Appendix №1

THEORETICAL ASSIGNMENT FOR THE 9 SEMESTER (intermediate control)

1. Pediatrics. The two main tasks of pediatrics. Environmental risk factors (climatogeographical, biomedical, man-made, social) affecting the health, morbidity and mortality of children.
2. Periodization of childhood. Antenatal period and antenatal pathology (embryo- and fetopathy). The concept of perinatology.
3. Features of the history of childhood (geneological, family, obstetric, illness and life). Principles of deontology. The relationship of the doctor and the parents, the doctor and the sick child.
4. The neonatal period. Transient states of the neonatal period (physiological catarrh, jaundice, desquamation, loss of body weight, fever, urinary acid infarction, sexual crisis).
5. Full-term and premature baby. The main indicators of term and prematurity.
6. Hyperbilirubinemia of newborns. Classification of neonatal jaundice. Etiopathogenesis, clinic, differential diagnostics.
7. Principles of nursing and feeding premature infants. Peculiarities of transient and deficient states.
8. Hemolytic disease of the newborn. Etiopathogenesis, classification, clinic, Modern methods of conservative therapy. Indications for replacement blood transfusion.
9. Threatened conditions of the fetus (fetal hypoxia, the threat of premature birth). Asphyxia of the newborn child. Etiopathogenesis. Clinic.
10. Primary resuscitation of the newborn (ABCD-reanimation).
11. Birth injuries of the central nervous system. Etiopathogenesis. Clinic. Treatment.
12. Intrauterine infections. Sources, ways of infection. The main diagnostic criteria. Treatment and prevention.
13. Purulent-inflammatory diseases of the newborn. Sources of infection, routes of transmission, susceptible team.
14. Clinic of localized inflammatory diseases in newborns. The basic principles of treatment.
15. Sepsis of newborns. Ways of infection. Etiopathogenesis. Classification and clinical picture. Treatment.
16. Anatomical and physiological features of the nervous system and sensory organs of a young child. Congenital unconditioned reflexes.
17. The development of mental and static functions in children of the first year of life. The influence of the environment, mode and education on the neuro-psychological development.
18. The benefits of breastfeeding and its importance for the normal development of the child.
19. The modern concept of rational nutrition of infants. Lactation. Factors affecting lactation ability.
20. Requirements for a “child-friendly hospital”. Eleven principles of successful breastfeeding.
21. Technique of attachment of the child to the chest. Methods for determining the daily amount of milk needed by the child. Daily need for the main ingredients of nutrition and calories when breastfed.
22. Difficulties and contraindications to breastfeeding and lactation on the part of the mother and child, measures to prevent and eliminate them.
23. Qualitative and quantitative differences of mature female milk from cow milk. The ratio of the main ingredients in breast and cow's milk.

24. Lactation deficiency (hypogalactia). Causes of hypogalactia in lactating women. Its types and extent, methods of diagnosis, prevention and treatment. The value of expressing milk after breastfeeding.
25. Lure Methods and timing of the introduction of various types of feeding.
26. Artificial feeding. Definition of the concept. Indications for transfer to artificial feeding. The basic rules of artificial feeding.
27. Mixed feeding. Definition of the concept, indications for transfer to mixed feeding. Rules of the meeting.
28. Classification and characterization of mixtures used in mixed and artificial feeding.
29. Adapted milk formulas: characteristics, classification. The main therapeutic mixture. Milk - acid mixtures used in artificial feeding, their advantages and disadvantages.
30. Physical development of the child. Factors affecting physical development. The laws of growth of mass and length of the body in different age periods. The proportions of the body of the child. The concept of biological age.
31. Assessment of the physical development of the child. Semiotics of growth and development. Acceleration and deceleration problems.
32. Anatomical and physiological features of the skin, subcutaneous fat and lymphatic system in children.
33. Methods of study of the skin, subcutaneous fat and lymphatic system in children. Semiotics of the main manifestations.
34. Anatomical and physiological features of the bone and muscular systems. The timing of closing the springs, the appearance of nuclei of ossification, the timing and order of teething.
35. Methods of studying the bone and muscular systems. Semiotics of the main manifestations.
36. Anatomical and physiological features of the circulatory system in children. Fetal blood circulation. Transition to extrauterine circulation. Borders of the heart in children. Pulse and blood pressure in children at different ages.
37. Research methodology and semiotics of cardiovascular diseases in children.
38. The formula of peripheral blood in children at different ages. Methods of research of the blood system.
39. Anatomical and physiological features of the urinary system in children.
40. Research methodology and semiotics of urinary system diseases in children. Collect urine in young children.
41. Anatomical and physiological features of the gastrointestinal tract in children. Characteristics of the secretory and motor functions of the stomach. The composition of the intestinal flora of the newborn and infant, depending

on the type of feeding.

42. Methods of study of the digestive system in children. Semiotics of the main manifestations. The diagnostic value of the inspection of the mouth and throat of the child.
43. Features of immunological reactions in childhood. Active and passive immunity. Congenital and acquired immunity.
44. Vaccination calendar. Absolute and relative contraindications to vaccination. Preparation and vaccination of children from “risk groups”. Post-vaccination reactions in children and their prevention.
45. Organization of the work of the children's clinic.
46. Functional duties of the district pediatrician.
47. The main sections of the preventive work of the pediatrician at the site.
48. Monitoring of healthy newborns and children 1 year of age in the pediatric area.

49. Dispensary observation of healthy children older than a year.
50. Preparation of documents for admission to pre-school child care center and school.
51. Clinical examination of adolescents.
52. Organization and conduct of prof. vaccinations. Vaccination schedule.
53. Contraindications to the conduct of prof. vaccinations.
54. The normal course of vaccination processes.
55. Complications associated with prof. vaccinations, their treatment and prevention.
56. Anti-epidemic measures in a polyclinic and pediatric area.
57. Anatomical and physiological features of the respiratory system in children.
58. Semiotics of respiratory diseases in children. Research methodology.
59. Anatomical and physiological features respiratory organs. The mechanism of the first breath.
60. Features of peripheral blood in children at different ages.
61. Semiotics lesions of the blood system in childhood.
62. Anatomical and physiological features and semiotics of the lesion of the skeletal system.
63. Patterns of increase in mass and growth in children in the first year of life.
64. Anatomical and physiological features of the cardiovascular system in children. Intrauterine circulation, the transition to extrauterine circulation.
65. Neuropsychic development of infants and older children.
66. Diseases of the skin and navel are infectious and inflammatory in newborns.
67. Assessment of the condition of the newborn at birth, Apgar scale. Assessment of severity.
68. Fetal infections. Etiopathogenesis, clinic, treatment, prevention.
69. Features of ECG in children of different ages. ECG for hypertrophy of various parts of the heart.
70. Periods of childhood age, their characteristics. Scheme for collecting obstetric history of the mother, pedigree, family history, history of the life and development of the child, history of the disease.
71. The physical development of children. The role of a complex of environmental factors (biomedical, climatic, geographic, technological, social) on the physical development of children. The concept of acceleration, deseleration, retardatsii.

72. Method of anthropometric measurements and their evaluation. Indicators of the length and mass of the fetus, depending on the period of intrauterine development. Full-term and premature babies. The main anthropometric indicators.

73. Anatomical and physiological features and semiotics of the nervous system in children at different age periods. The composition of the liquor in healthy children.

74. Anatomical and physiological features of the skin, subcutaneous fat and muscle systems. Research methods. Semiotics.

75. Anatomical and physiological features of the osteo-articular system in children. Research methods. Semiotics. The time of appearance of the main nuclei of ossification. The procedure and timing of the eruption of milk and permanent teeth, the timing of the closing of fontanel, cranial sutures.

76. Lymphoid system. The main organs of the lymphoid system and their development after birth. Semiotics. Nonspecific protection factors, phagocyte complement system, cellular and humoral immunity.

77. Intrauterine blood circulation of the fetus. Transition to extrauterine circulation. Mechanisms and terms of closure of embryonic circulatory pathways (Arantia duct, oval window, arterial duct).

78. Anatomical and physiological features and semiotics of the cardiovascular system in children at different ages. Research methods.

79. Anatomical and physiological features and semiotics of the urinary system in children at different ages. Research methods.

80. Stages of fetal hematopoiesis in the fetus (angioblastic, hepatic, bone marrow). Features of the composition of peripheral blood in children of different ages. Semiotics, research methods.

THEORETICAL ASSIGNMENT FOR THE 10 SEMESTER (Intermediate control)

1. Exudative - catarrhal, atopic diathesis. The main clinical manifestations and features of follow-up.
2. Lymphatic-hypoplastic and neuro-arthritic diathesis. The main manifestations and features of follow-up.
3. Etiology and predisposing factors for the development of rickets. Pathogenesis of rickets. Modern ideas about the metabolism of calcium and phosphorus, metabolism and the value of vitamin D.
4. Classification of rickets. Clinical manifestations of rickets at different periods of the disease.
5. Treatment of rickets. Antenatal and postnatal prevention of rickets.
6. Vitamin D-resistant and Vitamin D-dependent rickets. Etiopathogenesis. Features of the clinic and treatment.
7. Hypervitaminosis D: causes of development, clinic, methods of prevention and therapy.
8. Spasmophilia. Etiopathogenesis. Classification. Clinic. Treatment. Prevention.
9. Iron deficiency anemia in children. Definition of the concept, causes and mechanisms of development in children. Risk factors for development of IDA in children of different ages.
10. Classification of iron deficiency anemia. Leading clinical syndromes.
11. Methods of treatment and prevention of iron deficiency.
12. Pyloric stenosis and pylorospasm in children. Etiopathogenesis, clinic. Differential Diagnostics Treatment.
13. Acute digestive disorders in children. Etiopathogenesis. Clinic. Treatment.
14. Chronic nutritional disorder in children. Etiopathogenesis. Classification.
15. Clinic of varying severity of chronic eating disorders in children. Stages of diet therapy.
16. Clinical manifestations of chronic gastritis, gastroduodenitis in childhood.
17. Clinical manifestations of gastric ulcer and duodenal ulcer in children. Complications.
18. Hepatitis and cirrhosis in young children. Etiology. Classification. Clinic. Treatment.
19. Hemorrhagic disease of the newborn. Etiopathogenesis. The main clinical manifestations. Melena. Disease prevention
20. Thrombocytopenic purpura in children. Etiology, pathogenesis of bleeding syndrome. Clinical manifestations.
21. Treatment of thrombocytopenic purpura. Dispensary observation. Relapse prevention.
22. Hemophilia "A" in children. Etiopathogenesis. The clinical picture, complications. Diagnostics.
23. Differential diagnosis of hemophilia A and B.
24. Principles of treatment and follow-up of children with hemophilia. Emergency treatment for nose bleeds and limb injuries.

25. Features of preventive vaccinations in children with hemophilia.
26. Differential diagnosis (clinical and laboratory) between hemophilia and thrombocytopenic purpura.
27. Hemorrhagic vasculitis: etiopathogenesis, classification. Clinical manifestations of hemorrhagic vasculitis in children.
28. Principles of treatment and prevention of hemorrhagic vasculitis.
29. Risk factors, etiology and pathogenesis of acute rheumatic fever in children.
30. Classification and diagnostic criteria for acute rheumatic fever in children.
31. Clinical features of the course of acute rheumatic fever in children.
32. Clinic and diagnosis of rheumatic chorea.
33. Therapeutic measures (regimen, diet, drug therapy) acute rheumatic fever in children. Types of prophylaxis.

Relapse prevention.

34. Etiopathogenesis and clinical features of juvenile rheumatoid arthritis.
35. Differential diagnosis of rheumatoid and rheumatoid arthritis.
36. Pneumonia in children. Definition of the concept. Etiocructure of pneumonia in different age periods of children (neonatal, in younger and older age). The concept of out-of-hospital and nosocomial pneumonia.

Pathogenesis.

37. Neonatal pneumonia. Ways of infection. Clinic. Treatment.
38. Etiology of home and hospital pneumonia. Classification.
39. Clinic of uncomplicated pneumonia in young children.
40. Clinic of complicated pneumonia in young children.
41. Etiotropic and syndromic therapy of pneumonia in children. Bronchial asthma in children. Morphological changes in the bronchial wall. Modern understanding of the etiology and pathogenesis of the disease. Classification of bronchial asthma in childhood. Clinic of anxiety period in children of early and older age. Principles of treatment of bronchial asthma in children. Emergency treatment in the attack period. The concept of basic therapy, basic drugs. Differential diagnosis of bronchial asthma with other diseases of the respiratory system (pneumonia, tracheal and bronchial foreign bodies, obstructive bronchitis of viral etiology). Pyelonephritis in children. Definition of the concept, the main predisposing factors to the development of pyelonephritis. Etiology,

pathogenesis.

42. Pyelonephritis in children. Classification, clinical picture. Methods of laboratory and instrumental diagnostics.
43. Pyelonephritis in children. Treatment in the acute period, prevention of recurrence. 44.

Differential diagnosis of pyelonephritis and glomerulonephritis in childhood 45. Dispensary observation of children with pyelonephritis.

46. Acute post-streptococcal glomerulonephritis. Etiology, pathogenesis.
47. Clinical and laboratory signs (extrarenal, renal) of glomerulonephritis in children.
48. Treatment of children with acute post-streptococcal glomerulonephritis. Forecast. Prevention measures.
49. Dispensary observation of children with chronic eating disorders and rickets at the site.
50. Dispensary observation of children with deficient anemia and edematous diathesis.

51. Basic medical documentation of the pediatric department of polyclinics
52. Organization of medical work at the site. Patronage of patients at home.
53. Clinical examination of children with chronic pneumonia and bronchial asthma.
54. Dispensary observation of children with chronic tonsillitis, rheumatism, juvenile rheumatoid arthritis.
55. Dispensary observation of children with glomerulonephritis and pyelonephritis.
56. Allocation of children at risk. Monitoring of frequently ill children and children who have suffered acute pneumonia, sore throat, acute respiratory viral infections.
57. Treatment and observation of children with helminthiases (enterobiosis, ascaris, heminolepidosis).
58. Emergency treatment of an asthma attack and anaphylactic shock in a pediatric site.
59. Emergency treatment of hyperthermic and convulsive syndrome at the site.
60. Emergency treatment for acute adrenal insufficiency and neurotoxicosis in children in a pediatric site.
61. The principles of observation and treatment of acute respiratory viral infections and acute bronchopulmonary diseases of infants at the site (WHO recommendations).
62. Current data on the etiopathogenesis of acute pneumonia in children, their classification.
63. Clinic and treatment of uncomplicated pneumonia in children. Diff. Diagnosis with acute bronchitis.
64. Clinical features of staphylococcal, interstitial, pneumocystic and other atypical pneumonia.
65. Acute pneumonia in children. Etiology, pathogenesis, predisposing factors. Classification, clinic of uncomplicated pneumonia.
66. Rachitis dependent, rickets resistant renal - canalicular acidosis in children. Etiopathogenesis, clinic.
67. Spasmophilia. Etiopathogenesis. Classification. Clinic, treatment.
68. Clinical manifestations of rickets in the initial period, in the height of the disease. Diagnosis, treatment.
69. Congenital heart defects in children. Etiology. Classification. Difference from acquired defects.
70. Open arterial duct (OAD) hemodynamics. Clinic.
71. Defect of the interventricular septum. Pathogenesis, clinic, treatment.
72. Tetrology of Fallot. Pathogenesis, clinic, treatment.
73. Coarctation of the aorta. Pathogenesis, clinic, treatment.
74. Classification of chronic eating disorders in children. Clinic.
75. Chronic eating disorders. Etiopathogenesis, classification, clinic.
76. Down syndrome, inheritance, phenotypic manifestations, diagnosis, prognosis.
77. Vitamin D dependent rickets, phosphate diabetes, Tony-Debreux-Fanconi syndrome.
78. Anatomical and physiological features adrenal glands. Acute and chronic adrenal insufficiency.
79. Hypothyroidism. Etiopathogenesis, clinic, diagnosis, treatment.
80. Growth diseases: pituitary nanism, gigantism, acromegaly. Etiopathogenesis, clinic, treatment.
81. Adrenogenital syndrome. Etiopathogenesis. Clinic, diagnosis.
82. Rheumatic lesions of the nervous system. Clinic, treatment of minor chorea.
83. Scheme of hemostasis. Classification of hemorrhagic diathesis.
84. Clinic and treatment of complications of acute pneumonia in children (neurotoxicosis, cardiorespiratory syndrome, hyperthermia).
85. Acute pneumonia in children. Classification of acute pneumonia. Etiopathogenesis. Clinic of uncomplicated community-acquired pneumonia.

86. Acute complicated pneumonia. Clinical pneumonia. Etiopathogenesis. Clinic. Diagnostics. Treatment.
87. Allergic diseases in children. Atopic dermatitis. Allergy medication, vaccination, food.
88. Chronic pathology of the bronchopulmonary system. Factors predisposing to chronic inflammation. Pathogenesis. Clinic. Diagnostics. Flow. Complications. Treatment.
89. Differential diagnosis of various types of rickets (vitamin D-deficient, vitamin D-dependent and vitamin D resistant rickets, Tony's disease - Debreu - Fanconi). The main diagnostic criteria. Treatment. Prevention.
90. Differential diagnosis of chronic eating disorders in young children. Classification. The reasons. Clinic.
91. Differential diagnosis of respiratory diseases occurring with the broncho-obstructive syndrome in children.
92. Differential diagnosis of bronchopulmonary diseases caused by congenital enzyme deficiency (cystic fibrosis, celiac disease, disaccharidase deficiency).
93. The concept of premorbid conditions. Features of the course of bronchopulmonary diseases in children with an adverse premorbid background (against the background of IDA, rickets, anomalies of the constitution).
94. Differential diagnosis of jaundice of the neonatal period. The main stages of bilirubin metabolism. Classification. Clinical - laboratory manifestations. Treatment.
95. Differential diagnosis of endocrinopathies of newborns. Diseases of the thyroid gland (congenital hypothyroidism, transient disorders of the thyroid gland).
96. Diseases of the adrenal glands (acute adrenal insufficiency, congenital hypoplasia of the adrenal cortex). Emergency treatment acute adrenal insufficiency. Violation of sexual differentiation (intersexuality).
97. Differential diagnosis and management of children with hemorrhagic syndrome (vasopathy, thrombocytopathy and thrombocytopenia, coagulopathy, disseminated intravascular coagulation syndrome).
98. Differential diagnosis of rheumatic and non-rheumatic heart disease in children: myocardial diseases (myocarditis, cardiomyopathy), myocardiodystrophy.
99. Juvenile rheumatoid arthritis (JRA) in children. Diagnostic criteria of JRA (clinical, laboratory, radiological). Differential diagnosis with rheumatism, diffuse connective tissue diseases, reactive arthritis. 100. Dismetabolic nephropathy (uraturia, oxaluria, calciumuria, phosphaturia). Definition Classification. The reasons. Predisposing factors. The role of heredity. Pathogenesis. Features of the clinic. Diagnostics. Outcomes Complications. Treatment. Principles of diet therapy.
101. Rickets. Etiopathogenesis. Classification. Clinic. Treatment. Types and methods of prevention.
102. Hypervitaminosis D. Causes. Classification. Clinic. Treatment. Outcomes Prevention.
103. Spasmophilia obvious hidden. Etiopathogenesis. Classification. Clinic. Treatment. Types and methods of prevention.
104. Exudative - catarrhal lymphatic - hypoplastic diathesis. Etiopathogenesis, clinic, differential diagnosis.

Treatment, prevention.

105. Neuro - arthritic diathesis. Etiopathogenesis, clinic, differential diagnosis. Treatment, prevention.
106. Lymphatic - hypoplastic diathesis. Etiopathogenesis, clinic, differential diagnosis. Treatment, prevention.
107. Malabsorption syndrome. Intestinal cystic fibrosis. Etiopathogenesis, main clinical manifestations, prevention, treatment. Forecast.

108. Acute and chronic nutritional and digestive disorders. WHO classification. Etiology, pathogenesis, clinic, diagnosis, treatment.
109. Iron deficiency anemia (IDA). Etiology. Pathogenesis. Classification. The main clinical syndromes of IDA. Diagnostics. Treatment.
110. Acute bronchitis. Etiopathogenesis. Classification. Clinic of acute bronchitis. Differential diagnosis of simple, obstructive bronchitis, bronchiolitis. Treatment.
111. Infectious - toxic shock in pneumonia, the main stage.
112. Lymphatico - hypoplastic diathesis. Etiopathogenesis, clinic, treatment.
113. Exudative - catarrhal diathesis. Etiopathogenesis, clinic, treatment, prevention.
114. Cystic fibrosis. Etiopathogenesis, clinic, diagnosis, treatment.
115. Neuro - arthritic diathesis. Etiology, pathogenesis, clinic, treatment.

Appendix 2

THE LIST OF TYPICAL TASKS TO TEST THE LEVEL OF TRAINING SKILLS AND ESPERTISE

9 semester

Situational task 1.

Baby 2 months. Parents are young, a child from the fourth pregnancy, the fourth birth. The first 3 children died in the neonatal period from dyspepsia, the cause of which has not been established. This pregnancy proceeded with severe toxicosis and the threat of termination in the first half, increased blood pressure in the second half of pregnancy. Births urgent, body weight at birth 3100 g, length 51 cm. From birth to breastfeeding. At the age of 4 days, jaundice appeared, from the age of 20 days - dyspeptic disorders in the form of frequent, greenish-colored liquid stool, vomiting. Breastfeeding. The child began to lose weight. The icteric staining of the skin remains to this day. He entered the department in a serious condition with a body weight of 3000 g, 52 cm long. The subcutaneous fat layer is absent on the abdomen, chest, sharply thinned on the limbs, persists on the face. The skin is pale, with a yellowish-grayish tint, dry, easily collected in the folds. Turgor of tissues and muscle tone are reduced. No appetite. The child is irritable, restless sleep. The abdomen is swollen, liver +4 cm from under the costal margin, dense consistency. The spleen is not palpable. Chair with scanty feces, green.

Additional studies:

Complete blood count: Hb - 100 g / l, RBC - $3.1x10^{12}$ / l, C.I. - 0.58, Retic. - 12%, WBC - $8.8x10^{9}$ / l, bands - 1%, segs - 32%, eos - 1%, lymphs - 60%, monocytes - 6%, ESR (erythrocyte sedimentation rate) - 1.2 mm / hour. Sowing feces pathogenic flora: negative.

Clinical urine test: the amount - 40.0 ml, relative density - 1,012, leukocytes -1-2 p / HPV, erythrocytes - no. Biochemical analysis of blood: total bilirubin - 18.5 μmol / l, direct - 12.0 μmol / l, total protein - 57.0 g / l, albumin - 36 g / l, urea - 3.5 mmol / l, cholesterol - 2.2 mmol / l, potassium - 4 mmol / l, sodium - 140 mmol / l,

alkaline phosphatase - 250 units / l (normal - up to 600), ALT - 21 Units, AST - 30 Units, glucose - 3, 5 mmol / l.

Urine analysis for galactose : a large amount of galactose has been detected in the urine.

Questions:

1. Make a diagnosis. Specify the cause of the disease.
2. What are the main pathogenetic mechanisms of the disease?
3. What options for the disease do you know?
4. What diseases should be diagnosed differential?
5. Consultation which specialists are necessary for this patient?

6. Assign treatment. Features diet at this disease?
7. Assign power.
8. The prognosis of the disease?

Situational task 2.

Girl, 1 year old, was admitted to the hospital with complaints from the mother about the appearance of weakness in the child, a rise in body temperature to 39.0 ° C, repeated vomiting, and refusal to eat or drink. *Anamnesis of life*: a child from the second pregnancy, proceeding with nephropathy in the third trimester, the second urgent labor with stimulation. Body weight at birth 3200 g, length - 51 cm. Cried after sucking mucus. The Apgar score is 7/8 points. To the breast is applied in the delivery room, sucked well. Breastfed up to 11 months, supplements introduced from 5 months. In the weight gained normal, body weight in 11 months - 9.8 kg. Vaccinated according to age. To date, no sick. Psycho-physical development is age appropriate. *Anamnesis of the disease*: the child rested in the village with her grandmother, 2 days before admission to the hospital, the girl's body temperature rose to 39.2 ° C, vomiting appeared, and frequent watery stools. In the first days of the disease, she was greedily drank, she was very excited. The doctor did not look, did not receive treatment. On the second day of the illness, vomiting became more frequent, began to refuse from eating and drinking, stool up to 12 times a day. The grandmother called the parents who brought the child to the hospital. Upon admission, the child's condition is severe. Body weight 9.4 kg. Expressed lethargy, drowsiness. Eyes "sunken", "sharpened" facial features. The skin is clean, pale, dry, gathers in folds and slowly straightens. Lips cracked, dry. Language "papillary", sticks to the spatula. There is viscous mucus in the mouth. Pulse and breath are speeded up. The stomach is swollen. The chair is watery with mucus and greens. The child has not urinated in the last 5 hours. Meningeal and focal signs are not present.

Additional examinations:

Complete blood count: Hb - 100 g / l, RBC - $3.9x10^{12}$ / l, C.I. - 0.9, WBC - $16,3x10^{9}$ / l, bands - 6%, segs - 41%, eos - 1%, lymph - 44%, mon - 8%, ESR - 13 mm / hour.

Urinalysis: color - rich yellow, specific gravity -1028, protein - traces, glucose - no, flat epithelium - a little, leukocytes - 4-5 in p / HPV, erythrocytes - no, cylinders - no, mucus - a little.

Biochemical analysis of blood: total protein - 60 g / L, urea - 5.5 mmol / l, cholesterol - 5.3 mmol / l, potassium - 3.2 mmol / l, sodium - 152 mmol / l, calcium ionized - 1 , 0 mmol / l (norm - 0.8-1.1), phosphorus - 1.2 mmol / l (norm - 0.6-1.6), ALT - 23 U / l (norm - up to 40), ACT — 19 U / l (the norm is up to 40), seromucoid is 0.480 (the norm is up to 0.200).

Questions:

1. Formulate the diagnosis.
2. Continue the examination to confirm the diagnosis.
3. What are the main mechanisms of development of the pathological process in this child?
4. Name the features of water-electrolyte metabolism in young children.
5. What are the changes on the ECG observed in hypokalemia?
6. Assign treatment.

Situational task 3.

Girl, 7 months, was admitted to the hospital with poor appetite, not-enough weight gain. From the anamnesis of life: A child from the first pregnancy, proceeding with a strong toxicosis during pregnancy. During

pregnancy, the mother suffered ARVI, did not take medications. Births on the 38th week. Weight at birth 2900 g, length 52 cm. The neonatal period was uneventful. From 2 months feeding is artificial, random, kefir, with 4 months - porridges. The child gained in the mass of 3200 g. At the age of 2 months. got pneumonia. Long treated with antibiotics in the hospital. After discharge from the hospital, the child has an unstable chair, often with a touch of green and mucus. Appetite reduced. *Objective*: The condition of the child is moderate. Body weight 6100 g, length 62 cm. The child is lethargic, sometimes restless. Body temperature is normal. The skin is dry, pale, with a grayish tinge. Subcutaneous fat layer is weakly expressed on the trunk and limbs. Skin with reduced elasticity. Large spring 2 × 1.5 cm with slightly flexible edges. In the lungs breathing puerile, no wheezing. Borders of the heart within the age norm. Tones are rhythmic, distinct. The abdomen is soft, without painful. The liver protrudes 2.5 cm from the edge of the costal arch, the spleen is not enlarged. Stool from 3 to 5 times a day, yellow-green. Urination rare.

Additional examinations:

Complete blood count: Hb - 69 g / l, RBC - 3, $3x10^{12}$ / l, WBC - $8.1x10^{9}$ / l, bands - 4%, segs - 49%, lymph - 44%, eos - 1% , mon - 2%, ESR - 9 mm / hour.

Urinalysis: reaction - sour, relative density -1.015, leukocytes - 1-2 p /HPV, erythrocytes - no.

Bacteriological examination of feces: dysenteric group, E. coli, staphylococcus - not allocated.

Questions:

1. Put a diagnosis. Justify it.
2. Assign treatment. Give recommendations on nutrition.
3. What is the cause of this disease?
4. What is the duration of therapy for this child?
5. Offer a differential diagnostic series.
6. What clinical and laboratory criteria can be used as a marker of treatment effectiveness?

Situational task 4.

Child 12 months. In the ambulatory card is made entry:

a) height 77 cm, weight 11 kg, head circumference 46 cm, breast circumference

48 cm; b) the big fontanel is closed;

c) speaks 8 words;

d) walks, eats itself, is active.

1. Evaluate physical development.
2. Evaluate neuropsychic development.

Situational task 5.

A child of 5 months, was admitted with complaints of skin rash on the face, itchy skin, general anxiety. *From the anamnesis*: ill for the first time, a rash appeared after the introduction of complementary foods - 5% of semolina. It is breastfed. The mother of the child suffers from respiratory allergies. *On examination*: weight is 7900 g, pasty, face skin is hyperemic, infiltration is observed in the cheek area, papular-vesicular rash. On the scalp - gneiss. Palpable cervical lymph nodes, about 1 cm in diameter, painless, elastic.

In general, blood test: Hb - 130 g / l, RBC - $4.5x10^{12}$ / l, WBC -$11x10^{9}$ / l, bands-2%, segs.-36%, eos. 16%, lymph - 40%, mon - 6%, ESR-15mm / h.

Questions:

1. Make a diagnosis.
2. Specify the causes of the disease.
3. Prescribe treatment.

Appendix 3

THE LIST OF TYPICAL TESTS.

Test items on the topic: "Deficiencies in children."

1. The course of rickets, according to the classification, cannot be characterized as:
   a) spicy
   b) subacute
   c) recurrent
   d) abortive

#

2. Indicate the changes typical for the subacute rickets of the osseous system:
   a) osteomalacia
   b) osteoid hyperplasia
   c) craniotabes
   d) curvature of the lower limbs
   e) rachitic "hump"

#

3. When rachitis are the following periods (specify the wrong answer):
   a) the height
   b) elementary
   c) excitement
   d) convalescence
   e) residual effects

#

4. The most physiological method of preventing rickets is the appointment of vitamin D:
   a) at a dose of 400-500 IU daily, all year round
   b) at a dose of 400-500 IU daily, from October to May (i.e., excluding the sunny months)
   c) at a dose of 1000 IU daily, all year round
   d) at a dose of 2000 IU daily for one month three times in the 1st year of life
   e) vitamin D and UV for 1 week monthly

#

5. In order to prevent rickets using the “fractional dose” method, vitamin D is prescribed in a dose of ... thousand IU per leak.
   a) 10
   b) 30
   c) 500

d) 2000

e) 5000

#

6. The symptoms of hypervitaminosis D in children are:

a) high temperature, loose stools

b) vomiting, loss of body weight, hypophosphatemia, positive test of Sulkovich

c) increased appetite, obesity, hyperphosphatemia, negative sample of Sulkovich

d) craniotabes, osteomalacia

e) hypotension, flatulence, hepatomegaly

#

7. Specify a clinical form that is not characteristic of spasmophilia:

a) latent

b) laryngism

c) carpopedal spasm

d) eclamptic form

e) edematous form

#

8. Survey results characteristic of neuro-arthritic diathesis:

a) alkalosis

b) acidosis, hyperuricemia, uraturia

c) anemia

d) hyperlipidemia, hypoproteinemia

e) increase in C-reactive protein, DFA and sialic test

#

9. For the initial period of rickets is not typical:

a) tearfulness

b) sweating

c) bone deformities

d) loss of appetite

e) irritability

#

a) For rickets of the height of the heat, the following therapeutic measures are shown, with the exception of one of them: b) balanced diet

c) massage, gymnastics

d) walks

e) citrate mixture 1 tsp. 3 times a day, an oil solution of vitamin D 500-1000 IU daily

f) oil solution of vitamin D of 2000-5000 IU (depending on the severity of rickets) daily for 30-40 days,

then vitamin prophylaxis

#

11. Contributing factors to the development of hypervitaminosis D are not:

a) total dose of vitamin D 1000 000 IU or more

b) hypersensitivity to vit. D

c) chronic kidney disease in children

d) anemia, perinatal encephalopathy, atopic diathesis

e) exceeding the dosage of vitamin D initiated by parents, using a higher concentration of vitamin D or

alcohol solution. Without a dense cork.

#

12. In the development of exudative-catarrhal diathesis, everyone has etiopathogenetic significance except:

a) genetic predisposition

b) food sensitization

c) hyperproduction of Ig E

d) decreased production of immunoglobulins A, G and T-lymphocyte levels

e) vitamin deficiency vit. D, E, B15 and others.

#

13. The main markers of the lymphatic-hypoplastic diathesis are all, except:

a) congenital generalized immunopathy

b) excess histamine synthesis

c) size reduction of some internal organs (heart, adrenal glands)

d) swollen lymph nodes

e) hyperplasia of the thymus gland

#

14. A possible outcome of neuro-arthritic diathesis is not:

a) bile and urolithiasis

b) gout, exchange arthritis

c) migraine, neuralgia, neurasthenia

d) bronchial asthma

e) chronic adrenal insufficiency

#

15. Indicate non-characteristic skin manifestations of exudative diathesis:

a) gneiss

b) diaper rash

c) milk scab

d) erythematous papular rash

e) hemorrhagic rash

#

16. In the absence of primary prevention, neuro-arthritic diathesis can lead to the development of such conditions as:

a) urolithiasis, gout, neurasthenic syndrome

b) sudden death syndrome

c) intestinal infection

d) autoimmune diseases

e) autism

#

17. Clinical symptoms of lymphatic-hypoplastic diathesis (specify the wrong answer):
    a) enlarged thymus and peripheral lymph nodes
    b) adenoid face type
    c) “Drip” heart, aortic arch hypoplasia
    d) lymphadenopathy, including mesenteric and mediastinal lymph nodes
    e) "Chicken breast", "square" head, "X" - and "O" - shaped lower limbs

#

18. In case of exacerbation of exudative diathesis, treatment is prescribed, except for:
    a) 7-10 days of hyposensitization therapy (Dimedrol, Suprastin, and others)
    b) antibiotic therapy
    c) lactobacterin, bifidumbacterin, calcium gluconate
    d) rational nutrition with the exception of potentially allergenic foods
    e) vitamins: B6, C, A, E, B5, B15

#

19. Please indicate what is not typical for the syndrome of metabolic disorders in neuro-arthritic diathesis:
    a) burdened family history of purine exchange
    b) transient night joint pain
    c) saluria (urates, phosphates, oxalates)
    d) acetonemic vomiting
    e) proteinuria, hematuria, cylindruria

#

20. The criterion of depletion of tissue reserves of iron is:
    a) decrease in the level of total iron-binding ability less than 45 μmol / l
    b) decrease in serum ferritin level below 10-12 μg / l
    c) decrease in the number of red blood cells
    d) reduction of erythrocyte size (microcytosis)
    e) increased dysferal siderouria

#

21. For iron deficiency anemia, the following laboratory indicators are characteristic:
    a) decrease in hemoglobin level, hyperchromia (by color indices and morphologically)
    b) decrease in hemoglobin level, microspherocytosis
    c) decrease in hemoglobin level, hypochromia, anisocytosis, deglocytosis
    d) decrease in hemoglobin level below 110g / l, hypochromia, decrease in the number of erythrocytes less than 3.2x1012 g / l
    e) color index below 1

#

22. For iron deficiency anemia, biochemical indicators are characteristic:

a) increase in the level of total iron-binding ability (above 63 μmol / l), decrease in% saturation with transferrin 12 μmol / l, decrease in iron content 12-14 μmol / l

b) the level of total iron-binding ability is increase (above 63 μmol / l), decrease in% saturation with

transferrin 12 μmol / l, decrease in iron content 12-14 μmol / l, pronounced hypoproteinemia

c) decrease in the level of total iron-binding ability 45 micromol / l), increase in% saturation with transferrin

17 μmol / l,

d) hypoproteinemia, sidedoria

e) increase in PSA (+++)

#

23. When there is iron deficiency anemia, the following external signs occur:

a) integuments "alabaster", m. "Gothic" palate, petechiae and bruises

b) pale skin; in severe cases with an earthy or greenish tinge, hair is dull, nails with striation, "spoon-like tongue"

c) pale skin with mild or severe yellowness

d) big belly due to hepatosplenomegaly

#

24. The clinical signs of iron deficiency do not apply:

a) pallor of mucous membranes

b) systolic murmur at the apex of the heart

c) splenomegaly (in a child older than 1 year)

d) dystrophic changes of the skin, hair, teeth

e) koilonhi

#

25. Specify the products from which iron is better absorbed:

a) meat

b) buckwheat

c) grenades

d) a fish

e) apples

#

26. The correct tactics of iron supplements:

a) to normalize hemoglobin

b) to normalize blood ferritin levels

c) until normalization of serum iron

d) within 2 weeks

e) until the pallor of the skin disappears

#

27. The main principles of treatment of iron deficiency anemia are not:

a) vitamin C Therapy

b) use in diet therapy of foods rich in iron, vitamins, proteins

c) administration of iron preparations

d) replacement therapy with blood products or surgical treatment (splenectomy)

#

28. While children receive iron supplements at the rate of (____mg of elemental iron per kg mass) a) 2

b) 5-8

c) 10

d) 15

e) 20

#

29. Factors that do not interfere with iron absorption in the gastrointestinal tract are:

a) normal intestinal flora, vitamin C

b) dysbacteriosis

c) phosphates

d) phytic acid

#

30. The reasons for the development of iron deficiency anemia in children are not:

a) alimentary (insufficient supply of iron from food)

b) malabsorption syndrome

c) infectious diseases

d) bone marrow aplasia

e) increased need of the child's body

Appendix 4

TOPICS OF ESSAYS AND PRESENTATIONS
9 semester

1. The extra-secretory function of the liver in children of different ages, its importance for the digestion and resorption of food in the intestine. Semiotics.
2. The role and problems of balanced nutrition in shaping children's health.
3. Artificial feeding. Classification of milk mixtures. Advantages of adapted and fermented milk mixtures.
4. Biological properties of human milk
5. Mode and nutrition of pregnant and lactating women
6. Indications for the introduction of complementary foods, conditions and technique of its introduction
7. Modern ideas about the introduction of the dishes of complementary foods.
8. Feeding newborns.
9. Features of feeding premature babies with extremely low body weight.
10. The role and influence of external factors on the formation of a malformation of the gastrointestinal tract. The main manifestations.

10 semester

1. Chronic glomerulonephritis. (CGN). Pathogenesis. Classification. Morphological criteria that characterize the chronization process.
2. Features of the clinical picture of CGN, depending on the form. Diagnostics. Treatment of CGN. Indications for the appointment of hormonal and cytostatic therapy. Complications. Outcomes Forecast.
3. Diseases of the biliary tract. This pathogenesis. Classification. Features of diseases of the biliary tract in adolescents.
4. Congenital dysfunction of the adrenal cortex. Definition Etiology. Pathogenesis. Classification. Clinic.
5. Diagnosis of congenital dysfunction of the adrenal cortex. Differential diagnosis. Treatment. Forecast. Prevention.
6. Disease and Itsenko-Cushing syndrome. Clinic. Diagnostics. Treatment. Forecast. Prevention.
7. Hypocorticoidism. The definition of "Acute and chronic adrenal insufficiency." Etiology. Pathogenesis. Clinic of acute and chronic adrenal insufficiency.
8. Emergency treatment of acute adrenal insufficiency. Routine replacement therapy for chronic adrenal insufficiency.
9. Pituitary Nanism. Etiology. Pathogenesis. Classification. Clinic. Age features of clinical manifestations and the course of the disease. Diagnostics. Differential diagnosis. Treatment. Forecast. Prevention. 10. Vysokoroslost, gigantism, definition, etiopathogenesis. Age-specific features of clinical manifestations and the course of

gigantism.

11. Diagnostics. Treatment. Forecast. Prevention. Differential diagnosis of gigantism
12. Diseases of the thyroid gland. Hypothyroidism. Definition Epidemiology. Etiology. Pathogenesis. Classification (primary, secondary, tertiary hypothyroidism; congenital, acquired).

Appendix 5

SCHEME OF WRITING THE HISTORY OF THE DISEASE ON PEDIATRICS

1. PASSPORT PART

1. Surname, name, patronymic of the patient
2. Age
3. Home address
4. Date of admission to the clinic 5. Diagnosis of the referring institution
6. Final clinical diagnosis:

- of the main disease (by

classification) - complications of

the underlying disease - related

diseases.

2. COMPLAINTS OF THE PATIENT

This section describes all complaints presented to patients at the time of admission to the hospital and at the time of supervision. Pay particular attention to the detail of complaints.

3. HISTORY OF THE DISEASE

This section of the case history describes the complaints of the sick child and parents, as well as the course of the disease from its beginning. It should be borne in mind that the time the patient is in the hospital and the dynamics of the course of the disease before the day of supervision also refers to the history of the disease. It is

important to elaborate on the predisposing and causative factors of the disease.

It should be noted the time of occurrence and severity of each symptom of the disease, the change in the nature and intensity of individual symptoms.

Treatment of the child before admission to the hospital and its effectiveness (indicate the main drugs used to treat this disease).

4. HISTORY OF LIFE

From what pregnancy was born this child, what ended the previous pregnancy. How was the pregnancy in this case. If the mother was sick during pregnancy, then with what and how hard; what kind of work she did in production, how long before the birth went on vacation; whether the pregnancy ended in time or ahead of time;

how was childbirth proceeded.

Special attention should be given to the neonatal period and infancy. For the characteristics of these periods it is important: the state of the child at birth, his initial weight and body length, cried immediately or not when he was attached to the breast, as he sucked. Whether there was a birth injury or asphyxia. When the umbilical cord residue disappeared, the state of the umbilical wound after discharge from the hospital. When was discharged

from the hospital, and in what condition.

The nature of feeding has a great influence on the development of the child, and therefore this question requires the most detailed analysis: how the child was fed, starting from the first days of life: by the clock or in free mode; with or without night break; when supplements or supplements were introduced; what lure or supplement the child received; when the child was weaned; what was the diet after a year. At what age and in

what quantity were additional nutritional factors introduced (juices, fruit puree, yolk, vegetable and butter).

It is necessary to inquire in detail about the physical and neuro-psychological development of the child. Dynamics of weight and height. Teething time. The development of static and dynamic functions (when he began to hold the head, sit, crawl, stand, walk, etc.). The development of higher nervous activity: the first smile, walking, words. The general behavior of the child: calm, balanced, touchy, withdrawn, irritable, reaction to the new, attitude towards other children, adults; how to sleep, how to study.

The occurrence and course of the disease is influenced by living conditions (apartment, room: dry, light, moist, dark, population, airing). You should always be interested in where the child sleeps (in a separate crib,

stroller), how often he is bathed, how he uses the air (walks).

The health status of parents, brothers, sisters (the presence of chronic infections and intoxications in parents, tuberculosis, syphilis, metabolic diseases, endocrine disorders, alcoholism, etc.).

Epidemiological history. It is necessary to find out whether the child attends a nursery, kindergarten, school and has not had contact with any infectious disease. Has he been in a special dispensary for tuberculosis

or any other diseases?

Vaccinations: BCG, polio, whooping cough, diphtheria, tetanus, measles. Tuberculin tests and reactions to them.

It is necessary to find out what diseases the child suffered, and how they have leaked. The physician should pay special attention to the transferred infectious diseases.

Of considerable importance is a detailed allergy history. It is necessary to inquire in detail about the appearance of exudative diathesis, find out how it was provoked and which therapy (diet, drug treatment) was more amenable to. Is there an allergic reaction in the form of urticaria to drugs (antibiotics, sulfonamides, vitamins, etc.) or food. Collect allergic history of the child's parents (allergic diseases, allergic reactions to food, medicinal and other factors).

5. PRESENT CONDITION OF THE PATIENT

1. General condition of the child: satisfactory, moderate, severe, extremely heavy, atonal. Patient's position: active, forced, passive. Patient behavior: normal, excitement - speech, motor, psychomotor.

Consciousness: clear, sopor, coma. Facial expression: melancholy, excited, indifferent.

Mass, length (height) of the body, head circumference and chest. Evaluation of the physical development of the child according to empirical formulas and using centile tables.

Skin: color, elasticity, dryness, moisture, turgor, rashes, pigmentation and depigmentation, hemorrhages, etc. Mucous membranes, pharynx, tonsils and teeth condition.

2. Body type (type), subcutaneous fatty tissue: development of the subcutaneous fatty layer, uniform distribution of subcutaneous fatty tissue, pastosity, edema, their localization, degree of density.

3. Lymph nodes, palpation available; size, shape, texture, soreness, mobility, cohesion with the skin and surrounding tissues, indicate the group of palpable lymph nodes.

4. Muscles: degree of development, tone (normal, elevated, lowered), soreness at palpation, with active and passive movements.

5. Osteo-articular system - head shape, condition of sutures, fontanelles, bone deformity, periostitis, soreness with pressure on the bone. Joint configuration, active and passive movements (in full, limited), soreness
with active and passive movements, swelling, fluctuation.

6. Respiratory. The shape of the chest, deformity, asymmetry, curvature of the thoracic spine, the position of the clavicle and scapula, epigastric angle. Harrison's furrow, rosary.

Breath: nasal, oral. Frequency, depth, breathing rhythm, participation in the act of breathing of both halves of the chest, shortness of breath (inspiratory, expiratory, mixed), participation in the act of breathing of the auxiliary
muscles. Cyanosis and its localization. Cough, his character.

Percussion: comparative - change of percussion sound, localization, topographic - borders of lungs, mobility of pulmonary edges.

Auscultation: breathing patterns (puerile, vesicular, bronchial, etc.), dry wheezing (whistling, buzzing), wet
(small, medium, large bubble), sonorous, non-sound, sound crepitus, silent, crepitation at inspiration height after coughing ; pleural friction noise - gentle, its localization; bronchophony.

7. Circulatory system: examination of the heart region (protrusion); pulsation - cordial and apical impulse. Palpation: cordial and apical impulse, localization, width, strength of the apical impulse, "cat's purr".

Percussion: the boundaries of relative and absolute cardiac dullness.

Auscultation: rhythm, clarity, sonority or deafness of heart tones, accents, bifurcations, noises, their character (duration, timbre, intensity), attitude to the phases of cardiac activity (systolic, diastolic); localization; the greatest intensity, conductivity, variability; pericardial friction noise, its nature and localization.

Palpation of the neck vessels, temporal arteries, etc. The pulse of the radial artery: frequency, rhythm (arrhythmia), magnitude (high, small, filiform), voltage (hard, soft, medium voltage). Arterial pressure.

8. The digestive system and abdominal organs.

Lips: color, moisture, cracks. Mouth: smell, color of mucous membranes, ulcers, enanthema.

Language: color, moisture or dryness, drawing, bloom. Teeth (number, condition).

Condition of tonsils and arches; raids.

Abdomen: shape, symmetry, bloating, protrusion, retraction, varicose veins of the abdominal wall in the act of breathing, scars, peristalsis.

Percussion and tapping: percussion sound, soreness, its localization, tension of the abdominal wall, fluctuation (in the presence of free fluid in the abdominal cavity).

Palpation superficial, approximate: the degree of tension of the abdominal wall, local tension (muscle protection), pain, its localization, compaction.

Deep moving palpation: stomach, intestinal tract, lymph nodes, Symptoms: Georgievsky-Myussi, Murphy,

Ortner-Grekov. Pain points: Kera, Mayo-Robson, Desjardin, Boas, Oppenhovsky. Auscultation of the abdomen: peristalsis. The chair and its characteristic.

Liver: boundaries of the liver, upper, lower. Palpation - determination of size and position, edge (sharp, rounded, dull, smooth, uneven, scalloped), texture, surface (flat, smooth, uneven), soreness. The location of the gallbladder (tenderness) is felt.

Spleen: visible increase, size, texture, edge characteristics (sharp, dull), surface, soreness.

9. Urinary organs: urination, frequency, tenderness, urinary incontinence. Examination of the external genital organs. Secondary sexual characteristics. Symptom of Pasternack. Palpation deep, bimanual Increase,

displacement of the kidney, mobility, pain.

10. Nervous system: consciousness, characteristic of behavior. Sleep. The state of the cranial nerves.

Sensitivity: a) surface (pain, temperature, tactile); b) deep (muscular-articular feeling).

Dermographism. Tendon. Reflexes. Pathological reflexes. Meningeal symptoms.

6. **PRELIMINARY DIAGNOSIS:** anamnesis data (specify what), objective examination data (specify which) suggest the following diagnosis in a child (indicate the main, concomitant, complications).

7. **PLAN FOR ADDITIONAL LABORATORY AND INSTRUMENTAL STUDIES.**

8. **RESULTS OF ADDITIONAL SURVEY.**

These X-ray, ultrasound and other instrumental methods of research. Clinical blood and urine tests, feces. Biochemical blood tests. Bacteriological analyzes. Tuberculin and other tests. Evaluate all the analyzes performed. Conclusions consultants.

9. **DIAGNOSIS OF MAIN DISEASES (by classification) AND ITS JUSTIFICATION.**

After the examination of the patient is completed, it is necessary to group all the data obtained (anamnesis and objective examination) and to justify the diagnosis.

10. DIFFERENTIAL DIAGNOSIS.

When conducting a differential diagnosis, it is necessary to proceed from the syndromes that are present in the patient and to compare them with the nature of the syndromes in similar diseases.

Sometimes the available data are not enough to distinguish between certain diseases, since this requires additional dynamic observation and research. In such cases, in the summarizing part of the differential diagnosis, it is necessary to indicate which studies should be carried out.

11. OBSERVATION DIARY.

The state of the child in the dynamics (improves, it became worse, without changes), the mood, as spent the night, what an appetite. The result of the examination of the throat, mucous membranes, skin (recorded daily). The state of the internal organs. To dwell in more detail on the system with which the disease is associated, as well as on changes that have appeared in other organs and systems. Stool (inspected and recorded daily).

12. TREATMENT

The rationale for the treatment of this

patient: a) mode

b) diet therapy

c) drug therapy (etiotropic, pathogenetic and symptomatic therapy)

13. EPICRISIS.

Epicrisis is the final section of the history of the disease. It presents the main data of the history of the disease, the features of its course, the dynamics of changes during the observation of the patient during treatment. Treatment efficiency. Finishing the epicrisis, it is necessary to express your thoughts about the patient's condition by the time of discharge, to outline a plan for further recommendations regarding the regimen and treatment. Forecast.

Appendix 6

QUESTIONS TO TEST THE LEVEL OF LEARNING KNOWLEDGES

(frontal survey)

9 semester

1. Health indicators. The incidence of children and the main reasons for its determining. Lifestyle and its effects on the health of the child.
2. Periodization of childhood. Characteristics of the most important features of childhood periods.
3. Features of the collection of history in children. Principles of deontology. The relationship of the doctor and the parents, the doctor and the sick child.
4. Characteristics of the neonatal period. Congenital unconditioned reflexes. Adaptation to the external environment. Indicators and structure of the incidence of newborns. The problem of miscarriage. Premature baby.
5. Transient states of the neonatal period. Hyperbilirubinemia of the newborn. Classification of jaundice.
6. Principles of nursing and feeding premature infants. Peculiarities of transient and deficient states.

7. Hemolytic disease of the newborn. Modern methods of conservative therapy. Indications for replacement blood transfusion.
8. Intrauterine infection, definition. Risk factors that determine the possibility of an infectious process.
9. Intrauterine infections (rubella, cytomegalovirus infection, toxoplasmosis, herpes). Principles of diagnosis and prevention.
10. Purulent-inflammatory diseases of the newborn. Sources of infection, routes of transmission, susceptible team.
11. Basic principles of treatment of purulent-inflammatory diseases in newborns. Etiotropic and pathogenetic therapy.
12. Sepsis of newborns. Ways of infection. Causes and mechanism of development. Classification and clinical picture.
13. Anatomical and physiological features of the nervous system and sensory organs of a young child. Congenital unconditioned reflexes.
14. The development of mental and static functions in children of the first year of life. The influence of the environment, mode and education on the neuro-psychological development.
15. Features of an objective examination of the child. The value of a general examination and physical examination in a diagnostic search.
16. The benefits of breastfeeding and its importance for the normal development of the child.
17. Lactation. Factors affecting lactation ability. Current requirements for the regime and nutrition of pregnant and lactating women.
18. The timing of the first application of the child to the breast. The composition and caloric content of colostrum and mature human milk.
19. Technique of natural feeding. Methods for determining the daily amount of milk needed by the child. Daily need for the main ingredients of nutrition and calories when breastfed.
20. Difficulties and contraindications to breastfeeding and lactation on the part of mother and child, measures to prevent and eliminate them.
21. Qualitative and quantitative differences of mature female milk from cow milk. The ratio of the main ingredients in breast and cow's milk.
22. Lactation deficiency (hypogalactia). Causes of hypogalactia in lactating women. Its types and extent, methods of diagnosis, prevention and treatment.
23. Lure Methods and timing of the introduction of various types of feeding.
24. Artificial feeding. Definition of the concept. Indications for transfer to mixed and artificial feeding. The basic rules of artificial feeding.
25. Mixed feeding. Definition of the concept, indications for transfer to mixed feeding. Rules of the meeting.
26. Classification and characterization of mixtures used in mixed and artificial feeding.
27. Adapted milk formulas: characteristics, classification. The main therapeutic mixture. Milk - acid mixtures used in artificial feeding, their advantages and disadvantages.
28. Physical development of the child. Factors affecting physical development. The laws of mass and length increase. The proportions of the body of the child. The concept of biological age.
29. Assessment of the physical development of the child. Semiotics of growth and development. Acceleration and deceleration problems.
30. Anatomical - physiological features of the skin, subcutaneous fat and lymphatic system in children.

31. Methods of study of the skin, subcutaneous fat and lymphatic system in children. Semiotics of the main manifestations.
32. Anatomical and physiological features of the bone and muscular systems. The timing of closing the springs, the appearance of nuclei of ossification, the timing and order of teething.
33. Methods of studying the bone and muscular systems. Semiotics of the main manifestations.
34. Anatomical and physiological features of the circulatory system in children. Fetal blood circulation. Borders of the heart in children. Pulse and blood pressure in children at different ages.
35. Research methodology and semiotics of cardiovascular diseases in children.
36. The formula of peripheral blood in children at different ages. Methods of research of the blood system.
37. Anatomical and physiological features of the urinary system in children.
38. Research methodology and semiotics of urinary system diseases in children. Collect urine in young children.
39. Anatomical and physiological features of the gastrointestinal tract in children. Characteristics of the secretory and motor functions of the stomach. The composition of the intestinal flora of the newborn and infant, depending
on the type of feeding.
40. Methods of study of the digestive system in children. Semiotics of the main manifestations. The diagnostic value of the inspection of the mouth and throat of the child.
41. Features of immunological reactions in childhood. Active and passive immunity. Congenital and acquired immunity.
42. Vaccination calendar.
43. Absolute and relative contraindications for vaccination.
44. Preparation and vaccination of children from “risk groups”.
45. Postvaccinal reactions in children and their prevention.
46. Organization of the work of a children's clinic.
47. The functional duties of the district pediatrician.
48. The main sections of the pediatrician preventive work at the site.
49. Surveillance of healthy newborns and children 1 year of age in the pediatric area.
50. Dispensary observation of healthy children older than a year.
51. Preparation of documents for admission to pre-school child care center and school.
52. Dispensary adolescents.

10 semester

1. Anomalies of the constitution (diathesis). Exudative - catarrhal, atopic diathesis. The main manifestations and features of follow-up.
2. Anomalies of the constitution (diathesis). Lymphohypoplastic and neuro-arthritic. The main manifestations and features of follow-up.
3. Causes and predisposing factors for the development of rickets. Modern concepts of calcium and phosphorus metabolism, metabolism and the value of vitamin D. Pathogenesis of rickets.
4. Classification of rickets. Clinical manifestations of rickets at different periods of the disease.

5. Treatment of rickets. Antenatal and postnatal prevention of rickets.
6. Hypervitaminosis D: causes of development, clinic, methods of prevention and therapy.
7. Iron deficiency anemia. Definition of the concept, causes and mechanisms of development.
8. Classification of iron deficiency anemia. Leading clinical syndromes.
9. Methods of treatment and prevention of iron deficiency.
10. Modern ideas on the etiology and pathogenesis of chronic inflammatory diseases of the upper digestive tract. The problem of helicobacteriosis.
11. Clinical manifestations of chronic gastritis, gastroduodenitis in childhood.
12. Clinical manifestations of gastric ulcer and duodenal ulcer. Complications.
13. Modern methods of diagnosis of chronic inflammatory diseases of the upper digestive tract.
14. Principles of treatment of chronic inflammatory diseases of the upper part of the digestive tract.
15. Causes and types of biliary dyskinesia, their clinical manifestations.
16. Principles of treatment and prevention of biliary tract dyskinesia.
17. Thrombocytopenic purpura. Etiology, pathogenesis of bleeding syndrome. Clinical manifestations.
18. Treatment of thrombocytopenic purpura. Dispensary observation. Relapse prevention.
19. Hemophilia "A" in children. The role of the hereditary factor. The clinical picture, complications. Diagnostics.
20. Principles of treatment and follow-up of children with hemophilia. Emergency treatment for nose bleeds and limb injuries.
21. Hemorrhagic vasculitis: etiopathogenesis, classification. Clinical manifestations of hemorrhagic vasculitis.
22. Principles of treatment and prevention of hemorrhagic vasculitis.
23. Risk factors, etiology and pathogenesis of acute rheumatic fever in children.
24. Classification and diagnostic criteria for ORL in children. 25. Therapeutic measures (regimen, diet, drug therapy) ORL in children. Relapse prevention. 26. Differential diagnosis of articular syndrome in ORL.
27. Pneumonia in children. Definition of the concept. Etiological spectrum in the age aspect. The concept of out and nosocomial pneumonia. Pathogenesis.
28. Classification and clinical picture of pneumonia in children.
29. Etiotropic and syndromic therapy of pneumonia in children.
30. Bronchial asthma in children. Morphological changes in the bronchial wall. Modern understanding of the etiology and pathogenesis of the disease.
31. Classification of bronchial asthma in children. Clinic of anxiety period in children of early and older age.
32. Principles of treatment of bronchial asthma in children. Emergency treatment in the attack period. The concept of basic therapy, basic drugs.
33. Differential diagnosis of bronchial asthma with other diseases of the respiratory system (pneumonia, trachea and bronchial foreign bodies, obstructive bronchitis of viral etiology).
34. Pyelonephritis in children. Definition of the concept, the main predisposing factors to the development of pyelonephritis. Etiology, pathogenesis.

35. Pyelonephritis in children. Classification, clinical picture. Methods of laboratory and instrumental diagnostics.
36. Pyelonephritis in children. Treatment in the acute period, prevention of recurrence.
37. Differential diagnosis of pyelonephritis and glomerulonephritis in children.
38. Dispensary observation of children with pyelonephritis.
39. Acute post-streptococcal glomerulonephritis. Etiology, pathogenesis.
40. Clinical and laboratory signs (extrarenal, renal) of glomerulonephritis.
42. Treatment of children with acute post-streptococcal glomerulonephritis. Forecast. Prevention measures. 41.

Organization and conduct of prof. vaccinations. Vaccination schedule.

43. Contraindications to the conduct of prof. vaccinations.
44. The normal course of vaccination processes.
45. Complications associated with prof. vaccinations, their treatment and prevention.
46. Anti-epidemic measures in the clinic and pediatric area.
47. Dispensary observation of children with malnutrition and rickets at the site.
48. Dispensary observation of children with deficient anemia and edematous diathesis.
49. The main medical documentation of the pediatric department of polyclinics.
50. Organization of medical work at the site. Patronage of patients at home.
51. Dispensary of children with chronic pneumonia and bronchial asthma.
52. Dispensary observation of children with chronic tonsillitis, rheumatism, JRA.
53. Dispensary observation of children with glomerulonephritis and pyelonephritis.
54. The allocation of children at risk. Monitoring of frequently ill children and children who have suffered acute pneumonia, sore throat, acute respiratory viral infections.
55. Treatment and monitoring of children with helminthiases (enterobiasis, ascariasis, heminolepidosis).
56. Non-emergency treatment of an asthma attack and anaphylactic shock in a pediatric site.
57. Emergency treatment of hyperthermia and convulsive syndrome at the site.
58. Emergency treatment in acute adrenal insufficiency and neurotoxicosis in Children in a pediatric setting.
59. Principles of observation and treatment of acute respiratory viral infections and acute bronchopulmonary diseases in children at the site (WHO recommendations).