

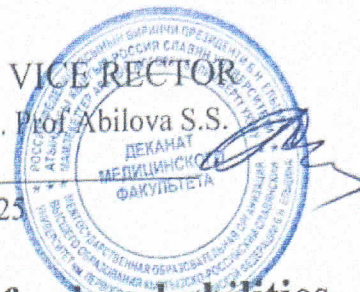
MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION,
MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC

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

ENDORSED BY VICE RECTOR

The Dean, Assoc. Prof. Abilova S.S.

23.10.2025




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

Course Outline (Module)

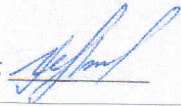
| | | |
|---------------------|--|--|
| Assigned to | Department of Practical Training and Basic Principles of Academic Research Work | |
| Academic Curriculum | 560001 LDi .plx 560001 General medicine (for foreign students) | |
| Qualification | Specialist | |
| Mode of Study | Intramural | |
| Total Credit Value | 2 credit points | |
| Course Hours | 60 | Scope of Testing Semesters: credits with mark 1 |
| including: | | |
| in-class learning | | |
| individual work | 60 | |

| Course Hours Scheduling (per semester) | | | | |
|--|---------|----|-------|----|
| Semester Academic Year | I (1.1) | | Total | |
| | AC | CO | AC | CO |
| Weeks | 18 | | | |
| Type of Training | | | | |
| Individual Work | 60 | | 60 | |
| Total | 60 | | 60 | |

The Course outline developed by:

c.m.s., Assistant professor, the head of the Department of Practical Training and Basic Principles of Academic Research Work of Kyrgyz-Russian Slavic University Abdyl daeva A.A.; 

Reviewers:

C.m.s., Assistant professor, department of Family Therapy of Kyrgyz-Russian Slavic University, Lopatkina I.N.; 

The Course Outline

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

in accordance with Academic Curriculum:


560001 General medicine (for foreign students)

confirmed by KRSU Board of Academics in 30.06 2025 y. record № 13

The Course Outline endorsed by Department of Practical Training and Basic Principles of Academic Research Work

Record of 11.09.2025 y. №2

Valid for: 2025-2031 academic year

The Head of Department, candidate of medical science, assistant professor Abdyl daeva A.A. 

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2026 year.

The course outline has been revised, considered and endorsed for implementation in 2026-2027 Academic Year at the Staff Meeting of Department of Practical Training and Basic Principles of Academic Research Work

Record of _____ 2026 year №____
The Head of Department, candidate of medical science, assistant professor Abdyldaeva A.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2027 year.

The course outline has been revised, considered and endorsed for implementation in 2027-2028 Academic Year at the Staff Meeting of Department of Practical Training and Basic Principles of Academic Research Work

Record of _____ 2027 year №____
The Head of Department, candidate of medical science, assistant professor Abdyldaeva A.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2028 year.

The course outline has been revised, considered and endorsed for implementation in 2028-2029 Academic Year at the Staff Meeting of Department of Practical Training and Basic Principles of Academic Research Work

Record of _____ 2028 year №____
The Head of Department, candidate of medical science, assistant professor Abdyldaeva A.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2029 year.

The course outline has been revised, considered and endorsed for implementation in 2029-2030 Academic Year at the Staff Meeting of Department of Practical Training and Basic Principles of Academic Research Work

Record of _____ 2029 year №____
The Head of Department, candidate of medical science, assistant professor Abdyldaeva A.A.

1. COURSE OUTLINE OBJECTIVES

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

2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM

| | |
|---|--|
| Educational Program Units: | B2.B |
| 2.1 Students' Preliminary Training Requirements: | |
| 2.1.1 | Anatomy |
| 2.1.2 | Biology |
| 2.1.3 | Chemistry |
| 2.2 Course Units and Practical Sessions imposing the prior Proficiency | |
| 2.2.1 | Clinical practice (Hospital physician assistant) |
| 2.2.2 | Clinical practice in receiving professional skills and experience of professional activity (Procedure nursing assistant) |
| 2.2.3 | Basements of emergency |
| 2.2.4 | Traumatology and orthopedics |
| 2.2.5 | Anesthesiology, reanimation and intensive therapy |
| 2.2.6 | Faculty surgery |
| 2.2.7 | Hospital therapy |
| 2.2.8 | Hospital surgery |
| 2.2.9 | Pediatric surgery |
| 2.2.10 | Life safety |

3. STUDENTS' COMPETENCIES RESULTING FROM THE COURSE UNIT (MODULE)

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

PC-6, PC-19: ability and readiness to use methods of aseptics and antiseptics, medical instruments, to expertise nursing skills; readiness to providing patient's first care organization and providing first medical-sanitary aid

| | |
|-------------------|---|
| Knowledge: | |
| Level 1 | General rules of providing patient's care organization and first medical-sanitary aid |
| Level 2 | Specific of general methods in patient's care organization and first medical-sanitary aid |
| Level 3 | General methods of patient's care organization and first medical-sanitary aid |
| Skills: | |
| Level 1 | Disclose purpose of patient's care organization and first medical-sanitary aid |
| Level 2 | Compare different methods of patient's care organization and first medical-sanitary aid |

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

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

Final Students' Competences

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

4. COURSE (MODULE) STRUCTURE AND CONTENT

| Class Code | Subject Name /Type of Class/ | Semester / Academic Year | Hours | Competencies | Literature | Interactive Sessions | Notes |
|------------|---|--------------------------|-------|--------------|------------|----------------------|----------------------------|
| | History of nursing. Definition of nursing. | | | | | | |
| 1.1 | History of nursing. Definition of nursing. /1w/ | 1 | 1.5 | GPC-10 | | 0 | Report. Simulation center. |

| | | | | | | | |
|------|---|---|-----|---------|--|---|----------------------------|
| 1.2 | Admission. transfer and discharge of patient /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 1.3 | Infection control. Defense. /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 1.4 | Techniques of sterilization. Isolation. /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| | Unit 2. | | | | | | |
| 2.1 | Care of patient unit /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report. Simulation center. |
| 2.2 | Bed making /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.3 | Principles of body /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.4 | Body positioning /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.5 | Personal hygiene and skin care /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report. Simulation center. |
| 2.6 | Nutrition and metabolism /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.7 | Gastric tube. Nasogastric feeding /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.8 | Elimination of gastrointestinal tract /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.9 | Enema. Urinary catheterization /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.10 | Injections /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report. Simulation center. |
| 2.11 | Drug administration /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.12 | Vital signs (temperature, blood pressure, breath, pulse). Definition /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |
| 2.13 | Speciment collection /Iw/ | 1 | 1.5 | GPC -10 | | 0 | Report |

5. ASSESSMENT FUND

5.1. Advancement Questions and Assignments

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

Practical tasks for assessing of trained level SKILLS and EXPERTISE:

1. To perform necessary care procedures for patient being on complete bed rest on mannikin
2. To perform necessary care procedures for patient being on partial bed rest on mannikin
3. To perform necessary care procedures for patient being on open ward regimen on mannikin

5.2. Course Papers Themes

are not provided by curriculum

5.3. Assessment Fund

THEORETICAL QUESTIONS (ORAL INTERVIEW). List of questions:

THEME. History of nursing. Definition of nursing

1. Basic historical stages
2. Ancient times (Egypt, Greece, Rome, China, India)
3. Middle ages. Revival
4. Nursing in present. Concepts, function of nurse, qualities of nurse, rules
5. Ethics and deontology

THEME. Admission, transfer and discharge of patient

1. The admission
2. The transfer
3. The discharge

THEME. Infection control. Defense

1. Microorganisms, chain of infection
2. Normal body defense
3. Hand washing
4. Protective gear equipment

THEME. Techniques of sterilization. Isolation

1. Standard precaution
2. Methods of sterilization
3. Isolation

THEME. Care of patient unit

1. The patient unit
2. The general rules for cleaning patient's unit

3. The care of linen and removal of stains
4. The care of hospital and health care unit equipment

THEME. Bed making

1. Closed bed, purpose, equipment
2. Occupied bed, purpose, equipment
3. Open bed purpose, equipment
4. Making a postoperative bed, procedure
5. Order of bed covers

THEME. Principles of body mechanics

1. The body mechanics
2. The basic principles of body mechanics
3. Turning the patient to a side lying position
4. Joint mobility and range of motion

THEME. Body positioning

1. The guideline for positioning of the patient
2. Patient positioning for examination and treatment
3. Crutch walking, assessment, objective, procedure
4. Teaching techniques of crutch walking, equipment, procedure

THEME. Cold and heat application

1. The care of patient with fever
2. Heat application
3. Moist heat, dry heat
4. Cold application
5. Moist cold, dry cold
6. Local application of cold and heat

THEME. Personal hygiene and skin care

1. Mouth care, purpose, equipment, procedure
2. Bathing
3. Sits bath, effects, purpose, procedure
3. The back care
4. The back massage, purpose, equipment, procedure
5. Perineal care
6. Female perineum, perineal care for female
7. Male perineum, perineal care for male
8. Hair care
9. Pediculosis treatment, purpose, equipment, lice

THEME. Nutrition and metabolism

1. Fluid and electrolyte balance
2. Acid base balance
3. Nutrition

THEME. Gastric tube. Nasogastric feeding

1. Gastrostomy / jejunostomy feeding
2. Inserting a gastric tube
3. Nasogastric feeding

THEME. Elimination of gastrointestinal tract outputs

1. Gastric lavage
2. Gastric aspiration

THEME. Enema. Urinary catheterization

1. Cleansing enema
2. Retention enema
3. Siphoning enema
4. Urinary catheterization

THEME. Injections

1. Subcutaneous injection
2. Intramuscular injection
3. Intravenous injection
4. Intravenous therapy

THEME. Drug administration

1. Oral drug administration
2. The administration of vaginal medications
3. The administration of ophthalmic medications
4. The administration of ear medications
5. Inhalation

THEME. Vital signs (temperature, blood pressure, breath, pulse). Definition

1. Temperature
2. Blood pressure
3. Breath
4. Pulse

THEME. Specimen collection

1. Stool specimen
2. Urine specimen
3. Sputum specimen
4. Blood specimen

PRACTICAL TASK # 1. (CARE FOR PATIENT BEING ON COMPLETE BED REST)

it's necessary on presented mannequin or patient to provide following actions:

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

PRACTICAL TASK # 2. (CARE FOR PATIENT BEING ON PARTIAL BED REST)

it's necessary on presented mannequin or patient to provide following actions:

1. to explain what "partial bed rest patient" means
2. to help patient to visit toilet
3. to explain patient how he is allowed to change position in bed himself (to sit, to stand, to move around the room)
4. to provide sanitary and hygienic procedures for patient
5. to explain patient how i to brush the teeth, to rinse oral cavity, to rinse the eyes, to clean nasal meatus and acoustic meatus
6. to change underwear and linen for partial bed rest patient
7. to bath a partial bed rest patient (bath, shower, sponge bath)
8. to sponge bath for skin and skin folds
9. to explain patient to do elementary active exercises
10. to provide feeding of partial bed rest patient
11. to explain what is not allowed to partial bed rest patients
12. to explain patient which treatment and diagnostic procedures he can visit himself
13. the observation the deontological rules during care of patient

PRACTICAL TASK # 3. (CARE FOR PATIENTS BEING ON OPEN WARD REGIMEN)

it's necessary on presented mannequin or patient to provide following actions:

1. to explain patient what "open ward regimen" means
2. to explain patient if patient can go home
3. to explain patient how he can visit toilet himself
4. to explain patient how he can wash face and hands and eat himself
5. to explain patient how he need to bath (bath, shower, sponge bath)
6. to change underwear
7. to provide control over taking drugs by patient
8. to provide control of diet to open ward patients
9. to explain patient how he can visit diagnostic and treatment procedures himself
10. to explain patient in which cases he gives medical documents himself and in which cases this should be done by care nurse
11. to explain patient rules of observing of day and night sleep regimen
12. to explain patient in which cases patient is able to be discharged from department if regimen is broken

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

BLANK TEST. List of tests:

1. How do the concepts of "care" and "treatment" correspond to each other?
 - a) care and treatment, - different concepts; treatment is carried out by a doctor, nursing middle and junior medical personnel;
 - b) care and treatment - identical concepts, since both treatment and care are aimed at achieving recovery of the patient. Good care

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

glands;

d) the appearance of pustules on the skin.

15. For the prevention of diaper rash,

a) carefully wash the skin in the fold area;

b) carefully wipe the skin in the fold area;

c) to powder the skin in folds with talcum or lubricate with baby cream.

d) all of the above is true.

16. What is the temperature called subfebrile?

a) 37° - 38°;

b) 38° - 39°;

c) 39° - 41°;

d) higher than 41°.

17. The first period of fever is characterized by:

a) the predominance of heat transfer over heat production (increased sweating, lower temperature);

b) the predominance of heat production over heat transfer (trembling, chills, muscle pains);

c) balance of heat production and heat transfer (skin hyperemia, heat, dry mouth);

d) increased sweating, chills, a feeling of heat.

18. The second period of fever is characterized by:

a) the predominance of heat transfer over heat production (increased sweating, lower temperature);

b) the predominance of heat production over heat transfer (trembling, chills, muscle pains);

c) balance of heat production and heat transfer (skin hyperemia, heat, dry mouth);

d) increased sweating, chills, a feeling of heat.

19. The third period of fever is characterized by:

a) the predominance of heat transfer over heat production (increased sweating, lower temperature);

b) the predominance of heat production over heat transfer (trembling, chills, muscle pains);

c) the balance of heat production and heat transfer (skin hyperemia, heat, dry mouth);

d) increased sweating, chills, a feeling of heat.

20. In the second period of fever

a) to cover the patient warmly, drink hot tea;

b) do not cover the patient, give him cold drinks;

c) to make hot foot baths (soak feet);

d) to make steam inhalations.

21. In the first period of fever

a) to cover the patient warmly, drink hot tea;

b) do not cover the patient, give him cold drinks;

c) to wipe the patient's skin with warm water;

d) to make steam inhalations.

22. Which way of drug administration is called parenteral:

a) to use of drugs in the form of injections;

b) to use of drugs under the tongue;

c) the external use of medicines;

d) to use of drugs through the mouth.

23. Entering drugs is the application of

a) through the mouth;

b) under the tongue;

c) through the rectum;

d) all the answers are correct.

24. When distributing medicines in a department, one should follow the rules:

a) to decompose the medicines according to the containers, on which will be indicated: patient's name, room number; then distribute them in wards;

b) to distribute the medication directly at the patient's bed, according to the prescription of the doctor, from the package in which they were obtained from the pharmacy, at one time, urging the patient to take the medicine in the presence of the sister;

c) to give drugs on the hands of patients for a day, indicating how many times they should be taken;

d) the patient should not be explained why he is prescribed this drug, its side effects and characteristics.

25. Poisonous substances are included in

a) list A;

b) List B;

c) the general list;

d) special list.

26. In the safe store

a) drugs on list A and B;

b) drugs on the general list;

c) external agents;

d) sterile solutions.

27. In what cases are medications prescribed orally after ingestion?

a) if they irritate the gastric mucosa;

b) if they disturb the process of digestion;

c) if they are destroyed by digestive enzymes;

d) all of the above is true.

28. Can I take a tablet that changed color?
- a) yes, if the expiration date has not yet expired;
 - b) No, since a discoloration indicates a worthless preparation;
 - c) yes, since the color change does not affect the quality of the preparation;
 - d) the color of tablets does not need to be paid attention at all.
29. What is the nature of addiction to the drug?
- a) the patient gets used to taking the same drugs every day;
 - b) the patient does not want to change the habitual drug to another;
 - c) weakening of the drug during prolonged use;
 - d) the effect of the drug on prolonged use.
30. Shortness of breath is
- a) quickening of breathing;
 - b) violation of the frequency and depth of breathing, accompanied by a feeling of lack of air;
 - c) weakening of breathing;
 - d) the participation in the respiration of only the muscles of the chest.
31. Breathing is observed when
- a) bronchial asthma;
 - b) laryngeal edema;
 - c) edema of the lungs;
 - d) all of the above is true.
32. What are the symptoms of pulmonary hemorrhage?
- a) vomit masses such as "coffee grounds";
 - b) scarlet blood flowing from the mouth;
 - c) frothy scarlet blood, which is released during coughing;
 - d) abundant liquid frothy sputum.
33. When taking urine for a general analysis,
- a) to prepare a clean dry jar;
 - b) to wash the patient;
 - c) to collect 150 - 200 ml from the middle portion of the morning urine;
 - d) all of the above is true.
34. How are urine collected for research using Zimnitsky's method?
- a) to collect the average portion of morning urine;
 - b) to collect urine for 10 hours;
 - c) to collect urine during the day every 3 hours;
 - d) to collect daily urine in a clean 3-liter jar.
35. Radiography of the stomach and intestines is carried out:
- a) after eating;
 - b) after taking cholagogue products;
 - c) on an empty stomach;
 - d) after the introduction of the gas pipe.
36. Name the indications for gastric lavage:
- a) poisoning through the mouth;
 - b) gastrointestinal bleeding;
 - c) stool retention;
 - d) obstruction of the esophagus.
37. With the cleansing enema is emptied
- a) the entire large intestine;
 - b) the lower part of the large intestine;
 - c) the lower part of the small intestine;
 - d) only the rectum.
38. Volume of water for setting a cleansing enema for an adult
- a) 0.5 l;
 - b) 1.5 liters;
 - c) 2.5 liters;
 - d) 3.5 liters.
39. Microclysters - is the introduction of a liquid in the rectum in an amount
- a) 10-20 ml;
 - b) 100-200 ml;
 - c) 20-30 ml;
 - d) 300-400ml.
40. Reducing blood pressure is called
- a) hypertension;
 - b) hypotension;
 - c) arrhythmia;
 - d) tachycardia.
41. At the first examination of the patient, the peripheral pulse rate should be counted during
- a) 15 s;
 - b. 30 seconds;
 - c) 60 s;

placed and leveled on the slide manually). For this purpose it is convenient to make a blank that is an empty slide with one big Word object "Insert / Object / Microsoft Word Document", to select its sizes once and to multiply for necessary number of slides. Body font in the text and formulas is recommended to be changed to Arial or to similar one; the Times font looks badly from afar. It is necessary to set in MathType the main font size equal to the main font size in the text. Never align the formula size manually (extending it for a corner).

4. A student will be obliged to prepare and make a report within time period strictly allowed by the teacher, and in time.

5. The instructions to speakers:

- to provide new information;
- to use technical means;
- to know and be familiar with the topic of the whole presentation;
- to be able to discuss and to answer questions quickly;
- to carry out accurately the established regulations: speaker - 10 min.; discussion - 5 min.;

It is necessary to remember that the report consists of three parts: introduction, main part and conclusion. The introduction helps to achieve success of a report on any topic. The introduction must contain:

- the name of the presentation;
- the message of the main idea;
- the modern assessment of the reported subject;
- the short list of considered questions;
- live and interesting form of the presentation;

The main part where the speaker has to open deeply core of the topic touched usually is report-based. The goal of the main part is to submit enough data in order to make listeners interested in the topic and wanted to get acquainted with materials. At the same time logical structure of the theoretical block shouldn't be given without training handbook, audio - visual and visual aids.

Conclusion is a clear accurate summary and short conclusions which listeners always wait for.

CARE BASIC PRINCIPLES

1. Room. It has to be light, spacious, and whenever possible, isolated and noiseproof. At any disease plenty of light, fresh air and comfortable temperature in the room where a patient stays will make favorable impact on a person. It is necessary to tell individually about light: its force should be reduced if there is a patient with an ophthalmologic or nervous system disease in the room. In daytime electric lamps have to be covered with a dull lamp shade, and at night only night lamps or other devices of low heat can be switched on.

2. Temperature. Desirable microclimate in the patient's room has to be as follows: temperature is within 18 — 20 °, air humidity - no more than 30 — 60%. It is very important that the room does not cool down in the morning. At too dry air for increase in humidity it is possible to put a wet thing on the radiator, or to put nearby a vessel with water. To reduce air humidity indoors, it is necessary to air it. In the city environment it is better to carry out airing at night time as in daytime city air is much more polluted with dust and gases. In other environment in summertime it is possible to air the room round the clock; during the winter period it is worth to air no more than 3-5 times a day. To protect the patient from cold air stream during airing, it is necessary to cover him/her with a blanket; and the head - with a towel or scarf (the face is opened). It is inadmissible to fumigate the room with the flavoring means instead of airing!

3. Purity. The room where there is a patient needs to be kept clean. So, cleaning is necessary to do not less than two times a day. Furniture, window frames and doors should be wiped by moist rags; the floor needs to be washed or to wipe with the brush wrapped with a moist rag. It is the most preferable to remove objects on which dust can accumulate (curtains, carpets), or to shake out/clean often them with a vacuum cleaner. The patient's room has to be isolated from street, transport and production noise. It is recommended to decrease loudness of radio, TVs and etc. It is necessary to talk in a low voice.

4. Transportation. It is a very important aspect. If a person is seriously-ill, he/she needs to be transported carefully, on special chair, stretcher or wheelchair, avoiding at the same time any pushes. The patient is transferred in the stretcher by two or four people. It is important that they stay out of step, walk by short steps. Replacement of the patient and carrying on hands can be carried out by one, two or three people. If carrying is carried out by one person, it is necessary to act as the following: one hand is brought under the patient's scapulas, another - under hips, at the same time the patient has to hold a carrier for a neck. To move a seriously-ill patient from a stretcher on a bed it is necessary to act as follows: to put a stretcher at right angle to a bed so that their foot board is closer to a head part of the bed. Before shifting a seriously-ill patient to a bed it is necessary previously to check his/her readiness and existence of individual care items and bedside accessories.

Seriously-ill persons will need, but not limited, the following:

- a rubber sheet,
- a rubber ring,
- a urinal,
- a bed-pan.

The patient's bed should be tidy, convenient, of sufficient length and width. It is desirable to use for the patient's bed a multisection mattress on which a cotton sheet put. If there is a need, a rubber sheet is put under a sheet. In specific situations, for example, at spinal disorders, a shield is put under the mattress. It is worth remembering that the patient's bed shouldn't stay near heating sources. Desirable place is a place when it is convenient to approach the patient on both sides. The seriously-ill patient needs to help to undress, take off footwear; in special cases, clothes are carefully cut.

5. The changing of bed linen. At this procedure it is inadmissible to create inconvenient poses, impelled muscular tension, or to hurt the patient. The patient should be removed on the edge of the bed, and the free part of a sheet is to roll up to the patient's body. Then on this part of a bed it is necessary to spread a clean sheet and to shift the patient. At strict bed confinement a sheet rolled up in the direction from legs to the head, first, to a waist, then under upper body. Edges of a sheet are attached to a mattress by safety pins. It is necessary to shake out a blanket at each change of linen.

6. The changing of underwear. When changing a shirt for a seriously-ill patient, it is necessary to bring at first a hand under his/her back, then to lift a shirt to a nape, to remove one sleeve, then another (if one hand is injured, it is necessary to start with a

healthy one). After that the patient should be put on a shirt (start with a healthy hand), then it is necessary to lower it through the head to a sacrum and to unfold it. If the patient is strictly confined to bed by the doctor, it is necessary to put on to him/her a shirt wraparound garment. If the patient's linen was contaminated by blood or discharges, it should be wetted previously in chlorinated lime solution, then to dry up, and only after that to send to a laundry.

7. The regime. The doctor appoints different regimes for the patient depending on the seriousness of diseases:

Strict bed rest is when it is forbidden even to sit.

Bed rest is when it is possible to move in the bed, but at the same time it is forbidden to leave it.

Partial bed rest is when it is possible to move around the room.

The general regime is where, as a rule, physical routine activity of the patient isn't restricted significantly.

THE BASIC RULES OF BED REST PATIENT

1. The patient carries out bowel and bladder functions in the bed. The person is given a disinfected, purely washed bed-pan (a specialized device for excrements) which is poured with a little water that absorbs smells. A bed-pan is brought under buttocks so that the crotch of the patient is over a big opening, and a tube - between hips. At the same time the free hand needs to be brought under a sacrum to raise the patient. Having released bed-pan, it needs to be washed up carefully with hot water, and then to disinfect with 3% chloramine or lysol solution. Urine collecting vessel - a urinal - needs also to be given well washed up and warm. After urination of the patient a urinal is washed out by sodium hydrocarbonate or permanganate potassium solution, or weak solution of hydrochloric acid.

2. Tools and stock necessary for care need to be stored in the place which is strictly defined for this purpose. All necessary things for the patient should be available for using. Hot-water bottles, bed-pans, urinals, rubber rings, ice bags are needed to wash out by hot water, after that to rinse 3% chloramine solution and to store in specialized cabinets. Probes, catheters, flatus tubes, tips of enemas are washed in hot water with soap, and then boiled for 15 minutes. Tips of enemas need to be stored in the ware intended for this purpose and marked. Measuring vessels and spout cups are required to boil. Whenever possible, it is worth using items of care for single use. Chairs, wheelchairs, cabinets, beds, stretchers and other armamentarium should be disinfected periodically by 3% chloramine or lysol solution, and it is necessary to wipe them with a moist rag or to wash with soap daily.

3. Personal hygiene of the patient has huge importance during rehabilitation period. Primary patients (except for critically-ill patients) should be subject to sanitization which includes bath, shower or sponge bath, and, if necessary, short hairstyle with subsequent disinfection processing of a hairy part of head skin. If the patient needs assistance at sanitization, he/she should be dipped into a bath on a sheet, or to seat on a special chair set in the bath (tub bath), and to be washed by means of a handshower. If a person is seriously-ill, bathing is replaced with sponge bath moistened in warm water with soap. At the end of the procedure, it is necessary to rub off a body of the patient with a sponge moistened in warm water without soap and to wipe dry. Unless otherwise instructions, the patient should take a bath or shower at least once a week. Fingernails and toenails are needed to cut shortly.

4. It is recommended to wash hair with warm water with shampoo (after the procedure hair is carefully comb). If the person is a seriously-ill patient, then washing of the head is required to perform in the bed. As for frequency of these hygienic procedures, it is as follows: the patient should wash his/her hands before each meal, feet - every day before going to bed. Upper body, a face and a neck need to be washed daily. Genitals and anus need to be washed daily. If a person is a seriously-ill patient, it is necessary to perform washing of genitals at least two times a day. The procedure takes place as follows: a vessel is brought under buttocks of the patient (at this a patient lays on his/her back, bending his/her knees). For perineal washing it is also convenient to use Esmarch's irrigator which is equipped with special rubber tube with a tip which, in its turn, has a clip or crane. A stream of water or attenuated solution of permanganate potassium goes to a perineum. Along with it, a wadded tampon is brought in the direction from genitals to anus. Then, by means of another wadded tampon skin of perineum is drained. Such procedure can be performed also with use of a jug with warm disinfecting solution. If the patient corpulent or is inclined to increased sweating, inguinal folds, axillary areas and also skin folds under mammary glands, in particular, are necessary to wash often to avoid intertrigo.

5. The weakened patients and also those patients whose bed rest lasts for a long period of time need especially careful care of a body and skin to avoid decubitus. As preventive measures, besides skin care, it is necessary to keep a bed tidy, regular to smooth folds of a sheet and to eliminate high spots. It is necessary to wipe skin of patients with risk of decubitus once or twice a day with camphor alcohol, and to powder talc. Besides, it is necessary to use rubber rings, which are wrapped up by a pillowcase, putting them under places which are subject to pressure the most (for example, a sacrum). Necessary preventive measure is also a frequent change of the patient's position on the bed. Care of the patient's feet is very important too as at insufficient care thick corneal layers representing manifestation of a scaly form of epidermophytia can be formed on the bottoms of feet. In these cases removal of toughened skin with subsequent treatment of foot skin with antifungal means is required.

6. The feeding of seriously-ill patients is extremely important aspect in caring. It is necessary to keep strictly to the diet prescribed by the doctor. During meal it is necessary to pose bed patients that way which allows avoiding exhaustion of the person. As a rule, it is a slightly elevated position of the upper body or semisitting position. Neck and breast of the patient need to be covered with a napkin. It is necessary to feed weakened patients and patients having fever at decrease in temperature / improvement of their condition. Such patients are spoon-fed. They are given strained or minced food by small portions. It is not good to interrupt a day nap to feed a patient, if a patient has insomnia. Seriously-ill patients are given drink out of a spout cup. If a person can't swallow food, artificial nutrition is required for him/her: probe.

7. One more necessary condition of successful treatment is observation of the patient's condition. So, people providing care need to tell regularly the doctor about each change in the patient's condition. It is necessary to consider mental condition of the patient, change of position of his/her body, skin coloring, face expression, existence of cough, respiratory rate, change of nature and color of urine, stool and sputum. Besides, by instructions of the doctor it is necessary to perform measurement of body temperature, weighing, a ratio of output and intake fluid, and to make another prescribed observations. It is important to monitor the patient's medication intake. For the procedure of drug intake clean measuring vessels and a decanter with boiled water have to be prepared.

PRACTICAL RECOMMENDATIONS FOR CARE OF TERAPEUTIC PATIENTS is in APPENDIX 3

APPENDIX 1

TECHNOLOGICAL MAP

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

Year 1, semester 1, Credit unit – 2, Test result – test with a mark

| The name of the discipline modules according to the Subject steering program | Control | Control form | Credit minimum | Credit maximum | control schedule |
|--|--|---|----------------|----------------|------------------|
| Modul 1 | | | | | |
| Theoretical stage. Infection control. | Current | Quick round of questions; Presentations Attendance: <i>For each missed and not worked lesson, 1 point is taken.</i> | 5 | 10 | 4 week |
| | Midterm | Theoretical task. | 10 | 20 | |
| Modul 2 | | | | | |
| Practical stage. Features of nursing care for therapeutic patients. | Current | Presentations with presentation (with elements of students' scientific research); Practical tasks for caring for a patient with bed rest; Practical tasks for caring for a patient with a partial bed rest; Practical tasks for caring for a patient with a free regime. Attendance: <i>For each missed and not worked lesson, 1 point is taken.</i> | 15 | 20 | 17 week |
| | Midterm | Theoretical task; Practical task. | 10 | 20 | |
| TOTAL for semester | | | 40 | 70 | 18 week |
| Midterm check (test with a mark) | Theoretical task; Blank testing; Practical task | | 20 | 30 | |
| Semester rating on subject | | | 60 | 100 | |

APPENDIX 2**THE SCALE OF ESTIMATION OF THE THEORETICAL TASK - (intermediate, midterm control – “KNOW”)**

When assessing oral answers to the level of knowledge of KNOW, the following criteria are taken into account:

1. The knowledge of the basic processes of the studied subject field, the depth and completeness of the answer to the question.
2. The knowledge of the terminological apparatus and its use in answering.
3. The ability to explain the essence of phenomena, events, processes, draw conclusions and generalizations, give reasoned answers.
4. Monologic speech, consistency of response, ability to answer the questions set, express their opinion on the discussed problem.

An answer is evaluated that shows a strong knowledge of the following aspects:

- The arrangement and organization of the work of the therapeutic department of the hospital;
- The requirements for infection control in case of nursing; current orders for infection control;
- The rules for preparing a patient for laboratory and instrumental research;
- The organization of nursing for seriously ill patients;
- The features of nursing for patients with various therapeutic diseases;
- The normal values of the most important indicators of vital activity (breathing, pulse, arterial blood pressure, body temperature);
- The main symptoms of emergency conditions in therapy and the order of first aid in emergency situations.

| No. | Indicator name | Point (in %) |
|-------------------------------|----------------|---------------------------------|
| 1 | Question 1 | 0-100 |
| 2 | Question 2 | 0-100 |
| 3 | Question 3 | 0-100 |
| Total number of points | | GPA (amount of points/3) |

Each answer to the examination card is assessed:

“85-100%”

- The deep and solid mastering of the topic or section material;
- The complete, consistent, competent and logical answers;
- The demonstration of the knowledge to the students in the scope of the studied program and additionally recommended literature;
- The reproduction of the educational material with the required degree of accuracy.

“75-84%”

- The insignificant mistakes, confidently corrected by students after additional and guiding questions;
- demonstration of knowledge in the scope of the studied program by a student;
- clear presentation of the training material.

“60-74%”

- The insignificant mistakes when answering, not corrected by a student;
- The demonstration of insufficient knowledge of the program;
- The non-structured, presentation of the training material when answering.

“below 60%”

- The ignorance of the topic or section material;
- The major mistakes when answering.

THE SCALE OF ASSESSMENT OF THE TEST - (intermediate control - "KNOW")

1. There are 10 closed questions in one test.
2. The tasks are given ready answers to choose, one is true and the others are false.
3. The student must remember: in each assignment with the choice of one correct answer, the correct answer is present.
4. 10 points are given for each correct answer.
5. The overall score is defined as the sum of the points scored.
6. The mark (in %).

THE SCALE OF ASSESSMENT OF PRACTICAL TASKS - (intermediate, midterm control - "To understand and to master")

When assessing the tasks to check the level of training TO UNDERSTAND and MASTER the following criteria are taken into account:

An answer is assessed where student is able to:

- To sanitize the patient upon admission to the hospital and during the stay of the patient in the hospital;

- To comply with the rules of infection control in case of patient care, implement all the requirements of the infection control orders, and implement the prevention of HAI;
- To conduct hand hygiene (washing, hygienic hand antiseptic);
- To handle medical waste in a proper way, according to the current order;
- To change the clothes and bed linen to the seriously ill;
- To conduct prophylaxis of bedsores and intertrigos;
- To fulfill physician's appointments when caring for a patient;
- To nursing ill patients;
- To observe breathing, pulse, patient pressure, measure temperature;
- To implement of measures to maintain the patient's personal hygiene;
- To feed severely ill patients and take care of the oral cavity;
- To provide the first aid in emergency situations;
- To conduct cardiopulmonary resuscitation.

The answer is assessed, where the student owns the procedure of:

- The carrying out all types of cleaning (preliminary, current, final, general);
- Washing and hygienic hand antiseptic;
- The treatment of medical waste;
- Counting of breathing, pulse, blood pressure measurement;
- Carrying out measures to prevent bedsores and intertrigos;
- The changing of clothes and bed linen.
- The closed heart massage and artificial respiration
- The first aid for pulmonary and gastrointestinal bleeding;
- The first aid in case of breathing disorders and cardiovascular activity.

PRACTICAL TASK – NURSING PATIENTS WITH NO RESTRICTION OF THE ROUTINE ACTIVITY - (current, midterm control)

| No. | Indicator name | Point (in %) |
|---------------------|--|-------------------------|
| 1. | The explanation to the patient (or his/her parents), what the restriction of the routine activity means | 0 – 7,5 |
| 2. | The explanation to the patient (or his/her parents) where he/she can move, whether he/she can walk in the street | 0 – 7,5 |
| 3. | The explanation to the patient (or his/her parents) how he/she can go to the toilet himself/herself | 0 – 7,5 |
| 4. | The explanation to the patient (or his/her parents) of the rules of washing and eating food | 0 – 7,5 |
| 5. | The explanation to the patient (or his/her parents), how he/she should monitor the cleanness of the body (take a shower, bath) | 0 – 7,5 |
| 6. | The bed linen change | 0 – 7,5 |
| 7. | The change of underwear | 0 – 7,5 |
| 8. | The control over taking medicines by a patient | 0 – 7,5 |
| 9. | The control over the diet of the patients on no restriction of the routine activity mode | 0 – 7,5 |
| 10. | The explanation to the patient (his/her parents) the rules for visiting diagnostic and treatment procedures | 0 – 7,5 |
| 11. | The explanation to the patient (his/her parents) the rules for observing the regimes of day and night sleep | 0 – 7,5 |
| 12. | The explanation to the patient and his/her parents the rules of discharge from the department for violation of the hospital regime | 0 – 7,5 |
| 13. | The compliance with the rules of ethics and deontology in nursing | 0 - 10 |
| Total points | | Amount of points |

PRACTICAL TASK – NURSING PATIENTS WITH PARTIAL BED REST - (current, midterm control)

| No. | Indicator name | Point (in %) |
|---------------------|--|-------------------------|
| 1. | The explanation to the patient (or his/her parents), what partial bed rest means | 0 – 7,5 |
| 2. | To help the patient in WC | 0 – 7,5 |
| 3. | The explanation to the patient (or his/her parents) what movements he is allowed to do (sit, stand, move around the ward) | 0 – 7,5 |
| 4. | The provision of sanitary-hygienic measures for the patient | 0 – 7,5 |
| 5. | The explanation to the patient (or his/her parents) the need for regular care of the mouth cavity (brushing teeth twice a day, mouth rinsing after each meal), show how to care for the eyes, cleanse the nasal passages | 0 – 7,5 |
| 6. | The change of underwear and bed linen to a patient who is in a partial bed rest | 0 – 7,5 |
| 7. | The bathing of a patient who is on a partial bed rest (bath, shower) | 0 – 7,5 |
| 8. | The rubbing the skin and physiological folds on the body | 0 – 7,5 |
| 9. | The explanation to the patient's and his/her parents' simple exercises of physical therapy | 0 – 7,5 |
| 10. | The feeding a patient who is in a partial bed rest | 0 – 7,5 |
| 11. | The explanation to the patient and his/her parents that he/she was banned | 0 – 7,5 |
| 12. | The explanation of the importance of medical and diagnostic procedures for the patient and his/her parents | 0 – 7,5 |
| 13. | The compliance with the rules of ethics and deontology in nursing | 0 - 10 |
| Total points | | Amount of points |

PRACTICAL TASK – NURSING PATIENTS WITH BED REST - (current, midterm control)

| No. | Indicator name | Point (in %) |
|-----|--|--------------|
| 1. | The giving bedpan for the toilet | 0 - 4 |
| 2. | The cleansing and therapeutic enemas | 0 - 4 |
| 3. | The intimate washing of patient | 0 - 4 |
| 4. | The hygienic washing of the patient's hands | 0 - 4 |
| 5. | The washing of a patient | 0 - 4 |
| 6. | The cleaning of a patient's teeth | 0 - 4 |
| 7. | The oral treatment | 0 - 4 |
| 8. | The eye treatment | 0 - 4 |
| 9. | The cleansing of the nasal passages | 0 - 4 |
| 10. | The cleansing of the ear canals | 0 - 4 |
| 11. | The changing of underwear and bed linen to seriously ill ; | 0 - 4 |

| | | |
|---------------------|---|-------------------------|
| 12. | The bathing of patient who is in bed rest (bath, shower, wiping) | 0 - 4 |
| 13. | The nail cutting to the sever ill | 0 - 4 |
| 14. | The feeding a patient | 0 - 4 |
| 15. | The prevention of bedsores and intertrigos | 0 - 4 |
| 16. | The turning the patient to the one side | 0 - 4 |
| 17. | The carrying out the simplest physiotherapy exercises (passive and active movements) | 0 - 4 |
| 18. | The carrying out the simplest physiotherapy procedures with seriously ill patients (mustard plasters, compresses) | 0 - 5 |
| 19. | The technique of calculating respiration, pulse, measuring blood pressure; | 0 - 5 |
| 20. | The actions when a patient has breathing and circulatory disorders | 0 - 4 |
| 21. | The putting the patient in the right position in bed depending on the disease | 0 - 4 |
| 22. | The changing of diaper in a seriously ill patient. | 0 - 4 |
| 23. | The compliance with the rules of ethics and deontology in caring for the seriously ill patients | 0 - 10 |
| Total points | | Amount of points |

SCALE OF ASSESSMENT OF THE REPORT WITH PRESENTATION (with elements of students' scientific research) - (current control)

| No. | Indicator name | Point (in %) |
|---------------------|---|--------------|
| FORM | | 20 |
| 1 | The division of the text into the introduction, the main part and the conclusion | 0-10 |
| 2 | A logical and understandable transition from one part to another, as well as within parts | 0-10 |
| CONTENT | | 50 |
| 1 | To follow the topic | 0-10 |
| 2 | The main topic (thesis), and the introductory part addressed to the listener | 0-10 |
| 3 | The development of the topic (thesis) in the main part (the disclosure of the main provisions through a system of arguments, grounded by facts, examples, etc.) | 0-15 |
| 4 | The conclusions corresponding to the topic and the content of the main part | 0-15 |
| PRESENTATION | | 15 |
| 1 | The front page with title | 0-2 |
| 2 | The slide design and the use of additional effects (slide change, sound, graphics) | 0-3 |
| 3 | The text of the presentation is written briefly, the ideas formed are clearly stated and structured | 0-5 |
| 4 | The slides are presented in logical sequence | 0-3 |
| 5 | The slides are printed in a note format | 0-2 |
| REPORT | | 15 |
| 1 | The correctness and accuracy of speech during the defense | 0-5 |

| | | |
|---|--|-------------------------|
| 2 | The breadth of horizons (answers to questions) | 0-5 |
| 3 | The compliance with regulations | 0-5 |
| | | Amount of points |

SCALE OF ASSESSMENT OF QUICK ROUND OF QUESTIONS - (current control)

| No. | Indicator name | Point (in %) |
|---------------------|--|-------------------------|
| 1 | The answer conclusiveness | 0-20 |
| 2 | The understanding of the problems and the adequacy of the interpretation | 0-35 |
| 3 | The reasonable use of medical terminology (appropriateness and reliability of information) | 0-35 |
| 5 | The logicity and consistency of oral answering | 0-10 |
| Total points | | Amount of points |

PRACTICAL RECOMMENDATIONS FOR THE CARE OF THERAPEUTIC PATIENTS

HOW TO NURSE

Nursing is a complex of hygienic, preventive and curative measures aimed at preserving health, relief of suffering in case of illness, prompt recovery and prevention of complications. Nursing is an obligatory part of the treatment that affects its effectiveness.

The general duty of nursing includes the activities that any patient needs, regardless of the nature of the disease. Special care are the activities that apply only to a certain group of patients (therapeutic, surgical, urological patients, etc.).

The main measures for general duty of nursing include:

1. The creation of a curative-protective regime.
2. The fulfillment of prescriptions of a physician.
3. The assisting patients in carrying out personal hygiene (washing, changing clothes, toilet of mouth cavity, perineum, etc.), as well as during meals and bowel and bladder functions.
4. Sanitary and hygienic treatment of the patient (bath, shower, wiping, prophylaxis of bed sores, etc.).
5. The first pre-medical care for certain conditions (fever, fainting, shortness of breath, vomiting, etc.).

Nursing in a medical institution is a direct duty of a nurse. Separate manipulations can be performed by junior medical personnel (cleaning, feeding of seriously ill patients, changing of linen, feeding and cleaning of urinal, urine collection bag, sanitation of a patient, etc.). At home, nursing is carried out by relatives under the supervision of a nurse.

The curative and protective regime is a complex of therapeutic and prophylactic measures aimed at ensuring the maximum mental and physical rest of patients. It includes:

- 1) commiseration of the patient's psyche (the attitude of caring staff to patients should be a source of positive emotions for them, only in this case it will be an element of psychotherapy);
- 2) adaptation of the patient to of life and health changed conditions (compliance with the rules of behavior in this state, diet, sleep, wakefulness);
- 3) ensuring rational physical activity.

The physician determines the mode of physical (motor) activity of the patient. *Bed rest* provides a round-the-clock stay of the patient in bed. He/she is not allowed to get up or sit down. In strict bed rest mode, it is not permitted to even change the position in the bed. Bed rest is prescribed to seriously ill patients.

Partial bed rest obliges the patient to stay in bed, however, the patient is allowed to sit down while eating, go to the toilet. This mode is prescribed to the recovering patients.

No restriction of the routine activity allows free movement of the patient indoors and even walks in the open air.

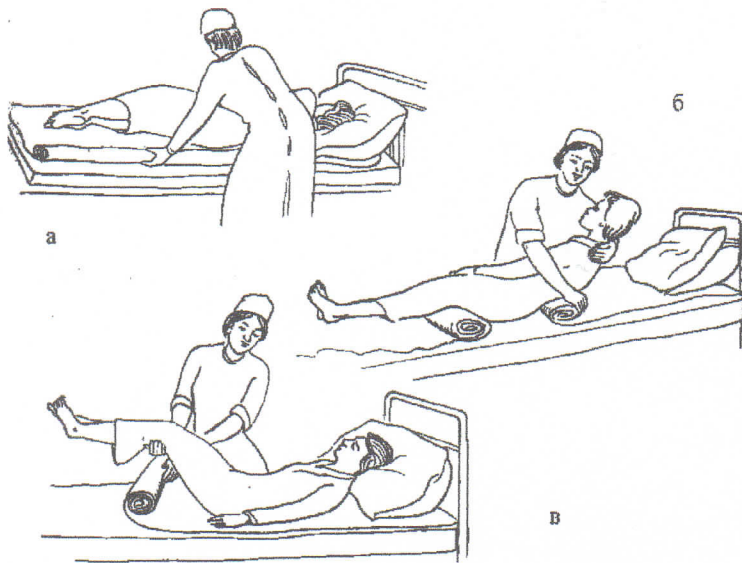


Fig. 61. Change of bed linen to seriously ill.

An important condition for the well-being of the patient and his/her recovery is *bed comfort*. The mattress should be thick enough with a flat and elastic surface. The edges of the sheets need to be bent under the mattress and so that it does not stray or form wrinkles, or pins shall be attached to it or tied to the bed with ribbons. Sheets on the bed of a seriously ill patient should not have seams, and pillowcases - fasteners on the side facing the patient. Bed linen should be changed weekly, usually it is done simultaneously with hygienic procedures: bath, shower, wiping.

Changing bedsheets to a seriously ill patient requires a certain skill from a nursing staff and is made in the following order:

1. A clean sheet is to be rolled up by half lengthwise.
2. To remove the pillow; turn the patient on one side, pushing him/her to the edge of the bed.
3. To roll the dirty sheet towards the patient.
4. To spread a clean sheet on the free part of the bed.
5. To turn the patient to the back, and then to the other side, so that he/she is on a clean sheet.
6. To remove the dirty sheet and spread the clean sheet.
7. To fix the edges of the sheet.

Shirt to a seriously ill patient is changed as follows. Having slightly lifted the upper part of the patient's trunk, the shirt is to be collected from the back to the neck. Then, after you have lifted the patient's hands, to remove his/her shirt over his/her head, and then you should take off the sleeves. If one arm is damaged, then the sleeve is taken off from a healthy arm first, and then from the damaged one. A clean shirt she put on in the reverse order: first put on the sleeves, starting with the sick arm, then carry it through the head and straighten on the back. To disturb the patient less when changing clothes, use shirts in the form of wraparound garment.

It is very important to keep the skin clean, as well as care for nails and hair. When carrying out a *hygienic bath* (full sanitation), water should have $t^{\circ} 35 - 37^{\circ}$, the water level should not rise above the xiphoid process of the patient. First, wash the head, then, using an individual washcloth, the trunk, upper and lower extremities, the groin area and the perineum. The duration of the bath is no more than 20 - 25 minutes. When washing under the shower, the patient is seated on a bench. If he/she feels worse, you should immediately stop the procedure and help the patient.

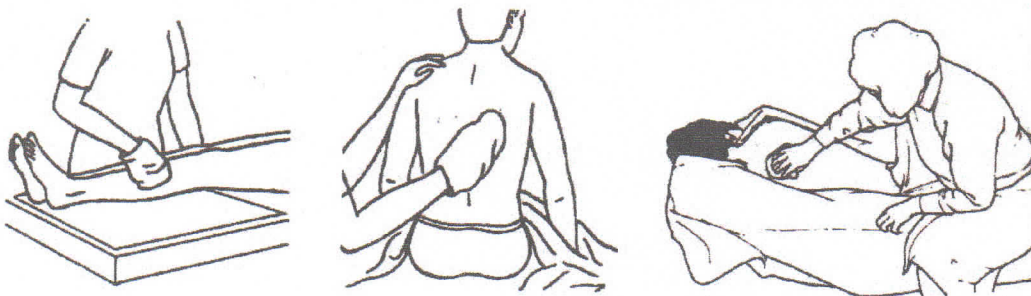
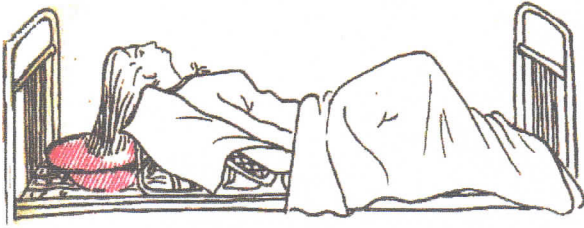


Fig. 62. Hygienic treatment of back and legs in combination with massage.

If a bath or a shower is contraindicated, it is necessary to wipe the seriously ill patient every day. When *wiping the patient* (partial sanitation), place an oilcloth under him/her. Wipe the neck, chest, hands of the patient with a mitten moistened with water. Dry these parts of the body with a towel and cover them with a blanket. In the same way, wipe the stomach, then back and lower limbs. Wash and wipe the patient preferably wearing rubber gloves.



a

Fig. 63. Washing head (a) and legs (6) of the seriously ill.



6

Every day the patient needs to wash, comb his/her hair, wash his/her hands before each meal and after the toilet.

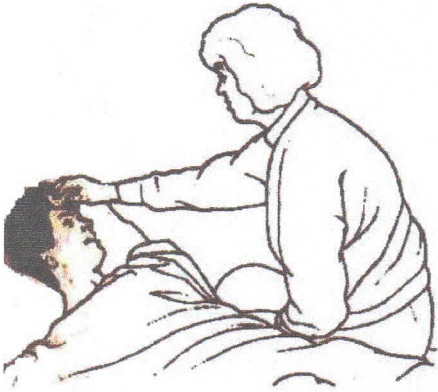


Fig. 64. Facial treatment.

In case of poor-quality skin care for those who are seriously ill, intertrigos may appear. The folds of the skin accumulate separable sebaceous and sweat glands, irritating the skin, the skin turns red, its surface layer loosens and is damaged. Therefore it is important to regularly inspect inguinal folds, folds under the mammary glands, wash these areas twice a day, carefully dry and dust powder.

An important element in caring for seriously ill patients is the prevention of bed sores, which are easily formed in weakened patients who are forced to stay in a horizontal position for a long time.

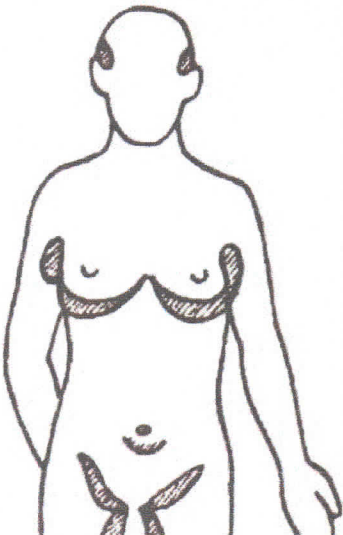


Fig. 65. Places, where intertrigos appear.

Bedsore is a necrosis of the skin, subcutaneous tissue and other soft tissues, developing as a result of their prolonged squeezing and circulatory disorders. The most frequent places of compression, where bed sores can form is the sacrum, shoulder blades, elbows, heels, the back of the head, if the patient lies on his/her back. In the position of the patient on one side, bedsores can form in the region of the hip and shoulder joints.

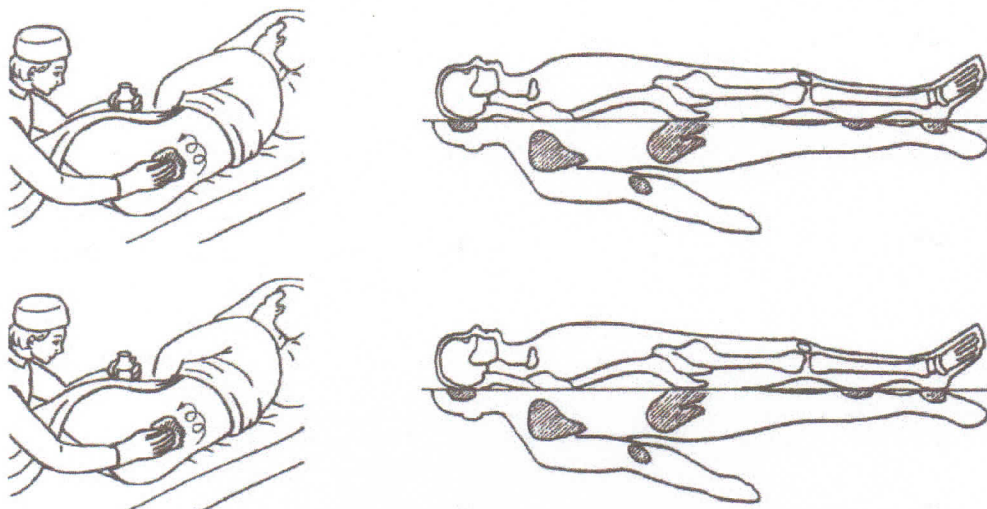


Fig. 66. Prophylaxis of bedsores. Places of their most frequent location.

A region of cyanotic red color first appears without clear boundaries on the skin, then the surface layer of the skin desquamates, sometimes with the formation of bubbles. Then there is the necrosis of tissues, which spreads inward and outward. It is very difficult to treat formed bedsores, therefore it is necessary to take prophylactic measures thoroughly.

Measures to prevent bedsores:

- 1) change the position of the patient every 2 hours, examining places of possible formation of bedsores;
- 2) changing patient's bed, watch that the sheet does not have crumbs or folds;
- 3) immediately change wet or dirty clothes;
- 4) put a rubber circle, placed in a cover, under the sacrum and coccyx, and cotton-gauze circles - under the heels, elbows, the back of the head;
- 5) in the morning and evening, wash the places where bedsores can form with warm water and wipe them with a cotton swab dipped in 10% solution of camphor alcohol, you can also use a 0.5% solution of ammonia, and diluted table vinegar. Rubbing the skin, you need to do a light massage;
- 6) with reddening of the skin (starting bed sore) 1 - 2 times a day, lubricate the reddened area with 5 - 10% solution of potassium permanganate.



Oral hygiene requires particular attention. A plaque appears on the teeth, which consists of mucus, desquamated epithelial cells, food debris, bacteria, on the mucous membrane of the oral cavity in weakened and febrile patients. Salivation decrease also promotes the bacteria growth, and breathing with the mouth open leads to the drying of the mucous membrane. All this contributes to the occurrence of inflammatory processes in the oral cavity, the appearance of an unpleasant odor.

Fig. 67. Oral care. a – the position of the patient in bed; б, в – treatment of the oral mucosa; г - treatment of the tongue.

The care of the oral cavity includes, first of all, mouth wash after each meal and regular teeth brushing, at least 2 times a day. It is necessary to help severely ill with cleaning teeth, rinsing the mouth, and those who cannot do themselves, should be rubbed the oral mucosa and teeth twice a day with antiseptic (microbial destroying) solutions (Potassium Permanganate solution 0.01-0.1% or Furacilin solution 1: 1000), a 2% solution of baking soda or simply boiled water may be used. To prevent the appearance of cracks, the lips and oral cavity are lubricated with glycerol or vaseline oil.

To stimulate salivation, the patient can be recommended lemon, sour apples, croutons or chewing gum.

The caregiver must pay considerable attention to the patient nutrition. It is desirable to provide *therapeutic nutrition*. For this it is necessary to agree with the physician 1) *the qualitative composition of the food and its quantity*; 2) *the nature of the culinary processing* (if necessary mechanical sparing - grinding food, with the need for chemical sparing - exclusion of extractives, fried and spicy food, etc.); 3) a diet (it is possible to eat 4 to 8 times a day).

In the practice of medicine, diets, specially prepared for various diseases, are prescribed, and they are numbered from 1 to 15. In chronic diseases, strict food restrictions should be applied as shortly as possible, followed by a gradual expansion of the diet and an approximation to physiological nutrition. The body needs a full and varied diet. All restrictions must be reasonable.

The feeding of seriously ill patients requires a lot of patience and tact, as patients often suffer from a lack of appetite. Do not insist on eating if the patient has a high fever.

If the patient's condition is OK, he/she can sit down at the table. When bed rest, the caregiver creates a comfortable position in bed for them. You can move the table to the bed, using pillows to create an elevated semi-sitting position. The neck and chest are closed with a napkin. Severely ill patients are fed in a convenient position for them. The caretaker raises the patient's head along with the pillow with his left hand, and brings a spoon or special drink to their mouth with the right one.

If the patient does not swallow, food cannot be poured in by force, as food penetration into the respiratory tract can cause severe complications. In such cases, the patient is *fed through a probe* inserted into the stomach through the nose. You also should adhere to the physician's recommendations with regard to fluid intake. Patients with high fever are usually recommended a plentiful drink, and are restricted the intake of fluid with certain diseases of the heart and kidneys.

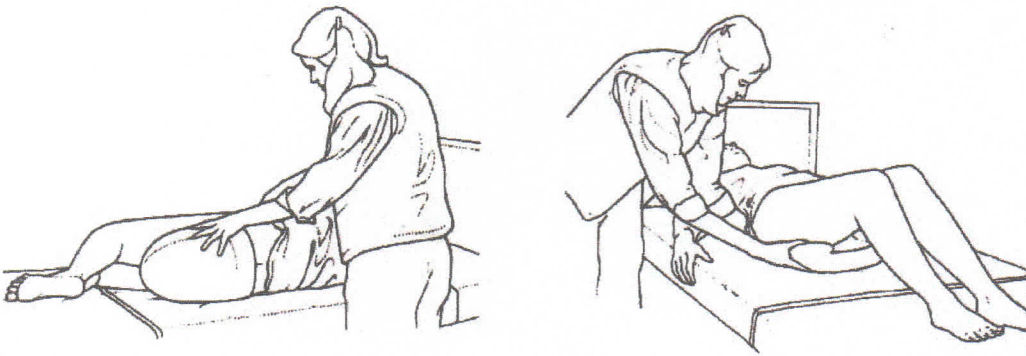
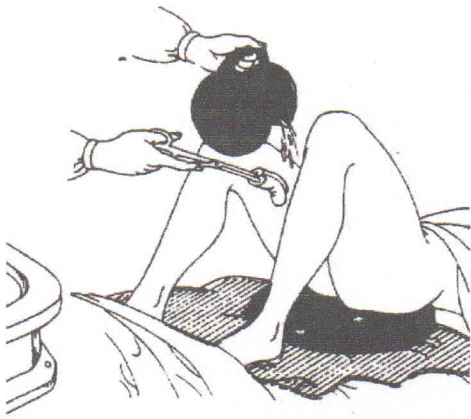


Fig. 68. Urinal provision to the patient.

Caring/nursing staff should also observe the *bowel and bladder functions of the patient*. When prescription of bed rest, patients may experience *reflex urinary retention* (cannot urinate lying). In such cases, in the absence of contraindications, the patient should be given a semi-sitting position. A good effect gives the sound of running water, you can also pour warm water on the perineal areas. In *urinary incontinence* urinals, urine collection bags, rubber bedpans and diapers are used.



With normal bowel function, its emptying (defecation) in an adult occurs 1 time per day. Violations of the act of defecation are manifested in the form of constipation, diarrhea, incontinence of stool. With bed rest and diets poor in cellulose, *constipation* is observed. For their prevention, it is necessary to perform a complex of therapeutic physical exercises acceptable to the patient, and abdomen massage. In case of no contraindications include in the diet products rich in fiber: beets, cabbage, prunes, black bread, wheat bran. When 3 - 4-day constipation requires a *cleansing enema*. The enema is the procedure for the introduction of a liquid into the rectum with a therapeutic or diagnostic purpose.

Fig. 69. Care of the perineum.

To carry out the cleansing enema, you need to prepare Esmarch's irrigator, a tip, vaseline, an oilcloth, 1 to 1.5 liters of room temperature water. The patient is placed on the left side on the oilcloth with the legs bent and brought to the abdomen.

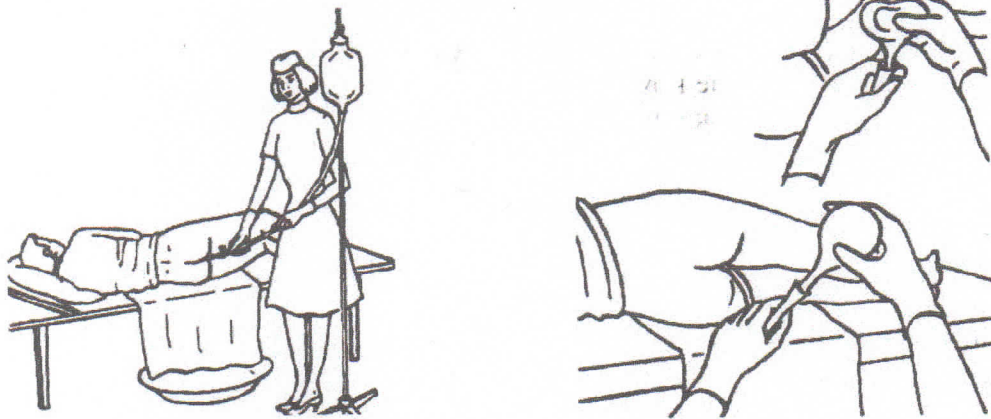


Fig. 70. Cleansing enemas.

pour prepared water into the Esmarch's irrigator. After opening the valve on the rubber tube, fill it with water. The Esmarch's irrigator is suspended on the counter. The tip is smeared with petroleum jelly. Pull apart the buttocks with one hand, and with the another one carefully insert the tip into the anal opening to a depth of 10 - 12 cm first towards the navel, then parallel to the spine. Having opened the valve, slowly introduce water into the intestine. After the administration of water, close the valve, explain to the patient that he/she should keep water in the intestine as long as possible, and carefully remove the valve. The procedure can be considered successful if stool comes out with water after a few minutes.

You can make an *oil* or *saline enema*. For setting the enema you need a pear-shaped balloon with a volume of 100-200 ml, a gas pipe, petrolatum, a bedpan, an oilcloth, gloves. For the oil enema, you should prepare 100 - 200 ml of vaseline or vegetable oil, for saline - 50 - 100 ml of hypertonic solution (Sodium Chloride 10% solution). The solutions are warmed to 37°. The patient is placed on the left side with the legs bent and brought to the abdomen. The prepared solution is taken into the balloon. The rounded end of the gas pipe is smeared with Vaseline and administered 20 cm into the rectum. The balloon is attached to the tube and the contents are slowly administered. Without releasing the balloon, detach it from the tube, remove the tube from the anus. The relaxing effect after the oil enema is observed after 10 to 12 hours, after saline effect appears after 20 - 30 minutes.

A severely ill patient needs a daily perineal toilet. To do this, he/she is laid on his/her back on the oilcloth, his/her legs are bent and pulled apart, a bedpan is pushed under the perineum. Pour warm water from the jar on the perineum, clean the perineal area in the direction from the genitals to the anus forceps covered with a napkin. After each movement, the napkin is to be changed. Dry the perineum with a dry cloth in the same direction.

Surgical patients may have a wound. The wound must necessarily be closed with a bandage. The caregiver should observe the bandage, notify the physician or nurse if the bandage has become soiled or stained, as only they can change the bandages.

Body temperature in patients is measured twice a day: in the morning on an empty stomach (from 7 to 9 a.m.) and in the evening before dinner (5 to 7 p.m.). Most often the thermometer is placed in the armpit (children sometimes in the inguinal) area. The axillary area should be well wiped, as wet skin distorts the thermometer. You should measure at least 10 minutes.

Care for patients with high body temperature.

There are 3 periods in a fever: the period of temperature rise, the period of relative permanence of the elevated temperature and the period of temperature decrease.

During the increasing of temperature, heat production prevails over heat transfer. Heat transfer is sharply reduced due to spasm of cutaneous vessels. Despite of the temperature increase, the skin is cold to the touch, sweating is reduced. The duration of this period is from several hours to several days. Rapid temperature increasing and sharp spasm of peripheral vessels cause a feeling of cold, chills, the patient cannot warm himself/herself, even under several blankets. This period of fever is accompanied by malaise, headache, aching in the bones and muscles. During the rise of temperature, it is necessary to warmly cover the patient, put warm warmers at his/her feet, give hot sweet tea.

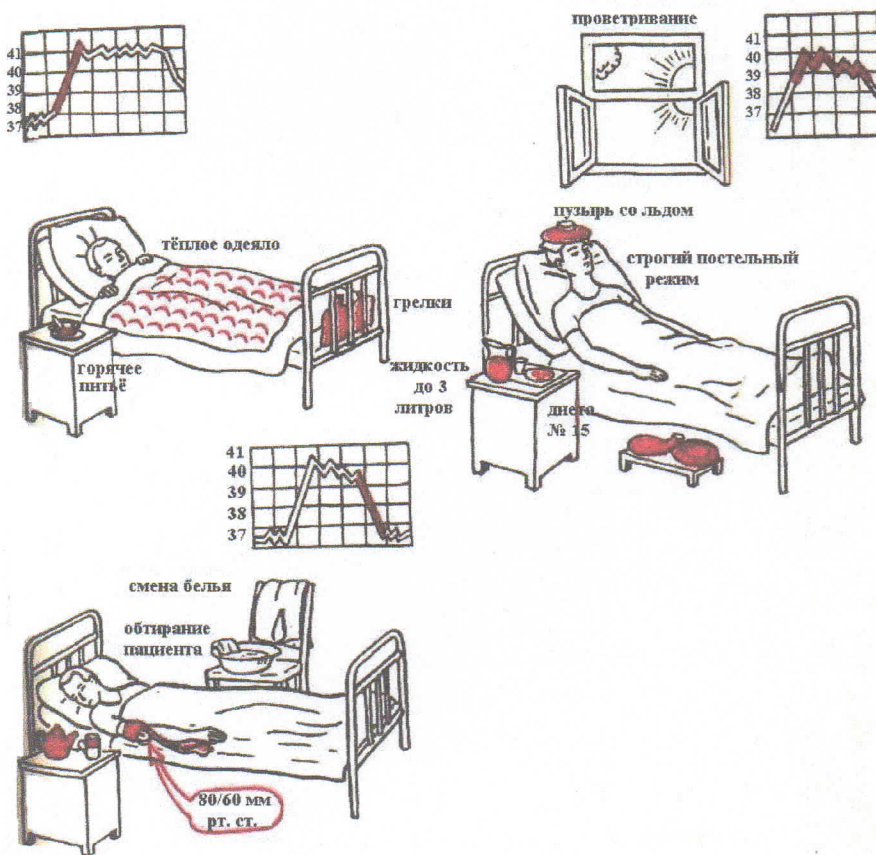


Fig. 71. Care for patients with high body temperature.

The period of relative temperature constancy at an elevated level can last from several hours to several weeks. At the same time, the skin vessels expand, sweating increases, heat emission increases and balances increased heat production. As a result, further increasing in temperature ceases, it stabilizes at this high level.

During this period, the patient is hot, he/she is troubled by headache, weakness, sweating, dry mouth, decreased appetite. At a temperature above 39°, an impairment of consciousness is possible. To improve heat transfer, do not cover the patient warmly. As often as possible he/she should be given vitaminized drink (juices, fruit drinks, rose hips infusion, warm tea with lemon, jam, etc.). Feed the patient 6-7 times a day in small portions of liquid or semi-liquid food. During this period it is recommended to conduct carefully the patient's skin toilet (wiping, washing), more often change the underwear and bed linen. With a severe headache, an ice pack is placed on the head.

During the period of temperature decreasing, heat transfer sharply increases, exceeding the heat production. With a rapid (critical) decrease in temperature, there is a significant expansion of the cutaneous vessels, leading to a sharp drop in blood pressure. In this case, there is a profuse sweating, the skin pales, the limbs become colder. The patient needs emergency help: 1) remove the pillow from under his/her head, raise his/her legs by 30-40 cm; 2) call a doctor; 3) cover

the patient with warmers, cover him/her, give a strong sweet tea; 4) when the condition improves, wipe dry the patient's skin, change the laundry.

INFECTIOUS CONTROL

When nursing, it is necessary to comply with sanitary and anti-epidemic regimen and remember that if you do not comply with it, you can get infected from the patient or infect him/her.

The infection control is a system of measures based on epidemiological diagnosis data and aimed at preventing the occurrence and spread of infectious diseases in healthcare organizations. The purpose of infection control in a medical institution is to prevent the spread of nosocomial infections.

Hospital-acquired infections (hospital, nosocomial) are, according to the definition of the World Health Organization (WHO), any clinically pronounced diseases of microbial origin that affect the patient as a result of his/her hospitalization or visit to a medical institution for treatment, and hospital personnel because of their activities.

HAI - healthcare-associated infection.

The basic requirements of infection control

1. The compliance with the sanitary and hygienic regime
2. The preventing of the spread of infection
3. Ensure your own safety

1. Compliance with the sanitary and hygienic regime

It is necessary to strive to maintain cleanliness in everything: the body, the underwear and bed linen of the sick person must be clean; the room where the patient is. We need to monitor the cleanliness of utensils, bedpans, urinals, etc. It is necessary to take care of the skin of the patient on a regular basis, since its contamination leads to the appearance of clefts, skin damage and penetration of infection into the wound. This is especially dangerous for patients with weakened immunity. It is necessary to prevent bedsores and intertrigos.

To kill the infection in the external environment surrounding the patient, the disinfection of the premises, objects in them, medical equipment, items of care for the patient, food debris, patient discharge, utensils from under excretions, bedding, etc. is carried out.

Disinfection is the process of killing of the majority of pathogenic microorganisms. When disinfection spores, which are a special stable form of microbes, are not killed. Disinfection is divided into preventive and focal. Preventive disinfection prevents the development and spread of infection, focal is carried out in an already emerging hotbed of infectious disease. In hospitals, special attention is paid to preventive disinfection in order to prevent the emergence of foci of infectious diseases.

Disinfection of premises/rooms is carried out during their wet cleaning. Cleaning of wards is held at least twice a day, if necessary - more often. General cleaning is done once a week. After the indicated time has elapsed, the disinfecting solutions are washed off with clean water.

Dishes of the patient are disinfected by immersion in a disinfectant solution followed by thorough washing with hot water. Instead of using disinfectant solutions, you can simply boil the dishes for 30 minutes in a 2% solution of baking soda.

Care items (pots, bedpans, urinals) are soaked in one of the following disinfectants: Calcium Hypochlorite solution 0.5% - for 30 minutes or a solution of Chloramine B3% - for 30 minutes.

Discharge/secretion of the patient (sputum, feces, vomit, and blood) is covered with chlorine lime or Calcium Hypochlorite - 200 g per 1 liter (kilogram) for 60 minutes.

Cleaning equipment is soaked in a disinfectant solution, washed and dried.

When changing bed linen it is not allowed to throw dirty laundry on the floor, it must immediately be stacked in special bags for dirty laundry.

All tools that come into contact with wounds, blood, or preparations for injection should be sterilized.

Sterilization is the total destruction of all types of infection. For sterilization, special equipment is used: steam sterilizers (autoclaves), air sterilizers (dry-fire cabinets), as well as solutions of chemical preparations.

2. Preventing the spread of infection

During the care of severe patients, the infected waste material accumulates: diapers, gloves, disposable syringes, needles, dressings, cotton balls, etc. If all this is dumped in garbage containers that stand near open houses, the infected waste will have access to cats, dogs, children, homeless people. All of them can become carriers of infection, and in case of infection and disease - sources of infection. It is necessary to prevent the spread of infection. To this end, all medical waste is classified according to the degree of their possible harmful impact on the environment and human health, neutralized and destroyed or disposed of (i.e. used as secondary raw materials, etc.)

In accordance with the current order of the Ministry of Health of the Kyrgyz Republic, all wastes generated in medical institutions should be divided into 5 streams and placed in separate containers.

1. General non-hazardous waste (Class A): uninfected paper, stationery, packing material is placed in a waste bin with an inserted black plastic bag.

2. Anatomic waste (Class B 1): pathologoanatomical waste, organic operating waste (organs, tissues, teeth, etc.) are placed in waterproof plastic bags or special leakproof containers.

3. Sharp and piercing wastes (Class B 2): needles from syringes and systems, scalpels, scarifiers are placed in a special puncture-proof container. (The needle container is inserted into the needle bar).

4. The plastic part of used syringes (Class B 3) is placed in polypropylene strong bags or in a bucket with a lid.

5. Contaminated (infected) dressings, tampons, cotton balls, gloves, the plastic part of the systems (Class B 3) is placed in polypropylene strong bags or in a bucket with a lid.

There are certain color coding For containers with waste: yellow packages are used for infected waste, sharp and stinging objects, black for uninfected (household) waste.

After the containers for the contaminated waste are filled by 3/4, they are marked with a date and they are sent to the autoclaving point of the waste for disinfection.

3. Ensuring your own safety

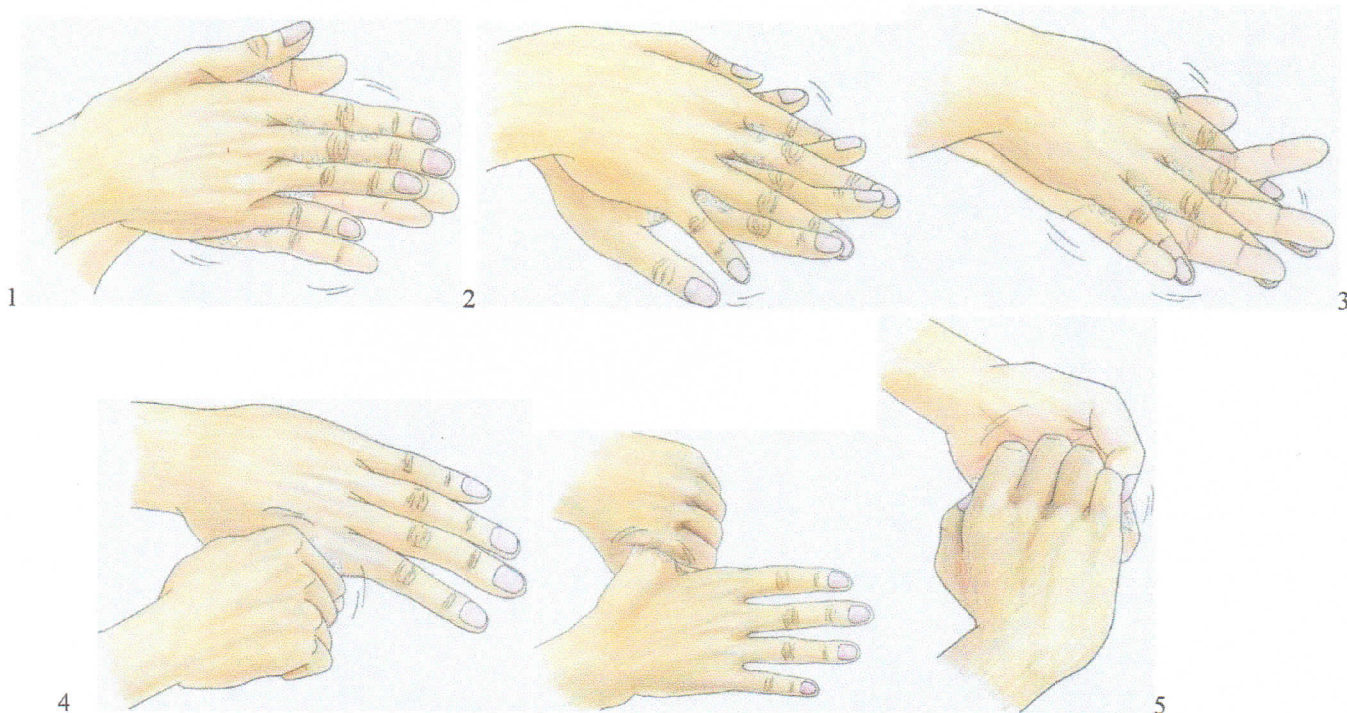
With the blood of the patient and other body fluids (saliva, urine, bile) hepatitis B, C, D, human immunodeficiency virus, causing AIDS, and other infectious agents can be transmitted. Patient's blood and body fluids should always be treated as potentially infected. Microorganisms can penetrate the human body through microtrauma, cracks and abrasions on the skin. Therefore, you need to wear protective equipment (robe, apron, gloves) with all contacts with blood and liquid media of the patient.

All medical staff, as well as persons caring for patients at home, should carefully monitor their hands, because the infection can get into the patient's body through dirty hands. But we should not forget that through the damaged unprotected skin of the hands, medical and caring staff can receive from the patient a number of purulent and infectious diseases. Therefore, the skin of the hands should be protected from damage and contamination, the nails should be short-cut, without manicure, the rings should be removed during operation.

The hygiene of the hands of medical personnel is a mandatory requirement in the work of medical personnel.

Hand washing should be carried out with obvious contamination, before inspection and after examination of the patient, before eating, after going to the toilet, etc. Hands are washed twice with warm running water with toilet soap, preferably liquid, and wiped with a disposable towel.

The most polluted areas are interdigital spaces, thumbs and fingertips. To ensure that all these areas are well cleaned, the following scheme for washing hands is suggested: 1) rub palm on palm; 2) rub successively the back of both hands, crossing your fingers; 3) rub palmar surfaces with fingers crossed; 4) carefully wash the thumb of one, and then the other hand; 5) rub hands against each other, taking them into the castle; 6) rub the fingertips on the palm of your hand. Each movement is carried out 3 - 5 times.



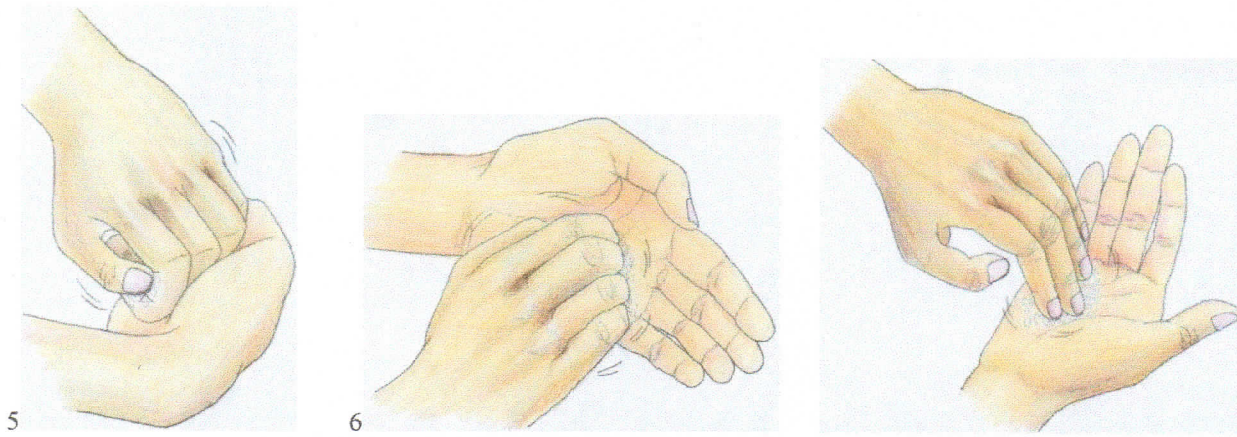


Fig. 1. The scheme of washing hands.



Fig. 2. Liquid soap in a bottle with a dispenser.

In the absence of obvious contamination, instead of washing, you can carry out hygienic antiseptic hands: treat hands with 70% alcohol. Upon contact with the skin of the patient's blood, the hands are thoroughly washed with soap and water.

All manipulations associated with the possibility of hand contamination are carried out in rubber gloves. All gloves, except for household gloves, are disposable. After use, they are placed in a container with medical waste class B 3.

All instruments that come into contact with the wound, blood or injection solutions are sterilized. Sterilization is the complete destruction of all microorganisms.

HOW TO PUT A MUSTARD PLASTER

Features of care for patients include a procedure such as mustard plasters - sheets of paper, covered with a thin layer of mustard powder. The mustard is moistened with warm water and tightly applied to the skin with the side where the mustard is smeared, tied with a towel and then cover the patient with a blanket. The duration of the procedure is about 10-20 minutes - until a clear manifestation of skin irritation (burning, redness), not leading to burns and the formation of blisters. The mustard can be prepared by using a mixture of equal parts of mustard powder and flour, diluted with warm water to a gruel-like mass. The latter is spread between 2 layers of clean dense cloth or paper. After removing the mustard plasters, the skin should be wiped with a moist tampon, and with a strong irritation, lubricate with petroleum jelly. Mustards cause irritation of the skin, blood rash, which reduces pain and helps to calm down the inflammatory process. Mustard plasters are put in bronchitis, pneumonia (on the chest), hypertension (on the back of the head), muscle pain. They are contraindicated for skin diseases.

HOW TO USE HOT-WATER BOTTLE/BAG

The hot-water bag is not filled with hot water completely and air is squeezed out before screwing the cork, which ensures its better adherence to the surface of the body. It is necessary to check whether water flows out. To prevent the burn, wrap the heating pad with a towel or other cloth. Typically, hot-water bags are applied to the hands or feet with a sharp cooling of the body, chills or as a distraction, for example, with toothache, increased blood pressure. Instead of a hot water bag, you can use hot water bottles. You can also use special electric heaters.

HOW TO PUT THE COMPRESSES

Compresses can be dry, moist (cold or warm) and medicinal. A dry compress consisting of several layers of gauze or non-hygroscopic cotton wool is used to protect the affected part of the body from cooling or other effects. A cold moist compress is a soft cloth folded several times, moistened in cold water, which is applied for 2-3 minutes to the diseased part of the body: to the head (with headache), to the heart area, to the abdomen, more often with bruises. As the compress is warmed, it is changed.