pulmonary tissue (pneumonia, above cavities). Weakening of the vocal shaking or his absence look after at presence of liquid in the cavity of pleura, tumours of

pleura, obturation of road clearance of bronchial tube.

Percussion

Percussion of thorax enables to define scopes of lungs and heart.

Comparative percussion is conducted consistently on front, lateral and back surfaces of thorax symmetric on either side on topographical lines, and also topographical is successive determination of scopes, mobility of lower edges, height of standing of apexes of lungs.

For determination of scopes of absolute dullness of heart inflict weak shots, for the exposure of relative dullness are prepotent shots.

By percussion of lower departments of thorax on inhalation and exhalation is determine mobility of pulmonary edges. Distinguish a clear pulmonary sound at normal pulmonary tissue; small box – at emphysema; high tympanitis – at pneumothorax; dulled or dull sound – at the compression of pulmonary tissue, presence of liquid in pleura cavities, at tumours. The presence of liquid and air in a pleura cavity gives the border of dulling as a horizontal level. At presence of only liquids without air a border of dulling will be on the Damuazo's line, to the slanting line with the highest point – on a back armpit line.

Auscultation

Cardiac tones determine hearkening to the heart, which are increased or weakened, I and II cardiac tones hearkened to on the apex of heart, aorta, pulmonary artery. Can be hearkened to intracardiac noises (systole, diastole) and noise of friction of pericardium.

Auscultation of lungs is conducted in symmetric points ahead and behind, from top to bottom. In a norm hearken to basic respiratory noises (vesicular breathing). At pathological processes are additional or extraneous respiratory noises.

The vesicular breathing arises up as a result of oscillation of walls of teethridges. Can change toward strengthening or weakening. These changes are physiological and pathological.

The physiological strengthening of the vesicular breathing is looked after for children, and weakening – at the bulge of pectoral wall.

The pathological weakening of the vesicular breathing is at inflammations, and the pathological strengthening of the vesicular breathing is conditioned the changes of phases of respiratory noise at exhalation and inhalation.

The bronchial breathing is respiratory noises which arise up in a larynx and trachea. The normal bronchial breathing is well listened above a larynx, trachea, tracheas bifurcation.

The pathological bronchial breathing is listened at the compression of pulmonary tissue and filling of teethridges inflammatory exudation.

Extraneous respiratory noises are wheezes, arise up at development of pathological process in a trachea, bronchial tubes, in lungs parenchyma.

Dry wheezes – the basic condition of their origin is the total or hearth narrowing of road clearance of bronchial tubes.

Moist wheezes arise up as a result of accumulation in the road clearance of bronchial

tubes of liquid secret.

Crepitation is a crack, arising up, unlike wheezes, in teethridges.

Noise of friction of pleura – listen at the pathological states which result in the changes of properties of sheets of pleura, as a result there is additional noise – "noise of friction of pleura at their motion".

Special receptions and methods of inspection of thorax

Pressure on all of length of rib. A doctor presses the second, third and fourth fingers during a rib at some distance from the place of trauma or from the slight swelling (osteomyelitis). At presence of break of rib or inflammatory changes a sickliness is marked.

Compression of thorax. In front-back direction between a breastbone and spine squeeze a thorax hands to appearance of the pain feelings. This reception is used for suspicion on the break of ribs. Curvature changes at a compression I-VIII ribs, a sickliness increases in the site of fracture.

Measuring of circumference of thorax. Conducted a centimetre ribbon ahead at the level of the IV costal cartilage, behind – on the lower corners of shoulder-blades.

Such tests and inspections apply at presence of *tracheobronchial fistulas:*

1. At tension with the closed mouth air goes out from fistula.
2. At smoking smoke goes out from fistula.
3. At presentation to fistula of the set on a fire match look after the rejection of flame.
4. A clear picture at bronchial fistula is given by fistulography.

Functional tests on determination of functional ability of heart

Shtanghe test. After deep inhalation a patient detains breathing. The function of heart is considered good, if breathing is detained on 40 seconds and anymore. Satisfactory – on 30 seconds. Unsatisfactory – on 20 seconds and less than.

Soabraze test. After deep exhalation, if a patient can detain breathing on 30 seconds – the function of heart is considered good, on 20 – satisfactory, on 10 and less than – unsatisfactory.

Puncture of pleura cavity

Execute after preliminary executed roentgenoscopy or -graphy. A puncture is done a few below top level to absolute dullness. At presence of liquid in a pleura cavity puncture is conducted on a back armpit line in VIII intercostal space in position of patient sitting, at presence of air – on a mediaclavicular line in II intercostal space in position of patient lying.

It is necessary to conduct puncture under the local anaesthetizing. A puncture is executed on an overhead edge by ribs, not to injure an intercostal vascular-nervous bunch. At passing of needle constantly draw off the piston of syringe on itself. Getting a liquid, it is needed attentively to study its color, character, smell, presence of clots. Punctate probe cyto- and bacteriologically. It is important to decide a question about joining of infection.

Test of Rivelua-Greguar. For control of hemostasis in a pleura cavity at hemothorax. In a test tube collect 3-4 ml of pleura liquid and wait 2-3 minutes. Formation of blood clots in a test tube will testify to the proceeding bleeding.

METHOD OF INSPECTION OF PERIPHERAL LYMPHATIC NODES

The inspection of peripheral lymphatic nodes is executed in symmetric areas in a certain sequence: chin, submaxillary, parotid, back of head, retrocervical, procervical, supraclavicular, arm-pits, elbow, inguinal, popliteal.

Fingers or brush lay palm's surface on the skin of the inspected area and with insignificant pressure palpate lymphatic nodes longitudinal motions. Determine a closeness, sizes, form, consistency, mobility of lymphatic nodes, presence of sickliness, unions between itself and surrounding tissues. By sight establish the presence of changes of skin above knots: hyperemia, ulcers, whistle.

At palpation of chin and submaxillary lymphatic nodes of patient ask a few to incline a head ahead and fix her left arm. The slightly arcuated fingers of right arm palpate the indicated area, trying to show out lymphatic nodes on the edge of lower jaw. Then behind auricles palpate parotid lymphatic nodes, moving hands retrad – the back of head. Retrocervical palpate lymphatic nodes in spaces, located between the back edges of sternocleidomastoid muscle and external edges of long muscles of neck. Procervical – along the internal edges of sternocleidomastoid muscles. Thus fingers dispose athwart to the neck.

Supraclavicular lymph-nodes palpate in the proper area.

Subclavicular lymph-nodes of palpate it is impossible, as they are located under large and small pectoral muscles.

Lymph-nodes of arm-pits (axyllary) palpate thus: ask a patient to lift hands horizontally in sides, examine an axyllary area, then a doctor lays a palm on lateral surfaces of pectoral wall, and conducts fingers to the bottom of deepenings of arm-pits. Then a patient slowly drops hands, and a doctor probes the noted area sliding motions.

Small, to 0,5-0,8 sm in a diameter, lymph-nodes can palpate in submaxillary, arm-pits and inguinal areas. As a rule, they are elastic, mobile, painless.

More considerable increase of lymph-nodes, and also their determination, is in other areas, in most cases is a pathological sign.

the scheme of a case history

MINISTRY OF HEATH OF UKRAINE
UKRAINIAN MEDICAL STOMATOLOGICAL ACADEMY
Department general surgery with care of the patient

Managing faculty: _____
The teacher: _____

MEDICAL CARD _____

The IN PATIENT

The student _____ a course _____ groups
Estimation for a writing of a case history ____
Estimation for protection of a case history _____
The signature of the teacher _____

The blood on PB is taken _____ Date and time of entering _____ the Pediculosis _____
Blood on TWISTED Date and time of an extract _____ the Scabies _____ is taken _____
Group of a blood _____ It is lead bed-days _____ the Virus hepatitis ____
Rhesus-accessory _____
With an internal hospital regimen it is acquainted (on) _____
Kinds of transportation (on a trolley, an armchair, can go)

MEDICAL CARD _____ the IN PATIENT

1. A surname, a name, a patronymic _____

2. Age (full years, for children till 1 year - months, till 1 month - days) _____ 3. A floor _____

4. A constant residence: city, village (to emphasize) _____ _____

5. A place of work, a trade or a post (for those who studies - a place of training, for invalids - group) _____ _____

6. Whom the referred patient _____

7. It is delivered in a hospital behind emergency indications: yes, is not present through _____ hours after the beginning of disease it is hospitalized in the scheduled order.

8. **The diagnosis at a direction** _____

9. **The diagnosis at entering** _____

10. **The diagnosis clinical** _____ _____ Date of an establishment

11. **The diagnosis final clinical**

The basic _____ _____

_____

complication of the core _____ _____

_____

accompanying _____ _____

12. It is hospitalized in current to year in occasion of the given disease: for the first time, repeatedly all _____ time.

13. Surgical operations, a method of anesthesia and postoperative complications:

№	The Name of operation	Date, hour	The Method of anesthesia	Complication	Operated
1					
2					
3					

14. Other kinds of treatment (for sick of malignant tumors - special treatment: surgical, radial, the chemotherapy, complex, palliative, symptomatic - to emphasize).

15. A side effect of medicines _____

16. A mark about delivery of the letter of disability:

№_____ with_____ on _____№_____ with _____on

№_____ with_____ on _____№_____ with _____on

17. A consequence of disease: written out with convalescence, with improvement, without changes, with the deterioration, written out on bails for the mental hospitals, translated in other establishment _____ _____

_____
_____

Has died in a reception, the died pregnant woman up to 28 week, after 28 week, the parturient woman.

18. For insorance: the working capacity is restored completely, lowered, temporarily lost, constantly lost in connection with the given disease, for other reasons.
19. For acting for examination - conclusions _____
20. Special marks: _____

_____

- Survey on a pediculosis _____
- Survey on a scabies _____
- Hemotransfusions _____
- Allergy _____

Oncologist examination

The Skin _____
The Labium _____
The Stomach _____
The Intestine _____
The Rectum _____
The Uterus _____
The Mammary gland _____

The signature managing unit _____
Date _____
The Signature of the doctor _____
Date and time of survey _____

Complaints (with detailed elaboration)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Interrogation on systems

Cardiovascular system:

Pain in the field of heart _____
_____
_____

Palpitation _____ Faults in the robot of heart _____

_____

Edemas _____

_____
Rising or dropping of arterial pressure
_____
_____
_____

System of respiration:

Respiration _____
Dyspnea_____
_____ Attacks of a dyspnea
_____
Tussis _____
_____
Stethalgia _____
Pneumorrhagia _____

System of digestion:

Appetite _____ Thirst
_____ the Heartburn
_____ the Eructation
_____
Nausea _____ the Vomiting _____e Swallowing
_____
Gas _____ the Pain at a defecation
_____
Constipations _____
the Bleeding from a rectum _____

Genitourinary system:

Pain in lumbar area _____
Uropoiesis _____ How many time for a day _____
Color wet _____
Total wet for a day _____
Swell a century _____ Edemas on the face _____

Nervous system:

Mood _____ Character _____
Working capacity _____ the Dream _____
Cramps, attacks _____

Sense organs:

Unpleasant sensations in opinion of _____
Dacryagogues _____ Depression of
hearing _____ the Pain in ears _____
Sense _____ Taste _____

Locomotorium:

Joint pain, bones, a backbone
_____
Movements in joints _____
Numbness___ _____ the Numbness of extremities _____
The compelled periodic stoppings during walking _____
Pain in muscles _____

Endocrine system:

Thirst _____ the Polyuria _____Augmentation of mass of a body _____

The anamnesis of disease

_____
_____
_____
_____
_____
_____
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_____
_____
_____
___

The anamnesis of a life

_____
_____
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_____
_____
_____

Virus hepatitis _____ the Tuberculosis _____
Veins. Diseases _____ the Malaria _____
Allergic reactions _____

Objective inspection

The general condition of the patient _____
Position in bed _____
Consciousness _____
Skin and mucosas _____
_____
Thickness of a dermal cord _____
Birthmarks and formations_____
Hypodermic fat _____
Peripheric lymphonoduses
Cervical _____ Occipital _____
Supraclavicular _____Axillary _____ Inguinal _____
Survey of area of a neck and palpation of a thyroid gland
_____
_____
Survey of a thorax _____
_____
Palpation of a thorax _____

_____
_____

Percussion of a thorax _____
_____

Height of standing of apexes of lungs _____
_____
_____

Width water Grening _____

Topographical percussion of lungs

Place of a percussion	The right lung	The left lung
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

At auscultation in lungs respiration _____
_____

Rhonchuses _____
Crepitation _____
Pleural rub _____
Palpation of area of heart _____
_____

Borders of heart (relative dullness)

Border	Localization
_____	_____
_____	_____
_____	_____

Auscultation of heart

Tones _____
_____

Pulse _____ beats in minutes, rhythmical _____
Filling _____ a strain _____
BP _____ mm of Hg.

The dental formula

_____

Fauces _____

Tongue _____
Survey of a belly _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
Palpation of a belly
__
_____
_____
_____
_____
_____
_____
_____
_____
_____
Peristalsis _____
Signs a boring of a peritoneum (what and where) _____
The liver _____ is palpated: indurations tuberous; edge: acute blunt, below a costal arch on _____ see
Morbid _____
Cholic bubble _____
Other changes in a liver _____
Lien _____
Kidneys _____ are palpated (on the right, at the left), mobile, enlarged, morbid
_____
_____
_____
Sign Pasternats (+-) on the right, at the left. _____
Mammary glands _____
_____
Peripheric vessels (a pulsation, auscultation)
_____
_____
_____
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_____

The local status _____
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Other additional data

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The preliminary diagnosis

The basic

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_____
_____
_____

Complications

_____
_____
_____
_____
_____

Accompanying

_____
_____
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_____
_____

Date _____ The Signature _____

Laboratory and tool inspections

The general analysis of a blood

Date	Hb	Er	The Central	L	E	Bs	J	П	C	Мм	Lf	SOYA

			Committee									

Group of a blood _____ Rh _____ Reaction Wasserman's____ _____
Blood sugar
_____
_____
Bilirubin:
The common _____ conjugated _____ non-conjugated
_____
NUCLEAR HEATING PLANT _____
Urea _____
Creatinine _____
Electrolytes _____
Protein_____
_____
Coagulogram _____

Alkaline phosphotase _____
Amylase urine_____
Urine sugar_____

The general analysis of urine

Date	Color	Transparency	Ph	specific gravity	Sugar	Protein	Epithelial	Erythrocytes	Leucocytes	Salts	

The analysis of a feces on eggs a worm
_____
_____
_____
_____
Other analyses
_____
_____
_____
_____
_____
_____

Roenthgenograhy, Roenthgenoscopy lungs

Electrocardiogram

Other inspections

Consultations of experts

Data of pathological data with an explanation of the diagnosis

The clinical diagnosis

The basic

Complications

Accompanying

Choice of a method of treatment

_____
_____
_____
_____
_____
_____
_____
_____
_____

The Signature _____

PRE OPERATIV PLAN

Surname, name, patronymic

_____

The age _____ Has acted on scheduled / emergency operative treatment in occasion of

_____
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Contraindications to operation - are absent / relative

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The plan of operation

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Method of anesthesia

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Preoperative preparation

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_____

Group of a blood _____ the Rh-factor _____
Operational brigade _____
The patient _____ with volume of forthcoming operation and possible complications is acquainted, on operation has given the consent.

Date _____ the Signature of the curator _____

Preoperative survey of the anesthesiologist

_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

THE REPORT OF OPERATION _____

Date of hospitalization _____ Date and time of operation _____
First name, middle initial, last name the patient _____
The diagnosis
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
Surgeons_____

The instrument nurse _____ the Anaesthesiologist _____
The beginning of operation _____ the Termination of operation _____
Duration _____
The name of operation _____

Anesthesia _____
Course of operation
_____
_____
_____
_____

_____
_____
_____
_____
_____
Macropreparat
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The signature _____

Date		The Diary
Pulse		
BP		
Frequency of respiration		
Prescription of medicine		
		The signature _____

Date		The Diary
Pulse		
BP		
Frequency of respiration		
Prescription of medicine		
The signature _____		

Epicrisis

Surname, name, patronymic _____
Was on hospitalization in surgical department _____

With _____ on _____
The diagnosis at entering _____

The diagnosis discharge from hospital
The basic
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
Complications
_____
_____
_____
_____
_____
_____
_____
Accompanying _____
_____
_____

_____
_____
_____
_____Treatment
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Result of treatment - convalescence, improvement, without changes, deterioration (to emphasize).

The given inspections

Date	Hb	Er	The Central Committee	Le	E	Bs	J	П	C	Мм	Limph	SOYA

The general analysis urine

Date	Color	Ph	Specific gravity	Protein	sugar	Epitheliu m	L	Erythro cytes.	Salts

Other analyses

_____
_____
_____
_____
_____
_____

The analysis of a feces _____ eggs a worm are found out, not found out.

Roengenography examination_____

_____
_____
_____
_____

_____
____
The working capacity is restored, temporarily lost, lost.
Hospital leaf _____ with _____ on _____
It is recommended _____-
_____
_____
_____
__

Date _____ the Signature _____

To the CASE HISTORY _____

Record of results of measurement temperature, other researches and procedures

Surname, name, patronymic of the patient _____ unit _____ Chamber _____ the Leaf _____

The diagnosis _____

20____p. month, nuber																	
Day stay in hospital		1		2		3		4		5		6		7		8	
П	T																
140	41																
120	40																
100	39																
90	38																
80	37																
70	36																
60	35																
DP																	
Mass of body																	
Table																	
Drinks liquids																	
Daily urine																	
chair																	

VI. System of training tasks for check of a final level of knowledge.

On last of workshop analysis and protection of the written case histories with each student individually is spent.

The teacher acquaints the student with mistakes at a writing of a case history.

In parallel spends interrogation by a technique of subjective inspection: the characteristic and detailed elaboration of the basic complaints, changes of their development, their powerful importance directed by the basic diagnosis; completeness of the collecting of complaints on additional systems, the anamnesis of a life, importance of these data in formation of the diagnosis of accompanying disease, definition of indications and contraindications to surgical treatment.

Determines knowledge of the student in sequence of carrying out of objective inspection: survey, a palpation, a percussion, auscultation, importance of changes of parameters of data's of laboratory, the conclusions of tool methods of research, bringing to a focus thus on modern methods of inspection: EGD, BRIDLES, a computer tomography, Doppler test cooppler graf, etc.

After a formulation of the preliminary diagnosis it is necessary that the student has proved expediency of the plan of additional methods of inspection, has lead a substantiation of the clinical diagnosis in view of their results on meeting gradation: the basic diagnosis, complications of the core, accompanying.

At estimation of a treatment planning of the surgical patient pays attention to correct veneering preoperative epicrisis, the report of operation with the indicating of date, time of carrying out of operation, the postoperative diagnosis, expediency of purpose of medicinal preparations, their dosage, rules of an extract of prescriptions, carefulness of postoperative observation over patients diaries.

In the extremity of analysis and protection of a case history the teacher to each student exposes the general estimation.

Theoretical questions for out-of-class independent studying and discussion to practical workshop 34, 35, 36:

1. Structure of the scheme{plan} of a case history.
2. The Scheme and methods of subjective inspection.
3. The Scheme and methods of objective inspection.
4. Statement of the preliminary diagnosis.
5. Purpose additional a method inspection.
6. The Analysis of laboratory, tool methods of inspection
7. The Symptomatology of disease of the supervised patient.
8. Purposes of treatment.
9. Carrying out of dynamic observation over patients.
10. Veneering the medical documentation.
11. References of patients on the termination curation

7. References:

General:

1. General Surgery. Textbook for students of higher medical educational establishments / [Lihonenko O.V., Chorna I.O. , Zubaha A.B., Khimich S.D et all.]; Edited by Prof. S.D. Khimich, Prof. M.D. Zheliba Kyiv AUS Medicine Publiching, 2019.- 608 p.
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3. Methodological recomrndations for classroom and independent work of students.
4. General Surgery / Ed. S.P.Zhuchenko, M.D.Zheliby, S.D.Himicha - Kiev.: Health, 1999.
5. Cherenko MP, JM Vavryk General surgery in anesthesiology, intensive care, and the basics of patient care - Kiev.: Health, 1999.
6. Gostishchev VK General Surgery: Textbook. - Moscow: Medicine, 1993
7. Gostishchev VK "Guide to practical training in general surgery." M., "Medicine" - 1987.

Additional:
1. AA Simodeyko, SS Philip A. Boldizhar General Surgery Questions and Answers. Uzhgorod, "Willow" - 2005.
2. SM Genyk, MV Prokopishin, VM Rat and others. Case Studies on hirurgii.Ivano-Frankivsk, "Lileya-NV" - 2003.
3. AA Simodeyko, SS Philip A. Boldizhar, V. Pant Practical skills in general surgery patient care. Uzhgorod, Uzhgorod National University. - 2001.

– Website akady http: http://www.umsa.edu.ua
– Website department of general surgery http://www.umsa.edu.ua/kaf_zaghir
– Library UMSA http://www.umsa.edu.ua/pidrozdilhome/biblioteca/biblhome.html

The distribution points are awarded to students:
At mastering topic number 31, 32,33 to module 2 for training activities for students rated a 4-point scale (traditional) scale, which is then converted into points as follows:

rating	Points
5 (excellent)	5
4 (good)	4
3 (satisfactory)	3
2 (poor)	0

Guidelines prepared
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Chornaja I.A. _____