MINISTRY OF SCIENCE, HIGHER EDUCATION AND INNOVATIONS OF THE KYRGYZ REPUBLIC

MOO VO Kyrgyz-Russian Slavic University named after first
President Russian Federations B.N. Yeltsin

Practice in emergency medical procedures (Assistant doctor anesthesiologist - resuscitator)

working program disciplines (module)

Pinned behind **the Hospital surgery**

Training plan 310501_21_45 ld.plx
Speciality 31.05.01. - Russian Federation, 560001 - KR Medicinal case

Qualification of **a medical doctor**

Form **full-time** education

Total **3 ZET**

Hours of study 108
including:
audience 0
independent 72

Types control V semesters:
credit with a grade of 10

Distribution hours disciplines By semesters

Semester (<Course>.<Semester on course>)	**10 (5.2)**		Total	
Weeks				
View classes	UP	RP	UP	RP
Contact Job V period theoretical training	36		36	
Contact work	36		36	
Myself. Job	72		72	
Total	108		108	

Program compiled by:

senior teacher, Ismailova Umut Abdilovna; senior teacher, Khantimerov Ravil Migatovic; head department, Umetaliev Tilek Maratovich

Reviewer(s):

Doctor of Medical Sciences, prof., professor departments anesthesiology And intense therapy to And after diploma training KSMA named after. I.K. Akhunbaeva, Iskakov M. B

Working program disciplines

developed V in accordance With Federal State Educational Standard 3++:

Federal state educational standard higher education - specialty By specialties 31.05.01 General Medicine (Order of the Ministry of Education and Science of Russia dated 12.08.2020 No. 988)

compiled on basis educational plan:

Speciality 31.05.01. - Russian Federation, 560001 - KR Medicinal case

approved scientists advice university from _____protocol no._____

Working program approved on meeting departments

Protocol from August 25, 2025 G. No. 1
Term actions programs: 2025-2031 academic year. Head of Department Umetaliev T.M.

Sighting RPD For execution V next educational year

Chairman UMS

_____2026

Working program revised, discussed And approved for execution
V 2026-2027 educational year on meeting departments

Protocol from _____2026 No. __
Head of department Umetaliev T.M.

Sighting RPD For execution V next educational year

Chairman UMS

_____2027

Working program revised, discussed And approved for execution
V 2027-2028 educational year on meeting departments

Protocol from _____2027 No. __
Head of department Umetaliev T.M.

Sighting RPD For execution V next educational year

Chairman UMS

_____2028

Working program revised, discussed And approved for execution
V 2028-2029 educational year on meeting departments

Protocol from _____2028 No. __
Head of department Umetaliev T.M.

Sighting RPD For execution V next educational year

Chairman UMS

_____2029

Working program revised, discussed And approved for execution
V 2029-2030 educational year on meeting departments

Protocol from _____2029 No. __
Head of department Umetaliev T.M.

1. GOALS DEVELOPMENT DISCIPLINES	
1.1	The goal passages practices is formation at students common And professional competencies, acquisition of practical experience in the specialty.

2. PLACE DISCIPLINES IN STRUCTURE OOP	
Cycle (chapter) OOP:	B2.O
2.1	**Requirements To preliminary preparation student:**
2.1.1	For successful passages real practices, students should master
2.1.2	next disciplines: Anatomy person, Biology, Biochemistry, Pathological
2.1.3	physiology, Pathological anatomy, Pharmacology, Topographical anatomy And
2.1.4	operational surgery, Therapy, Traumatology And orthopedics, Gynecology, Anesthesiology,
2.1.5	resuscitation And intense therapy, Surgery, Otorhinolaryngology, Neurology And
2.1.6	neurosurgery, Ophthalmology.
2.2	**Disciplines And practices, For which development this disciplines (module) necessary as previous:**
2.2.1	Obstetrics
2.2.2	Neurology, medical genetics, neurosurgery
2.2.3	Public health And healthcare, economy healthcare
2.2.4	Practice obstetrics and gynecology profile (Assistant doctor)
2.2.5	Professional diseases
2.2.6	Psychiatry, medical psychology
2.2.7	Urology
2.2.8	Faculty therapy
2.2.9	Faculty surgery
2.2.10	Epidemiology
2.2.11	Gynecology
2.2.12	Hospital therapy
2.2.13	Hospital surgery
2.2.14	Infectious diseases
2.2.15	Clinical pharmacology
2.2.16	Otorhinolaryngology
2.2.17	Pediatrics
2.2.18	Practice general medical profile (Assistant doctor outpatient and polyclinic institutions)
2.2.19	Practice By urgent medical manipulations (Assistant doctor ambulance medical help)
2.2.20	Traumatology, orthopedics
2.2.21	Research Job
2.2.22	Ophthalmology
2.2.23	Anesthesiology, resuscitation, intense therapy
2.2.24	Clinical pathological anatomy
2.2.25	Medicine disasters
2.2.26	Basics critical thinking: Evidence medicine
2.2.27	Outpatient clinic therapy
2.2.28	Outpatient clinic surgery
2.2.29	Outpatient clinic obstetrics And gynecology
2.2.30	Practice By urgent medical manipulations (Assistant doctor anesthesiologist - resuscitator)
2.2.31	Psychotherapy
2.2.32	Family medicine
2.2.33	Judicial medicine
2.2.34	Children's surgery
2.2.35	Medical rehabilitation
2.2.36	Interdisciplinary state final certification By national-regional component
2.2.37	Oncology, radiation therapy
2.2.38	Preparation To delivery And change state exam

2.2.39	Sports medicine
2.2.40	Standards diagnostics And treatment
2.2.41	Phthisiology

3. COMPETENCIES STUDENT, FORMED IN RESULT DEVELOPMENT DISCIPLINES (MODULES)	
OPK-1: Capable implement moral And legal norms, ethical And deontological principles in professional activities	
Know:	
Level 1	Duties, rights, place of a doctor in society; basic ethical documents domestic and international professional medical associations And organizations Fundamentals of modern Russian legislation V areas healthcare and health protection Moral and ethical And deontological norms, rules and principles of professional medical conduct, the rights of the patient and the doctor
Be able to:	
Level 1	Build and maintain working relationships With members team, to protect the civil rights of doctors and patients of different ages, nationalities, religions, and social status Orientate yourself V current regulatory acts O labor, apply labor legislation norms in specific practical situations; defend rights doctor and patient
Own:	
Level 1	Arguments For solutions controversial ethical and legal questions medical practices, to protect the interests of the patient and the doctor; to bring to patient provisions "informed consent" Applications principles medical deontology and medical ethics; legal foundations of surgical activity; corporate behavior in surgery

OPK-4: Capable apply medical products, provided in order rendering medical help, and also conduct examinations of the patient in order to establish a diagnosis	
Know:	
Level 1	Diagnostic capabilities of specialized equipment and medical products, diagnostic algorithms main surgical syndromes and conditions
Be able to:	
Level 1	Assign optimal examination patients for the purpose of diagnosing the main surgical syndromes and conditions
Own:	
Level 1	Designs directions And implementation preparation patients To instrumentally hardware research

PC-5: Capable of identifying the main pathological conditions, symptoms, and disease syndromes in patients, nosological forms V in accordance With International statistical classification diseases and health-related problems, X revision.
Know:

Level 1	Methods And means collection And analysis complaints patient, data his anamnesis, testimony And contraindications to conduct additional clinical and paraclinical research methods; - Necessity conducting collection And analysis complaints patient, data his anamnesis; - Etiopathogenesis, clinical painting And diagnostics main diseases; - Indications And contraindications For choice To conducting additional clinical And paraclinical research methods; - Indications And contraindications To conducting additional clinical And paraclinical research methods .
Be able to:	
Level 1	- Gather And analyze complaints patient, data his anamnesis; - Assign laboratory, instrumental, pathological And others research V for the purposes of recognizing a condition or establishing the presence or absence of a disease; - Conduct survey, collect complaints And anamnesis at sick; - Compose model pedigree For families, having hereditary diseases; - Conduct study clinical status; - Define testimony And contraindications For choice additional clinical And paraclinical research methods; - Use methods And means medical inspection, diagnostic events.
Own:	
Level 1	- Skills collection And analysis complaints patient, data his anamnesis, interpret results the most common methods of functional diagnostics used to identify pathologies of the blood, heart and blood vessels, lungs, kidneys, liver and other organs and systems; - Skills design stories diseases, skills appointments necessary laboratory and instrumental examination methods for the purposes of recognition states or establishments fact availability or absence diseases; - Skills inspection patients, conducting necessary diagnostic events; - Skills constructions clinical diagnosis.

PC-7: Capable To definition tactics conduct sick With various nosological forms	
Know:	
Level 1	Know principles of treatment diseases or conditions taking into account the diagnosis, age and clinical picture in accordance with current procedures for the provision of medical care help, clinical recommendations (protocols treatment) on questions rendering medical help taking into account the standards of medical care.
Be able to:	
Level 1	Be able to carry out treatment diseases or conditions taking into account the diagnosis, age and clinical picture in accordance with current procedures for the provision of medical care help, clinical recommendations (protocols treatment) on questions rendering medical help taking into account the standards of medical care.
Own:	
Level 1	To own practical skills treatment diseases or conditions taking into account diagnosis, age And clinical paintings V in accordance with the current procedures for the provision of medical help, clinical recommendations (protocols treatment) on questions rendering medical help taking into account the standards of medical care.

PC-11: Ready To participation V provision ambulance medical help at conditions requiring urgent medical intervention	
Know:	
Level 1	- Algorithm ambulance urgent medical help; - Main medical diagnostic And medicinal events By provision first medical assistance in emergency conditions requiring urgent medical intervention.
Be able to:	

Level 1	- Pick up individual view rendering help For treatment patient V in accordance With situation: first aid, ambulance, hospitalization.
Own:	
Level 1	- Complex resuscitation events at sharp violations breathing And blood circulation, in case of clinical death; know modern methods resuscitation And intense therapy at provision help sick and the victims V critical conditions of various etiologies.

PC-12: Ready To participation V provision medical help at emergency situations, V volume number participation in medical evacuation.	
Know:	
Level 1	- Fundamentals of developing a safety culture, environmental awareness and risk-oriented thinking, at which questions security And preservation surrounding Wednesday are being considered as the most important priorities of human life.
Be able to:	
Level 1	- Understand teaching about epidemic process, types epidemiological research And their purpose; - Realize anti-epidemic events, protection population V foci especially dangerous infections, with deterioration of radiation environment And spontaneous disasters; - To identify the harmful effects of environmental factors on the human body, the characteristics of the course and possible complications most common diseases, methods diagnostics, modern methods of clinical, laboratory, and instrumental examination sick; - Analyze peculiarities organizations rendering medical help at conducting mass and sporting events, in emergency situations and disasters in peacetime and wartime.
Own:	
Level 1	- Methods organizations complex events, directed on preservation And strengthening health and elimination of harmful factors; - Skills analysis And assessments quality medical help, state health population And influence the influence of environmental and production factors on it; - Skills warnings occurrence And distribution diseases, their early diagnosis and the reasons for their occurrence; - Skills execution preventive, hygienic And anti-epidemic events; - Ability pick up individual view rendering help For treatment patient V in accordance with the situation: first aid, ambulance, hospitalization.

PC-14: Capable To conduct medical documentation.	
Know:	
Level 1	- Scroll And characteristics accounting and reporting medical documentation V medical medical organizations; - Regulatory documentation, accepted V healthcare, A Also documentation For assessments quality and work efficiency medical organizations.
Be able to:	
Level 1	- Conduct medical-statistical analysis indicators health attached population; - News medical documentation, V volume number V electronic view.
Own:	
Level 1	- Skills work And methods conduct accounting and reporting documentation various character V medical institutions; - Skills comparative characteristics medical documentation various character V medical institutions.

IN result development disciplines student must

3.1	**Know:**
3.1.1	- Moral and ethical norms, rules And principles professional medical behavior;
3.1.2	- Etiology, pathogenesis, diagnosis, clinical picture, course features, possible complications and prevention often encountered diseases, flowing V typical form at various age groups and different genders;

3.1.3	- Diagnostic methods, diagnostic capabilities of methods of direct examination of a patient in intensive care, modern methods clinical, laboratory, instrumental examinations sick, including functional, endoscopic, radiological, ultrasonic, magnetic resonance And other methods;
3.1.4	- Peculiarities conducting resuscitation events And intense therapy;
3.1.5	- Peculiarities applications etiotropic, pathogenetic And symptomatic funds, V treatment sick with pathology of internal organs;
3.1.6	- Methods treatment And testimony To their application. Mechanism medicinal actions medicinal physical education and physiotherapy, indications and contraindications for their use, features of their implementation;
3.1.7	- Peculiarities consultations, diagnostics sick With sharp pathologies, requiring resuscitation observation
3.2	**Be able to:**
3.2.1	- Build And support workers relationship with by everyone members team;
3.2.2	- Collect anamnesis, conduct objective study By authorities And systems organism, define indications for laboratory and instrumental examination of the patient;
3.2.3	- Interpret results conducted examinations, formulate preliminary And clinical diagnosis;
3.2.4	- Diagnose threatening life states And render urgent help;
3.2.5	- Assign etiotropic And pathogenetic treatment V in accordance With algorithms And standards patient management ;
3.2.6	- Compose plan examinations patient With surgical disease;
3.2.7	- Rate data inspection And survey; interpret results laboratory And instrumental examination methods ;
3.2.8	- Formulate preliminary diagnosis;
3.2.9	- Give nearest And remote forecast, recommendations For treatment;
3.2.10	- Conduct treatment under control doctor.
3.3	**Own:**
3.3.1	- Methods general clinical research resuscitation patient ;
3.3.2	- Rating results laboratory And instrumental methods diagnostics at resuscitation sick;
3.3.3	- Design medical documentation - map stationary sick;
3.3.4	- Algorithm productions preliminary And expanded clinical diagnosis resuscitation sick;
3.3.5	- Algorithm execution main medical medicinal events By provision help sick in emergency situations;
3.3.6	- Methodology transfusions components blood.

4. STRUCTURE AND CONTENT DISCIPLINES (MODULE)

Code classes	Name sections And those /view classes/	Semester / Well	Hours	Competent-tions	Literature	Inte ract.	Pr. prep.	Note
1	Discipline "Anesthesiology, resuscitation and intense therapy" V system medical knowledge And her role V modern clinical medicine. Story development And formation anesthesiology And resuscitation. Modern performance O service anesthesiology And resuscitation. Regulatory acts And laws Kyrgyz Republics And Russian Federation, regulatory activity services anesthesiology And resuscitation. Principles preparation doctors for services	1	1	PC- 6	L1.1 L1.2 L1.3L2.4 E1 E2 E3 E4 E5 E6 E7			

2.	Peripheral and central paths conducting pain sensitivity. Physiological aspects of pain. Pathophysiological features formation of various pain syndromes. Influence painful irritation on functional state of the body. Diagnostic characteristics and basic principles of clinical assessment	1	6	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			
3	Operating room equipment: medical gas supply systems, electrical safety, microclimate. Anesthesia equipment. Anesthesia machine (device). Types of anesthesia machines. Absorbers. Systems breathing: for adults and children. Systems oxygenation. Ensuring airway patency. Respiratory devices (respirators). Classification. Systems safety. Respiratory contours. Artificial ventilation	1	6	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			
4	Basic manipulations in the practice of an anesthesiologist-resuscitator. Placement of supraglottic air ducts. Conicotomy. Tracheal intubation. Tracheotomy. Puncture and catheterization peripheral veins. Puncture and catheterization of central veins. Puncture And arterial catheterization. Puncture and catheterization epidural space. Puncture subarachnoid space. Ultrasonic navigation in manipulations.	1	6	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			

5	Basic manipulations in the practice of an anesthesiologist-resuscitator. Placement of supraglottic air ducts. Conicotomy. Tracheal intubation. Tracheotomy. Puncture and catheterization peripheral veins. Puncture and catheterization of central veins. Puncture and arterial catheterization. Puncture and catheterization epidural space. Puncture subarachnoid space. Ultrasonic navigation in manipulations.	1	6	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			
6	Basic manipulations in the practice of an anesthesiologist-resuscitator. Placement of supraglottic air ducts. Conicotomy. Tracheal intubation. Tracheotomy. Puncture and catheterization peripheral veins. Puncture and catheterization of central veins. Puncture And arterial catheterization. Puncture and catheterization epidural space. Puncture subarachnoid space. Ultrasonic navigation in manipulations.	1	6	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			
7	Basic manipulations in the practice of an anesthesiologist-resuscitator. Placement of supraglottic air ducts. Conicotomy. Tracheal intubation. Tracheotomy. Puncture and catheterization peripheral veins. Puncture and catheterization of central veins. Puncture And arterial catheterization. Puncture and catheterization epidural space. Puncture subarachnoid space. Ultrasonic navigation in manipulations.	1	6	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			

8	Basic manipulations in the practice of an anesthesiologist-resuscitator. Placement of supraglottic air ducts. Conicotomy. Tracheal intubation. Tracheotomy. Puncture and catheterization peripheral veins. Puncture and catheterization of central veins. Puncture And arterial catheterization. Puncture and catheterization epidural space. Puncture subarachnoid space. Ultrasonic navigation in manipulations.	1	6	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			
9	Features of anesthetic care in emergency situations operational interventions regarding illnesses, injuries and injuries. Examination emergency sick And general assessment of his condition. Meaning accompanying diseases and complicating conditions in emergency anesthesiology: elderly And senile age, sugar diabetes, chronic respiratory diseases, diseases of the circulatory system, chronic alcoholism and condition acute alcohol intoxication (drunkenness), obesity, acute and chronic failure functions liver, acute and chronic renal failure. Anesthesia and intensive care during emergency operations in patients with blood loss and in a state of hemorrhagic shock. Anesthesia, resuscitation and intensive care for severe mechanical trauma accompanied by development of shock.	1	6	PC- 6	L1.1 L1.2 L1.3L2.2 L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			

10	Complications of induction, laryngoscopy And tracheal intubation. Complications, related With malfunction or incompetent using equipment, difficulties in performing special techniques, operational position, impact of equipment parts. Errors caused by inexperience , insufficient knowledge, inattention of the anesthesiologist to the patient's condition, equipment, drugs used and technical techniques. Violations obstructive breathing respiratory paths (retraction of the tongue, lower jaw, presence of foreign bodies - mucus, blood, teeth, laryngospasm, etc.). Disorders hemodynamics associated with hyperdynamic reaction (hypertension combined with tachycardia) or depressant reaction (hypotension with tachycardia, hypotension with unchanged pulse, hypotension with bradycardia).	1	2	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			
11	Complications stage of anesthesia maintenance . Stage of occurrence majority complications. Role "human factor" - loss of vigilance. Use of flammable anesthetics And gases, electronic monitoring equipment, diathermocoagulation devices. Complications associated with malfunction equipment, pharmacodynamic properties inherent in the drugs used in the anesthesia process, characteristics of the patient's condition, his primary and concomitant diseases. Respiratory disorders, related with shift V ventilation-perfusion relationships. Disorders hemodynamics associated with hypovolemia, inadequacy of anesthesia, and the harmful effects of mechanical ventilation.	1	2	PC- 6	L1.1 L1.2 L1.3L2.3 L2.4L3.1 E1 E2 E3 E4 E5 E6 E7			

5. FUND EVALUATION MEANS

5.1. Control questions And tasks

Control questions
FIRST SEMESTER TRAINING:
1.Basic normative documents, regulatory work services anesthesiology And resuscitation. 2. Medical documentation of the anesthesiology and resuscitation department.
3. Ethical And legal aspects medical activities. Application legislative acts, accepted on the territory of the Kyrgyz Republic and the Russian Federation.
4. Legal questions V anesthesiology and resuscitation. Criminal responsibility for professional violations in healthcare in the territory of the Kyrgyz Republic and the Russian Federation.
5. Pain - How multidimensional phenomenon. Definition pain. Classification painful syndromes. Concept acute And chronic pain.
6. Diagnostic characteristics And main principles clinical assessments painful syndrome. Collection anamnesis and physical examination.
7. Subjective methods assessments intensity painful syndrome Objective methods measurements pain. The problem of objectification of pain.
8. Analgesics. Classification analgesics funds. Clinical And pharmacological justification use of analgesics.
9. Principles And methods treatment sharp painful syndromes. Intraoperative analgesia. Methods Regional anesthesia. Pain relief algorithms. Postoperative pain, principles and features of pain relief.

Post-traumatic pain. Pain at heart attack myocardium.
10. Anesthesia. Classification of types and methods of anesthesia. General anesthesia. Mechanisms. actions, clinic And stages general anesthesia. Classification methods local (regional) anesthesia. Combined anesthesia.
11. Equipment operating room: systems medical gas supply, electrical safety, Microclimate. Anesthesiology equipment.
12. Monitoring V anesthesiology. Goals And types monitoring. Standards monitoring. Equipment For monitoring. 13. Basic manipulations in the practice of an anesthesiologist-resuscitator. Placement of supraglottic airways. Conicotomy. Intubation trachea. Tracheotomy. Puncture And catheterization peripheral veins And central veins, arteries. 14. Preoperative period. Examination by an anesthesiologist: types, goals, and objectives of patient assessment. Peculiarities of patient assessment in pediatrics and geriatrics. Premedication: types, goals, and objectives. Monitoring.
15. Inspection anesthesiologist at admission (primary inspection). Tasks modern methods preliminary preoperative examination of the patient.
16. Inspection anesthesiologist the day before operations (secondary inspection). Tasks direct preoperative examination of the patient in preparation for surgery and anesthesia.
17. Premedication. The objectives of modern methods of preliminary medical preparation of patients for surgery and anesthesia: catheterization peripheral or central veins (CVP); catheterization urinary bubble And control diuresis, etc.
18. Premedication preventive (the day before operations) - final stage preoperative preparation. The objectives of modern methods of direct medical preparation of the patient for surgery and anesthesia. The main pharmacological agents used in the immediate preparation of the patient for surgery and anesthesia. 19. Intraoperative And early postoperative periods. Perioperative period general anesthesia. Funds For general anesthesia. Routes of drug administration. Inhalation and non-inhalation general anesthesia. Combined methods of general anesthesia.
20. Security cross-country ability respiratory paths. Straight laryngoscopy And intubation trachea. The benefits of modern muscle relaxants. Antidotes to muscle relaxants.
21. Local (regional) anesthesia. Combined methods anesthesiology benefits. Postoperative (early) period. Postoperative patient management.
22. Peculiarities conduct patients V pediatrics And geriatrics.
23. Organization worker places anesthesiologist V operating room. System medical gas supply: Centralized, local. Rules for working with compressed gas cylinders.
24. Operating table, Preparation To work. Aspirator electric And mechanical. Availability aspiration catheters. Bipolar defibrillator. Manual breathing apparatus - AMBU bag. Devices for providing airway patency.
25. Preparation To work And exploitation anesthetic-respiratory equipment. Monitor gas. Monitor hemodynamic.
26. Sets For infusions: catheters, systems, devices. Sets For control diuresis: urinary catheters, systems For Urine collection kits (urine bags). Regional anesthesia kits. Medication kits.
27. Rules filling accounting and reporting documentation doctor anesthesiologist-resuscitator, including magazine assessment of the readiness of the anesthesiologist's workplace.
28. Intraoperative period general anesthesia. Formation And maintenance anesthesia . Methods And components general anesthesia, combined and combined methods general anesthesia. Artificial And auxiliary Lung ventilation. 29. Recovery from anesthesia: visual and instrumental observation, clinical signs (criteria) of the end of the awakening stage.
30. Combined methods of general anesthesia. General anesthesia agents. Routes of drug administration. 31. Classification methods regional (local) anesthesia. Methods And techniques conducting local (Regional) anesthesia. Local anesthetics. Classification of local anesthetics based on their chemical structure.
32. Postoperative (early) period. Tasks anesthesiology benefits V postoperative period. Main directions of postoperative intensive care.
33. Features of anesthetic support for emergency surgical interventions for diseases, wounds And injuries. Examination emergency sick And general grade his states. Meaning accompanying diseases and complicating conditions in emergency anesthesiology
34. Anesthesia And intense therapy at emergency operations at sick With blood loss And V condition Hemorrhagic shock. Anesthesia, resuscitation, and intensive care for severe mechanical trauma accompanied by the development of shock.
35. Anesthetic management for concomitant diseases of the respiratory and circulatory systems. Anesthesia for accompanying diseases lungs. Chronic obstructive diseases lungs (COPD). Bronchial Asthma. Sleep apnea syndromes. Acute restrictive disorders. Acute respiratory diseases.
36. Anesthesia for concomitant cardiovascular diseases. Coronary heart disease. Hypertension. Influence medicinal background. Ganglionic blockers, adrenolytics, antagonists, blockers RAS, ACE inhibitors, diuretics, etc. Heart rhythm disturbances. Effect of medication background. Heart defects and cardiac failure
37. Anesthesia at accompanying diseases nervous And endocrine systems. Influence medicinal background. Features of anesthetic management. Carcinoid syndrome. Obesity and anesthesia.
38. Anesthesia at accompanying diseases systems hematopoiesis. Methods And principles of transfusion therapy. Components blood, blood substitutes. Preparation To transfusion. Principles blood transfusion therapy And Use of blood components. Complications of blood transfusion. Anticoagulant and fibrinolytic therapy. Plasmapheresis.

39. Classification degrees risk general anesthesia. Classification complications anesthesia. Iatrogenesis. Human factor. Job V team. Critical situations V anesthesiology. Complications, related with violation activity of vital organs and systems - disturbances of gas exchange and blood circulation.
40. Continuous monitoring of the patient's condition during anesthesia. Timely recognition of emerging violations states sick And complications. Conducting timely therapeutic and resuscitation measures. Application of justified corrective therapy.
41. Complications induction, laryngoscopy And intubation trachea. Complications, related With malfunction or incompetent using equipment, difficulties at execution special receptions, operating position, impact of equipment parts.
42. Complications during the anesthesia maintenance phase. The role of the "human factor" - loss of vigilance. Complications associated With malfunction equipment, pharmacodynamic properties, inherent applicable V the process of anesthesia, drugs, the characteristics of the patient's condition, his primary and concomitant diseases.
43. Main complications of the postoperative period and ways to prevent them. Respiratory disorders caused by depression breathing central or peripheral origin, caused by pharmacological means. The main mechanisms of circulatory disorders
44. Complications regional anesthesia. Classification complications: traumatic, inflammatory, psychoneurological, cordially- vascular, respiratory. Complications, related With pharmacodynamic properties of local anesthetics and other medications used for regional anesthesia. Complications of blood transfusion.

1. Peculiarities violations homeostasis at diseases gastrointestinal tract. Clinical and physiological characteristics of surgical diseases of the abdominal organs. Common pathophysiological problems in abdominal surgery.
2. Anesthesia V abdominal surgery: peculiarities organizations anesthesiology provision at planned and emergency abdominal surgeries. Postoperative intensive care in abdominal surgery. Treatment of pain syndrome and intestinal motility disorders after abdominal surgery.
3. Anesthesiology security planned operational interventions V abdominal surgery at operations: On the stomach and small intestine. Preoperative period: patient preparation. Intraoperative period: anesthesia considerations. Immediate postoperative period: intensive infusion therapy and parenteral nutrition for patients after abdominal surgery.
4. Anesthesiology allowance at planned operations on liver And biliary ways: preoperative period, intraoperative period, immediate postoperative period.
5. Anesthesiology allowance at planned operations on pancreas iron And spleen: preoperative period, intraoperative period, immediate postoperative period.
6. Anesthetic care during planned operations for persistent postoperative fistulas of the gastrointestinal tract: preoperative period, intraoperative period, immediate postoperative period. 7. Anesthetic care allowance at planned herniotomy: preoperative period, intraoperative period, the immediate postoperative period.
8. Anesthesiology security at urgent operations V abdominal surgery. Anesthesia at operations For perforated gastric and duodenal ulcers. Anesthesia for surgeries for esophageal, gastric, and intestinal bleeding.
9. Anesthesia for surgery for acute pancreatitis. Anesthesia for emergency surgery on the liver, biliary tract, and gallbladder. Anesthesia for surgery for peritonitis of various etiologies. 10. Anesthesia at operations By about acute intestinal obstruction. Anesthesia at disadvantaged hernias. Anesthesia during surgery for acute appendicitis.
11. Peculiarities anesthesia at operations By about heavy injuries (stupid, penetrating) With predominant damage to the abdominal organs.
12. Anesthesiology allowance at planned operations V coloproctology: at operations on thick intestines, during operations on the anus and rectum.
13. Peculiarities preoperative preparation V colorectal surgery. Influence provisions patient on The safety of anesthesia on the operating table (Trendelenburg position, lithotomy position). Postoperative period in colorectal surgery.
14. Anesthesia at endoscopic operations on organs abdominal cavities.
15. Peculiarities anesthesiology provision at multiple injuries. Preoperative state, Preparation To operations and anesthesia for victims with mechanical trauma, multiple trauma and combined trauma.
16. Peculiarities preoperative preparation at traumatic shocked. Peculiarities preoperative preparation Compartment syndrome. Specific aspects of preoperative preparation in cases of massive blood loss and ongoing bleeding.
17. Anesthesia at operations By about damage musculoskeletal apparatus. Peculiarities anesthesia in orthopedic surgeries. Anesthesia for surgeries on the extremities. Burns.
18. Anesthetic management during surgery and dressings for burn victims. Preoperative preparation considerations burnt. Choice method anesthesia, intraoperative period. Management nearest postoperative period. Pain relief.
19. Indications for general anesthesia in neurosurgical operations and the specifics of its implementation. Preoperative condition, Preparation sick To operations And anesthesia. Direct medicinal Preparation. Grade anesthesia (monitoring).
20. Possible dangerous functional disorders at neurosurgical operations And their prevention.
21. Peculiarities anesthesiology provision at operations on spinal brain And spine: preoperative

period, intraoperative period, nearest postoperative period. Peculiarities anesthetic support for operations on peripheral nerves.
22. Anesthesiology security at neurosurgical operations. Special components anesthesia. Anesthesia assessment (monitoring).
23. Anesthesia at craniocerebral trauma: preoperative period, intraoperative period, The immediate postoperative period. Anesthesia for surgeries for space-occupying brain lesions:
preoperative period, intraoperative period, nearest postoperative period.
24. Anesthesia at operations on back cranial pit: preoperative period, intraoperative period, immediate postoperative period. Anesthesia at operations regarding intracranial aneurysms (aneurysms arteries brain) and arteriovenous malformations: preoperative period, intraoperative period, immediate postoperative period.
25. Physiological changes V female in the body, conditioned pregnancy And childbirth. Flow pregnancy, childbirth and the postpartum period in women with various diseases.
26. Anesthesia childbirth. Peculiarities pain relief And dependencies from pathologies And original states women in labor and the fetus.
27. Anesthesiology security at complicated current childbirth. Anesthesiology security at surgical interventions in gynecology.
28. Peculiarities anesthesiology provision at operations V gynecology: planned typical operations, emergency operations, minor interventions.
29. Anesthesia at operations cesarean section sections. Peculiarities pain relief at imposition obstetric tongs and fetogenic surgeries. Anesthetic tactics in cases of threatened uterine rupture.
30. Peculiarities pain relief operations on background atonic bleeding. Anesthesiology tactics at Hysterectomy surgeries with massive blood loss. Specific aspects of the immediate postoperative period in women undergoing massive blood loss. Resuscitation and intensive care for eclampsia and amniotic fluid embolism.
31. Anesthesiology security at operations at children And newborns. Premedication: security calculated dosages (by age and body weight) of medications and their route of administration.
32. Medicines For anesthesia: anesthetics - difference effect from adults patients, muscle relaxants - sensitivity, congenital diseases. Infusion-transfusion therapy: blood replenishment, physiological anemia.
33. Maintenance cross-country ability respiratory paths And intubation trachea. Problems intubation: full stomach, diaphragmatic hernia, tracheoesophageal fistula, syndrome Pierre Robin, intubation at saved consciousness. 34. Anesthesiology allowance at surgical operations. Respiratory distress syndrome newborns: etiology, treatment, ventilation technique.
35. Anesthesia V thoracic surgery, peculiarities anesthesia at planned And at urgent interventions.
Preoperative state, Preparation To operations And anesthesia. Anesthesia And IT V thoracic And cardiovascular surgery.
36. Anesthesia during lung resection: general issues, anesthesia. Preoperative period, intraoperative period period, nearest postoperative period. Resection easy at certain conditions. 37. Anesthetic care during lung transplantation: general information, anesthesia. Preoperative period, intraoperative period, immediate postoperative period.
38. Anesthesia for tracheal resection: preoperative period, intraoperative period, immediate postoperative period period. Anesthesia at thoracoscopic operations. Anesthesia at diagnostic interventions.
39. Anesthesia at reconstructive operations on trachea And bronchi in phthisiosurgery And at wounds lungs. Intensive care after lung surgery.
40. Anesthesia at operations on esophagus: preoperative period, intraoperative period, the immediate postoperative period.
41. Peculiarities anesthesia at operations By about heavy injuries With preferential damage chest cells, pneumohemothorax. Preoperative period, intraoperative period, immediate postoperative period.
42. Anesthesiology security operational interventions V cardiovascular surgery. Anesthetic management for open-heart surgery. Methods and modes of artificial circulation during open-heart surgery. Hypothermia and myocardial protection.
43. General anesthesia V dependencies from species operations on open heart. Intensive care after operations on open heart.
44. Anesthesiology security at operations on heart And main vessels. Anesthesia V surgery Heart: adults; children. Anesthesia for pericardial surgery. Anesthesia for heart transplantation.
45. Peculiarities anesthesiology benefits at surgical treatment ENT organs. 46. Features of anesthesiological care in ophthalmology.
47. Peculiarities anesthesiology benefits V maxillofacial surgery And dentistry.
48. Peculiarities anesthesiology benefits V plastic surgery And cosmetology. Preoperative Preparation. Selecting an anesthesia method. Indications for tracheostomy. Intensive care in the early postoperative period.
49. Anesthesiology security V surgery ENT organs. Peculiarities preoperative states And preparation. Choice of anesthesia method.
50. Anesthesia for hearing restoration surgeries. Anesthesia for reconstructive surgeries in otolaryngology. Anesthesia V conditions difficult intubation. Indications To imposition tracheostomy For administration of endotracheal anesthesia.
51. Intensive therapy V early postoperative period. Measures prevention respiratory disorders. Toilet mouth and top respiratory paths. Care for tracheostomy. Methods postoperative nutrition at sick, operated on

ENT organs.
52. Characteristics of the preoperative condition of patients in ophthalmology. Factors and pharmacological agents influencing on intraocular pressure, lacrimation And mobility ocular apples. Choice method anesthesia And testimony to conduct intensive care after surgery in ophthalmology.
53. Features of anesthesia in ophthalmology. Intraoperative monitoring during anesthesia in ophthalmology. Features anesthesia at ophthalmological operations, directed on warning detachments retina.
54. Peculiarities intense therapy after operations V clinic eye diseases. Indications To conducting Intensive care in ophthalmology and the role of the anesthesiologist. Complications and their prevention.
55. Anesthesia V maxillofacial surgery And dentistry. Peculiarities preoperative states And preparation. Choice of anesthesia method.
56. Anesthesia at operations By about defects, diseases And damage jaws. Anesthesia at operations regarding malignant neoplasms in the maxillofacial region.
57. Anesthesia at laryngectomy And operations Krailya. Methods postoperative nutrition at sick, operated in the maxillofacial region and dentistry.
58. Peculiarities anesthesiology benefits V plastic surgery And cosmetology. Peculiarities Preoperative condition and preparation. Choice of anesthesia method.
59. Peculiarities regional anesthesia V plastic surgery And cosmetology. Choice anesthesia at Providing microsurgical operations. Complications and their prevention. Intraoperative monitoring. Early postoperative period, nutritional methods for patients.
60. Peculiarities violations homeostasis at sick at diseases endocrine systems. Anesthesiology security V surgery endocrine systems. Postoperative intensive care V surgery endocrine systems. Anesthetic support for urological and nephrological surgeries.
61. Anesthesiology security V surgery endocrine systems. Peculiarities anesthesiology benefits in surgical treatment of thyroid diseases.
62. Peculiarities anesthesiology benefits at surgical treatment diseases thymus glands: myasthenia gravis. Anesthesiology security at diseases parathyroid iron. Anesthesia at diseases pituitary gland (adenoma pituitary gland, hyperpituitarism). Strategies preoperative, intraoperative And postoperative periods.
63. Features of anesthetic management in surgical treatment of adrenal diseases. Circulatory and metabolic manifestations, diagnosis, pathogenesis and clinical features of adrenal crisis. Resuscitation and intensive care therapy adrenal crisis. Strategies preoperative, intraoperative And postoperative periods.
64. Anesthesia at urological operations. General And local anesthesia at operations on kidneys. Anesthesia during operations on the ureters.
65. Anesthesia at accompanying diseases kidneys. Anesthesia at renal insufficiency.
66. Peculiarities general anesthesia at operations transplants kidneys. General And local anesthesia at operations on bladder and urethra. Anesthesia for prostate surgery. General and local anesthesia for plastic and reconstructive operations on urogenital system.
67. Anesthesiology security small urological operations And painful manipulations. Postoperative intensive care in urology and nephrology.
68. Prevention And treatment postoperative violations water-electrolyte balance And respiratory insufficiency. Correction violations metabolism. Normalization functions kidneys. Antibacterial therapy in the postoperative period.
69. Regulatory documents, regulatory organization And peculiarities anesthesiology benefits V outpatient conditions. Scroll equipment, providing for security How anesthesiology, So and resuscitation assistance.
70. Indications And contraindications To conducting anesthesia V outpatient practice. Advantages, negative parties, possible risks and complications. Maintaining the necessary documentation.
71. Possibilities examinations sick V conditions limitation resources And time for preoperative Preparation. Selection, together with the surgeon, of patients for surgery with grades I-II anesthetic risk and even stable grade III anesthetic risk according to the American Association of Anesthesiologists classification.
72. Peculiarities anesthesiology benefits V post-anesthesia period: limited period stay patient, duration of awakening, disorientation syndrome.
73. Features of anesthetic management of short-term therapeutic and diagnostic surgical interventions, With minimum operating And postoperative complications, Not requiring autopsy cavities that last no more than 60 minutes and are not accompanied by significant blood loss.
74. Anesthesia V extraordinary situations. Conditions conducting anesthesia.
75. Peculiarities anesthesiology benefits at disasters: natural (earthquakes, eruptions volcanoes, hurricanes, etc.) and those associated with human activity (railway, aviation, industrial and some others).
76. Anesthesiology help V military field conditions. Principles organizations, content And material security anesthesiology help V military field conditions. Extension testimony And standardization methods of general anesthesia in advanced military field medical institutions.

5.2. Topics coursework works (projects)

1. Criteria diagnostics, treatment hyperglycemic com on pre-hospital And hospital stages (ketoacidotic, hyperosmolar, lactacidemic).
2. Criceria diagnostics (clinical, paraclinical) And treatment on pre-hospital, hospital stages at

hypoglycemic states, hypoglycemic coma.
.Bleeding from varicose extended veins esophagus. Etiology. Clinic. Diagnostics. Drug and non-drug treatment.
4. Painful syndrome at exacerbation chronic pancreatitis. Pathogenesis. Clinic. Diagnostics. Treatment of chronic pancreatitis. Principles of pain relief.
Classification of pulmonary edema. Diagnosis and principles of treatment of pulmonary edema.
6. Classification shock at OSN. Clinic, criteria diagnosis cardiogenic shock. Emergency medical procedures in the treatment of cardiogenic shock.
7. Asthmatic status. Classification. Etiology. Differential Diagnosis. Emergency care.
8. Differential diagnosis at asthmatic status. Urgent medical manipulation therapeutic profile for asthmatic status.

5.3. Fund evaluation funds

ORAL (frontal) SURVEY. Exemplary scroll questions:
1. Traumatic shock. Pathogenesis And treatment.
2. Choice method pain relief And peculiarities anesthesia at operations on head And neck.
3. Grade states sick, operating risk, choice method anesthesia.
4. Choice method pain relief And peculiarities anesthesia at neurosurgical operations.
5. Types And methods anesthesia, technique general And local anesthesia.
6. Choice method pain relief at operations on heart And main vessels. 7. Coma states. Pathogenesis, emergency treatment measures.
8. Pharmacology inhalation anesthetics.
9. Choice method pain relief at operations on chest cavities. 10.Pharmacology of non-inhalation anesthetics.
11. Choice method pain relief And peculiarities anesthesia at operations on abdominal cavities. 12. Emergency care for organophosphorus poisoning.
13. Pharmacology local anesthetics.
14. Choice method pain relief And peculiarities anesthesia V traumatology And orthopedics. Traumatic shock and pain relief.
15. Urgent help at poisoning acids And alkalis.
16. General anesthesia at short-term surgical interventions. 17.Pharmacology of central analgesics.
18. General anesthesia V obstetrics. Anesthesia childbirth, obstetric operations.
19. Choice method pain relief And peculiarities conducting pain relief at gynecological operations.
20. Choice method pain relief And peculiarities conducting anesthesia at sick With accompanying diseases circulatory organs .
21. Monitoring V anesthesiology.
22. Choice method pain relief And peculiarities anesthesia at sick With accompanying diseases organs breathing.
23. General anesthesia at sick elderly And senile age.
24. Choice method And peculiarities pain relief at children.
25. Choice method pain relief at operations on organs chest cells.
26. Choice method pain relief at pathologies endocrine systems.
27. Choice method pain relief V outpatient conditions.
28. Peculiarities conducting pain relief at urgent surgical interventions. 29. Anesthesia in patients with concomitant liver pathology.
30. Anesthesia at sick With accompanying pathology kidneys. 31. Anesthesia in pathology of the nervous and muscular systems.
32.Choice method pain relief And peculiarities anesthesia at sick With vices hearts. 33. Anesthetic care in military field conditions.
34. Anesthetic care in disasters and mass casualties. 35. Conducting pain relief at accompanying alcoholism And drug addiction. 36. Anesthesia for burns.
37.Choice method pain relief And peculiarities anesthesia V ophthalmology.
38.Choice method pain relief And peculiarities anesthesia V maxillofacial surgery. 39. Complications of general anesthesia.
40. Peculiarities anesthesia at diagnostic research.
41. Treatment painful syndrome at oncological patients.
SOLVING TEST TASKS.
Examples test tasks current control:
1. Most effective way rehabilitation tracheobronchial tree is:
1. transnasal catheterization trachea
2. bronchofibroscopy
3. transtracheal drainage
4. vibrational massage chest cells
5. stimulation cough With application flour- And bronchodilators #2
2. Spinal anesthesia:

1. Maybe become complicated transverse myelitis
2. determines improvement quality block at use hyperbaric solution (V comparison With isobaric)
3. Maybe bring To epidural hematoma
4. causes hypertension
5. causes bradycardia, If block reaches level T4 #1, 2, 3

3. Factors, influencing on central venous pressure:
1. volume circulating blood
2. hemoglobin And hematocrit
3. venous tone
4. contractile ability myocardium
5. intrathoracic pressure
#1, 3, 4, 5

4. Components anesthesia are:
1. anesthesia (switch off consciousness patient)
2. analgesia
3. muscle relaxation
4. retrograde amnesia 5. areflexia
#1, 2, 3

5. Indications To cardiopulmonary resuscitation are:
1. loss consciousness
2. stop breathing
3. absence heartbeat
4. wide pupils
5. absence pulse And arterial pressure on main arteries #2, 3, 4, 5

6. Needle, directed V spinal space, should pass through next anatomical education:
1. periosteum
2. supraspinatus bunch
3. soft brain shell
4. solid brain shell
5. yellow bunch
#2, 4, 5

7. Contraindications To use epidural anesthesia are:
1. septic states
2. hypotension
3. elderly age
4. increased bleeding
5. deformation spine
#1, 2, 4, 5

8. Indication For catheterization central veins are:
1. necessity intense infusion-transfusion therapy
2. sharp expressed violations coagulating systems blood
3. measurement central venous pressure
4. absence visible superficial peripheral veins
5. necessity parenteral nutrition #1 3 4

9. Method choice anesthesia at cesarean section is:
1. epidural anesthesia
2. mask anesthesia
3. endotracheal anesthesia
4. combination epidural anesthesia And endotracheal anesthesia
5. intravenous anesthesia
#1

10. Surgical stage mask ethereal anesthesia characterized by:
1. increase arterial pressure
2. wide pupil
3. decrease muscular tone
4. rhythmic spontaneous breathing
5. absence corneal reflexes #3 4 5

11. Effects Sevoflurane are:
1. shutdown consciousness
2. decrease cardiac emission
3. bradycardia
4. increase sensitivity myocardium To catecholamines
5. bronchospasm
#1 2 3

12. Indications To introduction additional doses fentanyl at TVV are:
1. sweating
2. hypertension
3. lacrimation
4. tachycardia
5. hypotension
#2 4
13. The reason oppression breathing at intravenous introduction barbiturates is:
1. depression bark
2. depression carotid sinus
3. decrease sensitivity respiratory center To CO2
4. oppression transmissions V neuromuscular synapse
5. decrease sensitivity respiratory center To O2 #3
14. Pseudocholinesterase blood is destroyed:
1. Arduan
2. Esmeron
3. listenon
4. pavulon
5. tracrium (atracurium)
#3
15. Analgesic activity has:
1. thiopental sodium
2. ketamine
3. propofol
4. fentanyl
5. hexenal
#2 4
16. Rules conducting closed massage hearts are:
1. put to bed victim on solid surface
2. dot applications forces should V average thirds chest cells
3. frequency compression chest cells 30 V minute
4. ratio frequencies blowing V lungs And compression chest cells 2:30
5. ratio frequencies blowing V lungs And compression chest cells 1:5 #1 2 4
17. Effects fentanyl are:
1. duration actions makes up 30 minutes
2. provides stimulating action on n.vagus
3. causes mydriasis
4. depression breathing is being removed naloxone
5. increases tone sphincter Oddy #1 2
3 4 5
18. Conditions, contributing development syndrome Mendelssohn, are:
1. increase intragastric pressure, stagnation food V stomach
2. low pH gastric contents
3. urgency anesthesiology benefits V obstetric practice
4. demotion intra-abdominal pressure
5. excitation at introduction V anesthesia #1
2 3
19. Prevention regurgitation at "full stomach" make up:
1. introduction gastric probe to introductory anesthesia
2. application provisions Trendelenburg
3. precurarization 5 mg tubocurarine
4. from intubation pipe With cuff
5. reception Sellika
#1 2 3 4 5
20. IN minimum level intraoperative monitoring includes:
1. ECG
2. acid-base balance
3. HELL non-invasive method
4. saturation method pulse oximetry
5. voltage CO2 V at the end exhale #1
3 4
EXAMPLES SITUATIONAL TASKS:
Condition:
Patient M., 55, fell at home, hitting her right chest on a nightstand. She felt severe pain in her right chest, which worsened with changes in position. She called an ambulance and was taken to the hospital. At inspection - complains on pain V right half chest cells, increasing on inhale. Condition closer

to satisfactory. The skin is normal in color, with the exception of the lateral surface of the chest on the right, where there is a bruise measuring approximately 17 x 10 cm. Palpation of the projection of the IV, V, VI, and VII ribs on the right along the midaxillary line reveals sharp pain, vague crepitation of bone fragments, and no subcutaneous emphysema. Percussion and auscultation of the lungs reveal no pathology. Hb – 140 g/l, respiratory rate 18 bpm, Ps – 92 bpm, blood pressure – 130/80 mmHg. On the X-ray of the lungs there is no hydro- and pneumothorax, there is a fracture of the IV, V, VI, VII ribs on the right By mid-axillary lines. Sick done PC injection promedol 1% – 1.0 ml, local anesthesia was administered, bed rest was prescribed.

Questions

1. Which optimal view local pain relief necessary execute sick With multiple fractures ribs?
2. Technique execution this species anesthesia, necessary drugs, their concentration, dosage?
3. Which methods local anesthesia Can more apply at fracture ribs?
4. Which possible complications with sides organs chest cells can be at fracture ribs?
5. What are methods diagnostics these complications? Standard answers

1. Cervical vagosympathetic blockade By A.V. Vishnevsky on side defeats.
2. The patient is in a supine position with the head abducted to the side opposite the site of anesthesia. muscle take away in front V on border top And average 3. Blockade places fracture ribs, intercostal block, paravertebral block
4. Hemothorax, pneumothorax, hemopneumothorax, subcutaneous emphysema.
5. Percussion, auscultation, radiography chest cells, Ultrasound, CT, diagnostic puncture.

TOPIC REPORTS WITH PRESENTATION:

1. Types local anesthesia.
2. Types general anesthesia
3. Preparation patients To operations, postoperative intense therapy. Complications anesthesia.
4. Professional harmfulness V work anesthesiologist And resuscitator. Legal aspects activities anesthesiologist- resuscitator
5. Anesthesia And intense therapy V cardiac surgery at operations without artificial blood circulation. 6. Features of anesthesia in cardiac surgery in children.
7. Anesthesia V vascular surgery
8. Physiology breathing And anesthesia. Methods examinations patients With pathology lungs. 9. Anesthesia and intensive care during operations on the esophagus.
10. Anesthesia And intense therapy at operations on lungs And trachea.
11. Anesthesia And intense therapy at craniocerebral trauma And brain hematomas.
12. Anesthesia And intense therapy at operations By about volumetric formations head brain. 13. Anesthesia and intensive care in operations on the spinal cord and spine.
14. Anesthesia for concomitant diseases of the nervous system and mental illnesses 15. Anesthesia And intense therapy at operational interventions on stomach And intestines. 16. Anesthesia and intensive care for pancreatitis and peritonitis.
17. Emergency anesthesia And intense therapy V abdominal surgery.
18. Anesthesia And intense therapy at operational interventions By about gastrointestinal and intra-abdominal bleeding.
19. Anesthesia And intense therapy at operations on kidney And ureter. 20. Anesthesia and intensive care in bladder surgery.
21. Anesthesia and intensive care during prostate surgery. 22. Resuscitation And intense therapy acute renal insufficiency. 23. Features of anesthesia and intensive care in pediatric urology
24. Anesthesia And intense therapy at operations at patients With injuries And diseases nose And paranasal sinuses. 25. Anesthesia and intensive care in operations for tumors of the head and neck.
26. Anesthesia And intense therapy at ENT- operations V pediatrics.
27. Peculiarities anesthesia And intense therapy V ophthalmology And at accompanying pathologies organs vision.
28. General anesthesia in ophthalmology.
29. Regional anesthesia V ophthalmology.
30. Analgesia and anesthesia during vaginal delivery 31. Anesthesia And intense therapy at planned And emergency cesarean section.
32. Anesthesia And intense therapy at obstetric bleeding in III trimester pregnancy, postpartum bleeding.
33. Anesthesiology security donors. Preservation organs. Immunology transplantation. Grade patients with a previous transplant
34. Anesthesia And intense therapy at transplants kidneys And liver. Multiorgan Transplantation. 35. Anesthesia and intensive care in heart transplantation
36. Anesthesia And intense therapy V cosmetic surgery: operations on head And neck, abdominoplasty, liposuction. 37. Anesthesia And intense therapy at plastic operations at children: split lips And sky, hemangioma, cystic hygroma, otoplasty.
38. Anesthesia And intense therapy V outpatient conditions
39. Anesthesia And intense therapy at patients endocrinological profile. 40. Features of anesthesia in pediatric endocrinology.
41. Anesthesia And intense therapy at patients With diseases systems blood. 42. Anesthesia and intensive care in children with oncopathology

43. Anesthesia And intense therapy at patients With thermal burns. Intensive therapy burn Diseases 44. Anesthesia and intensive care in patients with general hypothermia and frostbite. 45. Anesthesia And intense therapy V traumatology And Orthopedics. 46. Anesthesia and intensive care in dentistry. 47.Features anesthesia And intense therapy V traumatology And maxillofacial facial surgery at children.
5.4. Scroll species evaluation funds
Oral survey Solution of test tasks Solution situational tasks Report with presentation Scroll scales assessments By to everyone view evaluation funds V APPENDIX 2

6. EDUCATIONAL AND METHODOLOGICAL AND INFORMATIONAL SECURITY DISCIPLINES (MODULE)	
6.1. Recommended literature	
6.3. Scroll informational And educational technologies	
6.3.1 Competency-oriented educational technologies	
6.3.1.1	Traditional educational technologies – lectures, seminars, laboratory work of a reproductive type, oriented before total on message knowledge And ways actions, transmitted residents V
6.3.1.2	ready view And intended For reproducing assimilation And parsing specific samples. Practical classes are most often held directly at the National Hospital under the Ministry of Health of the Kyrgyz Republic, in the intensive care unit, with mandatory visits to patients.
6.3.1.3	Innovative educational technologies - classes, which form systemic thinking And The ability to generate ideas when solving various creative problems. These include sessions in a simulated simulation center. There are also practical sessions using brainstorming techniques and the interpretation of clinical and laboratory data based on etiopathogenesis.
6.3.1.4	Informational educational technologies - independent usage residents Computer equipment and internet resources for practical assignments and independent work, as well as for familiarizing students with internet sources, photo and video materials on the relevant section. The teacher prepares lectures and presentations.
6.3.2 Scroll informational reference systems And software provision	
6.3.2.1	Electronic library KRSU http//lib.krsu.edu.kg
6.3.2.2	Russian anesthesiology server - www. rusanest. som
6.3.2.3	Catalog medical sites http://www.medpoisk.ru/
6.3.2.4	Russian Medical Server http://www.med.ru/
6.3.2.5	Website medicine critical states http://www.critical.ru/
6.3.2.6	Electronic medical library http://www.rosmedlib.ru
6.3.2.7	Electronic library medical university http://www.studmedlib.ru/

7. LOGISTICS SECURITY DISCIPLINES (MODULE)	
7.1	The Department of Hospital Surgery is located at the I.K. Akhunbaev Clinic of the National Hospital under the Ministry healthcare Kyrgyz Republics (Bishkek, Togolok Street Moldo 1). Quantity The number of classrooms, study rooms and other auxiliary facilities available to the department meets the requirements of the educational process.
7.2	Logistics base departments provides All types preparation residents, V in accordance With curriculum and relevant current sanitary and technical standards.
7.3	Lecture audience on 200 landing places equipped projector And interactive board. Practical classes are held at the clinic in classrooms with 15 seats each. To support the teaching process, the department has the following equipment: 2 multimedia projectors, 3 video cameras, 1 television, 3 personal computers, 2 laptops, a set of thematic tables, a set of thematic slides and educational films on CDs and USB drives, a set of test assignments, and situational tasks, teaching aids, an "adult" mannequin for practicing basic resuscitation techniques, mannequins for practicing skills in ensuring free airway patency (placement of airways, tracheal intubation), a set of airways (oropharyngeal, nasopharyngeal), laryngeal and facial masks, a laryngoscope with a set of blades, endotracheal tubes for naso- and orotracheal intubation, intravenous catheters (central and peripheral), an AMBU (Artificial Manual Breathing Unit) manual breathing apparatus, samples of drugs for ino- and vasotropic therapy, samples of drugs for infusion-transfusion therapy.
7.4	Computer Class (frame L. Tolstoy, aud.4/12)s exit V net Internet For execution independent work, familiarization with Internet sources, video materials;

7.5	Simulation center integrative And practical training (TsIPO - frame "Alamedin"), Equipped with robotic simulators, modern resuscitation equipment, electronic phantoms, training devices, interactive and medical equipment, instruments, and consumables. Thematic drawings, diagrams, tables, and posters.

8. METHODOLOGICAL INSTRUCTIONS FOR STUDENTS BY DEVELOPMENT DISCIPLINES (MODULE)

Technological map of the discipline in APPENDIX 1 MODULAR
CONTROL BY DISCIPLINE INCLUDES:
1. Current control: assimilation educational material on classroom classes (lectures, practical, V volume (The number takes into account attendance and activity) and the completion of mandatory assignments for independent work.
2. Rubezhny control: examination completeness knowledge And skills By material module V in general. Execution modular control tasks is being carried out V in writing view And is mandatory component modular control.
3. Intermediate control - completed documented part of the academic discipline (1,2,3 semesters - differentiated credit, 4 semester - exam) - totality closely related between by yourself creditable modules. BASIC REQUIREMENTS FOR INTERIM CONTROL
At appearance on exams And credits student obliged have at to myself diary resident, which He presents to the examiner at the beginning of the exam or to the teacher during the test. The teacher has the right to give a pass without questioning, those residents, which dialed more 60 points for current And boundary controls. On intermediate During the control, the resident must correctly answer the theoretical questions of the ticket - (know) and correctly complete the situational task or situational assignment (be able to, possess).
In time conducting intermediate control teacher lets down results By curations sick resident V during the semester.
Grade intermediate control:
min 20 points - Questions For checks level training KNOW (V case, If at answers on given The resident correctly formulates the main concepts in the questions.
- 20-25 points - Tasks For checks level training BE ABLE TO And OWN (V case, If resident correctly formulates the essence of the problem specified in the ticket and provides recommendations for its solution)
- 25-30 points - Tasks For checks level training BE ABLE TO And OWN (V case complete completion of the control task).
RECOMMENDATIONS BY PREPARATION REPORT WITH PRESENTATION
Multimedia presentations - This view independent work residents By creation visual Informational aids created using the PowerPoint multimedia software. This type of work requires the resident's skills to collect, organize, and process information, and then present it in electronic format as a collection of materials that briefly reflect the main points of the topic being studied. Thus, creating presentation materials expands the methods and means of processing and presenting educational information and develops residents' computer skills.
Presentation materials are getting ready resident V view slides With using Microsoft programs PowerPoint. Residents are required to prepare a presentation and present it in class as a report.
1. Topic presentations is selected resident from proposed list FOS And should be agreed upon With teacher and correspond to the topic of the lesson.
2. Stages preparation presentations:
Compilation plan presentations (production tasks; goals this work)
Thinking through each slide (on first pores This Can do manually on paper), at this It is important to answer to questions:
- How idea this slide reveals the main one idea all presentations?
- What will on slide?
- What will is it said?
- How will done transition To to the next one slide?
3. Manufacturing presentations With help MS PowerPoint:
- Has meaning be neat. Sloppy made slides (discord V fonts And indents, typographical errors mistakes V formulas) cause suspicion, What And To meaningful questions The resident speaker approached the task in a slipshod manner.
- Title page page necessary, to introduce audience You And topic Yours report.
- Quantity slides Not more 30.
- Optimal number lines on slide — from 6 until 11.
- Common error - read slide verbatim. Better in total, If on slide will written detailed Information (definitions, formulas), and words will convey their substantive meaning. Information on a slide can be more formal and strictly presented than in a speech.
- Optimal speed switching — one slide for 1–2 minutes.
- Welcome V presentations use more drawings, pictures, formulas, graphs, tables. Can use animation effects.
- At explanation tables necessary speak, what correspond lines, A what - columns.
- Enter only those designations And concepts, without which understanding main ideas report impossible.
- IN short performance it is forbidden repeat one And that same thought, let even others in words — time expensive.
- Any phrase should it is said for some reason. Then performance will whole And will leave good impression.
- Last slide With conclusions V short presentations pronounce Not necessary.
- If on slide many formulas, recommended dial his fully V MS Word (otherwise formulas have to place

And align on slide manually). For this comfortable do blank - empty slide With one big Word object
"Insert / Object / Microsoft Word Document", select its dimensions once and replicate it on the required number of slides. Main font V text And formulas recommended change in Arial or to him like; Times font Badly Looks good from a distance. Be sure to set the base font size in MathType to the same size as the base font size in the text.
Never Not align size formulas manually, pulling out her for corner.
4. Resident obliged prepare And perform With report V strictly allotted time teacher, And V term.
5. Instructions to the speakers.
- report new information;
- use technical means;
- know And Fine navigate V topic all presentations;
- be able to discuss And fast reply on questions;
- clearly fulfill installed regulations: speaker - 10 min.; discussion - 5 min.;
Necessary remember, What performance consists of from three parts: introduction, main Part And Conclusion. The introduction helps ensure the success of a presentation on any topic. The introduction should contain:
- Name presentations;
- message basic ideas;
- modern assessment subject presentations;
- brief transfer under consideration questions;
- alive interesting form presentations;
Main Part, V which speaker must deep reveal the essence affected topics, usually is being built By The main body of the presentation should present sufficient data to engage the audience and motivate them to read the material. The logical structure of the theoretical section should not be presented without visual aids, audiovisual, and visual materials.
Conclusion - This clear clear generalization And brief conclusions, which Always waiting listeners.
SITUATIONAL PROBLEM. STANDARD ANSWER OPTION
Condition:
Patient M., 55, fell at home, hitting her right chest on a nightstand. She felt severe pain in her right chest, which worsened with changes in position. She called an ambulance and was taken to the hospital. At inspection – complains on pain V right half chest cells, increasing on inhalation. State closer to satisfactory. Skin covers ordinary colors, for exception side surfaces chest cells on the right, where there is a bruise measuring approximately 17 x 10 cm. Palpation of the projection of the IV, V, VI, and VII ribs on the right along the midaxillary line reveals sharp pain, vague crepitation of bone fragments, and no subcutaneous emphysema. Percussion and auscultation of the lungs reveal no pathology. Hb – 140 g/l, respiratory rate 18 bpm, Ps – 92 bpm, blood pressure – 130/80 mmHg. On the X-ray of the lungs there is no hydro- and pneumothorax, there is a fracture of the IV, V, VI, VII ribs on the right By mid-axillary lines. Sick done PC injection promedol 1% – 1.0 ml, local anesthesia was administered, bed rest was prescribed.
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3. Which methods local anesthesia Can more apply at fracture ribs?
4. Which possible complications with sides organs chest cells can be at fracture ribs?
5. What are methods diagnostics these
complications? Standard answers
1. Cervical vagosympathetic blockade By A.V. Vishnevsky on side defeats.
2. The patient is in a supine position with the head abducted to the side opposite the site of anesthesia. muscle take away in front V on border top And average 3. Blockade places fracture ribs, intercostal block, paravertebral block
4. Hemothorax, pneumothorax, hemopneumothorax, subcutaneous emphysema.
5. Percussion, auscultation, radiography chest cells, Ultrasound, CT, diagnostic puncture.
INDEPENDENT WORK OF RESIDENTS:
implies preparation for practical classes and includes the study of specialized literature on the topic (recommended textbooks, teaching aids, familiarization with materials published in monographs, specialized magazines, on recommended medical websites); execution tasks
of a research nature using Internet resources; preparation of notes, presentations at seminars, papers, multimedia presentations. Independent Job is being considered How view educational work By discipline and is completed within the hours allocated for independent work. Each student is provided with access to the educational
the department's methodological office and the university's library collections. For each section, the department has developed methodological recommendations For residents, A Also methodological instructions For scientific and pedagogical Workers. Residents' work in a group fosters a sense of teamwork, personal responsibility, and communication skills.
Necessary devote attention formation skills communication With sick. Job With patients promotes the development of deontological behavior, accuracy, and discipline.
Original level knowledge residents on credit lesson is determined testing By to everyone passed topics V Computerized testing or paper-based assessments are available, as well as oral quizzes covering all topics covered in the "anesthesiology" series. Ongoing assessment of subject mastery is determined during practical classes using a comprehensive approach, including oral quizzes, clinical case studies, and standard situational problems and test assignments.
Questions By anesthesiology included V Final state certification residents By specialties
"Anesthesiology And resuscitation".
REQUIREMENTS TO FILLING DATA ANESTHESIOLOGICAL CARDS.

• passport Part;
• detailed data preoperative examinations And inspection sick, including diagnosis, related diseases, anamnesis life, allergy history, medicinal anamnesis And etc. Before operation anesthetist must do conclusion O condition sick, possible risk those or others complications, their prevention, choose method of anesthesia, method maintenance cross-country ability top respiratory paths And options respiratory support, Monitoring volume. Recently, such charts have included space for the patient to sign their consent to anesthesia.
• names surgeons, anesthesiologist, anesthesiologists And operating room sisters;
• time receipts sick V operating room, beginning And endings How anesthesia, So And operations;
• reflection everyone manipulations anesthesiologist (catheterization vessels, intubation trachea And etc.) With indication technical difficulties that arose and complications that developed;
• instructions on volume used monitoring, including gastric probe And uric catheter;
• position sick on table;
• parameters cardiovascular And respiratory systems;
• level anesthesia;
• additional methods monitoring;
• peculiarities V functioning anesthetic equipment;
• consumption everyone used V in the course anesthesia drugs, including inhalation anesthetics;
• volume intravenous infusions;
• volume blood loss;
• stages anesthesia And operations;
• recording O transfer sick under observation duty officer doctor With assessment states And recommendations for postoperative management.

All records should be produced straightaway By measure development events.

GENERAL ANESTHESIA PROTOCOL:

IN protocol general anesthesia should be Necessarily entered next data:

-Date And time beginning anesthesia, date And time completion anesthesia
-Date And time beginning operations, date And time completion operations
-Medications For premedication
-Medications For introductory anesthesia
-Peculiarities intubation trachea
-Parameters artificial ventilation (respiratory volume, minute ventilation, frequency breathing, FiO2, saturation)
-Hemodynamic indicators (arterial pressure, pulse, heart rate)
-Medications For maintenance anesthesia
-Volume infusion therapy
-Volume blood loss
-Diuresis
-Temperature bodies
-Stages operations
-Level consciousness, indicators breathing And hemodynamics at translation from operating room
-Recommendations For postoperative conduct patient REGIONAL

ANESTHESIA PROTOCOL:

IN protocol regional anesthesia should be Necessarily entered next data:

-Date And time beginning anesthesia, date And time completion anesthesia
-Date And time beginning operations, date And time completion operations
-Medications For premedication
-Technique, methodology And level regional anesthesia (spinal or epidural anesthesia)
-Peculiarities regional anesthesia
-Parameters breathing (frequency breathing, saturation)
-Hemodynamic indicators (arterial pressure, pulse, heart rate)
-Medications For maintenance anesthesia
-Volume infusion therapy
-Blood loss
-Diuresis
-Temperature bodies
-Stages operations
-Level consciousness, indicators breathing And hemodynamics at translation from operating room
-Recommendations For postoperative conduct patient