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METHODICAL INSTRUCTIONS FOR SELF-INDEPENDENT WORK OF THE  
STUDENT OF CLINICAL PRACTICE "JUNIOR MEDICAL STAFF ASSISTANT" FOR  
SPECIALTY 31.05.01 " GENERAL MEDICINE»

**For students of the 2019 year of admission**

Ulyanovsk

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Methodical manual on clinical practice of 1st year students "Junior medical staff assistant " for  
self-independent work of the student.- Ulyanovsk, Ulsu, 2019.

The manual is prepared in accordance with the work program of the clinical practice "Junior  
medical staff assistant". The methodical manual is intended for self-independent work of the  
students of medical faculty studying on specialties 31.05.01-General medicine.

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### **Explanatory note**

Methodical recommendations are intended for the organization of independent work of students in extracurricular time during the clinical practice "Junior medical staff assistant ". This practice is part of the specialty program 31.05.01 General medicine.

Independent extracurricular work is planned within the framework of the curriculum activities of students, which is carried out on assignment, with the guidance and control of the teacher, but without direct participation.

The purpose of independent extracurricular work – mastering knowledge, professional skills and practical skills, the development of independence, organization, creative approach to solving problems of educational and professional levels.

The objectives of the organization of independent extracurricular work is to:

1. Motivate students to learn the curriculum.
2. To broaden the horizons of students, to deepen their knowledge, to develop the skills of research activities, to show the elements of creativity.
3. Promote the development of General and professional competencies.
4. Create conditions for the formation of students ' ability to self-education, self-government and self-development.

For out-of-class study offers check sheets for training, mastering and consolidation of practical skills.

### **The course aims**

**Aim of the Course** of the 1 course students is to consolidate skills for the care of patients, the use of medical equipment and instruments, experience of independent work as assistant nurses by participating in the activities of the Department.

### **The course objectives**

In this case, the objectives are to consolidate the theoretical knowledge and practical skills in the care of patients:

- Fixing the rules of asepsis in the areas of the hospital and the organization of a sanitary mode of the functional units of the Department (sanitary-hygienic regime in the wards, emergency Department);
- Consolidation of the rules of clinical hygiene of medical personnel (treatment of hands, body hygiene, dress codes, hospital infection);
- Consolidation of the rules to operate biological materials (hygiene secretions, feeding the seriously ill);
- Consolidation of knowledge on observation and care of patients with pathology of internal organs and systems from the standpoint of the assistant Junior medical staff (help with vomiting, the rules of production of enemas, cans, mustard, preventing bedsores, measuring blood pressure, etc.).

### **Proposed results**

The course is aimed at the following competences:

<b>Competence index. Content of a competence  (or a part of it)</b>	<b>The proposed results of the course students are:</b>
<b>GPC-10:</b> the willingness to organize patients care and provide primary	To know: - organization of work and structure of (medical institutions) health care facilities, - features of working the admissions office and specialized

pre-hospital health care	<p>care units;</p> <p>-the importance of dietary in medical activities to recovery patients, types of therapeutic diets and the importance of proper nutrition in treatment measures to patient recovery;</p> <p>To able to:</p> <ul style="list-style-type: none"> <li>-divide patients on department;</li> <li>- care for febrile patients;</li> <li>- carry out the prevention of bedsores;</li> <li>- change underwear and bed linen.</li> </ul> <p>To own to:</p> <ul style="list-style-type: none"> <li>-the method of hygienic treatment of hands;</li> <li>-performing toilet skin and mucous membrane care of the mouth, eyes, nose, ear of patients undergoing bedrest;</li> <li>-ways of changing of underwear and bed linen of patients undergoing General and bedrest.</li> </ul>
<p><b>GPC-11:</b> the willingness to use medical devices intended for medical care</p>	<p>To know:</p> <ul style="list-style-type: none"> <li>- rules and methods of transporting patients to the hospital;</li> <li>- measure body temperature and is graphically reflected in the temperature sheet;</li> <li>- the rules of specimen collection at diseases of the digestive and respiratory systems;</li> <li>- the technique of refinement urinals.</li> </ul> <p>To able to:</p> <ul style="list-style-type: none"> <li>-to transport patients to the hospital;</li> <li>- measuring body temperature and register it in the temperature sheet;</li> <li>-to carry out the simplest physiotherapeutic manipulation;</li> <li>- to conduct a cleansing, enemas;</li> <li>- gastric lavage making;</li> <li>- prepare patient for x-ray and ultrasound methods of investigation;</li> <li>-to collect a urine sample: total, according to Nechyporenko, Zimnitskiy.</li> </ul> <p>To own to:</p> <ul style="list-style-type: none"> <li>- rules and methods of transporting patients to the hospital;</li> <li>-the method of disinfection of medical objects and products (thermometers, therapeutic tools, the medical equipment, urinals, the sanitary-and-hygienic equipment etc.);</li> <li>-measurement of body temperature and its registration;</li> <li>-methods using tubes, foam pads anti-decubitus mattress for the prevention of pressure sores;</li> <li>- methods of collection of sputum, vomit, stool, urine;</li> <li>- methods of nutrition of the patients undergoing bedrest;</li> <li>-the method of hygienic treatment of hands before and after eating in the bed;</li> <li>-the method of disinfection, handing cutlery after use of the patients.</li> </ul>

<p><b>PC-1:</b> Ability and readiness for realization of a complex of the actions directed on preservation and strengthening of health and including formation of a healthy way of life, the prevention of occurrence and (or) distributions of diseases, their early diagnostics, revealing of the causes and conditions of their occurrence and development, and also directed on elimination of harmful influence on health of the person of factors of environment of dwelling</p>	<p>To know: -technics of cleaning chambers, airings of chambers, technics of the current and final disinfection; -features of working the admissions office and specialized care units; -the method of treatment of patients with lice; -the method of anthropometry; -rules of measuring blood pressure; -rules of measuring arterial pressure, to investigate the pulse on arteries; -rules of calculation respiratory rate and to estimate the result.</p> <p>To able to: -carrying out cleaning chambers, airings of chambers, technics of the current and final disinfection; -carrying out features of working the admissions office and specialized care units; -carrying out anthropometry; -to quantify respiratory motion and to estimate the result; -to measure arterial pressure; -to investigate the pulse on arteries.</p> <p>To own to: -technics of cleaning chambers, airings of chambers, technics of the current and final disinfection; -features of working the admissions office and specialized care units; -the method of treatment of patients with lice; -the method of anthropometry; -rules of measuring blood pressure; -rules of measuring arterial pressure, to investigate the pulse on arteries; -rules of calculation respiratory rate and to estimate the result.</p>
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### Content of practice

№	Name of sections	The form of practice, including independent work	Quantity of Hours		The form of control
			contact work	Self-work	
I. Preparatory stage of practice					
1	Briefing on safety	Briefing on safety	1	2	Interview, control of the filling of the diary

II. Production stage of practice					
2	<p>Organization of work and sanitary-epidemiological regime in of admission department, therapeutic and surgical departments of the hospital.</p> <p>Anthropometry.</p> <p>Disinfection of medical instruments, materials and means of care.</p> <p>General principles of operation of devices intended for sterilization and disinfection of medical devices (autoclave, ozone chamber, UV chamber).</p>	<p>Work in the admissions office, therapeutic and surgical departments of the hospital.</p>	2	18	<p>Interview, control of the filling of the diary and check-list</p>
3	<p>Nutrition of the patients. Nutrition of the patients undergoing bedrest.</p> <p>Disinfection, handing cutlery after use of the patients. The preparation of patients for instrumental investigations: ultrasound examination of abdomine and bladder, EGD, colonoscopy, radiological methods of research of the gastrointestinal tract and kidneys.</p>	<p>Work in the admissions office, therapeutic and surgical departments of the hospital.</p>	1	18	<p>Interview, control of the filling of the diary and check-list</p>

4	Measure body temperature and is graphically reflected in the temperature sheet. Types of fevers. Storage and disinfection of thermometers. Care for febrile patients. Hygiene of the body patient's. Ways of changing of underwear and bed linen of patients undergoing General and bedrest.	Work in the admissions office, therapeutic and surgical departments of the hospital.	2	16	Interview, control of the filling of the diary and check-list
5	Methods of collection of sputum, vomit, stool, urine. First aid for vomiting. Gastric lavage. Enema. Supply vessel and a urinal.	Work in the admissions office, therapeutic and surgical departments of the hospital.	2	16	Interview, control of the filling of the diary and check-list
6	The use of the method simplest physiotherapeutic manipulation: warming compresses, bladder with ice, warmer. Measurement of blood pressure. Calculation of respiratory movements of the patient. The study of the pulse.	Work in the admissions office, therapeutic and surgical departments of the hospital.	2	16	Interview, control of the filling of the diary and check-list
7	Transportation of the patient. CREDIT	Work in the admissions office, therapeutic and surgical departments of the hospital.	2	10	Interview, control of the filling of the diary and check-list
	Total		12	96	
			108		



## Questions for ongoing monitoring depending on the type and type of practice

1. Definition of concept "labour safety"
2. The regime of medical establishment
3. Actions at detection of a fire
4. Kinds of instructing on a labour safety
5. Sanitary treatment of patients in the admission Department.
6. Sanitary-epidemiological regime in the hospital.
7. Current cleaning in the department.
8. General cleaning in the therapeutic department.
9. Treatment of patients with pediculosis
10. The regime of the hospital
11. Disinfectant solutions, types, ways of the preparation
12. Type of the hospital
13. Preventive of an air-drop infection-the rule of carrying and change of masks
14. Definition, the method of anthropometry.
15. Nutrition of the patients. Types.
16. Ways of artificial nutrition.
17. The importance of dietary in medical activities to recovery patients, types of therapeutic diets and the importance of proper nutrition in treatment measures to patient recovery
18. Features of the diet №1
19. Features of the diet №7
20. Features of the diet №9
21. Features of the diet №10
22. Rules for receiving food to the patients and storing food
23. Preparation of the patient for instrumental method of the examination of the internal organs.
24. The rule of the storage and disinfection of thermometers
25. Methods of temperature measurement
26. Types of temperature curves
27. Changes in the basic systems of the body in different periods of fever
28. Features of the febrile patients care
29. Ways of changing of underwear of patients undergoing General and bedrest
30. Ways of changing of bed linen of patients undergoing General and bedrest
31. Symptoms of pressure ulcers
32. Prevention of pressure ulcers
33. Rules of collection of the sputum for laboratory studies
34. Rules of collection of the urine for general analysis
35. Rules of collection of the urine for research according to Nechyporenko
36. Rules of collection of the urine for research according to Zimnitskiy
37. Rules of collection of stool (feces) for clinical study
38. Gastric lavage. Method. Indications, contraindications.
39. Enema. Method. Indications, contraindications.
40. Type of the urinals
41. First aid for vomiting.
42. Applying of the warmer. The mechanism of action, indications, contraindications.
43. Applying of the bubble with ice. The mechanism of action, indications, contraindications.
44. Applying of the warming compresses. The mechanism of action, indications, contraindications.
45. Basic function of the respiratory system.
46. Type of the breathing
47. Dyspnea. Definition. Type of the dyspnea.

48. Rules of calculation respiratory rate.
49. Abnormal type of the breathing.
50. Characteristics of the arterial pulse.
51. The method of the assessing arterial pulse
52. The method of the measuring blood pressure (Korotkov's method).
53. Type of the transportation of patients
54. Technics of stacking of the patient on a stretcher, rise on a ladder, descent
55. Moving of the patient: from a bed on wheelchair, from a wheelchair on a bed.
56. Functional bed. Definition. Types.

### Checklist for mastering of practical skills

Evaluation list (check-list) Anthropometry.		
	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Prepare everything necessary to perform the manipulation.	
Body mass measurement		
5.	Check the balance adjustment: to do this, open the shutter located above the panel, adjust the weights with the screw: the level of the balance rocker on which all the weights are in the zero position must coincide with the control point. Close the shutter.	
6.	Suggest and help the patient gently stand (without Slippers) in the center of the weighing pad.	
7.	Open the shutter and move the weights on the rocker bars to the left until it is level with the control point	
8.	Close the shutter. Tell the patient the result. Record the data in the medical history.	
Measurement of growth		
9.	To help the patient (if necessary) to take off his shoes and stand correctly on the site: the heels and buttocks, the interscapular area touch the bar of the rostromer. To keep your head straight so that the tragus of the ear and outer corner of the eye were in one horizontal line.	
10.	Lower the bar of the stadiometer to the top of the head of the patient and identify on the scale the number of centimeters from baseline to the bar	
11.	Help the patient to get off the site (if necessary) or offer to get off.	
12.	Inform the patient of the measurement result, record it in the medical history	
Measurement of the circumference of the chest		
13.	Suggest the patient to spread his hands to the side.	
14.	Centimetric tape impose behind the lower corners of the blades, front – men and children at the bottom edge of the areola circles, in women over the breast glands at the place of attachment of the IV rib to the sternum.	
15.	Invite the patient to lower his hands.	
16.	Measure the circumference of the chest in 3 positions: - resting state (with quiet breathing); - at the height of maximum inhalation; - after maximum exhalation.	
17.	Offer the patient to get dressed (if necessary, help).	
18.	Inform the patient of the measurement results.	
19.	Write the received data to the documentation	

Evaluation list (checklist) Treatment of patients with pediculosis		
	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Prepare everything necessary to perform the manipulation.	
5.	Inform the patient about the course of the manipulation and about the drug.	
6.	To wear a special gown, scarf, gloves.	
7.	The position of the patient — sitting, if the condition allows — on the couch with oilcloth.	
8.	The patient's hair is treated with 0.15-th solution of carbophos.	
9.	To cover his hair oiled silk and cloth scarves.	
10.	After 20 minutes, rinse hair with warm water.	
11.	For rinsing it is necessary to use the 6th solution of vinegar.	
12.	Comb the hair with a comb.	
13.	The patient's underwear should be sent to the disinfection chamber in a special bag.	
14.	On the title page of the medical records to make in the upper right corner of the mark "P" — pediculosis.	
15.	The room and everything with which the pediculous patient came into contact, treated with carbophos.	
16.	The overalls in which processing was carried out, also to put in a bag and to send for processing.	
Evaluation list (check-list) General cleaning, wet and routine cleaning		
#	Actions (elements)	Check mark Yes (1)/no (0)
Current disinfection		
1.	Prepare everything you need to perform disinfection	
2.	Wear overalls for cleaning (Bathrobe, hat, apron, gloves, Slippers).	
3.	Prepare 2% soap and soda solution (100.0 soap, 100.0 soda). Apply detergent to all surfaces to be treated. Rinse with water	
4.	Apply the working solution of disinfectant	
5.	Rinse with clean water	
6.	Cleaning equipment to be disinfected: a rag, a cloth to soak in the disinfecting solution in separate tanks, rinse, dry	
7.	Remove the used spec. clothes	
8.	To carry out hygienic hand antiseptics	
9.	Put on clean clothing	
10.	Turn on the quartz for 30 minutes, ventilate for 15 minutes	
Final disinfection		
11.	Wear special cleaning clothes (Bathrobe, Slippers, apron, gloves, hat)	
12.	The room as much as possible to release from furniture and move it to the center	
13.	Wash Windows with warm water and window cleaner	
14.	With the help of separate cleaning equipment, apply the cleaning solution to the walls, wipe the surfaces, equipment, furnishings, floor, observing the sequence - ceiling, window, walls from top to bottom, equipment, floor from the far wall to the exit	
15.	Rinse with clean water using a rag	
16.	Re-treat all surfaces with a disinfectant working solution, maintaining the exposure in virulotsidnoe mode	
17.	Wash hands with soap and water, change work clothes to clean	
18.	Rinse with clean water	
19.	Arrange the furniture, equipment in place	
20.	Turn on the germicidal lamps for 2 hours	
21.	Air 1 hour room	

22.	Disinfect the cleaning equipment	
Evaluation list (checklist) Feeding of the patients		
№	Actions (elements)	Check mark Yes (1)/no (0)
1.	Get the patient's consent to the procedure.	
2.	Treat your hands hygienically, drain.	
3.	Help the patient to take a semi-sitting position in bed, or position sitting with his legs down, or help to move to a chair. Help the patient to wash his hands, comb his hair, correct his clothes.	
4.	Cover the patient's neck and chest with a napkin.	
5.	If patients have removable dentures, help the patient install them	
6.	Prepare the necessary equipment.	
7.	Wipe the bedside table and put food on it	
8.	Make sure that food prepared for the patient has a homogeneous consistency	
9.	Arrange the plates with food in accordance with the patient's afterage. If the motor skills are broken, place non-slip napkins under the plates. If coordination is impaired, use utensils with a safety side.	
10.	Lift the patient's head with one hand; another to bring a spoon to the patient's mouth (in hemiparesis food is brought from a healthy side)	
11.	Feed the patient with a spoon in small portions or from a sill with small sips.	
12.	Note: during the entire feeding procedure, the food should be warm, do not leave on the table malnourished patient food.	
13.	Drink the patient on demand or every three to five spoonfuls of food. Liquid is given with a spoon or a sill	
14.	At the end of feeding, give the patient a small sip of water, ask him to rinse his mouth.	
15.	Give the patient a semi-sitting position for 30 minutes after the end of the procedure	
16.	Remove the napkin that covered the patient's chest. Remove the leftovers.	
17.	Wash and drain your hands.	
Evaluation list (checklist) Preparation of the patient for ultrasound examination of the abdominal cavity and kidneys		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	To obtain a patient's informed consent to the study	
4.	To register a patient for an ultrasound, to issue a direction (if necessary)	
5.	Inform the patient about the progress of the study. Explain the purpose and essence of the study.	
6.	Inform the patient information: 2-3 days before the study on the prescription of a doctor to take activated charcoal 0.5-1.0 g-3-4 times a day (with flatulence) and exclude products from the diet that cause flatulence.	

7.	On the day of the study: strictly on an empty stomach, do not take liquid, medication, do not smoke. At itself to have a towel (napkins), a diaper.		
8.	Make sure that the patient has done everything correctly and accompany (transport) with a medical history in the ultrasound room.		
9.	Check the condition after the ultrasound		
10.	Accompany the patient to the room after the examination		
Evaluation list (checklist) Preparation of the patient for fibrogastroduodenoscopy (FGDs)			
#	Actions (elements)	Check mark Yes (1)/no (0)	
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health		
2.	Introduce yourself, define your role		
3.	To obtain a patient's informed consent to the study		
4.	To record the patient on FGDs, to issue the direction (if necessary)		
5.	Inform the patient about the progress of the study. Explain the purpose and essence of the study.		
6.	To report patient information: 19 hours. evenings before the study do not eat, drink, smoke		
7.	On the day of the study: remove dentures (if any), strictly on an empty stomach, do not take liquid, medication, do not smoke. At itself to have a towel (napkins), a diaper.		
8.	Make sure that the patient has done everything correctly and accompany (transport) with the medical history to the endoscopy room.		
9.	To monitor the status after FGDs		
10.	Accompany the patient to the room after the examination		
Evaluation list (check-list) Preparation of the patient for fibrocolonoscopy (FCS)			
#	Actions (elements)	Check mark Yes (1)/no (0)	
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health		
2.	Introduce yourself, define your role		
3.	To obtain a patient's informed consent to the study		
4.	To record the patient on FCS, to issue the direction (if necessary)		
5.	Inform the patient about the progress of the study. Explain the purpose and essence of the study		
6.	Inform the patient information: 3 days before the study to exclude from the diet of gas-forming products (legumes, black bread, fruits, vegetables, dairy products)		
7.	At 12 PM on the eve of the procedure, drink 60ml of 25% magnesium sulfate solution.		
8.	On the eve of the study to conduct a cleansing enema to "clean wash water".		
9.	Conduct a cleansing enema 2 hours before the study		
10.	On the day of the study: strictly on an empty stomach, do not take liquid, medication, do not smoke. At itself to have a towel (napkins), a diaper.		
11.	Make sure that the patient has done everything correctly and accompany (transport) with the medical history to the endoscopy room.		
12.	To monitor the status after FCS		
13.	Accompany the patient to the room after the examination		
Evaluation list (check-list) Preparation of the patient for carrying out fluoroscopy of the stomach and 12 duodenal ulcer			
#	Actions (elements)	Check mark Yes	

		(1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	To obtain a patient's informed consent to the study	
4.	To enroll a patient roengenoscopy, to issue a direction (if necessary)	
5.	Inform the patient about the progress of the study. Explain the purpose and essence of the study	
6.	Inform the patient information: 2-3 days before the study to exclude from the diet of gas-forming products (legumes, black bread, fruits, vegetables, dairy products); on the prescription of the doctor to take activated charcoal 0.5-1.0 g-3-4 times a day (with flatulence)	
7.	Inform the patient information: from 18 o'clock. evenings before the study do not eat, drink, smoke	
8.	On the day of the study: strictly on an empty stomach, do not take liquid, medication, do not smoke. At itself to have a towel (napkins), a diaper.	
9.	Make sure that the patient has done everything correctly and accompany (transport) with a medical history in the x-ray room.	
10.	To monitor the condition after the study.	
11.	Escort the patient to the room after the examination.	

Evaluation list (checklist) Preparation of the patient for ultrasound examination of the bladder

#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	To obtain a patient's informed consent to the study	
4.	To register a patient for an ultrasound, to issue a direction (if necessary)	
5.	Inform the patient about the progress of the study. Explain the purpose and essence of the study.	
6.	Inform the patient information: 2-3 days before the study on the prescription of a doctor to take activated charcoal 0.5-1.0 g-3-4 times a day (with flatulence) and exclude products from the diet that cause flatulence.	
7.	On the eve of the study to conduct a cleansing enema.	
8.	On the day of the study: strictly on an empty stomach, do not take liquid, medication, do not smoke. At itself to have a towel (napkins), a diaper.	
9.	1.5 hours prior to the study to drink gradually 1-1.5 liters of any liquid tea, water, juice.	
10.	Make sure that the patient has done everything correctly and accompany (transport) with a medical history in the ultrasound room.	
11.	Monitor the condition after ultrasound.	
12.	Accompany the patient to the room after the examination	

Evaluation list (check-list)

Disinfection of care items by full immersion		
	Actions (elements)	Check mark Yes (1)/no (0)
1.	Dress up gloves	
2.	Prepare a solution and items for disinfection	
3.	Immerse the care object completely, filling it with a disinfectant solution	
4.	Take off your gloves	

5.	Mark the start time of disinfection	
6.	To withstand the necessary time of the disinfection process with this means	
7.	Wearing gloves	
8.	Wash the care under running water, using detergents, dry	
9.	Pour the disinfectant into the sewer	
10.	Store the care item in a designated location	
11.	Remove the overalls, wash and drain your hands	
Evaluation list (check-list) Thermometry		
	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Treat hands in a hygienic way	
5.	To check the availability of all necessary equipment before the start of the manipulation	
6.	Inspect the armpit and wipe it dry	
7.	Take the thermometer and shake the mercury below 35	
8.	Place the thermometer in the armpit so that the mercury tank is in contact with the body on all sides	
9.	To measure the temperature within 5-10 min.	
10.	Remove the thermometer and record the digital data in the medical history during the patient's diary, as well as in the temperature list in the form of a line, according to the digital value	
11.	Shake the thermometer	
12.	Treat the thermometer in a special tray with a disinfectant solution for 30 minutes	
13.	Then rinse the thermometer under running water, wipe dry and put in a clean container with the inscription: "Clean thermometers»	
Evaluation list (check-list) Processing and storage of thermometers		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	Rinse the thermometer under running water.	
2.	To prepare capacity (Cup) of dark glass, putting it on the bottom wool (not to break the tank of mercury) and pour the disinfectant solution (0,1% "Charmix" (exposure 60 minutes) or 0,1% "Chlorotic" (exposure 60 minutes)).	
3.	Place the thermometers for 60 minutes in the prepared container.	
4.	Remove thermometers, rinse with running water, wipe dry.	
5.	Place the treated thermometers in another container, also filled with a disinfectant solution marked "Clean thermometers".	
Evaluation sheet (check sheet) Prevention and treatment of pressure ulcers (bedsores)		
№	Step	Check that the Yes(1)/no(0)
1.	Greet the patient	
2.	To introduce themselves, indicate their role	
3.	Ask the patient, comparing with medical records (surname, name, patronymic, age)	

4.	To inquire about the health of the patient	
5.	Inform the patient about the procedure and obtain consent to conduct	
6.	Treating hands in a hygienic way	
7.	Prepare all necessary equipment before the start of the manipulation: -oilcloth -a mixture of 70% solution of alcohol with water -sponge	
8.	Beneath the patient the oilcloth	
9.	A sponge moistened with antiseptic solution	
10.	To spend rubbing in a certain sequence (neck, chest, abdomen, back, legs)	
11.	To make a mark in the medical records on the performed manipulations	
12.	<b>Unregulated actions</b>	
13.	Before wiping not put it under the patient the oilcloth	
14.	Incorrect sequence of wiping	
15.	The opinion of the teacher	
16.	Other unregulated actions (number)	
<b>Evaluation list (checklist) Change of underwear seriously ill</b>		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Prepare everything necessary to perform the manipulation.	
5.	Bring your hand under the patient's back, raise the edge of his shirt to the armpit and back of the head	
6.	Remove the shirt over the patient's head and then from his hands	
7.	Wear the shirt in reverse order: first put on the sleeves, then throw the shirt over the patient's head and straighten it under his back	
<b>Evaluation list (checklist) Bed linen change for seriously ill patients</b>		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Prepare everything necessary to perform the manipulation.	
<b>The first way to change bed linen</b>		
5.	Roll the dirty list into a roller in the direction from the head and foot ends of the bed to the lumbar region of the patient	
6.	Gently lift the patient and remove the dirty list	
7.	Put a clean list rolled up in the same way under the patient's lower back and straighten it	
<b>The second way to change bed linen</b>		
8.	Move the patient to the edge of the bed	
9.	Roll the loose part of the dirty list with a roller from the edge of the bed towards the patient	
10.	Spread out on the vacant place a clean list, half of which remains rolled up roller	
11.	Move the patient to the spread half of the clean list, remove the dirty list and	



spread clean		
Evaluation sheet (check sheet) Toilet skin and mucous membrane care of the eyes		
№	Step	check that the Yes(1)/no(2)
1.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	
2.	To introduce themselves, indicate your role	
3.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	
4.	To check the prepared all necessary equipment before the start of the manipulation	
5.	To treat hands in a hygienic way	
6.	To put on sterilized gloves	
7.	To set the patient, a breast to cover with a towel, a head to throw back.	
8.	In a sterile tray a tweezers to put 8-10 gauze tampons.	
9.	In sterile capacity (beaker) to pour boiled water or one of antiseptic solutions (0,02 %-s' solution Furacilin) and there to place some tampons.	
10.	Slightly to wring out a tampon and to wipe it eyelashes and palpebra in a direction from an external corner of an eye to internal; a dirty tampon to reset in a tray for the used materials.	
11.	If necessary to repeat processing, using each time a new tampon.	
12.	To drain palpebra a dry sterile tampon.	
13.	Similarly to process other eye.	
14.	Disinfection and disposal of used material in waste class B	
15.	To take off the gloves Disinfection and disposal of gloves in class B	
16.	To treat hands in a hygienic way	
	<b>Unregulated actions</b>	
1.	...	
2.	...	
3.	...	
Evaluation sheet (check sheet) Toilet skin and mucous membrane care of the nose		
№	Step	check that the Yes(1)/no(2)
1.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	
2.	To introduce themselves, indicate your role	
3.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	
4.	To check the prepared all necessary equipment before the start of the manipulation	
5.	To treat hands in a hygienic way	
6.	To put on sterilized gloves	
7.	Give to the patient convenient position	
8.	To moisten in one of solutions (saline solution or glycerin) wadded turundas	
9.	To enter in nasal a cavity (left) rotary movements damp turunda	
10.	After several seconds to take turunda. To place in a tray for the used materials	
11.	To repeat procedure 2-3 times, changing turundas	

12.	In the similar image to process right nasal a course. <i>The note:</i> for removal of crusts from a nose it is possible to drip preliminary in a nose for their softening one of the set forth above preparations or to leave on 2-3 mines in nasal cavities moistened with oil or glycerin turundas. Further to remove crusts dry turundas. Used turundas to place in a tray for the used material	
13.	To help the patient to take a comfortable position. To be convinced, that he feels like comfortably	
14.	Disinfection and disposal of used material in waste class B	
15.	To take off the gloves Disinfection and disposal of gloves in class B	
16.	To treat hands in a hygienic way	
	<b>Unregulated actions</b>	
1.	...	
2.	...	
3.	...	

Evaluation sheet (check sheet)  
Toilet skin and mucous membrane care of the ear

№	Step	check that the Yes(1)/no(2)
1.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	
2.	To introduce themselves, indicate your role	
3.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	
4.	To check the prepared all necessary equipment before the start of the manipulation	
5.	To treat hands in a hygienic way	
6.	To put on sterilized gloves	
7.	Give to the patient convenient position To cover him neck and a shoulder with a towel	
8.	To ask the patient to incline a head aside, opposite to processing	
9.	To type in a pipette of 3 % a solution of peroxide of hydrogen. To delay the left hand an auricle back and upwards. The right hand to drip in external acoustical pass of 2-3 drops. To leave the patient in such position on 1-2 mines	
10.	To enter into acoustical pass by rotary movements dry turunda, having delayed thus an auricle back and upwards. To deduce turunda back. To repeat procedure some times, changing turundas	
11.	To place in a tray used turundas for carrying out of the subsequent disinfection and utilization	
12.	To process the damp tampon moistened in warm water, an auricle, then carefully to dry its dry wadded tampons. To reset the used tampons in a tray for the subsequent utilization	
13.	To process other ear in the same way	
14.	Disinfection and disposal of used material in waste class B	
15.	To take off the gloves Disinfection and disposal of gloves in class B	
16.	To treat hands in a hygienic way	
	<b>Unregulated actions</b>	
1.	...	
2.	...	
3.	...	

Evaluation sheet (check sheet)  
Toilet skin and mucous membrane care of the nose

№	Step	check that the Yes(1)/no(2)
17.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	
18.	To introduce themselves, indicate your role	
19.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	
20.	To check the prepared all necessary equipment before the start of the manipulation	
21.	To treat hands in a hygienic way	
22.	To put on sterilized gloves	
23.	Give to the patient convenient position	
24.	To moisten in one of solutions (saline solution or glycerin) wadded turundas	
25.	To enter in nasal a cavity (left) rotary movements damp turunda	
26.	After several seconds to take turunda. To place in a tray for the used materials	
27.	To repeat procedure 2-3 times, changing turundas	
28.	In the similar image to process right nasal a course. <i>The note:</i> for removal of crusts from a nose it is possible to drip preliminary in a nose for their softening one of the set forth above preparations or to leave on 2-3 mines in nasal cavities moistened with oil or glycerin turundas. Further to remove crusts dry turundas. Used turundas to place in a tray for the used material	
29.	To help the patient to take a comfortable position. To be convinced, that he feels like comfortably	
30.	Disinfection and disposal of used material in waste class B	
31.	To take off the gloves Disinfection and disposal of gloves in class B	
32.	To treat hands in a hygienic way	
	<b>Unregulated actions</b>	
4.	...	
5.	...	
6.	...	

Evaluation list (check-list) The sputum collection for the clinical trial

#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	The day before the patient is given a clean dry wide-mouth Bank of transparent glass 50-100 ml with marking (name, Department, room number, date)	
4.	Conduct instruction on the technique of collecting sputum; Sputum is collected early in the morning (on an empty stomach) before meals	
	Ask the patient:	
5.	- brush your teeth in the morning 2 hours before collecting sputum;	
6.	- rinse the mouth and pharynx with boiled water immediately before collecting sputum;	
7.	- stand or sit straight;	

8.	- hold the can to collect sputum from the lower lip without touching it;	
9.	- take a few deep breaths and exhale and then cough;	
10.	- collect it in a jar in an amount of at least 3-5 ml; - close the jar with a wet lid.	
11.	Inspect the collected sputum and send it to the laboratory within 2 hours after its collection.	
12.	Note: if the collected sputum is less than 3-5 ml, the sputum collection procedure should be repeated	
Evaluation list (checklist) Collection of stool (feces) for clinical study		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	The patient is given the day before a clean dry container with a lid and a miniature spatula inside with marking (name, Department, room number, date)	
4.	Conduct a briefing on the technique of collecting feces;	
Ask the patient:		
5.	The feces to get in to the cointener	
6.	Put the container with feces in the sanitary room and closes the lid.	
7.	Registration of the direction for the study of feces and no later than an hour sends the material to the clinical laboratory.	
8.	The used material is treated in a disinfectant solution.	
Evaluation list (check-list) Urine collection for General analysis		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	The patient is given the day before a clean dry container with a lid marked (name, Department, room number, date)	
4.	Conduct a briefing on the technique of collecting urine	
5.	In the morning after sleep to carry out a toilet of genitals of the patient. During menstruation, women close the entrance to the vagina with a tampon.	
6.	The patient first urinates in the toilet, then the next portion of urine collects in a clean dry jar in the amount of 100 – 200 ml.	
7.	Put the container with urine in the sanitary room and closes the lid.	
8.	Registration of the direction to the urinalysis and no later than an hour send the material to the clinical laboratory.	
9.	The used material is treated in a disinfectant solution.	
Evaluation list The collecting of urine for carrying out research according to Nechyporenko (checklist)		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	The patient is given the day before a clean dry container with a lid marked	

	(name, Department, room number, date)	
4.	Conduct a briefing on the technique of collecting urine	
5.	In the morning after sleep to carry out a toilet of genitals of the patient. During menstruation, women close the entrance to the vagina with a tampon.	
6.	The average portion of urine 20 - 30ml (the first and last portions go down the toilet).	
7.	Puts the container with urine in the sanitary room and closes the lid.	
8.	Design directions in the study of urine on Nechiporenko and not later than the hour sends the material to the clinical laboratory.	
9.	The used material is treated in a disinfectant solution.	
Evaluation list (checklist) Submission of the urinal seriously ill		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Treat hands in a hygienic way	
5.	Put on gloves	
6.	Check the availability of all necessary equipment before the manipulation: clean warm urinal (glass, plastic), oilcloth, gauze cloth, screen	
7.	Screen the patient.	
8.	Pull back the blanket, ask the patient to bend his knees legs and spread his hips. If he is unable to do so, help him	
9.	In the left hand, take a gauze cloth, wrap it around the penis of the patient; take the urinal in the right hand	
10.	Enter the penis into the opening of the ureter, put it between the legs of the patient, remove the gauze cloth	
11.	Cover the patient with a blanket and leave him alone for a while	
12.	Remove the bag, podmosti patient	
13.	Remove the oilcloth	
14.	Disinfect the bag	
15.	Remove the screen	
16.	Take off your gloves in des.solution, treat hands in a hygienic way	
Evaluation list (check-list) Processing and storage of urinals, bedpan		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	Prepare the necessary equipment	
2.	Put on an apron, gloves	
3.	Place the vessels in the tank, fill them with disinfectant solution, close the lid, mark the time.	
4.	Remove gloves and apron	
5.	Exposure time: dexazone-1 – 30 minutes; bleach 0.5% - 60 minutes; chloramine 1% - 60 minutes	
6.	After 1 hour, put on the gloves and apron again, remove from the vessel's tank and wash them with hot water using a brush.	
Evaluation list (check-list) Gastric lavage with a probe		
	Actions (elements)	Check mark Yes (1)/no

		(0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Treat hands in a hygienic way	
5.	Put on gloves and an apron	
6.	Put an oilcloth apron on the patient	
7.	To check the availability of all necessary equipment before the start of the manipulation	
8.	Inspect the oral cavity for the presence or absence of removable dentures, if any, remove.	
9.	Suggest the patient to take a position (the patient is sitting, the back is close to the back of the chair, the patient's head is slightly tilted forward)	
10.	Get from package sterile probe	
11.	Determine the required length of the probe (measure the distance from the tip of the nose to the earlobe, then down the anterior abdominal wall, to the lower edge of the xiphoid process)	
12.	Mark the found point on the probe	
13.	Lubricate the blind end of the probe with vaseline	
14.	Stand on the side of the patient	
15.	Ask patient to open mouth	
16.	Place the blind end of the probe on the root of the patient's tongue	
17.	Ask the patient to make swallowing movements and breathe deeply through the nose	
18.	Slowly move the probe to the desired mark as the patient swallows	
19.	Check the position of the probe to enter a syringe 20-30 ml of air and listen with a phonendoscope noise over the stomach area. The characteristic "gurgling" indicates that the probe is in the stomach.	
20.	Connect a funnel to the probe	
21.	Lower the funnel, slightly tilting, to the level of the patient's knees, to pour out the contents of the stomach	
22.	Pour 1 liter of water into the funnel	
23.	Slowly raise the funnel until the water level in the funnel reaches its mouth	
24.	Lower the funnel below the level of the patient's knees, draining the contents of the stomach into the pelvis	
25.	Repeat the gastric lavage procedure several times until the rinsing water is clean	
26.	Please check that the volume of introduced fluid and the amount of wash water (must match)	
27.	Disconnect the funnel from the probe	
28.	Carefully remove the probe from the patient's stomach	
29.	Allow the patient to rinse the mouth with water	
30.	Disinfection and disposal of consumables in class B waste	
31.	Removal of gloves, disinfection and disposal as class b waste	
32.	Treat hands in a hygienic way	

Evaluation list (check list)

Formulation enema

Number	Step	Check that the Yes(1)/no(0)
1.	To greet the patient	
2.	To introduce themselves, indicate their role	
3.	To ask the patient, comparing with medical records (surname, name, patronymic, age)	
4.	To inquire about the health of the patient	
5.	To inform the patient about the procedure and obtain consent to conduct	
6.	To treat hands in a hygienic way	

7.	To prepare all necessary equipment before the start of the manipulation:	
8.	To put on a mask, apron and gloves for yourself	
9.	To pour into a mug Esmarch pure water at room temperature	
10.	To hang a mug on a tripod at a height of 1 meter above the level of the patient's body	
11.	To open the tap	
12.	To fill tubes (long rubber and connecting) with water to avoid air	
13.	To close the tap	
14.	To put basin on the floor near the bed	
15.	To put an oilcloth on the bed, to put a free end of the oilcloth in a basin in case the patient cannot keep water.	
16.	To lay a patient on the left recumbent position at the border of the bed and to suggest him to bend his knees, to move them to the stomach to relax the abdominal press.	
17.	Tell the patient to relax and breathe deeply through her mouth without straining	
18.	Lubricate the tip with vaseline	
19.	To move the buttocks apart with a left hand	
20.	To enter the tip firstly in the direction of the novel on 3-4 cm, secondly in parallel to coccyx on 7-8 cm long	
21.	To open the tap a little, watching for that water should not get into intestines too quickly as it can cause pain.	
22.	Close the tap	
23.	To take the tip out, having pressed the right buttock of the patient to left, so that the liquid does not get out from the rectum	
24.	To suggest the patient to detain whenever possible a desire of defecation during 5-10 minutes after the procedure	
25.	After finishing the manipulation of the waste material, tools and gloves are placed in a disinfected solution	
26.	Treating hands in a hygienic way	
27.	To make a mark in the medical records on the performed manipulations	
28.	<b>Unregulated actions</b>	
29.	The procedure was performed in the standing position	
30.	Haven't washed the hands before starting the procedure	
31.	The opinion of the teacher	
32.	Other unregulated actions (number)	

Evaluation list (check-list) Emergency care for vomiting, collection of vomit for the study		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	Call a doctor right away.	
2.	Sit the patient on a chair comfortably, cover the chest with oilcloth.	
3.	Give the patient a towel, put the pelvis to his feet.	
4.	Ask the patient to remove dentures (if any).	
5.	Perform the decontamination of hands at the hygienic level, wear gloves.	
6.	Hold the patient's head during an act of vomiting, putting his forehead with his hand	
7.	Invite the patient to rinse his mouth with clean water after each act of vomiting, wipe his face and mouth with a napkin.	
8.	Inspect and leave the vomit until the doctor arrives.	
9.	In case of poisoning by an unknown poison, collect the vomit in a clean dry jar, close it tightly with a lid.	
10.	If prescribed by a doctor, send them to the laboratory for examination	
11.	Remove your gloves. Place napkins, gloves in the household waste container	

Evaluation list (checklist) Emergency care for vomiting unconscious patient, collection of vomit for clinical research		
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#	Actions (elements)	Check mark Yes (1)/no (0)
1.	Call a doctor right away.	
2.	Before the doctor comes, lay the patient on his side, if this is not possible, change the position by turning his head to one side to avoid aspiration of vomit - ingress into the respiratory tract.	
3.	Spend decontamination of hands at the hygienic level, wear gloves	
4.	Remove the pillow, remove dentures (if any).	
5.	Cover the patient's neck and chest with a towel and place a kidney-shaped vomit tray at the corner of the mouth.	
6.	Suck the electric pump or pear-shaped spray from the mouth, nose, vomit.	
7.	Treat the patient's mouth with boiled water after each act of vomiting, wipe the mouth with a napkin.	
8.	Inspect and leave the vomit until the doctor arrives.	
9.	In case of poisoning by an unknown poison, collect the vomit in a clean dry jar, close it tightly with a lid.	
10.	If prescribed by a doctor, send them to the laboratory for examination	
11.	Remove your gloves. Place napkins, gloves in the household waste container	
Evaluation list (check-list) Processing and storage of rubber products, warmers, gastric and intestinal probes		
#	Actions (elements)	Check mark Yes (1)/no (0)
Treatment of warmers		
1.	Conduct a two-time wiping with a rag at intervals of 15 minutes, soaked with chloramine B 1% solution or chloramine 3% solution (if contaminated with blood).	
Treatment of gastric and intestinal probes, soft urinary catheters		
2.	Prepare the necessary equipment	
3.	Put on an apron, gloves	
4.	Immersion in 3% chloramine solution for 60 minutes.	
5.	Rinsing with running water and kneading.	
6.	Dive into one of the washing complexes for 15 minutes.	
7.	Rinsing with running water.	
8.	Rinsing in distilled water	
9.	Sterilization in the CSO after drying and laying in a two-layer calico.	
Evaluation list (check-list) Staging an ice bubble		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Treat hands in a hygienic way	
5.	To check the availability of all necessary equipment before the start of the manipulation	
6.	Fill in the bubble for 2/3 of the volume with ice cubes, pour cold water (140C-160)	
7.	Gently displace the air from the bladder, tightly close the bubble tube (cap)	
8.	Check the bubble for leaks by turning it over	



9.	An ice pack, wrapping it with a towel or diaper, applied to the affected area	
10.	Remove the ice pack after 20-30 minutes	
11.	If necessary, a long procedure every 30 minutes to take breaks in cooling for 10 minutes	
12.	Examine the patient's skin in the application of the ice bubble	
13.	At the end of the procedure, drain the water, disinfect the bubble	
14.	Treat hands in a hygienic way	
Evaluation list (checklist) Setting the warmer		
#	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Treat hands in a hygienic way	
5.	To check the availability of all necessary equipment before the start of the manipulation	
6.	Fill the warmer with 2/3 hot water (500C-600C)	
7.	Gently push the air out of the warmer, squeezing her hands towards the neck	
8.	Tightly close the bottle stopper (cap)	
9.	Check the heating pad for leaks by turning it over	
10.	Wrap the warmer with a towel or diaper and apply to the appropriate area of the body	
11.	Leave the heating pad for 20 minutes	
12.	If necessary, a long procedure every 20 minutes should be done 15-20-minute break	
13.	To remove the heating pad. Examine the patient's skin in the area of contact with the warmer	
14.	Pour water from the warmer	
15.	To disinfect a hot water bottle	
16.	Treat hands in a hygienic way	
Evaluation list (check-list) Setting wet (warming) compress		
	Actions (elements)	Check mark Yes (1)/no (0)
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Treat hands in a hygienic way	
5.	To check the availability of all necessary equipment before the start of the manipulation	
6.	Convenient to plant or put the patient	
7.	Moisten a napkin in a semi-alcoholic solution, folded in 6-8 layers, squeeze it	
8.	Apply a damp cloth to the appropriate area of the body and press it tightly	
9.	On top lay the middle layer: compress paper, the length and width of this layer should be 2-3 cm longer than the inner layer	
10.	From above to lay the outer layer: wool (batting, flannel); the length and width of this layer should be 2-3 cm longer than the middle layer	
11.	Fix the compress with a bandage so that it fits tightly to the skin, but does not restrict movement.	
12.	Treat hands in a hygienic way	
13.	Remove the compress after 6-8 hours, wipe the skin with water, wipe dry	

	with a towel		
14.	Disinfection and disposal of consumables in class B waste		
15.	Treat hands in a hygienic way		
<p>A check-list of skills" Evaluation of frequency of inspiration movements "</p> <p>Equipment: volunteer</p>			
№	Step	Check that the Yes(1)/no(0)	
1.	Greet the patient		
2.	To offer the patient to sit on a chair		
3.	To introduce themselves, indicate their role		
4.	Ask the patient, checking with medical records: name, surname, age		
5.	Refer to patient by name		
6.	To inquire about the health of the patient		
7.	Ask questions about the following actions sovershennyh for 30 minutes before measurement: about Smoking, intense physical exertion, medications, the use of coffee, taking food, alcohol		
8.	Ask (if necessary to help) the patient to take the required position for the procedure, ask the bare hand and to clarify that: the patient comfortable, relaxed and not crossed legs, feet on the floor, the emphasis back on the back of a chair, hand lies on the surface at heart level, palm faces upwards, breathing calm		
9.	Measure the diameter of the shoulder		
10.	Choose the suitable size cuff		
11.	To test the tonometer, filling cuffs and visualization of mobility of the arrow pressure gauge		
12.	To expose the arm and apply the cuff of the tonometer on 2-2,5 cm above the cubital fossa (clothes should not squeeze the shoulder above the cuff) : to correctly place cuff on arm, to pin the cuff so that under it and freely held 2 fingers		
13.	Install a monometer in position for its observations		
14.	With one hand to find the place of pulsation of the radial artery		
15.	Second hand close the valve (valve) pears in a clockwise direction and pump air until the disappearance of the pulsation of the radial artery		
16.	To voice the readings (normal variant) and pull the air		
17.	Use the stethoscope: a membrane which is placed at the lower edge of the cuff over the brachial artery projection, to avoid creating a significant pressure on the skin, head of the stethoscope is not under the cuff		
18.	Second hand close the valve (valve) pears (clockwise) and quickly pump air into the cuff to a level exceeding 30 mm of mercury. the result obtained by palpation test		
19.	Open the valve (valve) pear and slowly deflate the cuff,		
20.	the speed of lowering of the pressure in the cuff 2 - 3 mm Hg. article in a second		
21.	watch the manometer, listening to the tones		
22.	To listen to pressure reduction in smear to zero		
23.	To inform the patient the result of the study, referring to the two digits corresponding to the time (BP sit) and disappearance (BP diast) tones		
24.	Repeat the measurement on the second hand		
25.	Re-clarification of the condition of the patient at the end of the procedure		
26.	Thank the patient, to say that one can wear to announce that You have finished and will now prepare a written report of its results		
<p>A check-list of skills Inspection and palpation of the vessels</p> <p>Equipment: volunteer</p>			

№	Step	Check that the Yes(1)/no(0)
1.	Greet the patient	
2.	To offer the patient to sit on a chair	
3.	To introduce themselves, indicate their role	
4.	Ask the patient, checking with medical records: name, surname, age	
5.	Refer to patient by name	
6.	To inquire about the health of the patient	
7.	Inform the patient about the procedure of inspection and get approval for it	
8.	Treating hands in a hygienic manner before the beginning of the manipulation	
9.	To offer the patient to lie on the couch (with our heads elevated at 45 degrees)	
10.	To say that you want to evaluate the color of the skin	
11.	Say that you want to assess the condition of the fingers of the patient	
12.	To put pressure on the tip of the nail of the hand of the patient to determine the capillary pulse	
13.	<b>Inspection of surface vessels</b>	
14.	Conduct a visual inspection of the jugular veins: Using the inspection light source is directed along the tangent to the body surface	
15.	Ask the patient to turn his head to the side	
16.	<b>Estimation of parameters of the pulse at the radial arteries:</b>	
17.	To palpate a pulse simultaneously on both radial arteries, to verify its symmetry	
18.	To continue the palpation of the radial artery in one hand	
19.	Keep at least three of your fingers in place of the projection of the radial artery, not less than 10 seconds, looking at the clock (to assess the rhythm, frequency, and content of the voltage pulse)	
20.	<b>Evaluation of frequency of inspiration movements:</b>	
21.	To evaluate the frequency of respiratory movements, continuing to pretend to measure the pulse at the radial artery	
22.	:second hand put on the stomach or chest of the patient, not less than 10 seconds, looking at his watch (count the number of breaths)	
23.	<b>Estimation of parameters of pulse on carotid arteries:</b>	
24.	To palpate the carotid pulse on one side	
25.	To palpate the pulse in the other carotid artery	
26.	Not to palpate the pulse at the same time on both carotid arteries	
27.	<b>Estimation of parameters of pulse on femoral arteries:</b>	
28.	To palpate the pulse at the same time on both femoral arteries, to verify its symmetry	
29.	To palpate the pulse at the same time on the radial and femoral arteries (with one hand) to verify its symmetry	
30.	Ask the patient to release the chest from the clothes	
Checklist of the skill "Blood pressure Measurement" Equipment: volunteer, stethoscope, sphygmomanometer		
№	Step	Check that the Yes(1)/no(0)
1.	Greet the patient	
2.	To offer the patient to sit on a chair	
3.	To introduce themselves, indicate their role	
4.	Ask the patient, checking with medical records: name, surname, age	

5.	Refer to patient by name	
6.	To inquire about the health of the patient	
7.	Ask questions about the following actions sovershennyh for 30 minutes before measurement: about Smoking, intense physical exertion, medications, the use of coffee, taking food, alcohol	
8.	Ask (if necessary to help) the patient to take the required position for the procedure, ask the bare hand and to clarify that: the patient comfortable, relaxed and not crossed legs, feet on the floor, the emphasis back on the back of a chair, hand lies on the surface at heart level, palm faces upwards, breathing calm	
9.	Measure the diameter of the shoulder	
10.	Choose the suitable size cuff	
11.	To test the tonometer, filling cuffs and visualization of mobility of the arrow pressure gauge	
12.	To expose the arm and apply the cuff of the tonometer on 2-2,5 cm above the cubital fossa (clothes should not squeeze the shoulder above the cuff) : to correctly place cuff on arm, to pin the cuff so that under it and freely held 2 fingers	
13.	Install a monometer in position for its observations	
14.	With one hand to find the place of pulsation of the radial artery	
15.	Second hand close the valve (valve) pears in a clockwise direction and pump air until the disappearance of the pulsation of the radial artery	
16.	To voice the readings (normal variant) and pull the air	
17.	Use the stethoscope: a membrane which is placed at the lower edge of the cuff over the brachial artery projection, to avoid creating a significant pressure on the skin, head of the stethoscope is not under the cuff	
18.	Second hand close the valve (valve) pears (clockwise) and quickly pump air into the cuff to a level exceeding 30 mm of mercury. the result obtained by palpation test	
19.	Open the valve (valve) pear and slowly deflate the cuff,	
20.	the speed of lowering of the pressure in the cuff 2 - 3 mm Hg. article in a second	
21.	watch the manometer, listening to the tones	
22.	To listen to pressure reduction in smear to zero	
23.	To inform the patient the result of the study, referring to the two digits corresponding to the time (BP sit) and disappearance (BP diast) tones	
24.	Repeat the measurement on the second hand	
25.	Re-clarification of the condition of the patient at the end of the procedure	
26.	Thank the patient, to say that one can wear to announce that You have finished and will now prepare a written report of its results	
<b>Evaluation list (check-list) Transportation of patients to the Department</b>		
	<b>Actions (elements)</b>	<b>Check mark Yes (1)/no (0)</b>
1.	To get acquainted with the patient: to say Hello; to specify the name and age of the patient, checking the information with medical documentation; to inquire about the state of health	
2.	Introduce yourself, define your role	
3.	Get informed consent of the patient for manipulation	
4.	Prepare everything necessary to perform the manipulation.	
<b>Shifting the patient from bed to stretcher (gurney)</b>		
5.	Put the stretcher perpendicular to the bed to their head end came to the foot end of the bed	
6.	Bring the hands under the patient: one nurse brings the hands under the head and shoulder blades, the second - under the pelvis and upper thighs, the third	

	- under the middle of the thighs and shins of the patient. If transportation is carried out by two nurses, one of them brings his hands under the neck and shoulder blades of the patient, the second - under the waist and knees	
7.	At the same time agreed motion to lift the patient together with it to rotate 90° to the side of the stretcher and put them on the patient	
8.	Carry the patient on a stretcher should be without haste and shaking, moving out of step	
9.	Down the stairs the patient should be carried feet forward, and the foot end of the stretcher should be raised, and the head - a few lower. At the same time, the person behind holds the handles of the stretcher on the arms straightened at the elbows, going in front - on the shoulders	
10.	Up the stairs the patient should be carried headfirst also in a horizontal position. While walking in front holding the handle of the stretcher on straightened in elbows hands, going back - on the shoulders.	
Shifting the patient from the stretcher (gurney) to the bed		
11.	Put the head end of the stretcher (gurney) perpendicular to the foot end of the bed. If the area of the chamber is small, put a stretcher parallel to the bed	
12.	Bring hands under the patient: one nurse brings hands under the head and shoulder blades, the second - under the pelvis and upper thighs, the third - under the middle of the thighs and shins. If transportation is carried out by two nurses, one of them brings his hands under the neck and shoulder blades of the patient, the second - under the waist and knees	
13.	Simultaneously coordinated movements to lift the patient, together with it to turn on 90° (if stretchers are put in parallel - on 180°) towards a bed and to lay on it the patient	
14.	When placing the stretcher close to the bed, holding the stretcher at the level of the bed, the two (three) pull the patient to the edge of the stretcher on the list, slightly lift it up and shift the patient to the bed	
Seating the patient in a wheelchair		
15.	Tilt the wheelchair forward and step on the footboard of the chair	
16.	To offer the patient to get on the bandwagon and put him in supporting, in the chair. Make sure that the patient's hands are in the correct position - to avoid injury, they should not go beyond the armrests of the wheelchair	
17.	Return the wheelchair to the correct position	
18.	Carry out transportation	

Evaluation criteria and scales:

- evaluation criteria –performing a skill according to the checklist;
- score – percentage of correct stapes of the check-list;
- scale of assessment(assessment) – 4 levels of assessment of competences are allocated:  
high - more than 85% of correct answers;  
sufficient – from 75 to 84 % of correct answers;  
satisfactory - from 65 to 74 % of correct answers  
critical – less than 64% of correct answers.

### **Documentation of the practice**

Documentation on the practice, provided at the end of the teacher, includes a diary of clinical practice with a digital report.

### **List of recommended literature and infomation support of the clinical practice:**

#### **a) List of recommended literature:**

#### **Core reading:**

1. Smirnova A. Yu. Patients care with internal diseases. Course of training practice [Электронныйресурс]: textbook of medicine for medicine faculty students / Smirnova A. Yu., V. V. Gnoevykh; Ulyanovsk State University, Insitute of Medicine, Ecology and

Physical culture. - Электрон. текстовые дан. (1 файл : 3,09 Мб). - Ulyanovsk : ULSU, 2016.- 108 с.-Режим доступа:ftp://10.2.96.134/Text/Smirnova\_2016-1.pdf

2. Ostrovsky V. K. The general care per surgical patients with elements of first-aid treatment at sharp surgical diseases and injuries : educational and methodical edition for students of 1 course in "Medical business" and "Pediatrics" / V. K. Ostrovsky; translated by D. N. Isaev; Ulyanovsk State University, Institute of Medicine, Ecology and Physical culture. - Ulyanovsk : ULSU, 2015. - 92 с. - Текст на англ. яз. - Библиогр.: с. 91. - б/п.

#### **Supplementary reading:**

1. Gostishchev Victor Kuzmich. General surgery = A guide to general surgery practice: the manual : textbook for foreign students of medical higher educational institutions / Gostishchev Victor Kuzmich. - Moscow: GEOTAR-Media, 2018. - 219 p. : ил. - Парал. тит. л. рус. - ISBN 978-5-9704-4697-3 : 900.00.

#### **Educational-methodical reading:**

1. Chernova N.G. Methodical manual on clinical practice of 1st year students "Junior medical staff assistant" for the student/N.G. Chernova, A.Yu. Smirnova; edited by Gnoevykh V.V. - Ulyanovsk, Ulsu, 2019.-p.12;
2. Chernova N.G. Methodical manual on clinical practice of 1st year students "Junior medical staff assistant" for the teacher/N.G. Chernova, A.Yu. Smirnova; edited by Gnoevykh V.V. - Ulyanovsk, Ulsu, 2019.-p.13;
3. Chernova N.G. Methodical manual on clinical practice of 1st year students "Junior medical staff assistant" for independent work of the student/N.G. Chernova, A.Yu. Smirnova; edited by Gnoevykh V.V. - Ulyanovsk, Ulsu, 2019.-p.30.

#### **b) Professed data base, directory and search systems:**

1. Electronic library systems:

1.1. IPRbooks: Electronic Library System / AI P.Er Media Group. Electron. Dan. - Saratov, 2019. Access mode: <http://www.iprbookshop.ru>.

1.2. WRIGHT E-Resource: Electronic Library System / E-Publishing Ltd. Electron. Dan. Moscow, 2019. Access mode: <https://www.biblio-online.ru>.

1.3. Student Consultant "Electronic Resource": Electronic Library System / PolytechResource LLC. Electron. Dan. Moscow, 2019. Access mode: <http://www.studentlibrary.ru/pages/catalogue.html>.

2. ConsultantPlus "Electronic Resource": Reference Legal System. /Consultant Plus - Electron. Dan. - Moscow : ConsultantPlus, "2019".

3. Database of periodicals "Electronic resource" : electronic magazines / IVIS LLC. Electron. Dan. - Moscow, 2019. Access mode: <https://dlib.eastview.com/browse/udb/12>.

4. National Electronic Library

5. Educational resources of the USU:

5.1 Electronic libraries of USU. Access mode: <http://lib.ulsu.ru/MegaPro/Web>

5.2 Educational portal of USU. Access mode: <http://edu.ulsu.ru>

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