**MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION,**
**MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC**

**Government-run Educational Institution of Higher Professional Education**
**Kyrgyz-Russian Slavic University named after B.N. Yeltsin**

ENDORSED BY VICE RECTOR

Деканат медицинского факультета

28 02 2023г.

# Educational practice on mastering primary professional abilities and skills, including primary abilities and skills of scientific-research activity (General care for therapeutic patients)

## Course Outline (Module)

| | |
|---|---|
| Assigned to | **Department of Practical Training and Basic Principles of Academic Research Work** |
| Academic Curriculum | 560001_23_ЛД ин.plx<br>560001 General medicine (for foreign students) |
| Qualification | **Specialist** |
| Mode of Study | **Intramural** |
| Total Credit Value | **2 credit points** |
| Course Hours | 72 |
| including: | |
| in-class learning | |
| individual work | 72 |

Scope of Testing Semesters:
credits with mark 1

| Course Hours Scheduling (per semester) | | | | |
|---|---|---|---|---|
| Semester Academic Year | 1 (1.1) | | Total | |
| Weeks | 18 | | | |
| Type of Traning | AC | CO | AC | CO |
| Individual Work | 72 | 72 | 72 | 72 |
| Total | 72 | 72 | 72 | 72 |

The Course outline developed by:
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The Course Outline
**Educational practice on mastering primary professional abilities and skills, including primary abilities and skills of scientific-research activity (General care for therapeutic patients)** in accordance with Academic Curriculum:
31.05.01 General medicine (for foreign students)
confirmed by KRSU Board of Academics in 28.02 2023y. record № 7

The Course Outline endorsed by Department of Practical Training and Basic Principles of Academic Research Work
Record of 13.01 2023 y. № 6
Valid for: 2023-2027 academic year
The Head of Department, candidate of medical science, assistant professor Abdyldaeva A.A.

**The course outline endorsed for the following academic year**

Chairman of the Educational and Methodological Board
___ _____2023 year.

The course outline has been revised, considered and endorsed for implementation in 2023-2024 Academic Year at the Staff Meeting of Department of Practical Training and Basic Principles of Academic Research Work

Record of 13.01 2023 year № 6
The Head of Department, candidate of medical science, assistant professor Abdyldaeva A.A.

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**The course outline endorsed for the following academic year**

Chairman of the Educational and Methodological Board
___ _____2024 year.

The course outline has been revised, considered and endorsed for implementation in 202-2025 Academic Year at the Staff Meeting of Department of Practical Training and Basic Principles of Academic Research Work

Record of ___ _____ 2024 year №___
The Head of Department, candidate of medical science, assistant professor Abdyldaeva A.A

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**The course outline endorsed for the following academic year**

Chairman of the Educational and Methodological Board
___ _____2025 year.

The course outline has been revised, considered and endorsed for implementation in 2025-2026 Academic Year at the Staff Meeting of Department of Practical Training and Basic Principles of Academic Research Work

Record of ___ _____ 2025 year №___
The Head of Department, candidate of medical science, assistant professor Abdyldaeva A.A.

| 1. COURSE OUTLINE OBJECTIVES | |
|---|---|
| 1.1 | On providing first-aid to people in critical situations, on features of patients care taking into consideration their age, character and severity of disease including agonal patients, on observance of infection control requirements, rules of antiseptics, aseptic, disinfection and presterilizing preparation of medical instruments; preparation of patients for diagnostic investigation and test collection for surgical treatment; control of curative-protective regimen and diet; studying of main principles of medical ethics and deontology in surgical clinic; filling in medical documentation and knowledge of functional duties of an assistant nurse |

| 2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM | |
|---|---|
| Educational Program Units: | Б2.В |
| **2.1** | **Students' Preliminary Training Requirements:** |
| 2.1.1 | Anatomy |
| 2.1.2 | Biology |
| 2.1.3 | Chemistry |
| **2.2** | **Course Units and Practical Sessions imposing the prior Proficiency** |
| 2.2.1 | Clinical practice (Hospital physician assistant) |
| 2.2.2 | Clinical practice in receiving professional skills and experience of professional activity (Procedure nursing assistant) |
| 2.2.3 | Basements of emergency |
| 2.2.4 | Traumatology and orthopedics |
| 2.2.5 | Anesthesiology, reanimation and intensive therapy |
| 2.2.6 | Faculty surgery |
| 2.2.7 | Hospital therapy |
| 2.2.8 | Hospital surgery |
| 2.2.9 | Pediatric surgery |
| 2.2.10 | Life safety |

| 3. STUDENTS' COMPETENCIES RESULTING FROM THE COURCE UNIT (MODULE) | |
|---|---|
| **SPC-3: readiness to self-development, self-realization, self-education, usage of creative potential** | |
| **Knowledge:** | |
| Level 1 | Process and mechanisms and self-realization of person |
| Level 2 | Several characteristics of process and mechanisms of self-development and self-realization |
| Level 3 | Significant characteristics of process of self-development and self-realization |
| **Skills:** | |
| Level 1 | To make a choice of potential personal abilities and possibilities for performing activity |
| Level 2 | To realize personal abilities in different kinds on activity demonstrating a creative approach to situations resolution |
| Level 3 | To make an argument choice of personal abilities and possibilities when doing independent creative realization of various kinds of activity with considering goal and conditions of its performing |
| **Expertise:** | |
| Level 1 | Particular technique of self-development and self-realization |
| Level 2 | Particular technique of self-development and self-realization realizes free personal choice of techniques in standardsituations |
| Level 3 | Complete system of techniques of self-development and self-realization demonstrating a creative approach in choice oftechnique with considering certain and uncertain situation in professional and other fields of activity |

| **PC-6, PC-19: ability and readiness to use methods of aseptics and antiseptics, medical instruments, to expertise nursing skills;<br>readiness to providing patient's first care organization and providing first medical-sanitary aid** | |
|---|---|
| **Knowledge:** | |
| Level 1 | General rules of providing patient's care organization and first medical-sanitary aid |
| Level 2 | Specific of general methods in patient's care organization and first medical-sanitary aid |
| Level 3 | General methods of patient's care organization and first medical-sanitary aid |
| **Skills:** | |
| Level 1 | Disclose purpose of patient's care organization and first medical-sanitary aid |

| | |
|---|---|
| Level 2 | Compare different methods of patient's care organization and first medical-sanitary aid |
| Level 3 | Notice practical benefits of concrete methods in patient's care organization and first medical-sanitary aid |

| **Expertise:** | |
|---|---|
| Level 1 | Skills of readiness to providing patient's care organization and first medical-sanitary aid |
| Level 2 | Approaches to searching and detecting of general methods of patient's care organization and first medical-sanitary aid |
| Level 3 | Assessment, differentiative skills of general methods in patient's care organization and first medical-sanitary aid |

**Final Students' Competences**

| | |
|---|---|
| **3.1** | **Knowledge:** |
| 3.1.1 | The importancy of nursing care |
| 3.1.2 | The general principles of nursing |
| 3.1.3 | The ethics and deontology of nursing |
| 3.1.4 | The types of cleaning units, dressing units, rules of work with disinfectant solutions |
| 3.1.5 | The rules of personal hygiene |
| **3.2** | **Skills:** |
| 3.2.1 | To make wet cleaning of wards using disinfectant solutions; |
| 3.2.2 | to make sanitary treatment of patient during admission and staying in the hospital; |
| 3.2.3 | to change patient's dress and linen; |
| 3.2.4 | to provide patient's hygiene: mouth care, hair care, care of eyes and nose; |
| 3.2.5 | to feed seriously-ill patients; |
| 3.2.6 | to provide prevention of pressure sores and diaper rash; |
| 3.2.7 | to transfer patients to another unit; |
| 3.2.8 | to observe respiration and giving oxygen; |
| 3.2.9 | to measure body temperature; |
| 3.2.10 | to measure pulse, blood pressure; |
| 3.2.11 | to provide medication; |
| 3.2.12 | to use hot-water bottle and ice pack; |
| 3.2.13 | to collect blood, stool, urine, sputum; |
| 3.2.14 | to give an enema; |
| 3.2.15 | to perform the gastric lavage; |
| 3.2.16 | to provide first aid with chest pain; |
| 3.2.17 | to provide first aid in case of bleeding; |
| 3.2.18 | to provide first aid with vomiting; |
| 3.2.19 | to provide first aid with dyspnea; |
| 3.2.20 | to provide cardio-pulmonary resuscitation. |
| **3.3** | **Expertise:** |
| 3.3.1 | In technique of all kinds of cleaning (preliminary, current, final, general) |
| 3.3.2 | in technique of hand washing and hand antiseptic; |
| 3.3.3 | in correct managing of medical wastes; |
| 3.3.4 | in technique of personal hygiene; |
| 3.3.5 | in technique of pressure sores and diaper rash prevention; |
| 3.3.6 | in technique of feeding seriosly-ill patients; |
| 3.3.7 | in technique of transfering patients to another department; |
| 3.3.8 | in technique of measuring respiration, pulse, arterial blood pressure; |
| 3.3.9 | in technique providing first-aid. |

| **4. COURSE (MODULE) STRUCTURE AND CONTENT** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Class Code** | **Subject Name /Type of Class/** | **Semester / Academic Year** | **Hours** | **Competencies** | **Literature** | **Interactive Sessions** | **Notes** |
| | **History of nursing. Definition of nursing.** | | | | | | |
| 1.1 | History of nursing. Definition of nursing. /Iw/ | 1 | 6 | GPC-10 | | 0 | Report. Simulation |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | center. |
| 1.2 | Admission. transfer and discharge of patient /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 1.3 | Infection control. Defense. /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 1.4 | Techniques of sterilization. Isolation. /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| | **Unit 2.** | | | | | | |
| 2.1 | Care of patienr unit /Iw/ | 1 | 6 | GPC -10 | | 0 | Report. Simulation center. |
| 2.2 | Bed making /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.3 | Principles of body /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.4 | Body positioning /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.5 | Personal hygiene and skin care /Iw/ | 1 | 6 | GPC -10 | | 0 | Report. Simulation center. |
| 2.6 | Nutrition and metabolism /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.7 | Gastric tube. Nasogastric feeding /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.8 | Elimination of gastrointestinal tract /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.9 | Enema. Urinary catheterization /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.10 | Injections /Iw/ | 1 | 6 | GPC -10 | | 0 | Report. Simulation center. |
| 2.11 | Drug administration /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.12 | Vital signs (temperature, blood pressure, breath, pulse). Definition /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |
| 2.13 | Speciment collection /Iw/ | 1 | 6 | GPC -10 | | 0 | Report |

## 5. ASSESSMENT FUND

### 5.1. Advancement Questions and Assignments

Questions on assesing of trained level KNOWLEDGE (theoretical questions and blank tests subitem 5.3)

Practical tasks for assesing of trained level SKILLS and EXPERTISE:
1. To perform necessary care procedures for patient being on complete bed rest on manniquin
2. To perform necessary care procedures for patient being on partial bed rest on manniquin
3. To perform necessary care procedures for patient being on open ward regimen on manniquin

### 5.2. Course Papers Themes

are not provided by curriculum

### 5.3. Assessment Fund

THEORETICAL QUESTIONS (ORAL INTERVIEW). List of questions:
THEME. History of nursing. Definition of nursing
1. Basic historical stages
2. Ancient times (Egypt, Greece, Rome, China, India)
3. Middle ages. Revival
4. Nursing in present. Concepts, function of nurse, qualities of nurse, rules
5. Ethics and deontology
THEME. Admission, transfer and discharge of patient
1. The admission
2. The transfer
3. The discharge
THEME. Infection control. Defense
1. Microorganisms, chain of infection
2. Normal body defense
3. Hand washing
4. Protective gear equipment
THEME. Techniques of sterilization. Isolation
1. Standard precaution
2. Methods of sterilization
3. Isolation
THEME. Care of patient unit
1. The patient unit

2. The general rules for cleaning patient's unit
3. The care of linen and removal of stains
4. The care of hospital and health care unit equipment
THEME. Bed making
1. Closed bed, purpose, equipment
2. Occupied bed, purpose, equipment
3. Open bed purpose, equipment
4. Making a postoperative bed, procedure
5. Order of bed covers
THEME. Principles of body mechanics
1. The body mechanics
2. The basic principles of body mechanics
3. Turning the patient to a side lying position
4. Joint mobility and range of motion
THEME. Body positioning
1. The guideline for positioning of the patient
2. Patient positioning for examination and treatment
3. Crutch walking, assessment, objective, procedure
4. Teaching techniques of crutch walking, equipment, procedure
THEME. Cold and heat application
1. The care of patient with fever
2. Heat application
3. Moist heat, dry heat
4. Cold application
5. Moist cold, dry cold
6. Local application of cold and heat
THEME. Personal hygiene and skin care
1. Mouth care, purpose, equipment, procedure
2. Bathing
3. Sits bath, effects, purpose, procedure
3. The back care
4. The back massage, purpose, equipment, procedure
5. Perineal care
6. Female perineum, perineal care for female
7. Male perineum, perineal care for male
8. Hair care
9. Pediculosis treatment, purpose, equipment, lice
THEME. Nutrition and metabolism
1. Fluid and electrolyte balance
2. Acid base balance
3. Nutrition
THEME. Gastric tube. Nasogastric feeding
1. Gastrostomy / jejunostomy feeding
2. Inserting a gastric tube
3. Nasogastric feeding
THEME. Elimination of gastrointestinal tract outputs
1. Gastric lavage
2. Gastric aspiration
THEME. Enema. Urinary catheterization
1. Cleansing enema
2. Retention enema
3. Siphoning enema
4. Urinary catheterization
THEME. Injections
1. Subcutaneous injection
2. Intramuscular injection
3. Intravenous injection
4. Intravenous therapy
THEME. Drug administration
1. Oral drug administration
2. The administration of vaginal medications
3. The administration of ophthalmic medications
4. The administration of ear medications
5. Inhalation
THEME. Vital signs (temperature, blood pressure, breath, pulse). Definition
1. Temperature
2. Blood pressure
3. Breath
4. Pulse

THEME.Specimen collection
1. Stool specimen
2. Urine specimen
3. Sputum specimen
4. Blood specimen

PRACTICAL TASK # 1. (CARE FOR PATIENT BEING ON COMPLETE BED REST)
it's necessary on presented mannequin or patient to provide following actions:
1. to arrange a bedpan to a patient
2. to perform cleansing and therapeutic enemas
3. to provide perineal hygiene of patient
4. to demonstrate hygienic hand washing
5. face washing
6. toothbrushing of patient
7. to make a disinfection of mouth cavity
8. to rinse eyes of patient
9. to clean nasal meatus
10. to clean ear meatus
11. to change underwear and linen for seriously-ill patients
12. to bath a complete bed rest patient (bath, shower, sponge bath)
13. to cut nails shortly of seriously-ill patients
14. to feed patient correctly
15. to provide prevention of pressure sores and intertrigo to patient
16. to turn a patient from one side of the bed to another
17. to perform elementary passive and active exercises with seriously ill-patients
18. to perform elementary physiotherapy manipulations to seriously ill-patients (cups, mustard plasters, applying leeches)
19. to assess patient`s breathing correctly, to measure blood pressure, to count pulse
20. to provide necessary actions in case of nasolabial triangle cyanosis
21. to control on postoperative bandages
22. to watch monitors controlling vital functions of patients
23. the observation the deontological rules with seriously-ill or agonal patients

PRACTICAL TASK # 2. (CARE FOR PATIENT BEING ON PARTIAL BED REST)
it's necessary on presented mannequin or patient to provide following actions:
1. to explain what "partial bed rest patient" means
2. to help patient to visit toilet
3. to explain patient how he is allowed to change position in bed himself (to sit, to stand, to move around the room)
4. to provide sanitary and hygienic procedures for patient
5. to explain patient how i to brush the teeth, to rinse oral cavity, to rinse the eyes, to clean nasal meatus and acoustic meatus
6. to change underwear and linen for partial bed rest patient
7. to bath a partial bed rest patient (bath, shower, sponge bath)
8. to sponge bath for skin and skin folds
9. to explain patient to do elementary active exercises
10. to provide feeding of partial bed rest patient
11. to explain what is not allowed to partial bed rest patients
12. to explain patient which treatment and diagnostic procedures he can visit himself
13. the observation the deontological rules during care of patient

PRACTICAL TASK # 3. (CARE FOR PATIENTS BEING ON OPEN WARD REGIMEN)
it's necessary on presented mannequin or patient to provide following actions:
1. to explain patient what "open ward regimen" means
2. to explain patient if patient can go home
3. to explain patient how he can visit toilet himself
4. to explain patient how he can wash face and hands and eat himself
5. to explain patient how he need to bath (bath, shower, sponge bath)
6. to change underwear
7. to provide control over taking drugs by patient
8. to provide control of diet to open ward patients
9. to explain patient how he can visit diagnostic and treatment procedures himself
10. to explain patient in which cases he gives medical documents himself and in which cases this should be done by care nurse
11. to explain patient rules of observing of day and night sleep regimen
12. to explain patient in which cases patient is able to be discharged from department if regimen is broken

REPORT WITH PRESENTATION. The thematic of report is chosen with considering of lesson's theme.

BLANK TEST. List of tests:
1.How do the concepts of "care" and "treatment" correspond to each other?
a) care and treatment, - different concepts; treatment is carried out by a doctor, nursing middle and junior medical personnel;

b) care and treatment - identical concepts, since both treatment and care are aimed at achieving recovery of the patient. Good care can replace the treatment;
c) care is an integral part of the treatment;
d) with good treatment, care does not matter.
2. Who should care for the sick?
a) relatives of the patient;
b) only the average medical staff;
c) middle and junior medical staff;
d) all medical workers, as well as relatives of the patient, each of whom has its own specific care functions.
3. What does special care mean?
a) care, which is carried out especially carefully;
b) care that is carried out under special conditions;
c) care that requires the presence of certain specialists;
d) nursing, which provides additional activities, due to the specificity of the disease.
4. What does medical deontology study?
a) the relationship between the doctor and the patient;
b) a wide range of issues of duty, morality and professional ethics of medical workers;
c) iatrogenic diseases;
d) the relationship between patients when treating them in a hospital.
5. What is the main purpose of the functional bed?
a) it can be easily and quickly moved;
b) allows to give the patient the most favorable and convenient position for him;
c) allows you to easily change bed linen;
d) it is easy to disinfect.
6. What activities are carried out in the treatment room?
a) injections and intravenous injections;
b) setting up cans and mustard plasters;
c) taking medicinal baths;
d) measurement of body temperature.
7. How often should the wet cleaning of wards be carried out?
a) as necessary;
b) every day in the morning;
c) as necessary, but not less than twice a day;
d) every day before bedtime.
8. How often should a bed and bed linen be replaced with a seriously ill patient?
a) once a month;
b) in process of pollution;
c) in process of pollution, but not more often than once a week;
d) in process of pollution, but not less than once a week.
9. Eye treatment is performed:
a) from the outer corner of the eye to the inner corner;
b) from the inner corner of the eye to the outer corner;
c) does not matter;
d) in circular motions.
10. To straighten the natural bend of the external ear canal when dropping drops into the ear of an adult person, the auricle is delayed:
a) back and forth;
b) back down;
c) forward to the top;
d) forward downwards.
11. The coal is
a) muscle atrophy as a result of prolonged stay in bed;
b) necrosis (necrosis) of the skin and other soft tissues as a result of circulatory disturbances during prolonged squeezing;
c) reddening and loosening of the skin in the folds as a result of the accumulation there of the separated sweat and sebaceous glands;
d) the appearance of pustules on the skin.
12. For prophylaxis of pressure sores
a) regularly turn the patient and wipe the skin with camphor alcohol;
b) to make sure that the bed is flat, without folds;
c) using a rubber circle and cotton-gauze rings;
d) all of the above activities are necessary.
13. How often to turn a recumbent patient to prevent pressure sores?
a) every hour
b) 3 times a day
c) every 2 hours
d) when the patient asks
14. Failure is
a) muscle atrophy as a result of prolonged stay in bed;
b) necrosis of the skin and other soft tissues as a result of circulatory disturbances during prolonged squeezing;

c) reddening and loosening of the skin in the folds as a result of the accumulation there of the separated sweat and sebaceous glands;
d) the appearance of pustules on the skin.
15. For the prevention of diaper rash,
a) carefully wash the skin in the fold area;
b) carefully wipe the skin in the fold area;
c) to powder the skin in folds with talcum or lubricate with baby cream.
d) all of the above is true.
16. What is the temperature called subfebrile?
a) 37º - 38º;
b) 38º - 39º;
c) 39º - 41º;
d) higher than 41º.
17. The first period of fever is characterized by:
a) the predominance of heat transfer over heat production (increased sweating, lower temperature);
b) the predominance of heat production over heat transfer (trembling, chills, muscle pains);
c) balance of heat production and heat transfer (skin hyperemia, heat, dry mouth);
d) increased sweating, chills, a feeling of heat.
18. The second period of fever is characterized by:
a) the predominance of heat transfer over heat production (increased sweating, lower temperature);
b) the predominance of heat production over heat transfer (trembling, chills, muscle pains);
c) balance of heat production and heat transfer (skin hyperemia, heat, dry mouth);
d) increased sweating, chills, a feeling of heat.
19. The third period of fever is characterized by:
a) the predominance of heat transfer over heat production (increased sweating, lower temperature);
b) the predominance of heat production over heat transfer (trembling, chills, muscle pains);
c) the balance of heat production and heat transfer (skin hyperemia, heat, dry mouth);
d) increased sweating, chills, a feeling of heat.
20. In the second period of fever
a) to cover the patient warmly, drink hot tea;
b) do not cover the patient, give him cold drinks;
c) to make hot foot baths (soak feet);
d) to make steam inhalations.
21. In the first period of fever
a) to cover the patient warmly, drink hot tea;
b) do not cover the patient, give him cold drinks;
c) to wipe the patient's skin with warm water;
d) to make steam inhalations.
22. Which way of drug administration is called parenteral:
a) to use of drugs in the form of injections;
b) to use of drugs under the tongue;
c) the external use of medicines;
d) to use of drugs through the mouth.
23. Entering drugs is the application of
a) through the mouth;
b) under the tongue;
c) through the rectum;
d) all the answers are correct.
24. When distributing medicines in a department, one should follow the rules:
a) to decompose the medicines according to the containers, on which will be indicated: patient's name, room number; then distribute them in wards;
b) to distribute the medication directly at the patient's bed, according to the prescription of the doctor, from the package in which they were obtained from the pharmacy, at one time, urging the patient to take the medicine in the presence of the sister;
c) to give drugs on the hands of patients for a day, indicating how many times they should be taken;
d) the patient should not be explained why he is prescribed this drug, its side effects and characteristics.
25. Poisonous substances are included in
a) list A;
b) List B;
c) the general list;
d) special list.
26. In the safe store
a) drugs on list A and B;
b) drugs on the general list;
c) external agents;
d) sterile solutions.
27. In what cases are medications prescribed orally after ingestion?
a) if they irritate the gastric mucosa;
b) if they disturb the process of digestion;
c) if they are destroyed by digestive enzymes;

d) all of the above is true.
28. Can I take a tablet that changed color?
a) yes, if the expiration date has not yet expired;
b) No, since a discoloration indicates a worthless preparation;
c) yes, since the color change does not affect the quality of the preparation;
d) the color of tablets does not need to be paid attention at all.
29. What is the nature of addiction to the drug?
a) the patient gets used to taking the same drugs every day;
b) the patient does not want to change the habitual drug to another;
c) weakening of the drug during prolonged use;
d) the effect of the drug on prolonged use.
30. Shortness of breath is
a) quickening of breathing;
b) violation of the frequency and depth of breathing, accompanied by a feeling of lack of air;
c) weakening of breathing;
d) the participation in the respiration of only the muscles of the chest.
31. Breathing is observed when
a) bronchial asthma;
b) laryngeal edema;
c) edema of the lungs;
d) all of the above is true.
32. What are the symptoms of pulmonary hemorrhage?
a) vomit masses such as "coffee grounds";
b) scarlet blood flowing from the mouth;
c) frothy scarlet blood, which is released during coughing;
d) abundant liquid frothy sputum.
33. When taking urine for a general analysis,
a) to prepare a clean dry jar;
b) to wash the patient;
c) to collect 150 - 200 ml from the middle portion of the morning urine;
d) all of the above is true.
34.How are urine collected for research using Zimnitsky's method?
a) to collect the average portion of morning urine;
b) to collect urine for 10 hours;
c) to collect urine during the day every 3 hours;
d) to collect daily urine in a clean 3-liter jar.
35. Radiography of the stomach and intestines is carried out:
a) after eating;
b) after taking cholagogue products;
c) on an empty stomach;
d) after the introduction of the gas pipe.
36. Name the indications for gastric lavage:
a) poisoning through the mouth;
b) gastrointestinal bleeding;
c) stool retention;
d) obstruction of the esophagus.
37.With the cleansing enema is emptied
a) the entire large intestine;
b) the lower part of the large intestine;
c) the lower part of the small intestine;
d) only the rectum.
38. Volume of water for setting a cleansing enema for an adult
a) 0.5 l;
b) 1.5 liters;
c) 2.5 liters;
d) 3.5 liters.
39. Microclysters - is the introduction of a liquid in the rectum in an amount
a) 10-20 ml;
b) 100-200 ml;
c) 20-30 ml;
d) 300-400ml.
40. Reducing blood pressure is called
a) hypertension;
b) hypotension;
c) arrhythmia;
d) tachycardia.
41. At the first examination of the patient, the peripheral pulse rate should be counted during
a) 15 s;
b. 30 seconds;

c) 60 s;
d) 20 s.
42. Reduction of the heart rate is called
a) tachycardia;
b) a bradycardia;
c) tachypnea;
d) bradypnoe.
43. Arterial hypertension for an adult is pressure
a) 140/90 mm Hg;
b) 129/84 mm Hg;
c) 130/90 mm Hg;
d) the level of pressure depends on the age of the patient.
44. What products are not recommended for flatulence?
a) foods rich in fiber;
b) protein products;
c) products rich in cholesterol;
d) salted products.
45. Sequence of layers of warming compress:
a) wet napkin, cotton wool, compress paper;
b) wet napkin, compress paper, fixing bandage;
c) wet napkin, compress paper, cotton wool, fixing bandage;
d) wet wipe, cotton wool, fixing bandage.
46.How to check the correctness of applying a moist warming compress?
a) after 1-2 hours compress to remove and check its condition;
b) after 1-2 hours, put a finger under the compress and determine the condition of its inner layer;
c) after 1-2 hours ask about the subjective feelings of the patient;
d) feel whether the fixation bandage is warm.
47. The duration of application of a wet compress should not exceed:
a) 24 hours;
b) 6-8 hours;
c) 12 hours;
d) 5 min.
48. With pulmonary hemorrhage, all measures are shown except:
a) ensuring complete rest for the patient;
b) giving a semi-sitting position with an inclination to the sore side;
c) applying a warm warmer to the diseased side of the chest;
d) applying a bladder with ice to the diseased side of the chest.
49. The general analysis is sent to:
a) daily sputum;
b) sputum collected within 3 days;
c) fresh morning sputum, collected in a clean, dry spittoon;
d) evening phlegm.
50. The pulse rate in healthy people is:
a) 40-60 beats per minute;
b) 60-90 beats per minute;
c) 80-100 beats per minute;
d) 100-120 beats per minute.
51. If a cough appears during insertion of the probe, then:
a) the probe continues to move deeper;
b) the probe is removed;
c) the patient is asked to take a deep breath;
d) the oxygen mixture is fed into the probe.
52. What is characteristic of intestinal bleeding?
a) frequent vomiting with veins of unchanged blood.
b) fever.
c) black loose stools.
d) a rare pulse.
53. When preparing a patient for x-ray examinations of the gastrointestinal tract 3 days prior to the study,
a) to designate a dairy-vegetable diet;
b) to exclude products that enhance the formation of gases;
c) to do a cleansing enema every day before going to bed;
d) all of the above is true.
54. Disinfection is
a) partial destruction of the infection;
b) complete destruction of the infection;
c) Wet cleaning;
d) washing hands.
55. Sterilization is
a) partial destruction of the infection;

b) complete destruction of the infection;
c) Wet cleaning;
d) washing hands.
56. Biochemical blood tests
a) on an empty stomach;
b. 30 minutes after eating;
c) 1 hour after a meal;
d) food does not affect the results of the tests.
57. Hypoglycemia is a
a) lowering blood pressure;
b) reduction of blood sugar;
c) increased blood pressure;
d) increase of blood sugar level.
58. Which of the following symptoms is observed with diabetes mellitus?
a) fever;
b) sweating, especially at night;
c) oliguria;
d) polyuria.
59. Which of the listed symptoms in a patient with diabetes mellitus indicates the development of hypoglycemic coma?
a) the smell of acetone from the mouth;
b) a sharp feeling of hunger, weakness, trembling;
c) increased blood pressure;
d) decrease in the excretion of urine.
60. What is the first aid for hypoglycemic coma?
a) urgently to introduce insulin;
b) to give a large amount of liquid;
c) to give sweet tea, sugar or candy;
d) to lay the patient with his limbs raised.
61. Which of the following symptoms in a patient with diabetes mellitus testifies to the development of hyperglycemic coma?
a) the smell of acetone from the mouth;
b) a sharp feeling of hunger, weakness, trembling;
c) increased blood pressure;
d) decrease in the excretion of urine.
62. What activities are most important in caring for people with diabetes?
a) regular temperature measurement;
b) monitoring the heart rate;
c) monitoring of breathing;
d) adherence to a strict diet, skin care.
63. How is HIV transmitted?
a) through the blood;
b) through sweat;
c) through saliva;
d) all of the above is true.
64. What is the terminal state?
a) stopping breathing;
b) stopping blood circulation;
c) the borderline between life and death;
d) difficulty breathing.
65. Indication for cardiopulmonary resuscitation is:
a) lack of breathing and pulse on the carotid artery;
b) weak non-rhythmic breathing and filiform pulse;
c) a weak reaction of the pupils to light;
d) a long unconscious state.
66. If during the cardiopulmonary resuscitation a rib fracture occurred, it is necessary:
a) stop resuscitation;
b) continue resuscitation;
c) stop the massage of the heart;
d) stop artificial respiration.
67. If resuscitation is performed for an adult, the ratio of respiration and heart massage:
a) 1: 5;
b) 1:15;
c) 2: 5;
d) 2:30.

**5.4. List of Assessment Tools**

Blank test
Theoretical questions (Oral interviewon lesson’s theme)
Practical tasks on care for patient being on complete bed rest

Practical tasks on care for patient staying on a partial bed
Practical tasks on care for patient staying on open ward regimen
Report on unit's theme with presentation to auditorium (1 unit – with elements of SIWS)

Technologic card of educational practice in APPENDIX 1.

Scale of estimation with all types of assessment tools in APPENDIX 2.

| 6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT | | | |
|---|---|---|---|
| **6.1 Recommended Reading** | | | |
| **6.1.1 Required Reading List** | | | |
| | Authors, Compliers | Title | Book publisher, Year |
| 1. | A.Alano | Basic clinical nursing skills | Hawassa Univercity, 2002 |
| 2. | P.Baby, N.Jaya, K.Subbaiyan | Nursing theory | First edition, 2010 |
| 3. | H.Singh, R.Premalatha, Noornisha | Nursing | First edition, 2004 |
| 4. | J.Crisp, C.Taylor, C.Douglas | Fundamentals of Nursing | Fourth edition, 2012 |
| **6.1.2 Advanced Reading** | | | |
| | Authors, Compliers | Title | Book publisher, Year |
| 1. | M.R.Alligood | Nursing theory | First edition, 2014 |
| 2. | P.Lynn, M.LeBon | Skills checklist for Taylor's clinical nursing skills | 2011 |
| 3. | G.Rebeiro, L.Jack, N.Scully | Fundamentals of Nursing clinical skills workbook | 2012 |
| **6.3. List of Information and Education Technologies** | | | |
| | | | |
| **6.3.1 Competence-based Educational Technologies** | | | |
| 6.3.1.1 | The traditional innovations - microlectures, reports and training of theoretical and practical skills on care of patients on models. For simplification of student's preparation for studies at the informational stand of the department concrete questions and problems for studied themes are presented. Lecturers plan theoretical and practical parts of studies in strict conformity with the offered program which provides unified approach to studies by all lecturers. | | |
| 6.3.1.2 | The innovative educational programs - dummies and mannequins with electronic supporting are used for studying and sustaining of practical skills of patient's care being on complete bed rest, partial bed rest and open ward regimen. Simulator methods of training are used for performing practical tasks. Students correct mistakes of answering students for total and profound studying of material. Lecturer only corrects this process. Questions and tasks on themes are made so that there is possibility of development of logic thinking of students. | | |
| 6.3.1.3 | The nformative educational technologies - work under control of nurses in clinical conditions, viewing of photos and video materials with following discussion and analysis of individual work is provided. Using of Internet resources for getting information on application of orthopedic products in general care for patients with various kinds of a curative-protecting regimen. | | |
| **6.3.2 List of Information Reference Systems and Software** | | | |
| 6.3.2.1 | Unified library system http://lib.krsu.edu.kg/ | | |
| 6.3.2.2 | KRSU library's Web-site http://lib.krsu.edu.kg/ | | |
| 6.3.2.3 | Database of KRSU library's educational-methodical materials http://lib.krsu.edu.kg/ | | |
| 6.3.2.4 | Internet resources: | | |
| 6.3.2.5 | http://www.medline.com | | |
| 6.3.2.6 | http://www.delmarlearning.com | | |
| 6.3.2.7 | http://www.textbooksonline.tn.nic.in | | |
| 6.3.2.8 | http://www.rhc.ac.ir | | |
| 6.3.2.9 | http://www.damanhour.edu.eg | | |
| 6.3.2.10 | http://www.nlm.nih.gov | | |
| 6.3.2.11 | http://www.scirus.com | | |
| 6.3.2.12 | http://www.medicinenet.com | | |
| 6.3.2.13 | http://www.healthscout.com | | |
| 6.3.2.14 | http://www.gfmer.ch | | |
| 6.3.2.15 | http://www.eurasiahealth.org | | |
| 6.3.2.16 | http://www.priory.com/emerg2.htm | | |

| 7. COURSE (MODULE) LOGISTICS | |
|---|---|
| 7.1 | The theoretical preparedness of program education on educational practice passes in educational class-rooms in "Ilbirs" campus. |
| 7.2 | The computer class-rooms (L.Tolstoy campus, class-rooms 4/12, 4/15) with Internet Network for individual work performing, acquisition with internet sources, video-materials; |
| 7.3 | Teacher's office including PC -1; printing device -1; notebook computer -1;TV sets – 2;DVD – player – 2; |

| | |
|---|---|
| | projector -1; |
| 7.4 | The simulation center(Alamedin campus) equipped with robotic-enabled mannequins - simulators, modern intensive care equipment, electronic phantoms of the equipment, training devices, interactive and medical equipment, medical instruments and expendables. |
| 7.5 | tonometers -8; |
| 7.6 | phonendoscopes – 8; |
| 7.7 | thermometers – 30; |
| 7.8 | gastric tubes -2; |
| 7.9 | Esmarch's irrigators -2; |
| 7.10 | urine catheters -4; |
| 7.11 | urinals -2; |
| 7.12 | bedpans -2; |
| 7.13 | bloodstopping tourniquets -2; |
| 7.14 | transport tires -5; |
| 7.15 | expandable materials: bandages, cotton, plaster; |
| 7.16 | educational films on theme "Active treatment of patient in terapeutic department". |

**8. COURSE (MODULE) PROFICIENCY METHODICAL GLUIDELINES (FOR STUDENT)**

MODULAR CONTROL OF PRACTICE INCLUDES:
1. The current control: repetition of training material on therapy, surgery, obstetrics and gynecology and performance of obligatory tasks for independent work
2. The progress control: check of completeness of knowledge and skills of module material in general. Performance of progress control tasks.
3. The intermediate control: complete documented part of educational practice (2nd semester – credit with mark) - a set of credit modules closely connected with each other.

MAIN REQUIREMENTS TO INTERMEDIATE CONTROL
Upon attending the exam students are obliged to have at themselves their record books which they provide to the Commission. The Commission has the right to give a credit pass without recitation to those students who have gained more than 60 points for current and progress control.
On intermediate control the student has to answer correctly theoretical questions of the exam paper and test questions - ("knowledge"), and to execute a practical task ("skills", "expertise").
During intermediate control the Commission sums up results on implementation of all control requirements by a student during a semester.
The assessment of intermediate control:
- min 10 scores - Questions to check "KNOWLEDGE" level of proficiency (if a student has correctly answered all test questions)
- 10-20 points - Questions to check "KNOWLEDGE" level of proficiency (if at answers to asked theoretical questions the student correctly formulates basic concepts)
- 20-25 points - Tasks to check "SKILLS" and "EXPERTISE" level of proficiency (if a student correctly formulates core of the problem set in the exam paper and provides recommendations for its solving)
- 25-30 points - Tasks to check "SKILLS" and "EXPERTISE" level of proficiency (in case of full implementation of a control task).

PRACTICE BASES
The educational practice is carried out on the basis of the simulation center (Alamedin campus) equipped with robotic-enabled mannequins - simulators, modern intensive care equipment, electronic phantoms of the equipment, training devices, interactive and medical equipment, medical instruments and expendables.

THE ORGANIZATION OF PRACTICE
The educational practice is carried out in the 2nd semester and lasts for 2 weeks. Practice is distributed (each week for 6 hours, including independent work of a student).
The educational and methodical, scientific supervision and control of "General care for surgical patients" educational practice is carried out by teachers of the Basements of Medical Skills Department.
The head of practice will:
-guarantee conducting of all preparatory, organizational activities, description of tasks, instructing concerning procedure of practice, technique of safety, etc.;
- provide high educational and methodical level of practice by students according to the curriculum and current program;
- organize consultations, lectures and seminars for separate units of the program, latest scientific and technical achievements;
- supervise students work;
- carry out check of all hands-on tasks, give reviews of hands-on work.

At practice a student will:
- completely perform all tasks provided by the practice program;
- follow the employment policies and procedures existing in institution or organization;
- study and strictly follow rules of labor protection, health and safety requirements;
- bear responsibility for performed work and its results;
- regularly perform all hands-on tasks according to the technologic chart of the discipline;

- to pass practice credit.

Studying of the “General care for therapeutic patients” Educational Practice assumes acquaintance of students with the main questions offered for studying to them. Successful material acquisition demands active work on lessons, carrying out all educational tasks of the teacher, acquaintance with the main and additional literature. In the course of work with literature a student has to find answers to all raised questions, to emphasize the core in the studied material and to make a consecutive, logically built conspectus. For drawing up a conspectus, at first, a student has to read a text fast to create general idea about studied material (not to remember but to understand the general sense of the read material). Then to read again more slowly than during reading to understand and to remember sense of each utterance, each statement and question in general. To make a plan of the read text, then to make theses or to take notes and to summarize the read text by his/her own words. It is necessary to write out all unclear words from the text and to find their explanation. The day before the lesson a student has to read the conspectus attentively. If there are any unclear questions a student has to write out them and ask the teacher at the lesson. Constant taking an active part in lessons, readiness to put and discuss current problems, to perform practical tasks of the teacher is a guarantee of successful work and good mark.
For preparation to pass the module or credit a student has to repeat all studied material using recommended literature and conspectus. At tests one needs to choose one correct answer of four offered to each question. Students show practical skills on a mannequin or on each other. If necessary he/she can get advice of the teacher.

THE REPORT PREPARATION FOR LESSON
Student chooses one of the topics offered by the teacher; writes down instructions of the teacher for preparation of a report, and recommended literature. Then the plan of a report is formed. The student works with literature and draws up a text of the report according to the established sample. The teacher advises him/her in arisen questions, and then checks a text of the report. The student can prepare presentation on a report topic. After presentation a student answers questions of the group.
Structure of the report with elements of research work
1. The topic Urgency.
2. The literary review on a topic.
3. The practical example (description of a concrete situation, a section of work, a patient with this or that pathology, assessment of positive and negative sides of the described situation).
7. The references and the Internet resources.

RECOMMENDATIONS FOR PREPARATION OF PRESENTATION
Multimedia presentations are a type of independent work of students for creation of visual information aids executed by means of PowerPoint multimedia software program. This type of work demands the coordination of the student’s skills to collect, to systematize, to process information, to organize it in the form of resource pack briefly reflecting main questions of the studied topic in electronic form. It means that the creation of training of materials in the form of presentations expands methods and means of processing and submission of educational information, forms computer work skills of the students.
The training materials in the form of presentations are prepared by a student in the form of slides with use of Microsoft PowerPoint.
The requirements to students for preparation of a presentation and its defense in the form of report at the lesson.
1. The topic of the presentation is chosen by the student from the list offered by the Fund of Education Assessment Tools, and is to be agreed with the teacher and corresponds to the lesson subject.
2. The stages of presentation preparation
The preparation of the presentation plan (setting of objective and purposes of this work);
Thinking over of each slide (at the beginning it can be done manually on paper), at the same time it is important to answer the following questions:
- how does the idea of this slide disclose the main idea of all presentation?
- what will be on the slide?
- what will be told?
- how will transition to the next slide be made?

3. The presentation making by means of MS PowerPoint:
- It makes sense to be exact. Made slides carelessly (disparity in fonts and spaces, misprints, tipographic error in formulas) cause suspicion meaning that student -speaker has approached carelessly to questions. - The title page is necessary to present to the audience you and a subject of your report.
- The quantity of slides is no more than 15.
- The optimum number of lines on a slide is from 6 to 11.
- Widespread mistake is to read a slide literally. It is the best if detailed information is written on the slide (definitions, formulas), and by words a student will tell their substantial sense. Information on the slide can be more formal and strictly stated than in the speech.
- The ptimum speed of switching is one slide per 1-2 minutes.
- It is welcomed to use more drawings, pictures, formulas, diagrams, and tables in the presentation. It is possible to use animation effects.
- At explanation of tables it is necessary to tell what corresponds to lines and what — to columns.
- You enter only those designations and concepts without which understanding of main ideas of the report is impossible.
- In a short performance it is impossible to repeat the same idea even if it is done in other words as time is precious.
- Any phrase has to be said for some reason or other then the performance will be complete and will leave a good impression.
- The last slide with conclusions in the short presentations shouldn’t be pronounced.
- If there are a lot of formulas on the slide it is recommended to gather it completely in MS Word (otherwise formulas should be

placed and leveled on the slide manually). For this purpose it is convenient to make a blank that is an empty slide with one big Word object “Insert / Object / Microsoft Word Document”, to select its sizes once and to multiply for necessary number of slides. Body font in the text and formulas is recommended to be changed to Arial or to similar one; the Times font looks badly from afar. It is necessary to set in MathType the main font size equal to the main font size in the text. Never align the formula size manually (extending it for a corner).
4. A student will be obliged to prepare and make a report within time period strictly allowed by the teacher, and in time.
5. The instructions to speakers:
- to provide new information;
- to use technical means;
- to know and be familiar with the topic of the whole presentation;
- to be able to discuss and to answer questions quickly;
- to carry out accurately the established regulations: speaker - 10 min.; discussion - 5 min.;
It is necessary to remember that the report consists of three parts: introduction, main part and conclusion. The introduction helps to achieve success of a report on any topic. The introduction must contain:
- the name of the presentation;
- the message of the main idea;
- the modern assessment of the reported subject;
- the short list of considered questions;
- live and interesting form of the presentation;
The main part where the speaker has to open deeply core of the topic touched usually is report-based. The goal of the main part is to submit enough data in order to make listeners interested in the topic and wanted to get acquainted with materials. At the same time logical structure of the theoretical block shouldn’t be given without training handbook, audio - visual and visual aids. Conclusion is a clear accurate summary and short conclusions which listeners always wait for.

CARE BASIC PRINCIPLES
1. Room. It has to be light, spacious, and whenever possible, isolated and noiseproof. At any disease plenty of light, fresh air and comfortable temperature in the room where a patient stays will make favorable impact on a person. It is necessary to tell individually about light: its force should be reduced if there is a patient with an ophthalmologic or nervous system disease in the room. In daytime electric lamps have to be covered with a dull lamp shade, and at night only night lamps or other devices of low heat can be switched on.
2. Temperature. Desirable microclimate in the patient’s room has to be as follows: temperature is within 18 — 20 °, air humidity - no more than 30 — 60%. It is very important that the room does not cool down in the morning. At too dry air for increase in humidity it is possible to put a wet thing on the radiator, or to put nearby a vessel with water. To reduce air humidity indoors, it is necessary to air it. In the city environment it is better to carry out airing at night time as in daytime city air is much more polluted with dust and gases. In other environment in summertime it is possible to air the room round the clock; during the winter period it is worth to air no more than 3-5 times a day. To protect the patient from cold air stream during airing, it is necessary to cover him/her with a blanket; and the head - with a towel or scarf (the face is opened). It is inadmissible to fumigate the room with the flavoring means instead of airing!
3. Purity. The room where there is a patient needs to be kept clean. So, cleaning is necessary to do not less than two times a day. Furniture, window frames and doors should be wiped by moist rags; the floor needs to be washed or to wipe with the brush wrapped with a moist rag. It is the most preferable to remove objects on which dust can accumulate (curtains, carpets), or to shake out/clean often them with a vacuum cleaner. The patient’s room has to be isolated from street, transport and production noise. It is recommended to decrease loudness of radio, TVs and etc. It is necessary to talk in a low voice.
4. Transportation. It is a very important aspect. If a person is seriously-ill, he/she needs to be transported carefully, on special chair, stretcher or wheelchair, avoiding at the same time any pushes. The patient is transferred in the stretcher by two or four people. It is important that they stay out of step, walk by short steps. Replacement of the patient and carrying on hands can be carried out by one, two or three people. If carrying is carried out by one person, it is necessary to act as the following: one hand is brought under the patient’s scapulas, another - under hips, at the same time the patient has to hold a carrier for a neck. To move a seriously-ill patient from a stretcher on a bed it is necessary to act as follows: to put a stretcher at right angle to a bed so that their foot board is closer to a head part of the bed. Before shifting a seriously-ill patient to a bed it is necessary previously to check his/her readiness and existence of individual care items and bedside accessories.
Seriously-ill persons will need, but not limited, the following:
- a rubber sheet,
- a rubber ring,
- a urinal,
- a bed-pan.
The patient’s bed should be tidy, convenient, of sufficient length and width. It is desirable to use for the patient’s bed a multisection mattress on which a cotton sheet put. If there is a need, a rubber sheet is put under a sheet. In specific situations, for example, at spinal disorders, a shield is put under the mattress. It is worth remembering that the patient’s bed shouldn’t stay near heating sources. Desirable place is a place when it is convenient to approach the patient on both sides. The seriously-ill patient needs to help to undress, take off footwear; in special cases, clothes are carefully cut.
5. The changing of bed linen. At this procedure it is inadmissible to create inconvenient poses, impelled muscular tension, or to hurt the patient. The patient should be removed on the edge of the bed, and the free part of a sheet is to roll up to the patient’s body. Then on this part of a bed it is necessary to spread a clean sheet and to shift the patient. At strict bed confinement a sheet rolled up in the direction from legs to the head, first, to a waist, then under upper body. Edges of a sheet are attached to a mattress by safety pins. It is necessary to shake out a blanket at each change of linen.
6. The changing of underwear. When changing a shirt for a seriously-ill patient, it is necessary to bring at first a hand under his/her back, then to lift a shirt to a nape, to remove one sleeve, then another (if one hand is injured, it is necessary to start with a

healthy one). After that the patient should be put on a shirt (start with a healthy hand), then it is necessary to lower it through the head to a sacrum and to unfold it. If the patient is strictly confined to bed by the doctor, it is necessary to put on to him/her a shirt wraparound garment. If the patient's linen was contaminated by blood or discharges, it should be wetted previously in chlorinated lime solution, then to dry up, and only after that to send to a laundry.
7. The regime. The doctor appoints different regimes for the patient depending on the seriousness of diseases:
Strict bed rest is when it is forbidden even to sit.
Bed rest is when it is possible to move in the bed, but at the same time it is forbidden to leave it.
Partial bed rest is when it is possible to move around the room.
The general regime is where, as a rule, physical routine activity of the patient isn't restricted significantly.

THE BASIC RULES OF BED REST PATIENT
1. The patient carries out bowel and bladder functions in the bed. The person is given a disinfected, purely washed bed-pan (a specialized device for excrements) which is poured with a little water that absorbs smells. A bed-pan is brought under buttocks so that the crotch of the patient is over a big opening, and a tube - between hips. At the same time the free hand needs to be brought under a sacrum to raise the patient. Having released bed-pan, it needs to be washed up carefully with hot water, and then to disinfect with 3% chloramine or lysol solution. Urine collecting vessel - a urinal - needs also to be given well washed up and warm. After urination of the patient a urinal is washed out by sodium hydrocarbonate or permanganate potassium solution, or weak solution of hydrochloric acid.
2. Tools and stock necessary for care need to be stored in the place which is strictly defined for this purpose. All necessary things for the patient should be available for using. Hot-water bottles, bed-pans, urinals, rubber rings, ice bags are needed to wash out by hot water, after that to rinse 3% chloramine solution and to store in specialized cabinets. Probes, catheters, flatus tubes, tips of enemas are washed in hot water with soap, and then boiled for 15 minutes. Tips of enemas need to be stored in the ware intended for this purpose and marked. Measuring vessels and spout cups are required to boil. Whenever possible, it is worth using items of care for single use. Chairs, wheelchairs, cabinets, beds, stretchers and other armamentarium should be disinfected periodically by 3% chloramine or lysol solution, and it is necessary to wipe them with a moist rag or to wash with soap daily.
3. Personal hygiene of the patient has huge importance during rehabilitation period. Primary patients (except for critically-ill patients) should be subject to sanitization which includes bath, shower or sponge bath, and, if necessary, short hairstyle with subsequent disinfection processing of a hairy part of head skin. If the patient needs assistance at sanitization, he/she should be dipped into a bath on a sheet, or to seat on a special chair set in the bath (tub bath), and to be washed by means of a handshower. If a person is seriously-ill, bathing is replaced with sponge bath moistened in warm water with soap. At the end of the procedure, it is necessary to rub off a body of the patient with a sponge moistened in warm water without soap and to wipe dry. Unless otherwise instructions, the patient should take a bath or shower at least once a week. Fingernails and toenails are needed to cut shortly.
4. It is recommended to wash hair with warm water with shampoo (after the procedure hair is carefully comb). If the person is a seriously-ill patient, then washing of the head is required to perform in the bed. As for frequency of these hygienic procedures, it is as follows: the patient should wash his/her hands before each meal, feet - every day before going to bed. Upper body, a face and a neck need to be washed daily. Genitals and anus need to be washed daily. If a person is a seriously-ill patient, it is necessary to perform washing of genitals at least two times a day. The procedure takes place as follows: a vessel is brought under buttocks of the patient (at this a patient lays on his/her back, bending his/her knees). For perineal washing it is also convenient to use Esmarch's irrigator which is equipped with special rubber tube with a tip which, in its turn, has a clip or crane. A stream of water or attenuated solution of permanganate potassium goes to a perineum. Along with it, a wadded tampon is brought in the direction from genitals to anus. Then, by means of another wadded tampon skin of perineum is drained. Such procedure can be performed also with use of a jug with warm disinfecting solution. If the patient corpulent or is inclined to increased sweating, inguinal folds, axillary areas and also skin folds under mammary glands, in particular, are necessary to wash often to avoid intertrigo.
5. The weakened patients and also those patients whose bed rest lasts for a long period of time need especially careful care of a body and skin to avoid decubituses. As preventive measures, besides skin care, it is necessary to keep a bed tidy, regular to smooth folds of a sheet and to eliminate high spots. It is necessary to wipe skin of patients with risk of decubituses once or twice a day with camphor alcohol, and to powder talc. Besides, it is necessary to use rubber rings, which are wrapped up by a pillowcase, putting them under places which are subject to pressure the most (for example, a sacrum). Necessary preventive measure is also a frequent change of the patient's position on the bed. Care of the patient's feet is very important too as at insufficient care thick corneal layers representing manifestation of a scaly form of epidermophytia can be formed on the bottoms of feet. In these cases removal of toughened skin with subsequent treatment of foot skin with antifungal means is required.
6. The feeding of seriously-ill patients is extremely important aspect in caring. It is necessary to keep strictly to the diet prescribed by the doctor. During meal it is necessary to pose bed patients that way which allows avoiding exhaustion of the person. As a rule, it is a slightly elevated position of the upper body or semisitting position. Neck and breast of the patient need to be covered with a napkin. It is necessary to feed weakened patients and patients having fever at decrease in temperature / improvement of their condition. Such patients are spoon-fed. They are given strained or minced food by small portions. It is not good to interrupt a day nap to feed a patient, if a patient has insomnia. Seriously-ill patients are given drink out of a spout cup. If a person can't swallow food, artificial nutrition is required for him/her: probe.
7. One more necessary condition of successful treatment is observation of the patient's condition. So, people providing care need to tell regularly the doctor about each change in the patient's condition. It is necessary to consider mental condition of the patient, change of position of his/her body, skin coloring, face expression, existence of cough, respiratory rate, change of nature and color of urine, stool and sputum. Besides, by instructions of the doctor it is necessary to perform measurement of body temperature, weighing, a ratio of output and intake fluid, and to make another prescribed observations. It is important to monitor the patient's medication intake. For the procedure of drug intake clean measuring vessels and a decanter with boiled water have to be prepared.

PRACTICAL RECOMMENDATIONS FOR CARE OF TERAPEUTIC PATIENTS is in APPENDIX 3