

MINISTRY OF HEALTH OF UKRAINE
POLTAVA STATE MEDICAL UNIVERSITY
DEPARTMENT OF THE GENERAL SURGERY

**METHODICAL INSTRUCTIONS
FOR STUDENTS
DURING PREPARATION TO A PRACTICAL LESSON**

Subject matter	NURSE PRACTICE
<i>The module № 2</i>	BASIC DUTIES AND PROFESSIONAL SKILLS OF NURSE OF SURGICAL DEPARTMENT
<i>The substantial module 1</i>	HEMOSTASIS. BLOOD TRANSFUSION. RESUSCITATION ACTIONS AT SURGICAL PATIENTS
<i>Lesson theme № 3</i>	Reanimation actions at surgical patients.
<i>Course</i>	III
<i>Faculty</i>	International

Poltava

<i>The substantial module</i> <i>1</i>	HEMOSTASIS. BLOOD TRANSFUSION. RESUSCITATION ACTIONS AT SURGICAL PATIENTS
<i>Lesson theme № 3</i>	Reanimation actions at surgical patients.

1. Results of training:

General competence -. Resuscitation and intensive care - the basic partitions of clinical resuscitation. Decision-making on necessity of resuscitation, and also performance of its methods is carried out in the conditions of extreme deficiency of time, the diagnosis is necessary for supplying within seconds and immediately to start granting of the reanimation help.

Considering this basic circumstance, possession methods of emergency diagnostics and renewal died away life-important organism functions necessarily for doctors of all specialities. Terminal states should be precisely diagnosed, as knowledge of a pathogeny of different processes defines problems and character of reanimation actions. More often the destiny of the person is solved by an interspace 10-15 minutes from the moment of accident. Help granting in this season will allow to conserve life many victim with a choronomic or intrinsic acute massive bleeding, a venenating, утоплением, a trauma, after impact by an electric current or a lightning and etc.

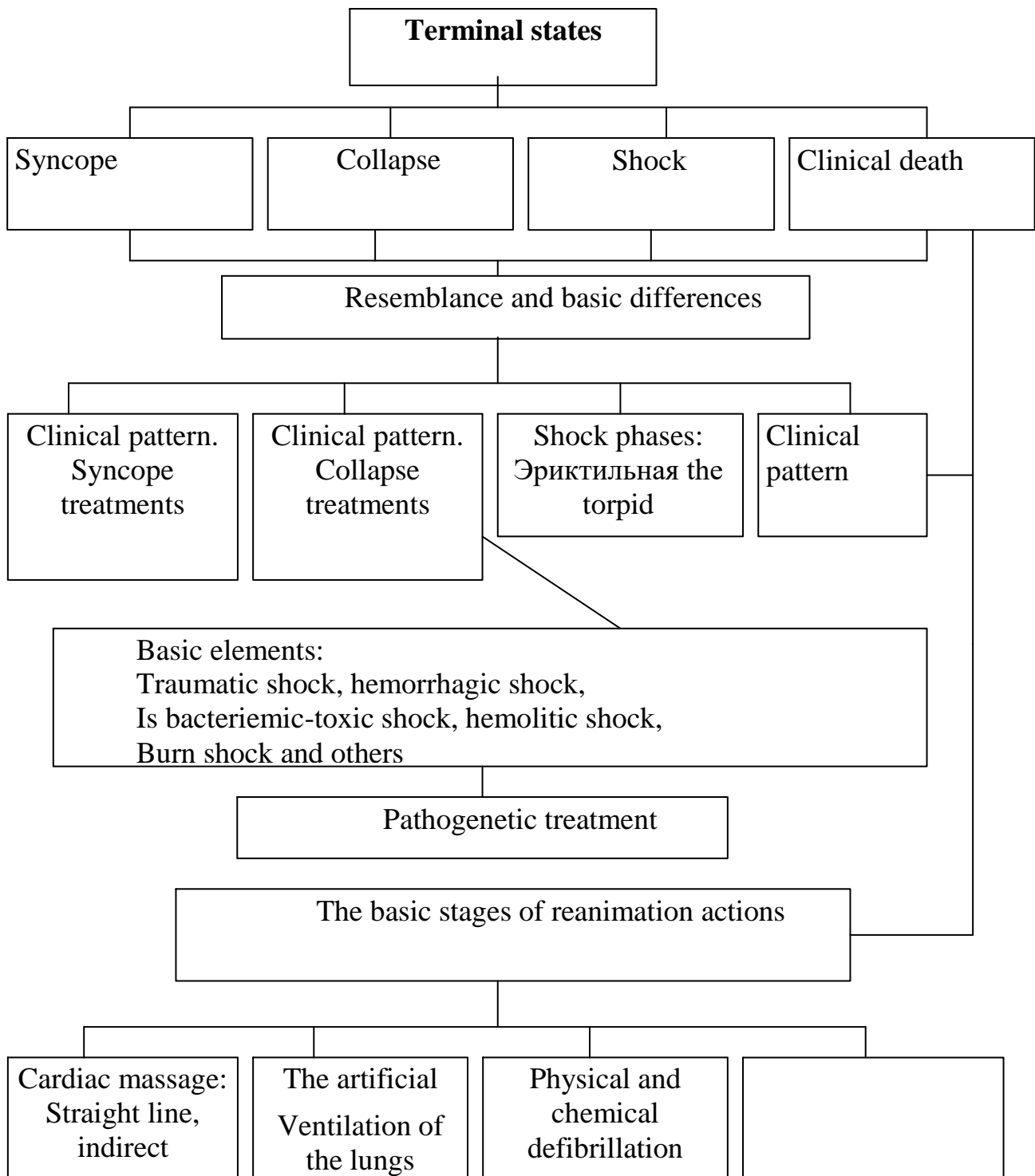
Subject competence - Know haw to do resustitation/

II. The whole employment:

1. To know classification of terminal states
2. The nobility clinical exhibitings *предагон і її*, the agonies, different kinds of death .
3. To know principles of treatment of terminal states .
4. To take hold of a procedure of carrying out of artificial ventilation of the lungs.
5. To take hold of a procedure of carrying out of an indirect cardiac massage.
6. The employment procedure sheet

№№ from/p	The basic stages of employment, their function and the maintenance	Level zasvo - є ння	Quality monitoring and studies	Stuffs of methodical maintenance	Allocation of time (minute)
1. 2. 3.	<p>Preparatory stage</p> <p>Organizational actions</p> <p>Statement of the educational purposes and motivation</p> <p>Control of initial level of knowledge, skills, abilities</p> <p>1. Classification of terminal states.</p> <p>2. Clinical exhibitings of a preagony, an agony, different kinds of death.</p> <p>3. Principe treatment of terminal states.</p>	II II II	The individual Poll Tests II	<p>Item 1 "a theme Urgency"</p> <p>Item 2 "Educational the purposes"</p> <p>The table: classification of terminal states</p> <p>The table: diagnostics of terminal states</p>	1-2 3 15
4.	<p>The basic stage</p> <p>1. To make artificial ventilation of the lungs "a mouth to a mouth" on the phantom.</p> <p>2. To make an indirect cardiac massage on the phantom.</p>	III III	Practical training	Moulage of the patient	20 15
5. 6. 7.	<p>The final stage</p> <p>Control and correction of level of professional skills</p> <p>Employment summarising</p> <p>Homework (the basic and additional literature behind a theme)</p>	III	Individual control of skills Tests III Problems III	<p>Tests III</p> <p>Problems III</p> <p>"Short" metodich-n_ indicatings to robo on practical employment.</p>	20

IV. The study Maintenance



V. The Rough basis of action

Procedure of carrying out of artificial ventilation of the lungs.

Mean "a mouth in a mouth". Efficacy at this mean is reached at maximum забрасывании the chairman of the patient дозадy. Thus the root of tongue and an epiglottis are displaced допереду and open air easy approach in a larynx. The staff nurse, standing sideways, one arm presses to wrists a forehead of the patient and throws its chairman, and the second encloses under a neck. At the heart of ШВЛ rhythmical injection of air from respiratory tracts of the staff nurse in respiratory tracts of the patient under positive pressure lies. At carrying out ШВЛ of companies of the patient should be

constantly opened.

Procedure of carrying out of an indirect cardiac massage. For successful carrying out of an indirect cardiac massage of the patient it is necessary to seat on a rigid surface. If the cardiac standstill has happened on a bed with the spring mattress the patient should be put on a bed so that the thoracic department of a ridge was on a firm flexure. For this purpose the top half of trunk have on bed edge, the head thus should hang down downwards. The Staff nurse is sideways from the patient and bares its thorax. The indirect cardiac massage is made as follows. The left palm is put on the inferior third of breast bone, and the right - on left. Both arms should be straightened, and the shoulder girdle settles down over a thorax. Massage is carried out by vigorous sharp pressings on a breast bone; thus the breast bone should be displaced on 3-4 cm to a ridge. Number of pressings - 50-60 for a minute. Heart contracts between a breast bone and a ridge, and blood from ventricles is pushed out in an aorta and a pulmonary artery. At the termination of pressings the breast bone rises also heart is again filled with blood from venas cava. Thus, there is an artificial circulation. Massage should be made to renewal of high-grade independent action of the heart, to appearance of accurate pulse and a raising of pressure to 80-90 mm hg the Cardiac massage should be accompanied by artificial ventilation of the lungs necessarily.

VI. System of learning tasks for check of final level of knowledge.

III. Maintenance of initial level of knowledge-abilities

Tests and problems for check of initial level of knowledge

1. A resuscitation procedure at an acute asphyxia?
 - 1 oxygen therapy
 - 2 indirect cardiac massage
 - 3 AVL a method "a mouth in a mouth"
 - 4 AVL a method "a mouth in a nose"
 - 5 Conicotomy or a tracheotomy
 - 6 thoracotomy

2. What is characteristic for a cardiac standstill?
 - 1 bradycardia
 - 2 tachycardia
 - 3 convulsive, arrhythmic breath
 - 4 absent warm activity
 - 5 disturbance of metabolic processes
 - 6 absence of pulse

3. Resuscitation at clinical death at a pre-hospital stage includes:
 - 1 Call first aid
 - 2 defibrillation
 - 3 elementary cardiovascular resuscitation
 - 4 correction WEB
 - 5 intravenous introduction lobelinum

4. Carrying out defibrillation it is necessary at:
 1. To 1 acute cardiac standstill
 - 2 bradycardia more low 40 in minute
 - 3 fibrillations auricles
 - 4 fibrillations of ventricles
 - 5 preagony a state

5. At carrying out of an indirect cardiac massage in the adult of a palm it is necessary to place:
 - 1 on the verge of a centre and inferior third of breast bone

- 2 in the fifth intercostal space
- 3 on the top third of breast bone
- 4 in the fourth intercostal space
- 5 in a region of the handle of a breast bone
- 6 in breast bone bottom

6. About efficacy of an indirect cardiac massage testify:

- 1 appearance of tendon jerks
- 2 dilatations of pupils
- 3 narrowings of pupils
- 4 absence of pulse on carotid arteries
- 5 appearance of pulse
- 6 cyanosis of integuments

7. On the establishment of that the definitive diagnosis of a cardiac standstill is positioned?

- 1 absence of consciousness
- 2 absence of pulse on carotid arteries
- 3 wide pupils
- 4 electrocardiograms
- 5 diffusive hypoxias

8. At an asphyxia artificial breath is applied:

- 1. To 1 mean of Silvestr
- 2. To 2 mean of Shullera
- 3. To 3 mean of Laborda
- 4 from "a mouth in a mouth"
- 5. To 5 mean of Gendersona
- 6 from "a mouth in a nose"

9. At carrying out of resuscitation of an interrelation of artificial ventilation and an indirect cardiac massage should put?

- 1 1:5
- 2 2:15
- 3 1:7
- 4 1:3
- 5 1:2

10. What elements of resuscitation are applied at an asphyxia?

- 1 endarterial hemotransfusion
- 2 clearing of respiratory tracts
- 3 applications of artificial breath on a mean of Laborda
- 4 applications of artificial breath on a mean of Silvestra
- 5 application of artificial breath of companies in a mouth
- 6 application of artificial breath of companies in a nose

11. Your sequence of reanimation actions at an electrotrauma?

- 1 detachment of the victim from an electrical supply
- 1 endarterial hemotransfusion
- 2 intravenous introduction of antibiotics
- 3 novocainic anaesthesia on Lukashovich-Oberstu
- 4 закапывания the victim in the earth
- 5 application of artificial breath and an indirect cardiac massage

12. The nepřjamy cardiac massage is made with force:

- 1 approach of a breast bone to a ridge on 5 sm
- 2 approaches of a breast bone to a ridge on 2 sm
- 3 approaches of a breast bone to a ridge on 1 sm
- 4 approaches of a breast bone to a ridge on 10 sm
- 5 approach of a breast bone to a ridge on 7 sm

13. Artificial ventilation of the lungs by a method "a mouth in a mouth", "the mouth" is made to a nose at:

- 1 asphyxias and obstructions of nasal courses
- 2 asphyxias and obstructions of a larynx
- 3 asphyxias and obstructions of bronchi
- To 4 apnoea

14. The procedure of a direct cardiac massage includes:

- 1 pressing the inferior third of breast bone with a rhythm 60-80 in хв
- 2 positions of the patient on a firm surface
- 3 pressing of heart to a breast bone through a diaphragm
- 4 tightenings of heart arm dactyls
- 5 pressing by an arm an epigastric field
- 6 итраторакальная warm stimulation

15. The nepřjamy cardiac massage is shown at:

- To 1 acute apnoea
- To 2 acute stopping of warm reductions
- To 3 cardiac tamponade
- 4 disturbances of a rhythm of warm reductions
- 5 fibrillation of heart
- 6 clinical death

Situational problems

1. From an operational intensive care in chamber patient III, 62 years that has tolerated a gastrectomy, a drainage of an abdominal lumen under the combined narcosis is translated. In 15 minutes after an intervention independent breath was stopped, warm activity is conserved. The Doctor-anaesthesiologist deduces a mandible, through a mouth introduced air duct - independent breath absent.

What of complications has educed at the yielded patient? How to assist the patient?

1. *The answer: at the patient the reflex apnoea has educed. It is necessary to make artificial ventilation of the lungs "a mouth to a mouth", or by means of respiratory pouch Ambu.*

2. Patient H, 20 years, was lost from serious traumatic shock. On section діагностованний fracture of pelvic bones, a shock nephros. What changes the tissues of a nephros taped at histological studying.

2 *The answer: fields of a necrosis, ischemic character, a necrolysis field.*

3. At burn shock as a result of the big loss of fluid there is a pachemia. Under what data we can define degree of a hemodilution or гемоконцентрац і ї?

3 *The answer: on a hematocrit.*

4. The patient is sharply dehydrated as a result of intestinal impassability, infusional therapy is made. What minimum quantity of urine for days is enough for deducing of slags at normal function of nephroses?

4 The answer: to 2 litres.

5. The patient of M. of 19 years, has come in operational, has subitaneously turned pale, has become covered cold then, has complained of a nausea, the closeness, subitaneously fainted and has fallen. Joint-stock company 90/50, pulse 80 for 1 minute, weak filling. Diagnose?

5 The answer : at sick a syncope.

6. The patient within 2 days received conservative therapy concerning traumatic shock of III degree as a result of the occluded fracture of pelvic bones. The patient is deduced from shock. At рентгендослідженні in lungs plural fine atelectases are taped. Therefore this serious complication has educed?

6 The answer : at the patient signs shock lungs.

7. Patient T. 20 years it is delivered to санпропускнику after road accident in 10 minutes. The occluded fracture of both bones, both anticonemions. Thus the consciousness is clear, it is a little provoked, the pain does not feel. Joint-stock company 80/50, pulse of 120 impacts in a minute, rhythmical, both anticonemions distort ed, імобілізація at transportation it was not made. What gravity traumatic shock?

7 The answer: at the patient shock of II severity level.

8. Patient H. 70 years it is operated concerning a bladder cancer. Subitaneously at strain has fainted, has fallen. Pulse is not defined, respirations are not present, warm reductions are not present. The diagnosed clinical death. What it is necessary to make to the patient?

8 The answer: an indirect cardiac massage, AVL, defibrillation.

9. At sick 82th years there was a cardiac standstill and breath; in the anamnesis - the heart failure lasted. For 5 minute of cardiopulmonary resuscitation which has begun in time, renewal of warm activity is not registered. Whether it is necessary to continue reanimation actions? What forecast, at the further resuscitation, concerning renewal of warm activity?

9 The answer: it is necessary to continue further cardiopulmonary resuscitation. Completely to iterate warm activity it is impossible.

10. At the child the subitaneous termination of breath is observed, has turned blue integuments, pulse petering on the main pots and dilatings of pupils. What prime measures need to be made.

10. The answer: the child needs to carry out reanimation actions urgently: the artificial ventilation of the lungs, the occluded cardiac massage.

11. The woman of 64th years with an astable stenocardia during walking has subitaneously fallen. The doctor on duty at the review the ascertained syncope, absence of a pulsing on a. carotis and cardiac sounds, narrow pupils and a liquid shallow breathing. What diagnosis? What first medical aid?

11. The answer: at clinical death sick exhibiting - absence of consciousness, a pulsing on the carotid arteries, absent reaction of pupils to light. It is necessary to begin urgently reanimation actions - an indirect cardiac massage, artificial ventilation of the lungs.

12. The patient 75th years which is in кардіореанімації concerning a myocardial infarction, had a fibrillation of ventricles. The immediate complex of reanimation actions is effective, iterated sine

a rhythm. Objectively: притомний, joint-stock company of 130/80 mm рт the item, a dyspnea - 24 1 minute, аускультативно - on the right side of breath is not defined, percussion - a bandbox note. Рентгенологічески: a lung колабована, a fluid small amount. Specify the most authentic cause of complication which has educed?

12. The answer: at the patient fractures of ribs and a breast bone with a traumatising of pairs i є тально i pleurae fragments as a result of carrying out of reanimation actions.

13. The man has been injured 50th years as a result of road accident. Syncopal. From the moment of a trauma has passed 3 minutes. What symptom is primary for statement of the diagnosis of a stopping of a circulation of blood? What further diagnostic tactics?

13. The answer: первинним a symptom is absence of pulse on a. carotis. It is necessary to check breath presence, a state of pupils and their reaction to light. In the presence of these symptoms at the patient the clinical death is verified.

14. The patient in a state of clinical death. Artificial ventilation of the lungs by a method "from a mouth to a mouth" and an indirect cardiac massage is made. The doctor has paid attention that air does not pass in respiratory tracts of the patient, and its chairman on a trunk are in one plane. What cause of an inefficiency of artificial breath in the present state of affairs? The further actions of the doctor?

14. The answer: at sick sticking of tongue. It is necessary to deduce a mandible downwards and forward, to get tongue, to continue to carry out reanimation actions.

15. The drowned child of 10 years delivered to coast in 3 minutes after утопления. Objectively: pulse on peripheric arteries is not defined, pupils dilated, do not react to light. Integuments are acyanotic with cyanochroic shade. In an oral cavity sand, silt; breath is sharply depressed. What urgent and prime actions are necessary for manufacturing by granting of the help to the victim?

15. The answer: the patient needs to release the top respiratory tracts from sand and silt, to exclude water presence in respiratory tracts (to remove water if є). After that to carry out reanimation actions for standard to the schema.

V II. A procedure of carrying out of employment and organizational frame of employment

Allocation of points which are appropriated to students:

At theme mastering № 13 from substantial to the module № 3 for educational activity to the student the assessment for 4 ball (traditional) a scale which is then converted in points as follows is exposed:

Assessment	Points
"5" (perfectly)	5 points
"4" (well)	4 points
"3" (well)	3 points
"2" (unsatisfactorily)	0 0 points

References:**General:**

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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
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 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.
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 - 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 3 to number 2 module 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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