Фонд оценочных средств по
дисциплине «Стоматология»

Уровень высшего образования
СПЕЦИАЛИТЕТ

Направление подготовки
560001 Лечебное дело (Для иностранных студентов)
(код и наименование направления подготовки)

Квалификация
Врач

2026

1. LIST OF COMPETENCIES WITH AN INDICATION OF THE STAGES OF THEIR FORMATION IN THE PROCESS OF MASTERING THE DISCIPLINE

Emerging competencies	Planned learning outcomes in the discipline, characterizing the stages of competence formation	Types of assessment tools/section code in this document
OPK-5: Able to examine the patient in order to establish a diagnosis when deciding professional tasks.	**Know:** - Basic morphofunctional, physiological conditions and pathological processes in the body a person; - the specifics of the main morphofunctional, physiological states, pathological processes of the human body in comparison; - the main ways of differentiation and making a conclusion based on the results of the assessment of morphofunctional, physiological processes and pathological conditions patient.	**Blocks A, D -** tasks of the reproductive level 1. Test tasks - Oral questioning
	Be able to: - to reveal the meaning of the main morphofunctional, physiological states and pathological processes in the human body; - to compare various morphofunctional, physiological states and pathological processes of the human body - to note the practical value of specific morphofunctional, physiological processes and pathological conditions of the human body.	**Blocks B, C -** tasks of the reconstructive level 1. solving situational problems; - Abstract

	<u>Own:</u> • skills in determining the main morphofunctional, physiological states and pathological processes in the human body; • methods of searching and comparing various morphofunctional, physiological states and pathological processes of the human body; • assessment skills; differentiation of the main morphofunctional, physiological and pathological states of the human body, and justification.	**Blocks B, C -** tasks of the practice-oriented and/or research level 1. solving situational problems; 2. Abstract - practical skills.
Emerging competencies	**Planned learning outcomes in the discipline, characterizing the stages of competence formation**	**Types of assessment tools/section code in this document**
PC-1: Ready to collect and analyze the patient's complaints, medical history, examination results, laboratory, instrumental, pathoanatomical and other examinations in order to recognize the condition or establish the presence or absence of dental disease.	**<u>Know:</u>** - rules for conducting an examination of organs and systems in children, rules for collecting material for laboratory research, the main symptoms of damage to organs and systems, the specifics of lesions in children and the specifics of their manifestation in children.	**Blocks A, C -** tasks of the reproductive level 1. Test tasks - Oral questioning
	<u>Be able to:</u> - to reveal the meaning of the results of the study in children, to compare the types of lesions organs and their systems and to note the practical value of specific pathological syndromes in children of different ages	**Blocks B, D -** tasks of the reconstructive level 1. solving situational problems; - Abstract

	Владеть: - the skills of collecting complaints, anamnesis of the parents of a sick child, conducting an examination, methods of searching for and identifying the main symptoms of damage to organs and their systems in children and the skills of expressing and substantiating various symptoms into a single pathological syndrome.	**Block C, D -** tasks of the practice-oriented and/or research level 1. solving situational problems; 2. Abstract - practical skills.
Emerging competencies	**Planned learning outcomes in the discipline characterizing the stages of competence formation**	**Types of assessment tools/section code in this document**
ПК-2: It is capable of determining the main pathological stands, symptoms, dromes Omatologic diseases, forms in accordance with the International Atistic Lassification of Diseases and Problems Related to Door, X views.	**Know:** specifics of conducting dovanizations to identify main pathological states, symptoms of drome diseases, logical forms, in accordance with ICD. The main symptoms and syndromes of damage to organs and systems and their differential diagnosis.	**Blocks A, C -** tasks of the reproductive level 1. Test tasks - Oral questioning
	Be able to: analyze various types of tological states, ptomas, disease syndromes, forms in accordance with (ICD). Distinguish the practical value of onspecific pathological and symptoms of illnesses when they are compared.	**Blocks B, D -** tasks of the reconstructive level 1. solving situational problems; - Abstract
	Own: skills and techniques for searching, detecting and systematizing the main pathological states, symptoms, dromos diseases, logical forms in accordance with (ICD). And their comparative analysis.	**Block C, D -** tasks of the practice-oriented and/or research level 1. solving situational problems; 2. Abstract - practical skills.

1. TECHNOLOGICAL MAP OF THE DISCIPLINE

Technological map of the discipline Specialty "Dentistry" Discipline "Pediatrics" Course 4, semester 7, number of ZE - 3 reporting - credit.					
Name of the modules of the discipline according to the RPD	**Control**	**Form of control**	**Credit minimum**	**Classification maximum**	**Control schedule (semester week)**
Semester 9					
Section 6					
Propaedeutics of childhood diseases.	Current control	Situational task, frontal questioning. Attendance: for each missed unworked lecture and practical lesson 1 point is deducted.	6	12	7
	Boundary control	Situational tasks. Practical skills.	6	12	
Section 7					
Pathology of young children.	Current control	Practical skills, frontal questioning. Attendance: for each missed unpracticed lecture and practical practical lesson 1 point is deducted.	5	7	12
	Boundary control	Abstract; situational task.	5	7	
Section 8					
Pathology of older children.	Current control	Situational task, frontal questioning. Attendance: for each missed unworked lecture and practical lesson 1 point is deducted.	9	16	18
	Boundary control	Practical skills. Situational tasks.	9	16	
Total per semester			40	70	
Intermediate control (Zache)		**Situational problem. Theoretical question.**	20	30	
Semester ranking in the discipline:			**60**	**100**	

1. STANDARD CONTROL TASKS AND OTHER MATERIALS NECESSARY FOR ASSESSING THE PLANNED LEARNING OUTCOMES IN THE DISCIPLINE (ASSESSMENT TOOLS)

Block A Test

Tasks

Annex 1

1. To determine the normal values of the child's head circumference at the 1st year of life, the following data should be used:

1. Head circumference at birth
2. head circumference at 6 months
3. 1.5 cm for the missing month under 6 months
4. + 0.5 cm for the next month older than 6 months
5. + 0.6 cm/month to head circumference at birth

2.To determine the body weight of a child at 6 years old, the following formulas can be used :

1. 10 + 2n
2. 10 + 3n
3. 19 kg, for the missing year - 1.5, for the last. + 2
4. 19 kg, for the missing year - 2, for the next + 3
5. 17 kg, for the missing year - 2, for the next + 1.5

3.To determine the proper body weight of a child at the 1st year of life , you can use the following formulas:

1. 800 - 50n
2. M + 600 (500) x n
3. 600 + 50n
4. M + (800 x n) + 400 x (n - 6)
5. M + (600 x n) + 500 (n - 6)

6. The baby's crawling is established at (month):

1) 3-4
2) 5-6
3) 7-8
4) 9-10
5) 11-12

7. The skin consists of:

1. glandular tissue
2. Epidermis
3. dermis
4. adipose tissue 5) cartilaginous tissue

5. Water content in the stratum corneum of the epidermis in newborns compared to adults: 1) more

1. less
2. Same
3. absent 5) very small

4. Ways of bone tissue formation in the process of ontogenesis:

1. Dermal
2. periosteal
3. Epiphyseal
4. chondral

1. trabecular

1. The constancy of the concentration of calcium in the blood is ensured by:

1. intestinal absorption
2. gastric absorption
3. absorption in the oral cavity
4. renal excretion and reabsorption
5. bile excretion

6. Cough when the larynx is affected:

1. Wet
2. Painful
3. Dry
4. rough
5. barking

6. A nasal tone of voice occurs with:

1. hypothyroidism
2. parainfluenza
3. pharyngitis 4) adenoids
1. maxillary sinusitis

2. Intrauterine-functioning ducts and shunts of the fetal cardiovascular system include:

1. Arrangement Duct
2. Silviev aqueduct
3. Oval window
4. Botall's duct
5. interventricular foramen

6. The apex of the heart in a newborn is represented by:

1. right ventricle
2. left atrium
3. left ventricle
4. pulmonary artery cone
5. aortic arch

6. The qualitative features of bone marrow hematopoiesis in children are:

1. Functional lability
2. Rapid return to embryonic hematopoiesis
3. poor regeneration
4. Fast exhaustion 5) Good regeneration

5. The number of red blood cells in a child on the first day of life is (millions):

1) 8,0-9,0
2) 6,0-7,0
3) 5,0-6,0
4) 4,5-5,0

6. 4,0-4,5

7. Profuse salivation is observed in children with (monthly):

1) 1-2
2) 3-4
3) 6-7

8. 8-9

1) 10-12

1. Features of the oral cavity in a newborn, ensuring the act of sucking:

1. Relatively small oral volume and large tongue
2. good development of the muscles of the tongue, lips
3. insufficient salivation
4. transverse folds on the lips, Bichat lumps in the thickness of the cheeks 5) roller-like duplicates of the mucous membrane on the gums

5. Features of kidneys in newborns:

1. lobular nature of the structure
2. weakly pronounced connective tissue layers
3. well-developed cortical layer
4. poorly developed cortical layer 5) well-defined fat capsule

5. The structural and functional unit of the kidney is:

1. capsule of Shumlyansk o-Bowman
2. nephron 3) loop of Henle 4) convoluted tubule 5) Collecting tube

3. Colostrum is excreted in (terms):

1. at the end of pregnancy
2. 1st month of pregnancy
3. the first 4-5 days after childbirth
4. the first 2 weeks after childbirth 5) the first month after childbirth

5. Advantages of natural feeding for a child:

1. physical development corresponds to age
2. Psychomotor development in time
3. provides sufficient immune protection
4. increases the functional load on the gastrointestinal tract
5. there is an "imprinting" and a close relationship with the mother

6. Mixed feeding is feeding:

1. animal milk
2. only with milk mixtures
3. human milk
4. breast milk and supplementary feeding - formulas
5. fermented milk mixtures

6. Complementary foods with natural feeding are introduced from (month):

1) 4
2) 4,5
7. 5
8. 5,5
9. 6

10. Rules for giving complementary foods:

1. given before breastfeeding
2. given after breastfeeding
3. It is administered in small quantities and gradually increased to the desired volume

1. should be homogeneous, not cause difficulty in swallowing 5) you can immediately introduce vegetable puree, cereals, fruit puree in the form of complementary foods

1. Adapted mixtures are those whose composition is:

1. is close to human milk
2. enriched with vitamins and trace elements
3. are close to cow's milk
4. protein is subjected to special. processing 5) protein is not subjected to special. processing

5. . In the first half of life, the child adds an average of (in grams) every month:

1) 400
2) 500
3) 600
4) 700
6. 800

7. In the first quarter of the first year of life, the child adds in body length every month (cm):

1) 1,0
2) 1,5
3) 2,0
4) 3,0
5) 4,0

8. Features of the spinal cord at birth:

1. weight -20 g
2. The lower segment is located at the level of the 3rd lumbar vertebra
3. The lower segment is located between the 1st and 2nd lumbar vertebra
4. structurally and functionally more perfect than the brain 5) myelination of the horns of the spinal cord occurs already in utero

5. Select indicators of normal child development at the age of 1 month

1. Eye tracking of a moving object
2. Visual concentration
3. auditory concentration
4. the appearance of a smile in response to communication 5) raising the head while lying on the stomach

5. Melanin formation in the epidermis in newborns:

1. insufficient
2. Excess
3. Common
4. absent
5. is not formed

6. In the cells of the granular layer of the epidermis in newborns, there are no following:

1. Melanin
2. keratohyalin
3. hyalin
4. mucin
5. hyaluronidase

6. Ways of bone tissue formation in the process of ontogenesis:

1. Dermal
2. periosteal
3. Epiphyseal

1. chondral
2. trabecular

1. The constancy of the concentration of calcium in the blood is ensured by:

1. intestinal absorption
2. gastric absorption
3. absorption in the oral cavity
4. renal excretion and reabsorption
5. bile excretion

6. Shortness of breath in children after 1 year of life is considered to be the respiratory rate more than (in min):

1)30
2)40
3)50
4)60
1. 70

2. Voice changes are typical for:

1. bronchitis 2)
laryngitis 3)
laryngotracheitis 4)
whooping cough 5)
croup

2. Intrauterine-functioning ducts and shunts of the fetal cardiovascular system include:

1. Arrangement Duct
2. Silviev aqueduct
3. Oval window
4. Botall's duct
5. interventricular foramen

6. Histological features of the myocardium of newborns:

1. thin muscle fibers
2. longitudinal fibrillarity and transverse striation are well expressed
3. longitudinal fibrillarity and transverse striation are weakly expressed
4. nuclei are small, poorly differentiated
5. Connective tissue is poorly developed

6. The main form of hemoglobin in utero is:

1. hemoglobin - A
2. fetal hemoglobin - F
3. primitive hemoglobin - P
4. hemoglobin - S 5) hemoglobin - T

5. The first physiological crossover of neutrophils with lymphocytes occurs (on the day of life):

1) 20-19
6. 15-16
7. 10-11
8. 5-6
9. 2-3

10. Mild injury to the oral mucosa in children in the first months of life is associated with
1. improper care of the mucous membrane

1. acidic reaction of the oral cavity
2. dryness due to hyposalivation
3. high activity of salivary gland enzymes
4. thinness of the mucous membrane

1. Bichat lumps in children consist of:
1. cholesterol
2. polyene fatty acids
3. palmitic acid
4. Stearic Acid 5) Oleic Acid

5. Tubules in a newborn: 1) shorter
1. longer
2. Wide
3. Narrow
4. crimped

5. Ureters in children compared to adults:
1. relatively smaller in diameter
2. Relatively larger in diameter
3. relatively shorter
4. longer, with numerous curves
5. More direct

6. The first attachment of the baby to the breast after childbirth:
1. 2 hours after birth
2. immediately after childbirth
3. after 12 hours
4. 6 hours after birth 5) the next day

5. Advantages of early breastfeeding:
1. Implementation of "imprinting"
2. Active sucking of the baby
3. Stimulation of lactation
4. increased oxytocin production 5) decreased oxytocin production

5. Artificial feeding is feeding:
1. human milk
2. with milk formulas
3. animal milk
4. human milk and animal milk in equal volumes
5. only with fermented milk mixtures

6. Protein in human milk:
1. meets the needs of the child
2. is absorbed unchanged
3. puts a lot of strain on the kidneys
4. Easy to digest
5. coagulates in the stomach in large flakes

6. Rules for giving complementary foods:
1. given before breastfeeding
2. given after breastfeeding
3. It is administered in small quantities and gradually increased to the desired volume

1. should be homogeneous, not cause difficulty in swallowing 5) you can immediately introduce vegetable puree, cereals, fruit puree in the form of complementary foods

1. Advantages of fermented milk mixtures:

1. increase the secretory activity of the gastrointestinal tract
2. vitamins gr. B are reduced
3. are difficult to digest
4. increase the content of vitamins gr "B" 5) protein in the curdled state

5. The average height of a child at 1 year is (in cm) : 1) 60
2) 65
3) 70
4) 75
6. 80

7. Head circumference at birth compared to chest circumference:
1. 1-2 cm smaller
2. are the same
3. 1-2 cm more 4) 0.5 cm less
1. 4-5 cm more

2. Most children begin to walk at the age (at months):
1) 4-5
2) 6-7
3) 8-9
3. 12-13
4. 14-15

5. In a newborn, the following brain structures are underdeveloped:

1. large furrows and convolutions
2. shallow furrows
3. axons and dendrites
4. nerve centers, striata, body, pyramidal pathways 5) myelination of cells and conduction pathways

5. Sweat glands are primarily formed on:
1. forehead
2. back
3. Neck
4. Head
5. palms and soles

6. Sebaceous glands in newborns are absent on:
1. palms
2. Trunk
3. Sole
4. of the scalp
5. forehead

6. Features of the skull in full-term newborns:

1. predominance of the brain part
2. The small fontanelle is closed
3. open seams
4. the large fontanelle is open 5) the lateral fontanelles are open

1. Thickenings on the ribs at the transition of the bony part to the cartilaginous part are:

1. Rachitic "rosary"
2. Rachitic "bracelets"
3. "Strings of Pearls"
4. rachitic osteomalacia 5) Harrison's sulcus

5. With inflammatory diseases of the pharynx and tonsils in children, the following are noted:

1. Peremiya
2. pertrophy of indalins
3. swelling
4. Oh Raid
5. papillae atrophy yka
6. Crepitus is formed due to:
1. adhesion of the alveoli
2. Sticking of the alveoli
3. the passage of a stream of air through the fluid in the bronchi
4. obstruction syndrome
5. paresis of the respiratory muscles

6. The umbilical vein after birth turns into:
1. umbilical artery
2. portal vein
3. Arrangement Duct
4. round ligament of the liver
5. ductus arteriosus

6. In a newborn, the pulse rate per 1 minute is: 1) 100
2) 80
3) 180
4) 200
5) 140

7. Hemoglobin in a child on the first day of life is equal (in g/l):
1) 140
2) 150
3) 160
4) 170
8. 240

9. Physiological anemia is caused by:

1. rapid increase in body weight
2. disappearance of hypoxia
3. increase in BCC
4. insufficient production of erythropoietins
5. insufficient iron intake in breast milk

6. Mild injury to the oral mucosa in children in the first months of life is associated with

1. improper care of the mucous membrane
2. acidic reaction of the oral cavity
3. dryness due to hyposalivation
4. high activity of salivary gland enzymes

1. thinness of the mucous membrane

1. Food movements in children of 1 year of age through the gastrointestinal tract:

1. occurs faster than in adults
2. occurs more slowly than in adults
3. With artificial feeding, food passes faster
4. With natural feeding, food passes faster
5. The type of feeding does not matter

6. Affect diuresis:

1. air temperature
2. Drinking regime
3. febrile diseases
4. Daily routine
5. diarrhea

6. Zimnitsky's test reflects the function of the kidneys:

1. excretory
2. concentration
3. erythropoietic
4. BP regulation
5. regulation of the acid-base state

6. Supplemental feeding is introduced:

1. before breastfeeding
2. after breastfeeding
3. during breastfeeding
4. between feedings 5) only at night

5. Advantages of fermented milk mixtures:

1. increase the secretory activity of the gastrointestinal tract
2. vitamins gr. B are reduced
3. are difficult to digest
4. increase the content of vitamins gr "B" 5) protein in the curdled state

5. Indications for transferring a child to mixed feeding:

1. Hypogalactia
2. social and domestic factors
3. Mother's reluctance to breastfeed her baby
4. Paratrophy
5. low sanitary culture of the mother

6. Complementary foods with natural feeding are introduced from (month):

1) 4
2) 4,5
3) 5
4) 5,5
7. 6

8. For the establishment of lactation and the prevention of hypogalactia, it is necessary:

1. feed the baby by the hour
2. feed the child on his "demand"
3. Express breasts after feeding
4. take a night break
5. Feed at night

1. The rarity of gastrointestinal disorders during natural feeding in children is due to:

1. the affinity of breast milk for the baby's body
2. low content of B, F, Y in breast milk
3. bactericidal nature of breast milk
4. easy digestibility of breast milk 5) inhibition of the growth of bifidums - bacteria

5. Head circumference at birth compared to chest circumference:

1. 1-2 cm smaller
2. are the same
3. 1-2 cm more 4) 0.5 cm less
1. 4-5 cm more

2. Monthly weight gain in the 2nd half of the year (in gr.):

1) 800
2) 750
3) 300
3. 400
4. 500

5. Psychomotor development of a child at the age of 6 months:

1. 2-3 naps a day
2. there are unconditioned innate reflexes (grasping, automatic walking)
3. he stands up and stands, holding on to the support
4. turns over in bed, sits up
5. holds toys for a long time, pulls them into his mouth, throws them, pronounces individual syllables

6. Hydrocephalus in a child can be diagnosed:

1. by the circumference of the head, exceeding the norm by 2 cm, 2) by open sutures and fontanelles in a child at 2-3 months.

1. along the circumference of the head, exceeding the norm by 3-4 cm,
2. open sutures in a child of 6-8 months, Greffe's sign
3. in the presence of Greffe's sign, with normal head growth and normal psychomotor development

4. Cheese-like grease contains:

1. Fats
2. cholesterol
3. Glycogen
4. Melanin
5. Protein

6. The main function of brown adipose tissue:

1. Glyconeogenesis
2. contractile thermogenesis
3. Non-contractile thermogenesis
4. fat depot 5) glycogen depot

5. Pathological forms of the skull:

1. Tower
2. saddle
3. Gluteal
4. Square
5. Rounded

6. For the full formation of the protein matrix (the first stage of osteogenesis), the child must first of all be provided with:
1. proteins
2. energy
3. vitamins
4. calcium
5. trace elements

6. The mechanism of dry wheezing formation is played by:
1. Air jet and bronchus wall
2. presence of fluid in the lumen of the bronchus
3. Surfactant alice
4. bronchus constriction
5. Delusion in pleural coldness

6. The following plays a role in the mechanism of wet crackle formation:
1. the presence of fluid in the lumen of the bronchus
2. the passage of air through the liquid
3. Presence of surfactant
4. fluid accumulation in the pleura
5. bronchospasm

6. Causes of shortness of breath in cardiovascular diseases:
1. congestion in the pulmonary circulation
2. congestion in the large circulation
3. Deterioration of gas exchange
4. acceleration of blood flow in the pulmonary circulation
5. accumulation of carbon dioxide and underoxidized metabolic products in the blood

6. The method of palpation of the cardiovascular system is determined:
1. the width of the vascular bundle
2. "Carotid Dance"
3. apical thrust
4. heart hump 5) cardiac push

5. The first physiological crossover of neutrophils with lymphocytes occurs (on the day of life):
1) 20-19
6. 15-16
7. 10-11
8. 5-6
9. 2-3

10. Anemia in children of 1 year of age is understood as a decrease in the amount of hemoglobin less than (g/l):
1) 180
2) 150
3) 130
4) 120
11. 110

12. The main complaints characteristic of damage to the digestive system:
1. abdominal pain
2. cough

1. vomiting
2. shortness of breath
3. stool disorders

1. Putrid breath is noted with:

1. Rickets
2. gangrene
   lungs 3)
   bronchiectasis
   x 4) diphtheria
   Pharynx 5)
   anemia

3. Changes in the clarity of urine can be due to:
1. excessive salt content
2. excessive content of cellular elements
3. hematuria
4. glycosuria
5. proteinuria

6. Morphologically, the urethra is characterized by:

1. poor development of elastic tissue
2. good development of elastic tissue
3. poor development of connective tissue
4. well-developed mucous membrane 5) poorly developed mucous membrane

5. Human milk becomes mature:

1. at the end of pregnancy
2. in the first 4-5 days after childbirth
3. after 2 weeks after childbirth
4. from 2 months after childbirth 5) immediately after childbirth

5. The first attachment of the baby to the breast after childbirth:

1. 2 hours after birth
2. immediately after childbirth
3. after 12 hours
4. 6 hours after birth 5) the next day

5. Causes of hypogalactia:

1. complicated course of labor
2. Violation of breastfeeding technique
3. Maternal diseases
4. Late attachment of the baby to the breast
5. Influence of the seasons of the year

6. Mixed feeding is feeding:

1. animal milk
2. only with milk mixtures
3. human milk
4. breast milk and supplementary feeding - formulas
5. fermented milk mixtures

6. Protein content in cow's milk compared to human milk:
1. Over 2
2 times less

2 times 3) the same

1. 5 times more 5) 5) 5 times less

2. As supplementary feeding, the following are used:
1) Fruit juices 2) cottage cheese
3. Infant formula
4. meat broth 5) Milk porridge

5. The peak of physiological weight loss in newborns is observed on ... day:
1) 1-2
2) 3-4
3) 5-7
4) 10-12
6. 12-15

7. The average height of a child at 1 year is (in cm) : 1) 60
2) 65
3) 70
4) 75
8. 80

9. Features of the autonomic nervous system in a newborn are:
1. Vagotonia
2. sympathicotonia
3. peripheral branches of N. vagus are myelinated
4. Peripheral branches of N. vagus are not myelinated
5. there is a balance between the sympathetic and parasympathetic nervous systems

6. The unconditioned reflexes of oral automatism of the neonatal period include: 1) sucking
7. proboscis
8. Protective
9. Grasping
10. Search

11. Physiological catarrh of the skin of newborns is:
1. hyperemia
2. pallor
3. jaundice 4) marbling
4. Cyanosis

5. Cyanosis of the distal parts of the body is called:
1. periorbital
2. Perioral
3. Acrocyanosis
4. Remote
5. Oxycyanosis

6. Osteomalacia is a process... (bones):
1. Seals

1. Education
2. destruction
3. calcification
4. Softening

1. Features of the muscular system in children:

1. thin myofibrils
2. Growth due to the number of myofibrils
3. growth due to thickening of myofibrils
4. a lot of myofibrillar proteins 5) poverty in contractile proteins

5. Bulging of the chest on the side of the lesion is noted with:
1. chronic pneumonia
2. bronchial asthma
3. pulmonary atelectasis
4. exudative pleurisy
5. bronchitis

6. The place of localization of crepitus is:

1. Bronchi
2. Levra
3. rupture bronchi
4. Trachea
5. Alveoli

6. The right border of the heart in children is formed by a part of the heart:

1. right ventricle
2. right atrium
3. left ventricle
4. left atrium appendage 5) pulmonary artery cone

5. In children, heart rotation occurs with age:
1. Outward
2. Intutry
3. up 4) down
1. Left

2. Hemoglobin in a child on the first day of life is equal (in g/l):
1) 140
2) 150
3) 160
4) 170
3. 240

4. Physiological anemia is observed in children at the age of (months):
1) 3-6
2) 7-9
3) 10-12
4) 13-15

5. 16-18

6. Bichat lumps in children consist of:
1. cholesterol

2. polyene fatty acids
3. palmitic acid
4. Stearic Acid 5) Oleic Acid

5. Tongue in deficient anemia in children:
1. Geographic
2. Polished
3. crimson
4. Dry
5. Overlaid

6. Renal pelvis in children:
1. are well developed
2. poorly developed
3. are located mainly intrarenal
4. are located mainly extrarenal 5) have developed muscle and elastic tissue

5. Hidden edema is revealed:
1. McClure's Breakout
2. Zimnitsky's breakout
3. Testing with dry eating 4) weighing 5) measuring diuresis

4. Advantages of natural feeding for a child:
1. physical development corresponds to age
2. Psychomotor development in time
3. provides sufficient immune protection
4. increases the functional load on the gastrointestinal tract
5. there is an "imprinting" and a close relationship with the mother

6. For the establishment of lactation and the prevention of hypogalactia, it is necessary:
1. feed the baby by the hour
2. feed the child on his "demand"
3. Express breasts after feeding
4. take a night break
5. Feed at night

6. Artificial feeding is feeding:
1. human milk
2. with milk formulas
3. animal milk
4. human milk and animal milk in equal volumes
5. only with fermented milk mixtures

6. Benefits of breast milk:
1. affinity for the tissues of the child's body
2. satisfies the child's needs in B, F, D
3. Sterility
4. High protein content
5. contains saturated fatty acids

6. Clinical symptoms of fasting in an infant:
1) flattening by weight
Curve 2) Anxiety
1. infrequent urination
2. Rare stool

1. rise in body temperature

1. Adapted mixtures are those whose composition is:

1. is close to human milk
2. enriched with vitamins and trace elements
3. are close to cow's milk
4. protein is subjected to special. processing 5) protein is not subjected to special. processing

Diseases of early age (an incomplete list of tests is given for clarity).

1. The initial link in the pathogenesis of vitamin D-deficient rickets is:

1.Parathyroid hyperfunction
2.impaired absorption of Ca from the intestine
3.decreased phosphorus reabsorption in the renal tubules
4.Acidosis
5.reduction of Ca and P deposits in bones

2. Characteristic bone changes for the subacute course of rickets:

1.Craniotabes
2."square" head
3."chicken" breast
4.curvature of the lower extremities
5."Harrison's Furrow"

3. In the initial period of rickets, the level of Ca in the blood:

1.sharply reduced
2.sharply increased
3.normal
4.moderately reduced
5.moderately enlarged

4. A child at the age of 2 days has a pronounced craniotabes: Do you think it is

necessary:
1.determine Ca, P, alkaline phosphatase
2.limit yourself to observation
3.make an X-ray of the skull
4.immediately prescribe vitamin D up to 500 IU per day
5.prescribe calcium preparations

5. A typical early clinical symptom of rickets is:

1.diaper rash
2.erythematous rash
3.perversions of taste
4.frequent loose stools
5.violation of the functional state of the autonomic nervous system

6.Characteristic changes in the skeletal system in the acute course of rickets:

1. Softening of the skull bones
2. Osteoid hyperplasia
3. rachitic "bracelets" 4. frontal tubercles

5. "Rosary"

1. 25-hydrocholecalciferol is formed in:

1.kidneys
2.liver
3.Intestines
4.bones

2. Normal serum calcium levels in infants are _____ mmol/l:

1. 1,29 – 2,26
2. 2,2 – 2,7
3. 1,2 – 2,55
1. 1,25 – 1,35

3. The normal level of phosphorus in the blood serum in infants is _____ mmol/l:

1. 1,1 – 1,4
2. 0,2 – 0,7 3. 3,0 – 3,3
4. 2,2 – 2,7

4. Rickets is characterized by:

1.metabolic acidosis
2.respiratory acidosis
3.alkalosis
4.metabolic alkalosis

5. The initial signs of rickets include:

1.square skull
2.rib beads
3.X – or O – shaped legs
4.compliance and softening of fontanelle margins, sweating
5."Penknife symptom"

6. Characteristic clinical manifestations of blooming rickets of the 2nd degree of severity of the acute course:

1.Gneiss
2.Craniotabes
3."mounds", "rosaries", "bracelets"
4.severe anemia
5.changes in the functions of internal organs

7. Rachitic prayer beads in children are formed:

1.along the lambdoid suture
2.On the stock
3.on the border of the bony and cartilaginous part of the ribs

1.in the center of the sternum
2.on the lower aperture of the ribs

2. In the initial period of rickets in children, the level of phosphorus in the blood:

1.reduced
2.enlarged
3.close to normal
4.periodically increases
5.periodically decreases

3. The course method of preventing rachitis is to take vitamin D:

1.daily, throughout the year
2.daily, throughout the week
3.1 time a week
4.1 time per month
5.During the first year, three times for 1 month, with an interval of 3 months

4. The preventive method of taking vitamin D includes:

1.percussion
2.fractional
3.fractional 4. vitamin pushes
1. Compacted

5. Hypervitaminosis D is not characterized by:

1. hypocalcemia
2. hypercalcemia
3. hyperphosphatemia 4. normal alkaline phosphatase activity
5. Hypercalciuria

6. In the development of rickets, a predisposing role is played by everything except:

1.prematurity
2.tight swaddling
3.Gender of the child
4.Irrational feeding
5.Irrational care

7. The initial period of rickets is characterized by everything except:

1. tearfulness
2. Sweating
3. Bone deformities
4. decreased appetite
5. irritability

8. The severity of rickets is determined on the basis of:

1.the number of body systems involved in the pathological process
2.the appearance of sweating and flinching
3.duration of the disease
4.blood tests
5.ECG

9. The least specific for rickets is:

1.The presence of "rib prayer beads"
2.Growth retardation
3.Presence of frontal and parietal tubercles
4.X-ray changes in the growth zones of tubular bones
5.The presence of hyperplasia of osteoid tissue in the epiphyseal zones

10. The acute course of rickets is characterized by the predominance of the following processes:

1.Osteoid tissue hyperplasia
2.osteomalacia
3.trophic disorders
4.retardation in physical development
5.delays in neuro-mental development

11. The fractional method of prophylactic intake of vit. D is as follows:

1.1 time a week throughout the year
2.daily throughout the year, except for the 3rd summer months
3.within 1 month
4.monthly courses with breaks of 3 months
5.1 time a month in autumn and spring

12. Treatment of vitamin D-deficient rickets includes the prescription of vitamin D preparations in a daily dose of _____ :

1. 500
2. 2000 – 4000
3. 1000 – 2000
4. 6000

13. To diagnose vitamin D-deficient rickets, it is necessary to determine in the blood:

1.parathyroid hormone
2.osteocalcin, calcium, potassium and magnesium
3.calcium, phosphorus, alkaline phosphatase
4.thyroxine

14. With vitamin D-deficient rickets, there is a shift in the acid-base state towards the following:

1.respiratory alkalosis
2.metabolic alkalosis
3.respiratory acidosis
4.metabolic acidosis

15. Specific prevention of vitamin D-deficient rickets in healthy full-term infants is carried out with vitamin D preparations in a daily dose equal to _____ :

1. 400 – 500
2. 500 – 1000
3. 2000 – 4000
4. 5000

16. The cause of convulsions in spasmophilia is:

1.hypophosphatemia

1.hypocalcemia
2.decreased phosphatase activity
3.hypercalcemia
4.Hypokalemia

2. One of the clinical manifestations of overt spasmophilia is:

1.vomiting
2.fever
3.laryngospasm
4.diarrhea
5.Hypertension

3. You can suspect tetany in a child by:

1. poor appetite
2. Adynamia
3. anemia
4. anxiety, shuddering

4. In the treatment of hypervitaminosis D, the following are not used:

1.Ca preparations
2.Vegetable diet
3.glucocorticosteroids
4.Detoxification therapy
5.vitamins "A" and "E"

1. Acute simple bronchitis is characterized by _____ a percussive sound:

1.blunted
2.Pulmonary
3.Boxed
4.shortened pulmonary

2. Children with obstructive bronchitis are indicated to prescribe:

1.antibiotic therapy
2.inhalation therapy with alpha-adrenomimetics
3.basic glucocorticosteroid therapy
4.inhalation therapy with beta2-agonists

3. The "gold standard" in the diagnosis of acute pneumonia is:

1.infiltrative changes in the lungs on the radiograph
2.different-caliber wet crackles on auscultation
3.inflammatory changes in the complete blood count
4.fever, wet cough, symptoms

4. The pneumonia severity indicator includes:

1. temperature
2. cough
3. the degree of respiratory failure
4. localized wheezing

5. The main causative agent of community-acquired pneumonia in children aged 6 months to 5 years is:

1. Staphylococcus
2. streptococcus
3. Enterococcus
4. Pneumococcus

6. The main physical signs of focal pneumonia are _____ wheezing:

1. scattered dry whistling
2. local fine-bubble or crepitus
3. local dry whistling
4. scattered fine-bubble moist

TESTS OLDER AGE (an incomplete list of tests is given for clarity).

1. PULMONARY DISEASE CHARACTERIZED BY CHRONIC INFLAMMATION OF THE RESPIRATORY TRACT,
   THE PRESENCE OF RESPIRATORY SYMPTOMS SUCH AS WHEEZING, SHORTNESS OF BREATH, CHEST CONGESTION
   AND COUGH, WHICH VARIES IN TIME AND INTENSITY AND MANIFESTS ALONG WITH VARIABLE AIRWAY OBSTRUCTION, IS
   1. fibrosing alveolitis
   2. eosinophilic pneumonia
   3. Bronchial asthma
   4. hypersensitivity pneumonitis

2. BRONCHIAL ASTHMA, CHARACTERIZED BY ATTACKS, INCLUDING NOCTURNAL ATTACKS, OF DIFFICULT
   REPEATED MORE THAN ONCE A WEEK, WHICH ARE STOPPED BY REPEATED
   THE USE OF BRONCHODILATORS AND GLUCOCORTICOSTEROIDS IS REGARDED AS
   1. I
      Ersisting
   2. Moderate ersizing
   3. Thermomiting
   4. Persistent

3. FOR QUICK RELIEF OF THE SYMPTOMS OF BRONCHIAL ASTHMA,
   1. Theophyllines of sustained release
   2. inhaled glucocorticosteroids
   3. Beta-2 short-acting agonists
   4. Antihistamines

4. THE MOST COMMON SIDE EFFECT OF INHALED GLUCOCORTICOSTEROIDS IS
   1. adrenal insufficiency
   2. osteoporosis
   3. hypoglycemia
   4. Oral candidiasis

1. A RAPID AND PROLONGED BRONCHODILATING EFFECT IS CAUSED BY THE COMBINED USE OF IPRATROPIUM BROMIDE AND
    1. β2-agonists
    2. Sodium cromoglycate
    3. M-anticholinergics
    4. Adrenaline

2. THE FIRST SIGNS OF EUPHYLLINE OVERDOSE ARE
    1. headache, abdominal pain, nausea, vomiting
    2. drop in blood pressure and dizziness
    3. abnormal heart rhythm and fainting
    4. increased blood pressure and tinnitus

3. WHEN A CHILD AND HIS FAMILY ARE DIAGNOSED WITH BRONCHIAL ASTHMA, THE DOCTOR SHOULD RECOMMEND
    1. Homeschooling
    2. exclusion of all physical activity
    3. change of residence
    4. Visiting an asthma school

4. THE BASIS OF TERTIARY PREVENTION OF BRONCHIAL ASTHMA IS MEASURES AIMED AT
    1. strengthening the immune system
    2. prevention of allergic sensitization
    3. avoiding exposure to tobacco smoke in both the prenatal and postnatal periods
    4. elimination of contact with significant allergens

5. TO STOP A MILD AND MODERATE SEVERITY OF AN ATTACK OF BRONCHIAL ASTHMA,
    1. oral corticosteroid
    2. short-acting beta-2-agonist
    3. inhaled corticosteroid
    4. short-acting theophylline

6. IN CASE OF EXACERBATION OF THE CHRONIC PROCESS IN THE LUNGS, THE FOLLOWING IS PRESCRIBED:
    1. Cytostatics
    2. Antibiotics
    3. Antihistamines
    4. Adrenergic blockers

7. THE EXCEPTION FOR BRONCHIAL ASTHMA IS
    1. increased chlorides in sweat and urine
    2. Increase in blood IgE
    3. Increased eosinophils in the blood
    4. impaired function of external respiration

8. WITH THE HELP OF A PEAK FLOW METER,
    1. oxygen saturation
    2. Blood oxygen tension
    3. maximum (peak) expiratory flow
    4. Tension of carbon dioxide in the blood

1. FORCED EXPIRATORY VOLUME IN THE FIRST SECOND (FEV1) IN SEVERE BRONCHIAL ASTHMA LESS THAN _____%
    1. 60
    2. 70 3. 80 4. 90

2. IN CASE OF ASTHMATIC STATUS IN THE DECOMPENSATION STAGE, AUSCULTATION IS LISTENED TO
    1. Weakened breathing
    2. hard breathing
    3. vesicular respiration
    4. "dumb lung"

3. PEAK FLUOMETRY DETERMINES
    1. vital capacity of the lungs
    2. forced expiratory volume
    3. forced vital capacity of the lungs
    4. peak expiratory flow

16 WHAT IS NOT TYPICAL X-RAY CHANGES IN BRONCHIAL ASTHMA DURING THE ATTACK PERIOD INCLUDE:

1. disorders of chest mobility
2. chest bloating
3. enlarged mediastinal lymph nodes
4. Widening of intercostal spaces

1. WHICH OPTION IS NOT USED IN MAINTENANCE THERAPY AT THE THIRD STAGE OF BRONCHIAL ASTHMA TREATMENT:
    1. Low-dose inhaled corticosteroids plus □a long-acting 2-agonist
    2. medium or high doses of inhaled corticosteroids
    3. low-dose inhaled corticosteroids plus antileukotrienes
    4. minimum dose of oral glucocorticoid

2. THE CRITERIA FOR A SEVERE ATTACK OF BRONCHIAL ASTHMA IN CHILDREN ARE NOT:
    1. forced position of the child in bed
    2. wheezing and difficulty speaking
    3. unsharp expiratory dyspnea
    4. the participation of auxiliary muscles is sharply pronounced

3. ONE OF THE MAIN COMPLAINTS OF A PATIENT WITH BRONCHIAL ASTHMA IS A COMPLAINT OF
    1. cough with purulent sputum
    2. hemoptysis
    3. Attacks of suffocation
    4. chest pain

4. FOR THE AUSCULTATORY PICTURE DURING AN ATTACK OF BRONCHIAL ASTHMA, THE PRESENCE OF
    1. crepitus
    2. wet fine-bubble crackles
    3. pleural friction noise
    4. dry wheezing

5. IN ATOPIC BRONCHIAL ASTHMA, THERE IS AN OVERPRODUCTION OF IMMUNOGLOBULINS

CLASS

1.E
2.A
3.M

4. G

1. BRONCHIAL ASTHMA WITH RECURRENT ATTACKS IN SPRING IS DUE TO SENSITIZATION TO _____ ALLERGENS
   1. epidermal
   2. pollen
   3. food
   4. fungal

2. BRONCHIAL ASTHMA IS
   1. chronic infectious inflammation of the bronchial mucosa
   2. chronic obstructive disease with impaired rheological properties of sputum and delayed physical development
   3. a disease of the respiratory system, which is based on chronic inflammation of the bronchial mucosa, which is accompanied by variable obstruction and bronchial hyperreactivity
   4. chronic disease of the respiratory system characterized by progressive irreversible obstruction Bronchi

3. FORCED EXPIRATORY VOLUME IN THE FIRST SECOND (FEV1) IN SEVERE BRONCHIAL ASTHMA LESS THAN _____%
   1. 60
   2. 70 3. 80
   4. 90

4. BRONCHIAL HYPERREACTIVITY IS
   1. inappropriately strong bronchoconstrictor response to specific and non-specific triggers
   2. increased susceptibility of the lower respiratory tract to infectious agents
   3. a tendency to inadequate mucus formation by goblet cells of the bronchial mucosa
   4. changes in the rheological properties of sputum

5. LIST THE POSSIBLE OPTIONS FOR MAINTENANCE THERAPY AT THE SECOND STAGE OF BRONCHIAL ASTHMA TREATMENT:
   1. low-dose inhaled corticosteroids or antileukotriene drug
   2. low-dose inhaled corticosteroids and extended-release theophylline
   3. medium or high doses of inhaled corticosteroids
   4. minimum dose of oral glucocorticoid

6. THE MOST INFORMATIVE VALUE IN THE DIAGNOSIS OF BRONCHIAL ASTHMA IN CHILDREN OVER THE AGE OF 5 YEARS IS
   1. Complete blood count
   2. determination of total serum IgE
   3. Examination of the function of external respiration
   4. chest X-ray

7. TO STOP AN ATTACK OF BRONCHIAL ASTHMA IN THE PRE-HOSPITAL STAGE 1 IS USED. fluticasone
1. Euphylline
2. cetirizine
3. salbutamol

4. WHAT PROPERTY DOES ZAFIRLUKAST HAVE?
   1. blocks histamine receptors
   2. has an expectorant effect
   3. is a leukotriene receptor antagonist

4. is an inhibitor of prostaglandin synthesis

1. A SIGN NOT CHARACTERISTIC OF BRONCHIAL ASTHMA
   1. increased chlorides in sweat and urine
   2. hard breathing
   3. Hyperproduction of viscous transparent sputum
   4. scattered inconstant dry wheezing

2. WITH THE HELP OF A PEAK FLOW METER,
   1. vital capacity of the lungs
   2. Residual lung volume
   3. Total expiratory capacity
   4. maximum (peak) expiratory flow (PEF)

3. THE MOST TYPICAL IN THE CLINIC OF BRONCHIAL ASTHMA IN YOUNG CHILDREN IS
   1. difficulty breathing
   2. asymmetrical wheezing in the lungs
   3. difficulty exhaling
   4. weakening of breathing on auscultation of the lungs

4. BRONCHIAL ASTHMA IS CHARACTERIZED BY
   1. expiratory dyspnea
   2. Aphonia
   3. inspiratory dyspnea
   4. Dysuria

5. THE COMBINED DRUG, WHICH INCLUDES FENOTEROL + IPRATROPIUM BROMIDE, IS
   1. salbutamol
   2. Ascoril
   3. Broncholitin
   4. Berodual

6. IN CASE OF EXACERBATION OF BRONCHIAL ASTHMA, THE DRUG OF CHOICE FOR STOPPING THE ATTACK IS 1. salbutamol
   1. Montelukast
   2. Ketotifen
   3. Prednisolone

4. THE MAIN, CONSTANTLY PRESENT SYMPTOM INDICATING THE PRESENCE OF BRONCHIECTASIS:
   1. dry cough
   2. Moisture of the skin
   3. constant secretion of mucopurulent sputum
   4. ARVI 1-2 times a year

5. SPECIFY A REQUIRED COMPONENT THAT DEFINES "BRONCHIECTASIS":
   1. Sternum deformity
   2. staphylococcal bullae
   3. hoarse voice
   4. Persistent bronchial deformity

6. INDICATIONS FOR SURGICAL TREATMENT OF BEB ARE:
   1. Bilateral Disseminated Chronic Process
   2. Small amount of lesion with rare exacerbations
   3. secondary chronic inflammatory process

1. localization of saccular bronchiectasis within one lobe, with frequent exacerbations

2. THE FINAL DIAGNOSIS OF BRONCHIECTASIS WILL ESTABLISH:
   1. chest X-ray
   2. Spirometry
   3. Bronchography
   4. Bronchoscopy

3. IRREVERSIBLE MORPHOLOGICAL CHANGES IN BRONCHIECTASIS INCLUDE:
   1. Infiltration of lung tissue
   2. Pneumosclerosis
   3. Bronchial deformity without bronchiectasis
   4. Symptoms of intoxication

1. WHEN LISTENING TO A SYSTOLIC MURMUR IN THE SECOND INTERCOSTAL SPACE TO THE LEFT OF THE STERNUM, IT IS NECESSARY TO EXCLUDE VALVE_____ PATHOLOGY
1. aortic
2. mitral
3. Pulmonary
4. three-leaf

2. IN ACUTE RHEUMATIC FEVER, THE SUPERFICIAL REVERSIBLE STAGE OF CONNECTIVE TISSUE DISORGANIZATION IS
   1. Sclerosis
   2. granulomatosis
   3. fibrinoid changes
   4. mucoid swelling

3. IN THE CONNECTIVE TISSUE OF THE HEART IN ACUTE RHEUMATIC FEVER,
   1. Lupus cells
   2. Aschoff-Talalaev granulomas
   3. Gaucher cells
   4. Berezovsky-Sternberg cells

4. THE AUSCULTATORY PICTURE OF MITRAL VALVE INSUFFICIENCY IS CHARACTERIZED BY
   1. Rough systolic murmur over the entire heart area
   2. rumbling diastolic murmur at the apex after an amplified I tone
   3. blowing systolic murmur after attenuated I tone at the apex
   4. loud, lingering systolic murmur in the lower third of the sternum

1. A SIGN OF NEPHROTIC SYNDROME IS
   1. Hypertension
   2. Hypolipidemia
   3. Proteinuria
   4. hypofibrinogenemia
2. THE MAIN TREATMENT FOR PYELONEPHRITIS IN CHILDREN IS
   1. Antispasmodic therapy
   2. Diet therapy
   3. Antibiotic therapy
   4. Diuretic therapy
3. PYELONEPHRITIS WILL BE SECONDARY
   1. arising against the background of any other disease

1. arising after any other disease
2. in case of exacerbations of 2 or more times a year
3. arising from established dysmetabolic nephropathy

2. CHRONIC PYELONEPHRITIS IS DIAGNOSED WHEN THE SIGNS OF THE DISEASE PERSIST FOR MONTHS. AND MORE
   1. 1
   2. 3
   3. 3.
   4. 4
   4. 6
3. THE DIAGNOSIS OF A URINARY TRACT INFECTION IN A CHILD IN THE FIRST 6 MONTHS IS CONFIRMED BY THE DETECTION OF
   1. macrohematuria, proteinuria
   2. leukocyturia more than 4-5 in the field of vision and bacteriuria more than 50,000 microbial units/ml when urine culture for sterility
   3. isolated pyuria and positive nitrate test
   4. leukocyturia more than 10 in the field of vision, bacteriuria more than 100,000 microbial units/ml when urine culture for sterility

1. COMPLICATIONS OF PEPTIC ULCER DISEASE OF THE 12-DENUM INCLUDE
1. Penetration
2. cholestasis
3. chronic constipation
4. Reflux Disease

2. THE MOST INFORMATIVE METHOD FOR DIAGNOSING ACUTE PANCREATITIS IS
1. Complete blood count
2. General urinalysis
3. biochemical blood test
4. Coprogram

3. A DIAGNOSTICALLY INFORMATIVE INDICATOR IN ACUTE PANCREATITIS IS
1. hypoproteinemia
2. hyperbilirubinemia
3. hyperuricemia
4. Amylazemia

4. A DIAGNOSTICALLY INFORMATIVE INDICATOR IN ACUTE PANCREATITIS IS
1.Lipazemia
2.hypoproteinemia
3.hyperbilirubinemia
4.hyperuricemia

5. TO CONFIRM THE DIAGNOSIS OF ACUTE PANCREATITIS, IT IS NECESSARY TO OBTAIN DATA ON THE LEVEL OF
1. protein in the blood
2. protein in urine
3. enzymes in the blood
4. Blood glucose

6. THE PRESENCE OF HEARTBURN IN A 10-YEAR-OLD CHILD INDICATES
1. reflux of gastric contents into the esophagus
2. increased acidity of gastric contents
3. gastric ulcer

1. Diaphragmatic hernia

Annex 2

SITUATIONAL TASKS

No 1

The child is 1 month and 15 days old, his birth weight is 3200 g, and now he is 4100 g, he began to hold his head, smiling. According to the mother, the child has recently become restless, does not stand 1-1.5 hours between feedings. During the control weighing, on average, he sucks 70 ml of breast milk per feeding.

Questions:

1. The alleged cause of the child's behavior disorder?
2. How to make sure that this assumption is correct?
3. How much milk should the baby suck in one feeding at the age of 1.5 months? Make the calculation using the volumetric method.
4. Does the baby get enough milk ? 5. Your actions.

No 2

The child is 8 months old, is naturally fed.

Questions: 1. Calculate his due weight (LW), daily volume of food, one-time amount of food, if the weight at birth is 3100.

1. Feeding regimen.

2. Is it necessary to introduce food additives? 3. Is it necessary to introduce complementary foods?

No 3

The child was born with a weight of 3000 g, a length of 49 cm. Currently, the child is 3 months old, he is naturally fed.

Calculate:

1. What is the proper mass of the child?
2. Daily and one-time amount of food?
3. Need for proteins, fats, carbohydrates and calories per day?
4. Feeding regimen.

No 4

The child is 4 months old. Birth weight 3000 g, length 50 cm, head circumference 36 cm, chest circumference 34 cm.

Calculate:

1. What is the proper weight, height, head and chest circumference of the child?
2. How many kilocalories should a child receive per day, the daily amount of milk and its amount per feeding in a high-calorie way?
3. Compare with the control feeding (sucks an average of 120 ml), draw conclusions. 4. Assess physical development according to WHO recommendations.

No 5

A 10-year-old child was admitted to the clinic with complaints of cough, purulent sputum for the last 4 years, shortness of breath even with light physical exertion, inconstant subfebrileness.

From the anamnesis, it is known that the boy often fell ill with ARVI in the first year of life, developed with some delay. At the age of 6, he suffered pneumonia, was treated at home for 10 days with penicillin and mustard seeds. Since then, he has been constantly bothered by a cough.

Upon admission, the child is pale, cyanosis and shortness of breath are detected during physical exertion, the chest is swollen, fingers are in the form of drumsticks, nails are in the form of clock glasses. Height 125 cm, weight 25 kg. Coughs up purulent sputum. Percutory over the lungs box shade of sound, auscultatively constantly listen to medium and fine-bubble crackles, mainly under the right shoulder blade.

Questions:

1. At what level is the damage to the respiratory system noted?
2. Assess physical development.
3. Assess the severity of the condition.
4. What additional examination methods are necessary to clarify the pathology? 5. Is the child an acute or chronic disease?

No 6

The child is 5 years old. He was admitted to the clinic with complaints of cough, shortness of breath, general weakness, fatigue. Fainting from an early age. He developed as a weak child, was often ill, persistent cyanosis was noted. When walking, attacks of shortness of breath appear, the child squats or lies, bending his legs to the chest.

On examination, the fingers are in the form of "drumsticks" and cyanotic. The chest in the area of the heart bulges, palpation-systolic tremor. Auscultatively, a coarse systolic murmur is heard at all points, a maximum of 2 intercostal spaces on the left.

Questions:

1. What kind of congenital or acquired heart defect can we talk about?
2. A combination of what anomalies characterizes this defect?
3. Why does the child often squat down? 4. Additional research methods.

No 7

A 5-year-old girl. She was admitted to the clinic with complaints of headache, dizziness, fatigue, pain in the calf muscles. An objective examination draws attention to well-developed upper and, to a lesser extent, lower extremities. A/D on the upper extremities is 140/40 mmHg. st., on the lower extremities it is not detectable. The pulse on the radial artery is tense. The left border of relative cardiac dullness is 1.5 cm outward from the left midclavicular line. A systolic murmur is heard at the base of the heart and the interscapular space, the accent of 2 tones is on the aorta.

Questions:

1. What kind of heart damage can be assumed?

2. Evaluate the A/D on the upper extremities? What should be normal?

3. What is the reason for the accent of the 2nd tone on the aorta?

4. Where is A/D higher in the norm: on the lower or upper extremities? 5. Additional research methods.

No 8

The child is 5 months old, he was admitted with his mother's complaints of cough for 3 days, shortness of breath, aggravated by breastfeeding, an increase in body temperature to 39 C, lethargy. At home, they gave antipyretics and expectorants, without effect, called an ambulance, sent for inpatient treatment.

During the examination, the child's condition is serious, pronounced symptoms of intoxication, body temperature is 39.2C, HR 54 per minute, percussive - shortening in the lower parts of the right, ascultative - weakened breathing, crepitus wheezing in the same parts, in other areas hard breathing.

Questions:

1. Which parts of the respiratory system can we think about?

2. Indicate the norm of the heart rate for a 5-month-old child.

3. What additional examination methods are necessary to clarify the diagnosis?

4. The "gold standard" for making a diagnosis?

TASK No 9

The child is 10 months old, he was admitted with complaints of poor appetite, poor weight gain, low-grade fever, rare urination. The child's mother suffers from chronic pyelonephritis. He was born full-term with a body weight of 3100, a length of 50 cm.

During the examination, the temperature is 37.8, sluggish, capricious, low nutrition (height – 72 cm, weight – 8200 g), skin with a grayish tint, subcutaneous fat layer is poorly developed, tissue turgor is reduced. The abdomen is painless on palpation. The kidney is palpable on the right. General blood count Нв – 109 g/l, er.-3.4 million, leuk.-12.2 thousand, e -1%, p-12%, s-68%, l-15%, m-4%, ESR - 30 mm/h. General urine analysis – straw-yellow color, transparent, acidic reaction, specific gravity – 1015, sugar – no, protein – 0.066 %o, leukocytes – 50-60 in the field of vision, erythrocytes-1-2 in the field of vision, mucus – a little, bacteria. Biochemical blood test – creatinine – 0.05 mmol/L. Urological examination – dilation of the pelvic system, hypotension of both ureters.

Questions:

1. How to assess the general condition of the child?

2. Does the child have congenital or acquired kidney pathology and which one?

3. What syndromes does a child have?

4. Assess physical development.

5. Evaluate the general urinalysis.

6. Evaluate a complete blood test.

TASK No 10

The child is 7 years old, he fell ill 4 years ago. When, two weeks after suffering from scarlet fever, a headache, pallor, swelling of the face and lower extremities appeared.

He was repeatedly treated in the hospital.

On examination, the position is forced, inhibited, answers questions with difficulty. The skin and mucous membranes are pale. There is swelling of the face, limbs, lower back. Muscle hypotonia is pronounced. Breathing is weakened. The boundaries of the heart are enlarged to the left. The abdomen is enlarged, the skin on the abdomen is thin, the navel is smoothed, the venous pattern is pronounced. The fluctuation symptom is positive. The liver and spleen are not palpable. The kidneys cannot be palpated. Urine is the color of meat slops. BP 130/90, drunk - 700 ml, excreted - 200 ml.

General blood count – er – 2.6 million, HB – 84 g/l, c.p. 1.0, leuk – 9.4 thousand, e -0%, p -12%, c - 70%, l – 15%, ESR – 62 mm/h. General urine analysis – color of meat slops, cloudy, acidic reaction, specific gravity – little urine, protein – 6.6%, er – loosely cover all fields of vision, hyaline, granular, waxy cylinders – 10-30 in the field of vision, leukocytes – 10-12 in the field of vision. In the biochemical blood test – dysproteinemia, hypoalbuminemia. Creatinine – 1.1 mmol/l, potassium – 5.5 mmol/l, sodium – 130 mmol/l, calcium – 1.6 mmol/l. Clearance by endogenous creatinine – 24 ml/min. Urine analysis according to Zimnitsky

9 – 1012 – 20 ml

12 – 1005 – 12 ml

15 – 1010 – 26 ml

18 – 1007 – 18 ml

21 – 1012 – 22 ml

3 – 1006 – 15 ml

6 – 1008 – 10 ml

9 – 1008-20 ml

Questions:

1. Assess the patient's condition.
2. What syndromes are expressed in a sick child?
3. Evaluate the Zimnitsky test.
4. Acute or chronic renal failure in a child?

TASK No11

A 2-year-old child was admitted with incessant bleeding from the bite of the tongue for 2 days. The child's parents are healthy. The maternal grandfather suffers from bleeding after minor injuries. At the time of examination, there is no bleeding. Pale skin and mucous membranes. On the skin of different sizes and ages, hemorrhages (ecchymoses, hematomas). Hemarthrosis of the right knee joint. In the blood test, HB 90 g/l, Er 3.1 million, c.p. 0.9, reticulocytes 20. Leukocytes

11.0 thousand, e-3, p-6, s-45, l-40, m-6, ESR 12 mm/h, Tr 186 thousand. Blood coagulation time 35 min. Bleeding time 2 min. In the coagulogram, venous blood coagulation time is 2 hours. Prothrombin index - 98%, fibrinogen 3 g/l, USH factor 1%, 1X factor 99%, V factor 100%.

Questions:

1. What kind of disease does the child have - hereditary or acquired?
2. What clinical syndromes does a child have?
3. What changes are detected in the blood test.
4. What changes are revealed in the coagulogram?
5. What is the severity of anemic syndrome.
6. What disease can you think about?

TASK No 12

A 10-year-old child S. was admitted with complaints of pain in the abdomen and lumbar region, an increase in body temperature to 38°, frequent painful urination. A week before admission, he suffered from ARVI. On examination, the body temperature was 38°, sluggish, adynamic. The skin was pale, dry, there was no swelling. Pulse was 102 per minute, BP 105/50. On palpation of the kidney area, soreness was noted. Pasternatsky's sign was positive on both sides. Urination was frequent and painful. General blood count HB 106 g/l, Er 3.2 million, c.p. 0.9, leuk.-10.2 thousand, e-0, p-14, s-70, l-15, m-1, ESR-28mm/h. General urine analysis: color s/f, transparent, acidic reaction, b.weight 1024, no sugar, protein 0.033%, leukocytes completely cover all fields of vision, er.- 3-4, a lot of mucus, bacteria. Biochemistry: cretinin - 0.05 mmol/l. Reabsorption coefficient 98%. Urine analysis according to Zimnitsky:

9 – specific gravity 1027 – 220 ml.

12 ---------- 1011 – 100 ml

15 ----------1015 -80 ml

18 ----------1022 – 110 ml

21 ----------1012 – 75 ml

24 ----------1024 – 180 ml

3---------- 1020 – 90 ml

6 ----------1028 – 100

Jr.

Questions:

What syndromes are expressed in a child?

Does the child have signs of ALF, if so, what stage. Assess the severity of the condition.

What kidney pathology is characterized by the existing syndromes.

Evaluate the blood test.

Evaluate the urine test. Evaluate the Zimnitsky test.

No 1 3

A 5-year-old child was admitted with complaints of fever up to 39 degrees, repeated vomiting, diarrhea (homogeneous, yellow stool), diffuse abdominal pain. On examination, the skin is dry and pale. Pointed facial features, sunken eyeballs. Pulse 150 per 1 minute. The abdomen is somewhat swollen. Palpation of the abdomen determines moderate soreness and rumbling. Everyone in the family is healthy. The day before, the boy ate cottage cheese, stored in a room outside the refrigerator.

Questions:

What clinical syndromes does a child have?

What conclusion can be made based on the history of the disease? Assess the severity of the child's condition, what is it caused by?

No 1 4

A mother with a 3-year-old child went to the clinic. Complaints are about poor appetite, rapid fatigue of the child. During the examination, attention is drawn to the pallor and dryness of the skin, periorbital cyanosis, the absence of a subcutaneous fat layer on the abdomen, chest and lower extremities.

The child's body weight is 10 kg, body length is 82 cm.

Questions:

1. Which system can we think about?

2. Calculate the expected height and weight of a 3-year-old child 3. Assess his physical development.

No 1 5

A girl from the first pregnancy, which proceeded with mild toxicosis in the 1st half, urgent childbirth. Body weight at birth 3100, body length 51 cm. Apgar score 8-9 points. She screamed immediately, to the breast 2 hours after birth.

On examination on the 5th day of life, the condition is satisfactory, she sucks well, is active, the skin is slightly subecteric, there are whitish-yellowish small nodules on the skin of the face, on the wings of the nose, on the bridge of the nose, on the skin of the chest and abdomen there is large-lamellar peeling. The mammary glands are enlarged to 2 cm, when pressed, white-milky fluid is released.

Questions:

1. List the changes in the skin corresponding to the 5th day of life.
2. What condition are we talking about?
3. Calculate the weight and height of the child at the age of 3 months.

No 1 6

The child is 8 months old, from 3 months. bottle-fed. From the anamnesis, it is known that for the first time after the introduction of the "Malyutka" mixture into food, redness and itching appeared on the cheeks, buttocks, in the physiological folds of the skin. Later, changes in the skin appeared after the use of oranges, cow's milk.

On examination: a child with increased nutrition. The skin on the cheeks, in the inguinal folds and on the wrists is hyperemic, infiltrated with weeping and crusts. There are seborrheic scales on the scalp. The oral mucosa is clean, the tongue is "geographical". In the lungs, breathing is puerile. The abdomen is soft, the stool is unstable.

Questions:

1. Which system can we think about?
2. In what disease does this clinical picture occur?
3. Provoking factors? 4. Calculate the weight and height of the child at 8 months, if the birth weight is 3400 g, the height is 52 cm.

No 1 7

The child is 7 months old. They complained of anxiety and sweating. Artificial feeding from 1.5 months. Objectively: baldness of the back of the head, flattening of the skull bones, their softening along the sagittal suture and along the edges of the fontanelle, large fontanelle 2.0x2.0. Hyperesthesia. There is no support on the legs. The abdomen is flattened. In the lungs there is puerile breathing. Heart sounds are clear and rhythmic. The liver protrudes from under the costal arches by 3.5 cm, the stool is prone to constipation.

Questions:

1. Which system can we think about?
2. In what disease does this clinical picture occur?
3. A factor that provokes the disease?
4. Calculate the weight and height of the child at 5 months, if the birth weight is 3300 g, the height is 50 cm.

TASK No 18

The boy is 2 years old. The parents went to the doctor with complaints of the child's retardation in physical development, rapid fatigue, shortness of breath when climbing stairs. From the anamnesis: the child is from the first pregnancy, which proceeded with toxicosis in the first half. In the second month of pregnancy, the mother suffered from influenza with intoxication, fever, and took remantadine. In the second half of pregnancy, she was twice preserved due to the threat of its termination. During the examination of the patient, a heart defect was found: "Ventricular septal defect in the membranous part with a pronounced overload of the pulmonary circulation."

Questions:

1. What factors (according to the anamnesis) could be the cause of the development of heart disease in a child?
2. At what stage of intrauterine development did the formation of a heart defect occur?
3. What are such malformations called?

TASK No 19

The child is 4 days old. He was born on time, with a weight of 2000, height 47 cm., screamed quietly. He was attached to the breast after 2 days due to weakness, sucks sluggishly, gets tired quickly. From the anamnesis, it was found out that the girl is from 6 pregnancies, which proceeded with the threat of termination. The mother has chronic diseases: adnexitis, colpitis, chronic pyelonephritis, anemia. Previous pregnancies all ended in childbirth, according to the mother, the children are alive, but the last two often suffer from colds, they were found to have anemia and rickets. The time interval between births is no more than 1-2 years.

Questions:

1. What are the reasons for the birth of a baby with low birth weight?
2. How to assess the condition of the child, his maturity?
3. Is there an intrauterine pathology and to which group does it belong?
4. Is the intergenetic interval rational in terms of the National Family Planning Program?

TASK No20

A 2-year-old child was admitted due to retardation in physical development, diarrhea. The child's parents are healthy. The boy was born from the first normal pregnancy, urgent childbirth, with a weight of 3300 g, a length of 50 cm. At the age of 10 months he suffered from dysentery, was treated with antibiotics for a long time. After the disease, the child does not gain weight well, the appetite is good. The stool is liquid, abundant. Bacteriological examination excluded the diagnosis of intestinal infection. On examination, the weight is 8500 g, height 78 cm. The subcutaneous fat layer is not sufficiently developed. The abdomen is enlarged in volume, the stool is abundant, liquid.

Questions:

1. What clinical syndrome does the child have?
2. What kind of disease (hereditary or acquired?)
3. What laboratory tests need to be carried out to clarify the diagnosis.
4. How the physical development of the child is assessed.
5. Assess the severity of the child's condition.

TASK No21

The boy L., 8 months old, was sent to the hospital in connection with febrile fever up to 39.8°C and pronounced agitation. From the anamnesis it is known that the child fell ill acutely 2 days ago, when catarrhal phenomena appeared from the nasopharynx, there was a rise in body temperature to 3 7.4-3 7.7°C, lethargy appeared, the child began to refuse food and drink. In the house, the elder sister is sick with ARVI. On the third day from the onset of the disease, the body temperature rose to 39.8°C.

During the examination by the ambulance doctor, pale skin, sharp excitement of the child, cold limbs are noted; the patient reacts negatively to the examination. Mucous discharge from the nose, the pharynx is brightly hyperemic, loosened, there are no plaques. The black hole is 54 centimeters. Over the entire surface of the lungs, percussion is a pulmonary sound. Auscultatively, breathing is hard, carried out on both sides, wheezing in the lungs is not heard. Visually, the heart area is not changed. The boundaries of relative cardiac dullness: the right one is 0.5 cm outward from the right parasternal line, the upper one is the second rib, the left one is 1.0 cm outward from the left midclavicular line. Heart sounds are rhythmic, moderately muffled, heart rate is 138 beats per minute. Liver +2 cm below the costal arch. Meningeal and focal symptoms are not detected. Stool and urination are not disturbed.

Additional research data to the task of pediatrics

Complete blood count: N – 112 g/l, Er – 3.8x1012/l, C.p. – 0.83, Leuk – 9.8x109/l, P.O. Box – 4%, p – 32%, e – 1%, l – 56%, m – 7%, ESR – 11 mm/h.

General urinalysis: color – light yellow, specific gravity – 1010, protein – no, glucose – no, flat epithelium – slightly, leukocytes – 0-1 in p/w, erythrocytes – no, cylinders – no, mucus — A little.

Biochemical blood test: total protein – 72 g/l, urea – 4.7 mmol/l, cholesterol – 3.3 mmol/l, potassium – 4.3 mmol/l, sodium – 138 mmol/l, ALT – 23 U/l (the norm is up to 40), ACT – 19 U/l (the norm is up to 40), seromucoid – 0.180 (the norm is up to 0.200).

Questions:

1. Formulate a preliminary diagnosis.
2. What determines the severity of the child's condition?
3. Explain the mechanism of the development of hyperthermic syndrome in this patient.
4. What etiology of the disease can we think about in this case?
5. What are the tactics of managing this child? A plan of urgent measures?

TASK No 22

The girl V., 8.5 months old, was taken to the children's hospital due to the sudden onset of an attack of convulsions with respiratory arrest and cyanosis.

From the anamnesis it is known that the child was treated for 5 days for bronchitis. The night before, when setting mustard plasters, she cried, a monotonous cry was noted, after which convulsions began, lasting 3 minutes.

During the examination by the district pediatrician, she actively resisted, screamed. Suddenly, the scream subsided, respiratory arrest occurred, diffuse cyanosis appeared, loss of consciousness. Then tonic convulsions arose with their spread from top to bottom: frowning face, stretching of lips, arms, then legs. Tonic convulsions were replaced by clonic ones, snoring breathing appeared. After 3 minutes, the convulsions spontaneously stopped, the child regained consciousness and fell asleep. The district pediatrician sent the child to the hospital.

On examination in the clinic, the child is conscious, body temperature is 36.6 ° C, the skin is pale and clean. The pharynx is clean, moderately hyperemic. The large fontanelle is 2.0×2.5 cm, does not bulge, the edges are pliable. Attention is drawn to the protruding frontal tubercles. The chest is barrel-shaped ("compressed" from the sides), the Harrison sulcus is pronounced. Muscle tone is reduced. The symptoms of Chvostek, Trousseau are positive. Above the lungs, there is a percussive sound with a box tint. Breathing is harsh, single dry wheezes are heard on both sides. The boundaries of relative cardiac dullness: superior – II intercostal space, left – along the left mid-clavicular line, right – 0.5 cm outwards from the right parasternal line. Heart sounds are loud and rhythmic. The abdomen is soft, painless on palpation in all parts. The liver is +2.0 cm below the costal margin. The spleen is not palpable. Meningeal, cerebral and focal symptoms are not revealed. Stool and urination are not disturbed.

Additional research data to the task of pediatrics

Complete blood count: N – 120 g/l, Er – 3.8x1012/l, C.p. – 0.83, Leuk – 7.2x109/l, p.o. box – 2%, s – 20%, e – 4%, l – 64%, m – 10%, ESR – 8 mm/h.

General urinalysis: color – light yellow, specific gravity – 1010, protein – no, glucose – no, flat epithelium – slightly, leukocytes – 0-1 in p/w, erythrocytes – no, cylinders – no, mucus — A little.

Biochemical blood test: total protein – 72 g/l, urea – 4.7 mmol/l, cholesterol – 3.3 mmol/l, potassium – 4.3 mmol/l, sodium – 138 mmol/l, ionized calcium – 0.6 mmol/l (norm – 0.8-1.1), total calcium – 1.6 mmol/l (norm – 1.8-2.1), phosphorus – 0.6 mmol/l (norm – 0.6 mmol/l (norm – 0.8-2.1), phosphorus – 0.6 mmol/l (norm

— 0.6-1.6), ALT — 23 U/l (norm — up to 40), AsT — 19 U/l (norm — up to 40), seromucoid — 0.180 (norm — up to 0.200).

Examination of cerebrospinal fluid: cerebrospinal fluid flows out in frequent drops, transparency is clear, protein is 160 g/l, cytosis is 2 in 3 μl: neutrophils - 0%, lymphocytes - 2%.

Questions:

1. Formulate a preliminary diagnosis.
2. What is the mechanism of the development of convulsive syndrome in this child?
3. What measures would you consider primary and urgent?
4. What is the purpose of the patient's lumbar puncture? 5. Which specialists should monitor this child in the clinic?

TASK No 23

The child is 6.5 months old, born with a body weight of 3200 g. Breastfed up to 2 months, then transferred to feeding acidophilus "Malyutka". From 4 months he receives semolina.

From 2 months, sweating, restless sleep, fearfulness, irritability.

Objectively: body weight 7800 g, length 63 cm. Tissue turgor and muscle tone are reduced. The head is hydrocephalous. The back of the head is flattened. The large fontanelle is 3×3 cm, the edges are softened. The frontal tubercles are pronounced. The chest is flattened, the lower aperture is unfolded, the Harrison sulcus is pronounced, the "rosary" is palpated. The borders of the heart: the right one is along the right parasternal line, the left one is 1 cm outward from the left midclavicular line. Heart rate is 130 beats per minute. In the lungs, breathing is puerile, there are no wheezing. The abdomen is flattened, soft, there is a divergence of the rectus abdominis muscles. The liver protrudes from under the edge of the costal arch by 1 cm, the spleen is not palpable. Stool with a tendency to constipation. Statomotor development: does not turn, motor activity is reduced.

Additional research data to the task of pediatrics

General blood count: N – 118 g/l, Er – 4.3x1012/l, Leuk – 6.4x109/l, p.o. box – 3%, c – 23%, e – 4%, l – 60%, m – 10%, ESR – 6 mm/h.

General urinalysis: epithelium – no, mucus – no, leukocytes – 2-3 in p/w, erythrocytes – no.

Questions:

1. Formulate a diagnosis.
2. What is the cause of the disease?
3. What factors contribute to the development of the pathological process?
4. What changes in the biochemical blood test should the child have?
5. Prescribe specific therapy.

TASK No24

A 5-month-old child from young, healthy parents, was born at term, in autumn. Birth weight 3850 g, length 50 cm. Ap-gar scale score 7/8. Applied to the breast on the 2nd day. Breastfeeding up to 1.5 months, then artificial. In the last 2 months, the child has anxiety, sweating has increased.

Objectively: baldness of the back of the head, flattening of the skull bones, their softening along the sagittal suture and along the edges of the fontanelle, focus of softening of the parietal bone with a diameter of 0.8-0.9 cm. Hyperesthesia. There is no support on the legs. The abdomen is flattened. Tissue turgor is reduced. There is puerile breathing in the lungs, there is no wheezing, the heart rate is 28 in 1 minute. Heart sounds are clear, the pulse is 120 beats per minute, the liver protrudes from under the costal arch by 3.5 cm, soft, painless. The spleen is not palpable. Stool with a tendency to constipation.

Additional research data to the task of pediatrics

General blood count: N – 110 g/l, Er – 3.6x1012/l; Leuk – 5.6x109/l, p.o. box – 2%, c – 31%, e – 2%, l – 56%, m – 9%, ESR – 6 mm/h.

General urinalysis: amount – 40 ml, leukocytes – 2-3 p/w, erythrocytes – none.

Questions:

1. What is your diagnosis?
2. What is the cause of the disease?
3. What conditions contributed to the disease?
4. What biochemical indicators can confirm the diagnosis?
5. Tactics of therapeutic measures?

TASK No25

The child is 10 months old, admitted in serious condition with cough, acute weakness, pronounced muscle hypotonia. The child is from the first pregnancy, which proceeded with nephropathy, the first urgent birth. The first 7 months. of pregnancy, the mother lived in the North, ate mainly canned food. The child up to 2 months. was breastfed by his mother, from 2 months. artificial nutrition, adapted mixtures, from 3 months. - mainly porridge. The child often (every 2 months) was ill with ARVI, rarely was in the fresh air.

The disease began at the age of 1.5 months, when anxiety, sweating, muscle hypotonia appeared. The child lags behind in psychomotor development, 2 weeks ago he had ARVI.

On examination: body temperature 37.4°C. The child does not sit, does not stand. Body weight 8200 g, length 71 cm. Skin is dry, pale, oral mucous membranes are pale. Teeth are 0/2, broken off at the level of the necks, with enamel defects. The head has pronounced frontal and occipital tubercles, "Olympic forehead". The chest is deformed - "chicken breast". When trying to sit the child, spinal deformity (kyphosis) is visible. Legs: X-shaped curvature. The right leg is shorter than the left by 1-1.5 cm. The abdomen is flattened. Breathing is noisy with prolonged exhalation. Auscultatively: against the background of hard breathing - dry wheezing. Heart rate - 36 per 1 minute. The borders of the heart are not expanded. Auscultatively: blowing systolic murmur at the apex and at the V point. Heart rate - 136 beats per minute. Liver +4 cm from under the costal edge. Spleen - +2 cm from the hypochondrium. Stool every other day, "sheep's". Neuro-psychological development: the child is indifferent, does not show interest in others, toys. Pre-speech development is delayed.

Additional research data to the task of pediatrics

General blood count: N – 100 g/l, Er – 3.5x1012/l, Leuk – 7.5x109/l, p.o. box – 2%, c – 31%, e – 1%, l – 63%, m – 3%, ESR – 10 mm/h.

General urinalysis: amount – 40.0 ml, relative density – 1.012, leukocytes – 2-3 p/w, erythrocytes – none.

Biochemical blood test: total protein – 65.0 g/l, cholesterol – 4.6 mmol/l, glucose – 4.3 mmol/l, calcium – 2.0 mmol/l, phosphorus – 1.1 mmol/l, ALP – 950 U/l (the norm is up to 600).

X-ray of tubular bones: pronounced osteoporosis, blurring and fuzziness of the zones of preliminary calcification.

Task for the task in pediatrics

1. What is your diagnosis?

2. What is the cause of the disease?

3. What changes in biochemical indicators should be expected in a child?

4. What are your ideas about the pathogenesis of the disease? 5. How to carry out treatment?

Annex 3

ABSTRACT TOPICS

Propaedeutics of children's diseases
Features of collecting anamnesis in children. Characteristics of childhood periods.
Physical development. Acceleration.
AFO of the nervous system and sensory organs in children. Assessment of neuropsychic and developmental children.
AFO of the skin, subcutaneous fat, bone, muscular, lymphatic systems, semiotics of lesions of these systems.
Anatomical and physiological features: respiratory organs and cardiovascular system. Research methods. Semiotics of the main lesions.
Anatomical and physiological features of the gastrointestinal tract at an early age. Natural feeding. Complementary foods.
Mixed and artificial feeding. Indications for transfer to these types feeding. Classification of mixtures. Rules for the introduction of supplementary feeding and artificial feeding.
Pathology of young children.
Acute bronchitis and pneumonia in childhood. Etiopathogenesis, classification, Clinic, treatment, prevention.
Sepsis in children, including odontogenic. Etiopathogenesis, clinic, treatment, Prevention.
Vitamin D is a deficient rickets. Etiopathogenesis, clinic, specific and non-specific treatment and prevention.
Eating disorders.
Iron deficiency anemias. Etiopathogenesis, clinic, treatment, prevention.

Abnormalities of the constitution: exudative-catarrhal diathesis, lymphatic-hypoplastic, neuroarthritic. Etiopathogenesis, clinic, treatment, prevention.
Pathology of older children.
Chronic bronchopulmonary diseases. Bronchiectasis. Bronchial asthma. Etiopathogenesis, clinic, treatment, prevention.
Acute rheumatic fever and rheumatoid arthritis in children. Etiopathogenesis, Clinic, treatment, prevention.
Congenital heart defects . Classification. Etiopathogenesis. Clinic, treatment,

prevention of ASD, STD, PDA, CoA, tetralogy of Falo.
Hemorrhagic diathesis: hemophilia, thrombocytopenic purpura, hemvasculitis. Etiopathogenesis, clinic, treatment, prevention.

Glomerulonephritis and pyelonephritis. Etiopathogenesis, clinic, treatment, prevention.
Chronic diseases of the gastrointestinal tract: biliary dyskinesia, chronic gastritis, cholecystitis. Etiopathogenesis, clinic, treatment, Prevention.
Chronic diseases of the gastrointestinal tract: gastric ulcer and 12- of the denum. Etiopathogenesis, clinic, treatment, prevention.
Principles of emergency care for children: hyperthermia, convulsive syndrome, allergic reactions , acute bronchial obstruction. Principles pre-hospital cardiopulmonary resuscitation.

Приложение 4

Questions for the theoretical task. Section No1

Propaedeutics of children's diseases.

1. The role of the age factor in the pathology of children.
2. Periodization of childhood. Characteristics of the most important features of childhood periods. The relationship between anomalies and malformations of the dento-maxillary system and hereditary diseases.
3. Physical development of children. The concept of acceleration of children's development. Assessment of physical development, malnutrition,

low weight.

1. Basic methods of objective examination of a healthy and sick child.
2. Features of collecting anamnesis in childhood (in children and their parents). Principles of deontology.
3. The importance of the anatomical and physiological features of the spinal cord, the relationship between it and the spinal canal in children, for the selection of the level of spinal puncture.
4. Factors that adversely affect the development of the child's nervous system (genetic, intrauterine, postnatal).
5. Morphological and functional features of the skin in children.
6. Morphological features of the development and functioning of the sebaceous and sweat glands.
7. Semiotics of rashes in children with infectious and non-infectious diseases.
8. Semiotics of changes in the color of the skin (pallor, hyperemia, jaundice, bronze coloration, cyanosis).
1. Features of the structure of subcutaneous fat in children, the chemical composition of fat. The role of adipose tissue in

heat products.

2. Swelling is general and limited, the differences between swelling and thickening of subcutaneous adipose tissue.
3. Tissue turgor, where is it determined?
4. The importance of care, clothing for the prevention of skin lesions. Education of personal hygiene skills in children.
5. Anatomical, physiological, histological and biochemical features of the structure of the muscular system in children

of different ages.

1. Clinical methods of studying the muscular system.
2. Semiotics of muscular system lesions: hypo- and hypertension, atrophy (true and false).
3. Anatomical and physiological features of the skeletal system in children.
4. Stages of bone formation. Regulation of mineral salt deposition in bones (importance of vitamins, proper nutrition, endocrine glands, etc.).
5. Features of the chemical composition, blood supply of the bone and periosteum in children of different ages.

1. Features of the structure of the spine, chest, pelvic bones in children after birth.

2. The order and timing of eruption of milk and permanent teeth.
3. Semiotics of the most common bone lesions (osteomalacia, osteoporosis, bone overgrowth, deformation).
4. When taking an anamnesis, what should you pay attention to?
5. Anatomical and physiological features of hematopoiesis in children.
6. Blood pattern in children of different ages.
7. The phenomenon of neutrophil-lymphocyte crossing.
8. Evaluation of the peripheral blood test.
9. Coagulogram assessment.
10. Main syndromes of blood damage.
11. Anatomical and physiological features of the nasal cavity, paranasal sinuses, pharynx and tonsils in children.
12. Anatomical and physiological features of the larynx, trachea, bronchi in children.
13. Anatomical and physiological features of the lungs in children. Lobar and segmental structure of the lungs, its effect on the localization of the pulmonary inflammatory process in children.
14. Age-related features of the chest in children and breathing features in this regard.
15. Features of the method of examination of the respiratory system in children. Complaints typical for sick children with lesions respiratory organs. General and local examination of the respiratory system. Forms of dyspnea, their clinical manifestations. Counting breathing. Cough semiotics.
1. Features of chest percussion in young children. Comparative and topographic percussion.

Semiotics of changes in percussion sound (dullness, shortening, tympanitis, box sound).
1. Auscultation. Normal nature of breath sounds in children of different ages and semiotics of their changes.
2. Obstruction and respiratory failure syndromes, their degrees, causes of development, mechanisms.
3. Fetal blood circulation. Which parts of the body are better supplied with oxygen?
4. Mechanisms and timing of closure of embryonic circulatory tracts (Arantian duct, foramen ovale, botallov duct) after the birth of the child and the establishment of the work of the small circulation.
5. Methods of examination, palpation, percussion and auscultation of the heart in children. Features of the method of studying the cardiovascular vascular system in infants and older children.
6. Boundaries of relative and absolute cardiac dullness, cardiothoracic ratio in children of age aspect.
7. Signs of major congenital defects. Signs of acquired heart defects.
8. Semiotics of myo-, endo- and pericarditis.
9. Heart failure syndrome. Clinical manifestations.
10. Instrumental research methods: phonocardiography, echocardiography, ballistocardiography, rheo- and polycardiography, etc.
11. Anatomical, physiological and morphological features of the oral cavity, devices for sucking in newborns

Saliva, its composition in children of different ages. Semiotics of changes in the oral mucous membranes in children.
12. Anatomical, physiological and morphological features of the esophagus and stomach. Features of secretion, acidity and the enzyme-forming function of the stomach.
13. Anatomical and physiological features of the small and large intestine.

1. Stool in children after birth (meconium, transitional). Rate of release of the gastrointestinal tract at

various types of feeding of children in the first year of life. 52. Clinical methods of studying the digestive system in

children (questioning, examination, palpation, percussion, auscultation).

1. Instrumental and functional methods of studying the digestive system. Anatomical, physiological and

morphological features of the structure of the liver, its size, development of lobes.

2. APO of the gallbladder. Composition of bile in children of different ages. Examination, palpation, percussion of the liver.

3. Semiotics of the main disorders of the gastrointestinal tract, liver and biliary tract.

4. AFO of the urinary system.

57.0Definition of the concept of "natural feeding".

1. Composition of colostrum, transitional and mature breast milk. The importance of colostrum for the nutrition of newborns in the first days

life.

2. Advantages of natural feeding.

3. Quantitative and qualitative biological differences in the composition of human and cow's milk.

4. Technique of attaching the baby to the breast. Feeding a newborn. Contraindications to the first

Basic rules of breastfeeding.

The concept of free

breastfeeding.

5. Children's need for basic food ingredients: proteins, fats, carbohydrates, calories, before and after administration

complementary foods depending on age

6. Complementary foods, the need for its introduction. Rules and techniques for introducing complementary foods. Complementary foods, the timing of their introduction.

Section No2 Pathology of young children. (8th semester)

7. Definition of "Acute bronchitis". Etiopathogenesis, clinic.

1. Definition of the disease "Acute pneumonia" (OP).

2. The main predisposing factors leading to the development of OP.

3. Pathogenesis, pathomorphology of OP.

4. The main clinical manifestations of uncomplicated OP.

5. Laboratory and radiological criteria for OP.

6. Basic principles of modern etiotropic and pathogenetic therapy of OP and acute bronchitis.

7. Sepsis. High-risk factors for neonatal sepsis.

8. Etiology, main links of pathogenesis, classification of sepsis.

9. Clinical variants of the course of sepsis.

10. Clinical and laboratory criteria for diagnosing sepsis, the concept of systemic inflammatory response.

11. Definition of the disease "vitamin D-deficient rickets".

12. The role of vitamin D and parathyroid hormone as the main modulators of phosphorus-calcium metabolism in the body.

13. Exogenous and endogenous risk factors in the development of vitamin D-deficient rickets.

14. Pathogenetic mechanisms of the development of vitamin D-deficient rickets.

15. Classification of vitamin D-deficient rickets by periods, severity of course and nature of the course of the disease.

16. Clinical manifestations of the central and autonomic nervous systems; musculoskeletal

apparatus and from the side of the internal organs, depending on the period, severity and course of vitamin D-deficient rickets.

1. Diagnosis: changes in biochemical parameters of the blood.
2. Treatment of rickets depending on the severity and period of the disease: doses of vit. E, the role of citrates in the complex

treatment of rickets, auxiliary methods of treatment (massage, baths, etc.).

3. Causes of spasmophilia
4. Pathogenesis of spasmophilia, association with rickets.
5. Laboratory and instrumental methods for the study of spasmophilia.
6. Treatment and prevention of spasmophilia in young children.
7. Nutritional disorders in young children, causes of occurrence.
8. Pathogenesis. Clinical Presentation and Diagnosis of Acute Functional Nutritional Disorders.
9. Causes of intrauterine and postnatal nutritional disorders.
10. Pathogenesis of the development of nutritional disorders (the importance of fasting processes for the state of various organs and systems, the processes of anabolism and catabolism).
11. Clinical manifestations of eating disorders.
12. Definition of the concept of IDA, age aspect, social and domestic aspect.
13. The role of iron and features of its metabolism in childhood.
14. Causes of iron deficiency conditions in children.
15. Pathogenesis of iron deficiency conditions in children.
16. Clinical manifestations of IDA.
17. Laboratory criteria for the diagnosis of iron deficiency conditions.
18. Treatment of IDA. Principles of Iron Supplementation in

Pediatrics. Section No3 Pathology of Older Children. (8th semester)

19. Bronchial asthma. Etiology. Pathogenesis. Classification.
1. Clinical manifestations of AD in the seizure period, depending on the severity of the course and complications.
2. Diagnosis of AD. Instrumental examination methods: spirography, peak fluometry, chest X-ray

cells.

3. Therapeutic tactics in the attack period of AD depending on the severity (treatment algorithm).
4. The volume of basic therapy and treatment of patients with AD in remission.
5. Acute rheumatic fever (ARF) – etiopathogenesis, predisposing factors.
6. Classification of ARF. Basic and additional criteria for rheumatism.
7. Main clinical manifestations: carditis, polyarthritis, minor chorea, annular erythema, rheumatic nodules.
8. Primary (ARF) and recurrent (chronic rheumatic heart disease) rheumatic carditis: clinic, diagnosis.

Differential diagnosis, course and outcomes of rheumatism.

9. Staged treatment of ARF. Treatment in the acute period.Indications for the prescription of glucocorticosteroids. Features

treatment of minor chorea. Sanatorium treatment.

10. Classification of hemorrhagic diathesis.
11. definition of the disease "Hemophilia" as hereditary, transmitted by a recessive type, linked to X-

chromosome. Classification.

12. Pathogenesis of various forms of hemophilia.
13. Criteria for the clinical diagnosis of hemophilia.
14. Modern principles of hemophilia treatment.
15. Definition of "Thrombocytopenic purpura". Classification: by course (acute and chronic); by period

(exacerbation, remission); by clinical form (dry and wet).

16. Etiopathogenesis and clinical manifestations.
17. Principles of rational treatment, dispensary observation
18. Hemorrhagic vasculitis, definition.

1. Etiology and pathogenesis, classification: cutaneous, cutaneous-articular, cutaneous-abdominal and mixed (cutaneous-articular-abdominal).
2. Clinical manifestations, diagnosis.
3. Treatment, prognosis.
4. Dispensary observation of children with various forms of hemorrhagic diathesis.
5. Definition of the concept of "Acute glomerulonephritis" (OGN).
6. Etiological factors contributing to the development of OGN in children.
7. The main links of pathogenesis.
8. The main clinical manifestations of OGN.Clinical characteristics of individual syndromes of acute glomerulonephritis: with nephritic, with nephrotic, with isolated urinary syndrome, nephrotic syndrome with hematuria and hypertension.
9. Laboratory diagnostics: azotemic parameters in OGN; evaluation of test results: according to Zimnitsky, according to Addis-Kakovsky, etc.
10. Acute kidney injury (AKI), causes, clinical laboratory diagnostics.
11. Principles of OGN treatment (regimen, antibacterial therapy, indications and treatment regimens with glucocorticoids, anticoagulants, diuretics, antihypertensive drugs).
12. Definition of "Pyelonephritis" (PN)
13. Etiological factors that are of greatest importance in the development of PN.
14. The main pathogenetic links of pyelonephritis in children.
15. Classification of pyelonephritis in children.
16. The main clinical signs of various syndromes of pyelonephritis in children.
58. Criteria for diagnosing pyelonephritis in children.

1. Principles of pyelonephritis treatment.
2. Determination of chronic gastritis and gastroduodenitis (CG and CGD)
3. Main predisposing factors and pathogenetic links (CG and CGD)
4. The main variants of clinical manifestations of CG and CGD.
5. Diagnostic criteria for CG and CGD, endoscopic picture of gastroduodenal pathology.
6. Basic principles of pathogenetic therapy, prognosis, preventive measures, dispensary observation
7. Determination of biliary dyskinesia (BVD).
8. What is the etiology of the development of VVP? What changes in the composition of bile occur when its outflow is impaired?
9. Clinical manifestations of JVP with delayed and accelerated emptying of the gallbladder.
10. Determination of gastric and duodenal ulcer (BU).
11. Etiopathogenetic factors leading to the development of BU, clinical manifestations and pathomorphological changes.
12. Main clinical manifestations and diagnostic criteria of BU, complications.
13. Basic principles of complex (including pathogenetic) therapy of BU, taking into account helicobacter pylori etiology, (3- and 4-component therapy).
14. The concept of hyperthermia.
15. The most common causes of fever.
16. Positive and negative effects of high temperature on the body.
17. Clinical manifestations: "pink" and "pale" fever.
18. Principles of hyperthermia therapy. Indications for antipyretic therapy.
19. Definition of the concept of "convulsions".
20. Polyetiology of convulsive syndrome.
21. Hemodynamic disorders, hypoxia, acidosis, metabolic disorders, cerebral edema are the main links in the pathogenesis convulsive syndrome.

1. Клinanifestations of localized and generalized types of seizures, clonic, tonic and mixed convulsions.
2. Urgent therapy of convulsive syndrome.
3. Definition of "acute allergic reaction".
4. Etiology and pathogenesis of allergic reactions.
5. Clinical manifestations of generalized (anaphylactic shock, Stevens syndromes, Johnson, and Lyell) and localized forms of allergic reactions (urticaria, angioedema), respiratory allergy in the form of acute bronchial obstruction.
6. Principles of therapy of acute allergic conditions.

59. Indications for resuscitation measures.Stages of resuscitation measures - ABC, at the prehospital stage. Assessment of the effectiveness of the measures taken.

1. METHODOLOGICAL MATERIALS THAT DETERMINE THE PROCEDURES FOR ASSESSING KNOWLEDGE, SKILLS, AND (OR) WORK EXPERIENCE, CHARACTERIZING THE STAGES OF COMPETENCE FORMATION, DESCRIPTION OF INDICATORS AND CRITERIA FOR ASSESSING COMPETENCIES, DESCRIPTION OF ASSESSMENT SCALES.

TEST RATING SCALE
(boundary control)

1. There are 20 closed-ended questions in one test task.

2. Ready-made answers are given to the tasks to choose from, one correct and the rest are incorrect.

3. The student must remember: in each task with a choice of one correct answer, there must be a correct answer.

4. For each correct answer – 5 percent

5. The total score is defined as the sum of the percentages earned

ASSESSMENT SCALE FOR A SITUATIONAL TASK
(current, midterm, intermediate controls)

№	Name of the indicator	Mark (%)
1	The ability to form syndromes as a result of the analysis of complaints, anamnesis of clinical symptoms.	0-20
2	Knowledge of the etiopathogenetic aspects of the presented condition.	0-10
3	Correctness of interpretation of laboratory and instrumental data.	0-20
4	Diagnosis	0-25
5	Correctness of prescription and justification of treatment	0-25
Total Points		**Sum of points**

RATING SCALE OF FRONTAL QUESTIONING (ongoing control)

№	Name of the indicator	Mark (%)
1	Persuasiveness of the answer	0-10
2	Understanding of the problem and adequacy of interpretation, depth and completeness disclosure of the issue	0-30
3	Ability to explain, draw conclusions and generalizations when answering	0-30
4	Consistency and consistency of the answer	0-15
5	Ability to answer additional questions	0-15
Total Points		**Sum of points**

ESSAY ASSESSMENT SCALE

	The minimum answer is 0-59%	**A stated, disclosed answer - 60-69 %**	**Complete full answer – 70-84%**	**Exemplary, exemplary, worthy Imitation Answer - 85-100 %**	**оценка**
Disclosure of the problem	The problem is not solved. There are no conclusions.	The problem is not fully disclosed . Conclusions are not made or conclusions are not substantiated.	The problem is disclosed. The analysis of the problem is carried out Not all conclusions are made or substantiated.	The problem is fully disclosed. The analysis of the problem is carried out with the involvement of additional literature. Conclusions are made.	
Performance	The information presented is logical is not related.	Information to be provided is not systematized and not consistent.	The information presented is systematized and consistent.	The information presented is systematized, consistent and logically connected.	
Decoration	The conditions for the abstract are not met. More than 4 mistakes in the information provided	3-4 errors in the information provided	No more than 2 errors in the information provided	There are no errors in the information provided	
Answers to Questions	No Answers to Questions	Only answers to elementary questions	Answers to questions are full or partially complete.	Answers to the questions are complete with a quotation examples and explanations	
Final Score	**unsatisfactory but**	**satisfactory**	**Good**	**Excellent**	

SCALE FOR ASSESSING THE PRACTICAL SKILLS OF EXAMINING A CHILD. (current)

№	**Name of the indicator**	**Mark (%)**
1	Correctness of the collection of complaints and anamnesis.	0-20
2	Ability to identify common signs of danger.	0-20
3	Knowledge and mastery of methods of clinical examination of a child.	0-20
4	Correctness of interpretation of laboratory and instrumental research data.	0-20
5	Correctness of clinical diagnosis and choice of tactics treatment.	0-20
	Total Points	**Sum of points**

THEORETICAL TASK ASSESSMENT SCALE

№	Name of the indicator	Mark (%)
1	Question 1	0-100
2	Question 2	0-100
3	Question 3	0-100
4	Question 4	0-100
Total Points		**Average arithm. (total points/3)**

Each question of the ticket is evaluated:

«85-100%»

1. deep and solid assimilation of the material of the topic or section;
2. complete, consistent, competent and logically stated answers;
3. demonstration of knowledge to students in the amount of the completed program and additionally recommended literature;
4. reproduction of educational material with the required degree of accuracy.

«75-84%»

5. the presence of insignificant errors that are confidently corrected by the student after additional and leading questions;
6. demonstration of knowledge to students in the volume of the completed program;
7. clear presentation of educational material.

«60-74%»

8. the presence of insignificant errors in the answer that are not corrected by the student;
9. demonstration to students of insufficiently complete knowledge of the completed program;
10. unstructured, not coherent presentation of educational material when answering.

"less than 60%"

- lack of knowledge of the material of the topic or section; serious errors occur when answering.

1. METHODICAL INSTRUCTIONS FOR THE STUDENT ON MASTERING THE DISCIPLINE / PRACTICE AND PERFORMING CONTROL TASKS.

Lectures are the main link in the cycle of training in the discipline "Pediatrics". Their purpose is to form an indicative basis for the student's subsequent assimilation of the material by the method of independent work. The lectures cover the main issues on the topics and summarize the latest scientific information, analyze the most difficult sections of the subject with the introduction of appropriate adjustments, especially on the diagnosis and treatment of children's diseases. The duration of the lecture is 2 hours.

The content of the lecture meets the basic didactic requirements:

The presentation of the material is given from the simple to the complex, from the known to the unknown; Logic, clarity and clarity in the presentation of the material are observed;

The possibility of problem presentation of the material, discussion, dialogue in order to activate the activities of students is practiced;
The semantic part of the lecture is based on genuine facts and statistical data; The close connection of theoretical provisions and conclusions with practice is reflected; In the presentation of the material, great attention is paid to intonation.
To improve the assimilation of the material, lectures are necessarily illustrated or read in the form of presentations.
Methodical recommendations for conducting practical classes.
In practical classes, students acquire basic knowledge and practical skills. Classes are held in the departments of the children's hospital. The duration of the practical lesson is 3 hours. Basically, practical classes are held directly at the bedside of a sick child and are aimed at familiarizing and teaching students the methods of studying children of different age groups, identifying criteria for diagnosing nosological forms, drawing up a plan for examination and treatment of the patient. Attention is also paid to the calculation of age doses of drugs, prescriptions.

Structure of the practical lesson Duration of the lesson - 3 hours

1. Greeting, setting the goal and objectives of the lesson – 5 min.
2. Control of the initial level of students' knowledge (tests, control questions) – 10 min.
3. Analysis of the key provisions of the topic of the lesson – 30 min.
4. Practicing practical skills at the patient's bedside, supervising patients – 30 min.
5. Work in small groups, discussion of the patient on the topic and his treatment – 15 min.
6. Solving situational problems – 25 min.
7. Final control of knowledge – 15 min.

1. Conclusion – 5 minutes After each academic hour, a 5-minute break is offered.

The following methodology for conducting a practical lesson is recommended. With the active participation of students, the analysis of the key provisions of the topic is carried out.
Independent work of students at the patient's bedside includes the collection of anamnesis, the development of practical skills. During supervision, the work is carried out by small groups of students, the teacher provides methodological assistance to students in the examination of patients, provides additional information on the anamnesis and the results of laboratory and instrumental methods of examination (if necessary).
In the absence of thematic patients, students are offered situational tasks or role-playing games. At the end of the lesson, a final control of knowledge is carried out, which allows you to assess the degree of mastery of the material. At the end of the practical lesson, an assessment of the entire lesson is given, attention is paid to the following aspects: the quality of training, the degree of knowledge assimilation, activity and positive aspects in the work of students, valuable and constructive suggestions, shortcomings in the work of students, tasks and ways to eliminate shortcomings.

MODULAR CONTROL IN THE DISCIPLINE INCLUDES:

1. Current control: assimilation of educational material in classroom classes (lectures, practical, including attendance and activity) and the performance of mandatory tasks for independent work

1. Midterm control: checking the completeness of knowledge and skills on the material of the module as a whole. The implementation of modular control tasks is carried out in writing and is an obligatory component of modular control.

1. Intermediate control is a completed documented part of an academic discipline - a set of closely related test modules.

BASIC REQUIREMENTS FOR INTERMEDIATE CONTROL.

When appearing for tests, students are required to have record books with them, which they present to the examiner at the beginning of the exam or to the teacher at the test.

The teacher is given the right to give a credit without a survey, to those students who scored more than 60 points for the current and midterm control. At the intermediate control, the student must correctly answer the theoretical questions of the test - (know) and correctly perform the situational task (be able, possess).

Assessment of intermediate control:

1. min 20 points - Questions to check the level of learning to know (if the student correctly formulates the basic concepts when answering the questions asked);
2. 20-25 points – Tasks to check the level of learning to BE ABLE and MASTER (if the student correctly formulates the essence of the problem set in the ticket and gives recommendations for its solution);
3. - 25-30 points - Tasks to check the level of learning to BE ABLE and POSSESS (in case of complete completion of the control task).

BASIC REQUIREMENTS FOR CURRENT CONTROL.

I. When building a practical lesson, teachers adhere to the following general orientation plan:

1. Organizational stage of the lesson (time – up to 2%):

a) roll call;

b) homework on the following topic;

c) motivation of the topic of this practical lesson; d) familiarization of students with the goals and plan of the lesson;

2. Control and correction of the initial level of knowledge (time – up to 20%):

a) variants of test control of I and III levels;

b) correction of students' theoretical knowledge by the teacher;

3. Stage of demonstration of practical skills and/or thematic patients by the teacher (time – up to 15%);
4. Stage of independent work of students at the patient's bedside (time – up to 45%);

5) Final stage of the lesson (time – up to 18%):

a) final final control of the formed practical skills and abilities in the analysis of patients examined by students

b) final final control of the formed theoretical knowledge and skills, including by solving situational clinical problems;

c) summing up the results of the practical lesson (the teacher's characterization of the students' fulfillment of all the goals of the lesson and individual assessment of knowledge and skills).

RECOMMENDATIONS FOR THE ORGANIZATION OF INDEPENDENT WORK OF THE STUDENT

1. Tips for planning and organizing the time needed to study the discipline. It is recommended to organize the time needed to study the discipline as follows:

Study of the lecture notes on the same day, after the lecture – 15-20 minutes. Study of the lecture notes the day before the next lecture – 15-20 minutes. Study of theoretical material using the textbook and notes – 1.2 hours per week. Preparation for the practical lesson – 2 hours.
Total per week - 3-4 hours.

1. Description of the sequence of actions of the student. To understand the material and assimilate it properly, the following sequence of actions is recommended: After listening to the lecture and finishing classes, when preparing for the next day's classes, you must first review and think over the text of the lecture listened to today (10-15 minutes).

When preparing for the next day's lecture, you need to look through the text of the previous lecture, think about what the topic of the next lecture may be (10-15 minutes). During the week, choose a time (1-hour) to work with the recommended literature in the library.
When preparing for the next day's practical classes, you must first read the basic concepts and approaches to the topic of homework. When performing an exercise or task, you must first understand what is required in the task, what theoretical material should be used, and outline a plan for solving the problem.

2. Recommendations for the use of materials of the educational and methodological complex. It is recommended to use the methodological instructions for the course and the text of the teacher's lectures.
3. Recommendations for working with literature. The theoretical material of the course becomes more understandable when, in addition to listening to the lecture and studying the notes, books are also studied. It is easier to master the course by adhering to one textbook and notes. Recommended, in addition to

"memorizing" the material, to achieve a state of understanding of the topic of the discipline being studied. For this purpose, it is recommended to perform a few simple exercises on this topic after studying the next paragraph. In addition, it is very useful to mentally ask yourself the following questions (and try to answer them): what is this paragraph about?, what new concepts have been introduced, what is their meaning?, what will it give in practice?.

1. Tips for preparing for midterm and intermediate tests. In addition to studying the lecture notes, it is necessary to use a textbook. In addition to "memorizing" the material, it is very important to achieve a state of understanding of the topics studied in the discipline. For this purpose, it is recommended to perform several exercises on this topic after studying the next paragraph. In addition, it is very useful to mentally ask yourself the following questions (and try to answer them): what is this paragraph about?, what new concepts have been introduced, what is their meaning?, what will it give in practice?. In preparation for intermediate control, you need to study the theory: definitions of all concepts and approaches to assessing to the state of understanding the material and independently solve several typical problems from each topic. When solving problems, it is always necessary to be able to interpret the result of the solution qualitatively.
2. Instructions for organizing work on homework. When doing homework, you must first read the basic concepts and approaches to the topic of the task. When performing an exercise or task, you must first understand what is required in the task, what theoretical material should be used, outline a plan for solving the problem, and then proceed to calculations and make a high-quality conclusion.
3. In preparation for intermediate and midterm controls, you need to study the theory: definitions of all concepts and approaches to assessment to the state of understanding the material and independently complete several typical tasks.

2. Working out missed classes. Control over the assimilation of the material of the discipline curriculum by students is carried out systematically by the teacher of the department and is reflected in the teacher's journal and in points.

A student who has received an unsatisfactory grade in the current material is obliged to prepare this section and answer it to the teacher at an individual interview. A lecture missed without valid reasons must be worked out by the method of oral questioning by the lecturer and the preparation of an abstract based on the materials of the missed lecture within two weeks from the date of absence (the abstract must be the author's and written "by hand", the volume of the abstract is at least 20 pages).

Practicing practical exercises.

1. Each lesson missed by a student without a valid reason is worked out mandatory. Work is carried out according to the schedule of the department, agreed with the dean's office.
2. Missed classes must be worked out within 10 days from the date of absence. Seminar classes missed by a student without a valid reason are worked out no more than one lesson per day. Missed classes for a valid reason (illness, absences with the permission of the dean's office) are worked out according to the thematic material without taking into account hours.
3. A student who has not completed the absence within the established time frame is allowed to attend regular classes only with the permission of the dean or his deputy in writing. It is not allowed to exclude students who are poorly prepared for these classes from the next seminary class.
4. For students who missed seminar classes due to a long illness, the work should be carried out after the permission of the dean's office according to an individual schedule agreed with the department.

- In exceptional cases (participation in inter-university conferences, competitions, Olympiads, duty, etc.), the dean and his deputy, in agreement with the department, can exempt students from working off some missed classes.

FRONTAL QUESTIONING.

Each lesson begins with the setting of a goal and objectives, after which an oral or written survey of students is conducted in order to determine the degree of students' training. Summing up the results of the lesson, such criteria for evaluating the answers are used, such as: completeness and specificity of the answer, consistency and logic of presentation, validity and evidence of the statements presented, the level of speech culture.

RECOMMENDATIONS FOR WRITING AN ESSAY.

The topic of the abstract is chosen in agreement with the teacher. It is important that the abstract: firstly, covers both scientific and social aspects of the problem; and secondly, presents both general theoretical provisions and specific examples. The abstract should be based on the study of several sources additional to the main literature. As a rule, these are special monographs or articles. It is also recommended to use scientific journals as additional literature: "Pediatrics", "Bulletin of KRSU", "Health Care of Kyrgyzstan" (page 32 УП:31050250_15_13пд.pli.xml), "Bulletin of KSMA", etc., as well as newspapers specializing in medical topics. The plan of the abstract should be the author's. It shows the approach of the author, his opinion, analysis of the problem.

All facts and borrowed considerations given in the abstract should be accompanied by references to the source of information. It is unacceptable to simply compose an abstract from pieces of borrowed text. All quotations should be presented in quotation marks with the source and page indicated in parentheses. The absence of quotation marks and references means plagiarism and, in accordance with established scientific ethics, is considered a gross violation of copyright. The abstract is drawn up in the form of text on sheets of standard format (A-4). It begins with the title page, which indicates the name of the university, academic discipline, the topic of the essay, the surname and initials of the student, the number of the academic group, the year and geographical location of the university.

This is followed by a table of contents indicating the pages of the sections. It is desirable to divide the text of the abstract into sections: chapters, subchapters and title them. The use of quantitative data and illustrations (graphs, tables, diagrams, figures) in the abstract is encouraged. The abstract ends with the sections "Conclusion" and "List of references". The conclusion presents the main conclusions, clearly formulated in the abstract form and, usually, numbered.

The list of references should be compiled in full compliance with the current standard (rules), including a special placement of punctuation marks. To do this, it is enough to use as an example any book published by large scientific publishing houses: "GEOTAR-Media", "Progress", "Mir", "Publishing House of Moscow State University", etc. In general, the most frequently used order of bibliographic references in our country is as follows:

1. Author: I.O. Title of the book. Place of publication: Publisher, Year of publication. Total number of pages in the book.
2. A uthor I.O. Title of the article // Title of the journal. Year of publication. Volume . No . Pages from to ____.

1. Author I.O. Title of the article / Title of the collection. Place of publication: Publisher, Year of publication. Pages from to _____.

SITUATIONAL TASK. REFERENCE
ANSWER OPTION.

Example of a problem Condition:

At the doctor's appointment, parents with a 3-year-old child. The child has sharp anxiety, body temperature - 38.5 ° C, cough, asthmatic breathing, auscultatory crepitus crackles, percussive - "focal symptoms", cannot drink and suck at the breast. Respiratory rate is 55 per minute. Questions:

1. What pathology can be suspected? Substantiate.
2. Are there common dangerous signs in a child?
3. What are the tactics of managing a child if he has a general sign of danger?
4. Is it necessary to carry out additional examination methods?
5. Prescribe treatment? Response standard:
    1. These are acute severe pneumonia: rapid breathing (for this age group, a heart rate above 40/min is a sign of acute pneumonia), cough, asthmatic breathing.
2. The patient has a common sign of danger: "cannot drink and suck at the breast".
    3. A patient with a general sign of danger should be given the first dose of the appropriate antibiotic, inhalation with salbutamol and delivered to inpatient treatment, give the child oxygen during transportation.
4. Laboratory tests should not be performed.

1. Appropriate parenteral antibiotic, salbutamol inhalation and oxygen.

PRACTICAL SKILLS.

In the process of receiving healthy and sick people, the student must master the following practical skills:

1. To collect and assess the history of the child's life and disease.
2. Conduct a physical examination of the child and evaluate the data obtained in accordance with the age norm (H.A.S., PB, BP, etc.)
3. Evaluate the data of clinical tests: - blood (general analysis, clotting time, bleeding time, platelet count);

1. Serum content - bilirubin, ALT, AST; electrolyte and alkaline phosphatase concentration; protein and protein fractions; uric acid and creatinine content; blood test for ASL-O, seromucoid, CRP);

- urine (general analysis, according to Nechiporenko and Kakovsky-Addis, for the degree of bacteriuria, urolic cocytogram);

1. Evaluate the analysis of the coprologic study;
2. Organize the necessary consultations and examinations of specialists, as well as "hospital at home".
3. To contribute to the preservation of natural feeding.
4. To help the family organize a healthy lifestyle and create conditions for the harmonious physical and mental development of children.
5. To evaluate the data of the X-ray examination of the child's chest and skeletal system.
6. Draw up medical documentation: the history of the child's development.
7. Evaluate the results of fibrogastroscopy;

1. Evaluate the Zimnitsky test, know the technique of collecting urine in newborns and infants;
2. Be able to prepare the child for fecal occult blood examination;
3. To assess the physical development of children of different ages;
4. To assess the psychomotor development of children under five years of age;
5. To assess the sexual development of adolescents;
6. Assess the nutrition and nutritional status of children;
7. To draw up a diet for children of infancy, early, preschool and school age;

13. Diagnose, carry out a differential diagnosis, draw up and implement a plan for treatment, rehabilitation, prevention and medical examination: - diseases in young children;

1. congenital malformations;
2. delays in the physical and psychomotor development of children;
3. chronic respiratory diseases in children;
4. chronic diseases of the cardiovascular system in children;
5. chronic diseases of the gastrointestinal tract in children;
6. chronic diseases of the biliary system in children;
7. chronic diseases of the genitourinary system in children; - anemia and hemorrhagic diathesis in children; - background diseases in children.

2. Provide emergency care for the following conditions:

1. hyperthermic syndrome;
2. bronchial obstructive syndrome;
3. convulsive syndrome;
4. croup syndrome;
5. acute allergic reactions;
6. bleeding;
7. foreign bodies of the esophagus, respiratory tract in children;
8. fractures and injuries in children;
9. poisoning and bites of poisonous animals.

3. Ensure timely hospitalization of sick children with general signs of danger and other signs of serious illness.

14. Write a prescription for various diseases in children.