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METHODICAL INSTRUCTIONS FOR THE STUDENT ON CLINICAL PRACTICE
"PROCEDURAL NURSE ASSISTANT.
PARTI " FOR SPECIALTY 31.05.01 " GENERAL MEDICINE»

Ulyanovsk

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The manual is prepared in accordance with the work program of the clinical practice "Procedural nurse assistant. Part I". The methodical manual is intended for students of medical faculty studying on specialties 31.05.01-General medicine.

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Introduction

Brief description of the practice "Procedural Nurse Assistant. Part I».

Practice to obtain professional skills and experience of professional activity "Training practice Care of the therapeutic and surgical patients. Part I", Clinical practice "Training practice Care of the therapeutic and surgical patients. Part II", "Junior staff assistant" «Ward nurseassistant» are the previous discipline necessary for studying of this course.

Practice is held in the 6nd semester and is discret.

Practical training is conducted at training center for medical technology of medical faculty and training rooms of the Institute of Medicine, Ecology and Physical Culture USU.

I. The course aims

Aim of the Course: developing thegeneral professional competences necessary for working the procedural nurse.

II. The course objectives

Objectives:

- -to administer of the medical documentation procedural nurse;
- -to administer parenteral ways of introduction of drugs;
- to know principles care of patients and to know first pre-medical aid;
- to administer of medical devices for medical aid.

III. Content of Practice

№ п/п	Name of sections	The form of practice, including independent work	Quanti ty of Hours	The form of control
		I. Preparatory stage of practice		
1	Briefing on safety	Briefing on safety	4	Control of the filling of the diary
		II. Production stage		
1	Administration of the medical documentation	Medical documentation procedural nurse (sheet prescribing, log-book of strong and narcotic drugs).	24	Control of the filling of the diary, check-lists
2	Invasive parenteral ways of introduction of drugs	General rules for the use of medicines. Methods of administration of medicine. The collection of syringes, making medicines from vials, collection of IVS.	28	Control of the filling of the diary, check-lists

		In/m, subcutaneous, intravenous, intravenous injection, drip medicines. Complications of injections. Principles of first aid in anaphylactic shock. Development of practical skills training center of medical technology.		
3	General care of the patients and first aid	First aid for bronchial asthma attack, pulmonary bleeding, hypertensive crisis, gastric bleeding, cardiac asthma, collapse, pains in the abdomen, heart attack Development of practical skills training center of medical technology.	28	Control of the filling of the diary, check-lists
4	Handling and preparing to use medical devices provide primary prehospital health care	Blood pressure measurement. Study of arterial pulse and counting the frequency of respiratory movements. Urinary bladder cauterization Development of practical skills training center of medical technology.	24	Control of the filling of the diary, check-lists
	Total		108	

IV. Questions for ongoing monitoring depending on the type and type of practice

	No.	question			
		PHASE I "PREPARATION»			
Instru	Instructing students on safety and health, according to the rules of the diary, schedule				
		and order of practice, etc.			
	1.	Types of instructing students on occupational safety and health			
	2.	Basic documents on conducting introductory, primary, unscheduled			
		and targeted instruction on labor protection			
	3.	The person responsible for conducting the initial, unplanned and target			
		instructing			
	4.	The main types of medical institutions			
	5.	Main modes of medical institutions			
		PHASE I "PREPARATION»			
		Maintenance of medical records			
	6.	Medical documentation of the treatment room			
	7.	Duties of the procedural nurse			
	8.	Basic medical documentation of a procedural nurse			

10	storage
10.	Rules of registration of medical documentation of the procedural nurse
11.	Rules for filling the temperature sheet
12.	Rules for filling in the journal of medical appointments.
13.	Rules of taking of blood sampling for biochemical studies.
14.	The rules of filling the log of blood on RW, the collection of blood for AIDS.
15.	Rules for filling in the register of potent drugs and narcotic analgesics
	PHASE II "PRODUCTION»
Impl	ementation of the invasive parenteral administration of drugs
	Methods of parenteral invasive administration of drugs
	Treations of parenteral invasive administration of drugs
	Methodsofdrugadministration
	Advantages of parenteral invasive method of drug administration
	Methods of absorption of drugs from ampoules
	Methods of collecting syringes for intravenous administration of
21.	drugs
22.	The method of collection systems for intravenous introduction of
	medical products
23.	Thetechniqueoftourniquet
	1
	Techniqueofintradermalinjection
	Techniqueofintradermalinjection
	Techniqueofsubcutaneousinjection.
	Techniqueofsubcutaneousinjection.
	Techniqueofintravenousinjection.
	Technique of intravenous drip of drugs.
	Technique of intravenous drip of drugs.
	Techniqueofintramuscularinjections.
	Techniqueofintramuscularinjections.
	Methods of blood sampling from a vein for biochemical,
	immunological, bacteriological studies
35.	Injecting the possible complications of the different methods of
	administering drugs
36.	Rules of the statement, the account and storage of medicines
	(including, strong and drugs)
37.	Clinical manifestations of post-injection complications
	PHASE II "PRODUCTION»
	General care and first aid in case of emergency
38.	Risk factors for cardiovascular diseases
39.	Risk factors for respiratory diseases
40.	The method of calculation of NPV
41.	The mechanisms of origin of shortness of breath, its types
42.	Methods of studying the pulse on the radial arteries.
	12. 13. 14. 15. Imple 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37.

		Propertiesofarterialpulse
	43.	Method of study of carotid pulse
	44.	Method of measuring blood PRESSURE. Possible causes of a change
		of AD in the direction of increase and decrease
	45.	The methodology of the peakflowmetry. The main indications and
		contraindications. Interpretationofresults
	46.	The main clinical manifestations of bronchial asthma attack
	47.	Algorithm of emergency care in case of bronchial asthma attack
	48.	The main clinical manifestations of pulmonary hemorrhage
	49.	Algorithm of emergency care in pulmonary hemorrhage
	50.	The main clinical manifestations of bleeding from the gastrointestinal
		tract. Possiblecause
	51.	Algorithm of emergency care in case of gastrointestinal bleeding
	52.	The main clinical manifestations of collapse
	53.	Algorithm of emergency care in case of collapse
	54.	The main clinical manifestations of angina attack
	55.	The algorithm of rendering of the urgent help at the attack of angina
	56.	The main clinical manifestations in hypertensive crisis
	57.	Algorithm of emergency care in hypertensive crisis
		PHASE II "PRODUCTION»
Treatm	ent and	l preparation for use of medical devices provided for by the procedure
		of medical care
	58.	Indications for bladder catheterization, types of catheters
	59.	Methods of bladder catheterization in men and women.
	60.	Rules of treatment and storage of soft urinary catheters
	61.	Rules for disinfection and disposal of needles and syringes.
	62.	Rules of treatment and storage of metal urinary catheters
	63.	Types of des. disinfection solutions, rules for dilution of solutions

V. Checklist for mastering of practical skills

1.	Eva	luation sheet (checklist) No. 1 Dialing a drug from an amp	oule
	#	Actions (elements)	Check
			mark
			Yes(1)/
			no(0)
	1.	Treat hands in a hygienic way	
	2.	Put on sterilegloves	
	3.	Control purpose (to install the identity information on	
		the vial and packaging of ampoules and in the medical	
		records about the name of drug; check the dosage of	
		drugs, route of administration of drugs)	
	4.	Check the date of manufacture and integrity of the	
		sterile packaging of the syringe and needles	
	5.	Check drugs (integrity and date of	
		manufactureampoules with drugs)	
	6.	Shake the ampoule so that the whole solution is in its	

		widest part.	
	7.	Process the narrow end of the ampoule with a cotton	
	' '	ball smo-chennym alcohol, it is necessary to ensure that	
		the inscription on the ampoule preserved.	
	0		
	8.	To nagpalit vial at the transition of the narrow end with	
		the wide, and again treated with a ball moistened with	
		alcohol.	
	9.	Hold the ampoule with your left hand, with your right	
		hand grab a cotton ball narrow end of the ampoule	
		along the line of the inscription I and II fingers of the	
		right hand and movement I finger "from myself" to	
		break it off.	
	10.	Take the ampoule in the left hand between the second	
		and third fingers, flip it narrow down. In the right hand	
		to take the pen so II finger was on the coupling of a	
		needle, and without touching the outer edges of the	
		ampoule, insert the needle into the ampoule.	
	11.	Grab the syringe I, IV and V with the fingers of the left	
		hand, and the right to pull the plunger of the syringe by	
		the handle down — the medicine enters the syringe.	
	12.	Dial the medication gradually, watching that the tip of	
		the needle was kept in solution to prevent the ingress of	
		air into the syringe during typesetting.	
	13.	Disinfection and disposal of consumables in class B	
		waste	
	14.	Remove of gloves, disinfection and disposal as class B	
		waste	
		Treat of hands in a hygienic way	
2.		Evaluation sheet (check-list) № 2 The tourniquet	
	#	Actions (elements)	Check
			mark
			Yes(1)/
			no(0)
	1.	Treat hands in a hygienic way	` ′
	2.	Put on sterilegloves	
	3.	Put a napkin on the shoulder of the patient without	
		closing the cubital fossa.	
	4.	Take a tourniquet, bring it under the shoulder 5 cm	
		above the ulnar fossa.	
	5.	Stretch the harness by the ends and start one after the	
	-	other so as to obtain a loop at the bottom, and the ends	
		of the harness - on top.	
	6.	When untying the harness, it is necessary to pull the end	
	0.	from which the loop was formed.	
	7.	When applying the tourniquet, the pulse should not	
	' ·		
		disappear (if there is no pulsation - then not only the	
		wine is squeezed, but also the artery). It is necessary to	

		loosen the tourniquet.	
3.	Eva	aluation sheet (check-list) № 3 Collection of systems for in	travenous
		drip drug administration	
	#	Actions (elements)	Check
			mark
			Yes(1)/n
			o(0)
	1.	Treat hands in a hygienic way	
	2.	Wearsterilegloves	
	3.	Control purpose (to install the identity information on	
		the bottle, package the bottle and in the medical records	
		about the name of drug; check the dosage of drugs,	
		route of administration of drugs)	
	4.	Check the date of manufacture and integrity of the	
		packaging bottle, syringe and needles)	
	5.	Check drug (integrity and date of manufacture	
		ampoules with drugs)	
	6.	Open the packaging bag, get the system (work on the	
		desktop), put on the lid of the sterilizer, on a sterile	
		cloth, sterile tray.	
	7.	Treat the aluminum bottle cap with a cotton ball with	
		alcohol, open the aluminum bottle cap with tweezers	
		and treat the rubber stopper of the bottle with a cotton	
		ball with alcohol.	
	8.	Handle hand balls with alcohol.	
	9.	Remove the cap from the needle of the air duct (short	
		tube with filter) and enter it until it stops in the rubber	
		stopper of the bottle, the free end of the air duct to fix	
		on the bottle with a patch or a pharmacy elastic band at	
	1.0	the bottom of the bottle.	
	10.	Close the screw clip, remove the cap from the needle on	
		the short end of the system and insert this needle into	
	1.1	the bottle stopper.	
	11.	Turn the bottle over and secure it on a tripod.	
	12.	Turn the dropper to a horizontal position, remove the	
		needle with the cap at the end of the long tube system	
		and open the clamp, slowly fill the dropper to half the volume.	
	13.		
	13.	Close the clamp and return the dropper to its original position. The filter must be completely immersed in the	
		liquid for transfusion.	
	14.	Open the clamp, slowly fill the system until the air is	
	14.	completely displaced and droplets from the connecting	
		cannula appear in the rubber tube.	
	15.	Check for air bubbles in the system - the system is full.	
	16.	Place the needle with the cap in a sterile cloth.	
	17.	Put five cotton balls in a sterile tray, Prepare two strips	
	1/,	1 at 11ve could bans in a sterile day, 1 repare two strips	

		of adhesive plaster, a tourniquet, a pillow.	
		Treatment of hands in a hygienic way	
4.		Evaluation sheet 4 (check sheet)	
		Intravenous infusion	
	S	Simulation equipment: simulator-arm for intravenous inje	ction.
	Numl		check
	r of	•	that
	action	ns	the
			Yes(1
			check that the Yes(1)/no(2)
			2)
	1.		
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	9.	<u> </u>	
		, ,	
	10	•	
		intravenous drop infusion	
	1	*	
		accessible and you are able to perform the	
		venepuncture in a comfortable position. To position	
		the patient's arm extended with little or no flexion	
		at the elbow.	
	12	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient To introduce themselves, indicate your role To inform the patient about the procedure and obtain medical informed consent to perform the procedure To treat hands in a hygienic way To put on sterilized gloves Ask the patient to take a comfortable position (the patient sits, the injection site is free from the clothes) To check the prepared all necessary equipment before the start of the manipulation (prepared sterile tray with cotton balls and forceps; syringe of the required volume with 2 needles, 70% aq ethanol; tray for the used material). To control prescription (to identity in the medical records about the name of drugs, dosage of drugs, route of administration of drugs) To check the label on the syringe. Check the expiration date on the package. Do not use expired syringe. To unpack the bottle, prepare the system for intravenous drop infusion To position a patient so that the vein is easily accessible and you are able to perform the venepuncture in a comfortable position. To position the patient's arm extended with little or no flexion at the elbow. To perform venepuncture. To be convinced, that a needle is in vein,	
		needle is in vein,	
	13	3. To remove or open the clip system for regulating	
		the speed of introduction of liquid	
	14	4. Adjust the infusion rate (the number of drops per	
		minute)	

	18.	To overlay the bandage	
	19.	To dispose systems for intravenous infusion	
	20.	Disinfection and disposal of used material in waste	
		class B	
	21.	To take off the gloves Disinfection and disposal of	
		gloves in class B	
	22.	To treat hands in a hygienic way	
		Unregulated actions	
	1.		
	2.		
	3.		
5		Englishing about (about about)5	

5. Evaluation sheet (check sheet)5
Intravenous injection

Simulation equipment: simulator-arm for intravenous injection.

Num	nuiation equipment: simulator-arm for intravenous inje Step	check
ber of	~***P	that
actio		the
ns		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 treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	To ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	
7.	To check the prepared all necessary equipment	
	before the start of the manipulation (prepared sterile	
	tray with cotton balls and forceps; syringe of the	
	required volume with 2 needles, 70% aq ethanol;	
	tray for the used material).	
8.	To control prescription (to identity information on	
	the ampoule and packaging of ampoules and in the	
	medical records about the name of drugs, dosage of	
	drugs, route of administration of drugs)	
9.	To check the label on the syringe. Check the	
	expiration date on the package. Do not use expired	
	syringe.	
10.	To check the label on the ampoule to make sure that	
	the right medicine is used. Check the expiration date	

	4 1 1 1 1 1 1	
	on the ampoule. Do not use expired medicine.	
	Inspect medication for any discoloration. Do not use	
	if it is discolored.	
11.	To prepare the syringe	
12.	To open the ampoule with the medicine	
13.	To take the medicine from the ampoule	
	To change the needle	
	To remove air from syringe	
	To position the patient's arm extended with little or	
	no flexion at the elbow.	
17.	To apply the tourniquet around the arm	
	approximately 10 cm above the cubital fossa with	
	enough tension so that the VEIN but not the	
	ARTERY is compressed.	
18.	To fill the vein by massaging the arm with an	
	upward motion to force blood into the vein. To ask a	
	patient sometimes squeezes and unclenches his fist	
	for improvement of vein filling.	
10	To locate a prominent vein by palpation.	
	To prepare the injection site by cleaning the area	
20.	with an alcohol cotton ball twice.	
21		
21.	Fixing the site of injection: take the syringe in the	
	dominant hand, the needle cut above, index finger	
	fixes the cannula needle, the other fingers hold the	
	syringe barrel. Pinch up the skin gently at the	
	injection site with a free hand.	
22.		
	needle to the injection site, the index finger on the	
	cannula needle, cut needle facing upwards, the	
	syringe is at an angle of 15° to the surface of the	
	patient's forearm	
	To warn the patient to be patient	
24.	To puncture the skin above the vein and the walls of	
	the vein itself	
25.	To correct needle of the syringe parallel to the	
	surface of the patient's forearm. To insert the needle	
	further into the vein for 10-15 mm	
26.	To be convinced, that a needle is in vein, it is	
	necessary to pull the syringe plunger on itself	
	slightly - in the cylinder of a syringe blood should	
	appear	
27.	When blood appeared in a syringe to untie the	
	tourniquet by the left hand pulling for one of the free	
	ends of the tourniquet, and also to ask a patient to	
	unclench his fist.	
1 28	To repeat the pulling the syringe plunger on itself	
	slightly to be convinced, that a needle is in vein	
	biging to be convinced, that a needle is in vein	

	29.	To introduce the medicine	
	30.	To remove the needle from the injection site.	
	31.	To overlay the bandage	
	32.	Disinfection and disposal of used material in waste	
		class B	
	33.	To take off the gloves Disinfection and disposal of	
		gloves in class B	
	34.	To treat hands in a hygienic way	
	1.	Unregulated actions	
	2.		
	3.		
	4.		
6		Evaluation sheet (check sheet)6	

Evaluation sheet (check sheet)6 Intradermal injection Simulation equipment: trim on the arm (i\d injection.)

Numb	Step	chec
er of		k
actions		that
		the
		Yes
		(1)/
		no(0
)
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 treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	Ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	
7.	To check the prepared all necessary equipment before	
	the start of the manipulation (prepared sterile tray with	
	cotton balls and forceps; syringe of the required	
	volume with 2 needles, 70% aq ethanol; tray for the	
	used material).	
8.	To control prescription (to identity in the medical	
	records about the name of drugs, dosage of drugs,	
	route of administration of drugs)	
9.	To check the label on the syringe. Check the expiration	
	date on the package. Do not use expired syringe.	
10.	To check the label on the ampoule to make sure that	
	the right medicine is used. Check the expiration date	
	on the ampoule. Do not use expired medicine.	
11.	To prepare the syringe	

	12.	To open the ampoule with the medicine	
	13.	To take the medicine from the ampoule	
	14.	To change the needle	
	15.	To remove air from syringe	
	16.	To prepare the injection site by cleaning the area with	
	10.	an alcohol cotton ball twice.	
	17.	To prepare drugs in a syringe (by thumb and index	
	17.	finger of the hand holding the syringe fix the needle	
		cannula with the other hand to remove the needle cap)	
	18.	To fix the site of injection: take the syringe in the	
	10.	dominant hand, the needle cut above, index finger	
		fixes the cannula needle, the other fingers hold the	
		<u> </u>	
		syringe barrel. The second hand put around the outside of the forearm of the patient and fix the skin	
	10	•	
	19.	The positioning of the syringe: bring the syringe	
		needle to the injection site, the index finger on the	
		cannula needle, cut needle facing upwards, the syringe	
		is at an angle of 15° to the surface of the patient's	
	20	forearm To warm the notions to be notions.	
	20.	To warn the patient to be patient	
	21.	To produce a puncture: by one movement in the	
		upward direction insert the needle at the length of the	
		needle cut so that the cut shone through the skin, by	
		the first attempt without touching the treated area with	
	22	anything except the needle	
	22.	To introduce the medicine	
	23.	To remove the needle from the injection site. Apply	
		pressure to the injection site with a dry, sterile cotton pad.	
	24.	Disinfection and disposal of used material in waste	
		class B	
	25.	To take off the gloves. Disinfection and disposal of	
		gloves in class B	
	26.	To treat hands in a hygienic way	
		Unregulated actions	
	1.		
	2.		
	3.		
7.		Evaluation sheet (check sheet)7	
		Subcutaneous injection	
		Simulation equipment: trim on the arm $(s \setminus c \text{ injection.})$	
	Numb	Step	Chec
	er of	_	k that
	action		the
	S		Yes(1
)/no(
			0)
Į.	L	I	

1.	Greet the patient, ask the patient, comparing with	
	medical records, his/her surname, name, age. To	i
	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 treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	Ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	1
7.	To check the prepared all necessary equipment before	
, .	the start of the manipulation (prepared sterile tray with	1
	cotton balls and forceps; syringe of the required	i
	volume with 2 needles, 70% aq ethanol; tray for the	1
	used material).	1
8.	To control prescription (to identity in the medical	
0.	records about the name of drugs, dosage of drugs,	
	route of administration of drugs)	
9.	To check the label on the syringe. Check the expiration	
<i>J</i> .	date on the package. Do not use expired syringe.	
10.	To check the label on the ampoule to make sure that	
10.	the right medicine is used. Check the expiration date	
		i
11	on the ampoule. Do not use expired medicine.	
11.	To prepare the syringe	
-	To open the ampoule with the medicine	
13.	To take the medicine from the ampoule	
14.	To change the needle	
15.	To remove air from syringe	
16.	To prepare the injection site by cleaning the area with	
17	an alcohol cotton ball twice.	
17.	To prepare drugs in a syringe (by thumb and index	
	finger of the hand holding the syringe fix the needle	
10	cannula with the other hand to remove the needle cap)	
18.	To fix the site of injection: take the syringe in the	
	dominant hand, the needle cut above, index finger	
	fixes the cannula needle, the other fingers hold the	
	syringe barrel. Pinch up the skin gently at the injection	
10	site with a free hand.	
19.	The positioning of the syringe: bring the syringe	
	needle to the injection site, the index finger on the	1
	cannula needle, cut needle facing upwards, holding the	
20	syringe at a right angle (45°) to the site	
20.	To warn the patient to be patient	
21.	To produce a puncture: insert the needle using a quick	
	smooth motion at the base of the skin fold at the depth	
	of 15 mm, by the first attempt without touching the	
	treated area with anything except the needle	

22.	To introduce the medicine	
23.	To remove the needle from the injection site	
24.	To apply pressure to the injection site with a dry, sterile gauze pad.	
25.	To remove the needle from the injection site. Apply	
	pressure to the injection site with a dry, sterile gauze pad.	
26.	Disinfection and disposal of used material in waste class B	
27.	To take off the gloves. Disinfection and disposal of gloves in class B	
28.	To treat hands in a hygienic way	
	Unregulated actions	
1.		
2.		
3.		

8.

Evaluation sheet (check sheet)8 Intramuscular injection

Simulation equipment: trim on the arm ($i \setminus m$ injection.)

Nu	Step	check
mbe	1	that
r of		the
acti		Yes
ons		(1)/no
		(0)
1.		
	medical records, his/her surname, name, age. To inquire	
	about the health of the patient	
2.	,	
3.		
	medical informed consent to perform the procedure	
4.	To treat hands in a hygienic way	
5.	To put on sterilized gloves	
6.	Ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	
7.		
	the start of the manipulation (prepared sterile tray with	
	cotton balls and forceps; syringe of the required volume	
	with 2 needles, 70% aq ethanol; tray for the used	
	material).	
8.		
	records about the name of drugs, dosage of drugs, route	
	of administration of drugs)	
9.	, E	
	date on the package. Do not use expired syringe.	
10	To check the label on the ampoule to make sure that the	
	right medicine is used. Check the expiration date on the	

		ampoule. Do not use expired medicine.	
	11		
		To prepare the syringe	
		To open the ampoule with the medicine	
		To take the medicine from the ampoule	
	_	To change the needle	
		To remove air from syringe	
	16	To prepare the injection site by cleaning the area with an alcohol cotton ball twice.	
	17		
	1 /	To prepare drugs in a syringe (by thumb and index	
		finger of the hand holding the syringe fix the needle	
	1.0	cannula with the other hand to remove the needle cap)	
	10	To fix the site of injection: take the syringe in the	
		dominant hand, the needle cut above, by little finger	
		fixe the cannula needle, the other fingers hold the	
		syringe barrel. Stretch a patient's skin by 2 fingers of	
	1.0	the left hand in the place of the injection.	
	19	The positioning of the syringe: bring the syringe needle	
		to the injection site, the little finger on the cannula	
		needle, cut needle facing upwards, holding the syringe	
		at a right angle (90°) to the site (The outer upper	
	20	quadrant of the buttocks)	
		To warn the patient phrase about the need to be patient	
	21	To produce a puncture: insert the needle using a quick	
		smooth motion at a right angle (90°) at the length 2/3 of	
	20	the needle	
	_	To introduce the medicine	
	23	To remove the needle from the injection site. Apply	
		pressure to the injection site with a dry, sterile cotton	
		pad.	
	24	Disinfection and disposal of used material in waste	
		class B	
	25	To take off the gloves Disinfection and disposal of	
		gloves in class B	
	26	To treat hands in a hygienic way	
		Unregulated actions	
	1.		
	2.		
	3.		
9.	E	valuation sheet (checklist) No. 9 Blood sampling from a ve	ein for
		biochemical, immunological, bacteriological studies.	
	#	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	
		information with medical documentation; to inquire	

	about the state of health
2	
2.	Introduce yourself, define your role
3.	Get informed consent of the patient for manipulation
4.	Exclude in the morning on the day of the study
	Breakfast, medication, physiotherapy, massage,
	gymnastics, x-ray examination, Smoking.
5.	Prepare a referral for the study on the eve of filling it in
	the form (specify the name of the hospital, Department,
	room number, laboratory, type of analysis (name of the
	patient, the signature of the nurse, the date of taking the
	material, № medical history, policy number)
6.	Ask the patient to take a comfortable position (the
	patient is sitting, the injection site is free of clothes)
7.	Check availability of all necessary for carrying out
	manipulation (sterile needle with a diameter of 1,5 mm
	in length $40 - 60$ mm, sterile disposable syringe with a
	volume of 10 ml, sterile cotton balls, napkins, bandage,
	70% alcohol, a tourniquet, an oilcloth pad, a tripod with
	test tubes (test tubes dry and with anticoagulant), rubber
	stoppers, a container for transportation, a direction, a
	log for registration of analyses, containers with a
0	solution, disposable gloves, a mask.)
8.	Treat hands in a hygienic way
9.	Put on sterilegloves
10.	Positioning of the patient's arm
11.	Apply Thetourniquet
12.	Fillingofveins
13.	To select a vein for injecting drugs
14.	The field to be treated injections of 2-fold
15.	Preparation of drugs for injection, fixation of the
	injection site: take the syringe into the dominant hand
	with the needle cut up, the index finger fixes the needle
	cannula, the other fingers hold the syringe cylinder,
	remove the cap from the needle. The second hand
	slightly pull the skin from the injection site
16.	Positioning of the syringe: bring the syringe needle to
10.	the injection site, the index finger on the cannula of the
	needle, the needle cut is facing up, the syringe is located
	at an angle of 15°- 20° to the surface of the patient's
	_
17	forearm
17.	Warn the patient with a phrase about the need to be
	patient
18.	To perform venepuncture: with one movement at the
	first attempt, without touching the treated venepuncture
	site with anything but a needle
19.	Align the syringe needle parallel to the patient's
17.	

		mm	
	20.	To dial into the syringe the required amount of blood (to	
		determine a single figure is enough 3-5ml blood, and	
		when more research should proceed at the rate of 1 ml	
		of blood in one study).	
	21	·	
	21.	Remove the tourniquet (pulling the end).	
	22.	Remove the needle by pressing the puncture site with a	
		cotton ball moistened with 70% alcohol.	
	23.	Bandageapplication	
	24.	Drain the blood from the syringe into a dry centrifuge	
		tube (blood should flow slowly along the wall of the	
		tube).	
	25		
	25.	Close the tube tightly with a rubber stopper, put the	
		tripod in a container for transporting tests.	
	26.	Disinfection and disposal of consumables in class B	
		waste	
	27.	Removal of gloves, disinfection and disposal as class B	
		waste	
	28.	Treatment of hands in a hygienic way	
	29.	Make an entry in the journal about taking the material	
		for research.	
	30.	Deliver the blood to the laboratory no later than 1.5	
		hours after taking (In the direction and on the tube	
		should be the same number).	
10.		Evaluation sheet (check sheet) №10	
		Intradermal injection	
		Simulation equipment: trim on the arm ($i \setminus d$ injection.)	
	Num		ch
		1	
	er of		ec
	action	18	k
			tha
			t
			the
			Ye
			S
			(1)
			/no
			(0)
	1.		
		medical records, his/her surname, name, age. To	
		inquire about the health of the patient	
	2.	To introduce themselves, indicate your role	
	3.		
		medical informed consent to perform the procedure	
	4.	<u> </u>	
	-	· · · · · · · · · · · · · · · · · · ·	
	5.	<u> </u>	
	6.	Ask the patient to take a comfortable position (the	

_	patient sits, the injection site is free from the clothes)
7.	To check the prepared all necessary equipment before
	the start of the manipulation (prepared sterile tray with
	cotton balls and forceps; syringe of the required
	volume with 2 needles, 70% aq ethanol; tray for the
	used material).
8.	To control prescription (to identity in the medical
	records about the name of drugs, dosage of drugs,
	route of administration of drugs)
9.	To check the label on the syringe. Check the expiration
7.	date on the package. Do not use expired syringe.
10.	To check the label on the ampoule to make sure that
10.	the right medicine is used. Check the expiration date
	-
1.1	on the ampoule. Do not use expired medicine.
11.	To prepare the syringe
12.	To open the ampoule with the medicine
13.	To take the medicine from the ampoule
14.	To change the needle
15.	To remove air from syringe
16.	To prepare the injection site by cleaning the area with
	an alcohol cotton ball twice.
17.	To prepare drugs in a syringe (by thumb and index
	finger of the hand holding the syringe fix the needle
	cannula with the other hand to remove the needle cap)
18.	To fix the site of injection: take the syringe in the
	dominant hand, the needle cut above, index finger
	fixes the cannula needle, the other fingers hold the
	syringe barrel. The second hand put around the outside
	of the forearm of the patient and fix the skin
19.	The positioning of the syringe: bring the syringe
17.	needle to the injection site, the index finger on the
	,
	cannula needle, cut needle facing upwards, the syringe
	is at an angle of 15° to the surface of the patient's
20	forearm
20.	To warn the patient to be patient
21.	To produce a puncture: by one movement in the
	upward direction insert the needle at the length of the
	needle cut so that the cut shone through the skin, by
	the first attempt without touching the treated area with
	anything except the needle
22.	To introduce the medicine
23.	To remove the needle from the injection site. Apply
	pressure to the injection site with a dry, sterile cotton
	pad.
24.	Disinfection and disposal of used material in waste
	class B
25.	To take off the gloves. Disinfection and disposal of
<i>4</i> J.	10 take off the gloves. Distillection and disposal of

	1		1
		gloves in class B	
	26.	To treat hands in a hygienic way	
		Unregulated actions	
	1.		
	2.		
	3.		
11.		Evaluation sheet (check sheet) № 11	
		Subcutaneous injection	
		Simulation equipment: trim on the arm ($s \setminus c$ injection.)	1
	Numb	Step	Chec
	er of		k that
	action		the
	S		Yes(1
)/no(
			0)
	12.	Greet the patient, ask the patient, comparing with	
		medical records, his/her surname, name, age. To	
		inquire about the health of the patient	
	13.	To introduce themselves, indicate your role	
	14.	To inform the patient about the procedure and obtain	
		medical informed consent to perform the procedure	
	15.	To treat hands in a hygienic way	
	16.	To put on sterilized gloves	
	17.	Ask the patient to take a comfortable position (the	
		patient sits, the injection site is free from the clothes)	
	18.	To check the prepared all necessary equipment before	
		the start of the manipulation (prepared sterile tray with	
		cotton balls and forceps; syringe of the required	
		volume with 2 needles, 70% aq ethanol; tray for the	
	10	used material).	
	19.	To control prescription (to identity in the medical	
		records about the name of drugs, dosage of drugs,	
	20	route of administration of drugs)	
	20.	To check the label on the syringe. Check the expiration	
	21	date on the package. Do not use expired syringe.	
	21.	To check the label on the ampoule to make sure that	
		the right medicine is used. Check the expiration date	
	22	on the ampoule. Do not use expired medicine.	
	22.	To prepare the syringe	
	23.	To open the ampoule with the medicine	
	24.	To take the medicine from the ampoule	
	25.	To change the needle	
	26.	To remove air from syringe	
	27.	To prepare the injection site by cleaning the area with	
	20	an alcohol cotton ball twice.	
	28.	To prepare drugs in a syringe (by thumb and index	
		finger of the hand holding the syringe fix the needle	

		cannula with the other hand to remove the needle cap)	
	20		
	29.	3	
		dominant hand, the needle cut above, index finger	
		fixes the cannula needle, the other fingers hold the	
		syringe barrel. Pinch up the skin gently at the injection	
		site with a free hand.	
	30.		
		needle to the injection site, the index finger on the	
		cannula needle, cut needle facing upwards, holding the	
		syringe at a right angle (45°) to the site	
	31.	To warn the patient to be patient	
	32.	To produce a puncture: insert the needle using a quick	
		smooth motion at the base of the skin fold at the depth	
		of 15 mm, by the first attempt without touching the	
		treated area with anything except the needle	
	33.		
	34.		
	35.		
		sterile gauze pad.	
	36.		
	30.	pressure to the injection site with a dry, sterile gauze	
		pad.	
	37.		
	<i>37.</i>	class B	
	38.	To take off the gloves. Disinfection and disposal of	
		gloves in class B	
	39.	To treat hands in a hygienic way	
		Unregulated actions	
	1.		
	2.		
	3.		
12.		Evaluation sheet (check sheet) № 12	
		Intramuscular injection	
		Simulation equipment: trim on the arm ($i \mid m$ injection.)	
	Nu	Step	check
	mbe	- -	that
	r of		the
	acti		Yes
	ons		(1)/no
			(0)
	27	Greet the patient, ask the patient, comparing with	
	1	medical records, his/her surname, name, age. To inquire	
	1	about the health of the patient	
		To introduce themselves, indicate your role	
		To inform the patient about the procedure and obtain	
		medical informed consent to perform the procedure	
		To treat hands in a hygienic way	
	<i>J</i> q	10 dout hands in a mygicine way	

21	T	
31	To put on sterilized gloves	
32	Ask the patient to take a comfortable position (the	
	patient sits, the injection site is free from the clothes)	
	To check the prepared all necessary equipment before	
	the start of the manipulation (prepared sterile tray with	
	cotton balls and forceps; syringe of the required volume	
	with 2 needles, 70% aq ethanol; tray for the used	
	material).	
34	To control prescription (to identity in the medical	
	records about the name of drugs, dosage of drugs, route	
	of administration of drugs)	
35	To check the label on the syringe. Check the expiration	
	date on the package. Do not use expired syringe.	
36	To check the label on the ampoule to make sure that the	
	right medicine is used. Check the expiration date on the	
	ampoule. Do not use expired medicine.	
37	To prepare the syringe	
	To open the ampoule with the medicine	
	To take the medicine from the ampoule	
40	To change the needle	
	To remove air from syringe	
	To prepare the injection site by cleaning the area with	
	an alcohol cotton ball twice.	
43	To prepare drugs in a syringe (by thumb and index	
	finger of the hand holding the syringe fix the needle	
	cannula with the other hand to remove the needle cap)	
44	To fix the site of injection: take the syringe in the	
	dominant hand, the needle cut above, by little finger	
	fixe the cannula needle, the other fingers hold the	
	syringe barrel. Stretch a patient's skin by 2 fingers of	
	the left hand in the place of the injection.	
45	The positioning of the syringe: bring the syringe needle	
	to the injection site, the little finger on the cannula	
	needle, cut needle facing upwards, holding the syringe	
	at a right angle (90°) to the site (The outer upper	
	quadrant of the buttocks)	
46	To warn the patient phrase about the need to be patient	
	To produce a puncture: insert the needle using a quick	
	smooth motion at a right angle (90°) at the length 2/3 of	
	the needle	
48	To introduce the medicine	
	To remove the needle from the injection site. Apply	
	pressure to the injection site with a dry, sterile cotton	
	pad.	
50	1	
	Disinfection and disposal of used material in waste class B	
E1		
31	To take off the gloves Disinfection and disposal of	

		alawa in alaa D	
	50	gloves in class B	
	54	To treat hands in a hygienic way	
	1	Unregulated actions	
	4.		
	5.		
12	6.	England and Lord (Lord Lord No. 12	
13.		Evaluation sheet (check sheet) № 13	
	C	Intravenous injection	4
		imulation equipment: simulator-arm for intravenous inje	1
	Num ber of	Step	check
	actio		that the
			Yes(1
	ns)/no(
			2)
	35	. Greet the patient, ask the patient, comparing with	2)
		medical records, his/her surname, name, age. To	
		inquire about the health of the patient	
	36	. To introduce themselves, indicate your role	
	37		
		medical informed consent to perform the procedure	
	38		
	39		
	40		
		patient sits, the injection site is free from the clothes)	
	41	· ·	
		before the start of the manipulation (prepared sterile	
		tray with cotton balls and forceps; syringe of the	
		required volume with 2 needles, 70% aq ethanol;	
		tray for the used material).	
	42	. To control prescription (to identity information on	
		the ampoule and packaging of ampoules and in the	
		medical records about the name of drugs, dosage of	
		drugs, route of administration of drugs)	
	43	, C	
		expiration date on the package. Do not use expired	
		syringe.	
	44	. To check the label on the ampoule to make sure that	
		the right medicine is used. Check the expiration date	
		on the ampoule. Do not use expired medicine.	
		Inspect medication for any discoloration. Do not use	
	4.7	if it is discolored.	
	45	1 1 3 5	
	46	1	
	47	*	
	48	C	
	49	. To remove air from syringe	

	50. To position the patient's arm extended with little or
	no flexion at the elbow.
	51. To apply the tourniquet around the arm
	approximately 10 cm above the cubital fossa with
	enough tension so that the VEIN but not the
	ARTERY is compressed.
	52. To fill the vein by massaging the arm with an
	upward motion to force blood into the vein. To ask a
	patient sometimes squeezes and unclenches his fist
	for improvement of vein filling.
	53. To locate a prominent vein by palpation.
	54. To prepare the injection site by cleaning the area
	with an alcohol cotton ball twice.
	55. Fixing the site of injection: take the syringe in the
	dominant hand, the needle cut above, index finger
	fixes the cannula needle, the other fingers hold the
	syringe barrel. Pinch up the skin gently at the
	injection site with a free hand.
	56. The positioning of the syringe: bring the syringe
	needle to the injection site, the index finger on the
	cannula needle, cut needle facing upwards, the
	syringe is at an angle of 15° to the surface of the
	patient's forearm
	57. To warn the patient to be patient
	58. To puncture the skin above the vein and the walls of
	the vein itself
	59. To correct needle of the syringe parallel to the
	surface of the patient's forearm. To insert the needle
	further into the vein for 10-15 mm
	60. To be convinced, that a needle is in vein, it is
	necessary to pull the syringe plunger on itself
	slightly - in the cylinder of a syringe blood should
	appear
	61. When blood appeared in a syringe to untie the
	tourniquet by the left hand pulling for one of the free
	ends of the tourniquet, and also to ask a patient to
	unclench his fist.
	62. To repeat the pulling the syringe plunger on itself
	slightly to be convinced, that a needle is in vein
	63. To introduce the medicine
	64. To remove the needle from the injection site.
	65. To overlay the bandage
	, ,
	66. Disinfection and disposal of used material in waste class B
	67. To take off the gloves Disinfection and disposal of
	gloves in class B
I I	10

	5.	Unregulated actions	
	6.		
	7.		
	8.		
14.	-	Evaluation sheet (check sheet) №14 Intravenous infusion	
	Sim	nulation equipment: simulator-arm for intravenous inje	ction.
	Numbe r of actions	Step	check that the Yes(1)/no(2)
	23.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	
	24.	To introduce themselves, indicate your role	
	25.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	
	26.	To treat hands in a hygienic way	
	27.	To put on sterilized gloves	
	28.	Ask the patient to take a comfortable position (the patient sits, the injection site is free from the clothes)	
	29.	To check the prepared all necessary equipment before the start of the manipulation (prepared sterile tray with cotton balls and forceps; syringe of the required volume with 2 needles, 70% aq ethanol; tray for the used material).	
	30.	To control prescription (to identity in the medical records about the name of drugs, dosage of drugs, route of administration of drugs)	
	31.	To check the label on the syringe. Check the expiration date on the package. Do not use expired syringe.	
	32.	To unpack the bottle, prepare the system for intravenous drop infusion	
	33.	To position a patient so that the vein is easily accessible and you are able to perform the venepuncture in a comfortable position. To position the patient's arm extended with little or no flexion at the elbow.	
	34.	To perform venepuncture. To be convinced, that a needle is in vein,	
	35.	To remove or open the clip system for regulating the speed of introduction of liquid	

36.	Adjust the infusion rate (the number of drops per	
	minute)	
37.	To fix a needle to the skin with an adhesive plaster	
38.	To close the needle from the top with sterile towel	
39.	To remove the needle from the injection site	
40.	To overlay the bandage	
41.	To dispose systems for intravenous infusion	
42.	Disinfection and disposal of used material in waste	
	class B	
43.	To take off the gloves Disinfection and disposal of	
	gloves in class B	
44.	To treat hands in a hygienic way	
	Unregulated actions	
4.		
5.		
6.		

15. Checklist of the skill № 15"Blood pressure Measurement" Equipment: volunteer, stethoscope, sphygmomanometer

No	Step	Chec
		k 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	
	Choose the suitable size cuff	
11.	, &	
	of mobility of the arrow pressure gauge	
12.	1 11 7	
	tonometer on 2-2,5 cm above the cubital fossa	

	T		
		(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	
	10		
	13.	Install a monometer in position for its observations	
	14.	With one hand to find the place of pulsation of the	
		radial artery	
	15	``	
	13.	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	
	10.	air	
	4.5		
	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	
	10	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	
	10		
	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		
	21.)	
		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	
	2.1		
	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	
	20.		
		announce that You have finished and will now	
		prepare a written report of its results	
16.	A ch	neck-list of skills N $\!\!\!_{2}$ 16 "Inspection and palpation of the v	essels"
		Equipment: volunteer	
	$N_{\underline{0}}$	Step	Chec
	745	sicp	
			k that
			the
			Yes(1
)/no(
			, ,
	4		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:	
	7.	-	
		name, surname, age	

1 [
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	Inspection of surface vessels	
	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	
	Estimation of parameters of the pulse at the radial	
	arteries:	
17.		
	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	Evaluation of frequency of inspiration	
	movements:	
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.	Estimation of parameters of pulse on carotid	
	arteries:	
24.	To palpate the carotid pulse on one side	
	To palpate the earotte palse on one side To palpate the pulse in the other carotid artery	
26.	Not to palpate the pulse at the same time on both	
	carotid arteries	
27	Estimation of parameters of pulse on femoral	
	arteries:	
20		
28.	To palpate the pulse at the same time on both femoral	
20	arteries, to verify its symmetry To pulpote the pulse at the same time on the radial	
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		
17.		heck-list of skills № 17"Evaluation of frequency of inspi movements " Equipment: volunteer	ration	
	No	Step	Chec k 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.	* * * * * * * * * * * * * * * * * * *		
	14.	To evaluate the frequency of respiratory movements, continuing to pretend to measure the pulse at the radial artery		
	15.	: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)		
18.	Е	Evaluation sheet (check-list) № 18 Performing peakflown	netrv	
	#	Actions (elements)	Check mark Y (1)/no (
	2.	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 Introduce yourself, define your role	(2),110 (<u>.~/</u>
<u> </u>		, , , , , , , , , , , , , , , , , , ,		

Simulation equipment: a simulator for catheterization of the male bladder catheterization trainer male/female bladder

Catheterization of the bladder in male

Numb	Step	check			
er of		that			
actions	ctions				
)/no(
		2)			
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.	To collect anamnesis of disease.				
7.	Prepare all necessary equipment before the start of the				
	manipulation				
8.	Beneath the patient the oilcloth on top of it lay a diaper				
9.	To offer the patient to take the position (the patient lies				
	with legs bent at the knees, raise the hips, to rest the				
	feet in the mattress)				

	10.	Between the legs to put the container of urine	
	11.	Treatment of hands in a hygienic way	
	12.	To put on the gloves	
	13.	Conduct visual and physical examination of the	
		external genitalia, to determine the filling level of the	
		bladder.	
	14.	Lift penis with your nondominant hand, which is then	
		considered contaminated. Retract foreskin in the	
		uncircumcised male patient.	
	15.	Clean area at meatus with cotton ball held with	
		forceps. Use circular motion, moving from the meatus	
		toward base of the penis for three cleansings.	
	16.	Pour 3-4 drops of sterile paraffin oil in an open outer	
		opening of the urethra and applied to the catheter	
		(length 15-20 cm) of sterile mineral oil (to facilitate	
		introduction of the catheter and prevent discomfort in	
		the patient)	
	17.	Right hand take sterile tweezers, catheter at a distance	
		of 5-7 cm from its end ("beak"), to enter the end of the	
		catheter into the external meatus of the urethra	
	18.	Insert the tip into the meatus. Advance intermittent	
		catheter 15 to 20 cm (6-8 inches) or until urine flows.	
	10	Do not use force to introduce the catheter	
	19.	The appearance of the urine to lower the outer end of	
	20	the catheter in the tray for urine collection	
	20.	At the end of the procedure (when the force of the	
		urine stream begins to significantly subside) carefully remove the catheter from the urethra	
	21.	After finishing the manipulation of the waste material,	
	21.	tools and gloves are placed in a disinfected solution	
	22.	Treating hands in a hygienic way	
	23.	To make a mark in the medical records on the	
		performed manipulations	
	24.	Unregulated actions	
	25.	Does not complete the washing of hands	
	26.	The opinion of the teacher	
	27.	Other unregulated actions (number)	
20.		Evaluation sheet (check sheet) № 20	
		Bladder catheterization with a soft catheter	
	Simulatio	on equipment: a simulator for catheterization of the male	bladder
		catheterization trainer male/female bladder	
	NT 1	Catheterization of the bladder in female	1 1
	Numb	Step	check
	er of		that
	actions		the Vac(1
			Yes(1
)/no(

		2)
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.	To collect anamnesis of disease.	
7.	Prepare all necessary equipment before the start of the	
	manipulation	
8.	Beneath the patient the oilcloth on top of it lay a diaper	
9.	To offer the patient to take the position (the patient lies	
	with legs bent at the knees, raise the hips, to rest the	
	feet in the mattress)	
10.	Between the legs to put the container of urine	
11.	Treatment of hands in a hygienic way	
12.	To put on the gloves	
13.	Conduct visual and physical examination of the	
	external genitalia, to determine the filling level of the bladder.	
14.		
14.	With thumb and one finger of your nondominant hand,	
	spread labia and identify meatus. Be prepared to maintain separation of labia with one hand until urine	
	is flowing well and continuously.	
15.		
13.	Using cotton balls held with forceps, clean both labial folds and then directly over meatus. Move cotton ball	
	from above the meatus down toward the rectum.	
	Discard each cotton ball after one downward stroke.	
16.	Lubricate 1 to 2 inches of catheter tip.	
17.	•	
1/.	Again push with the left hand the labia; right hand	
	gently introduce the catheter into the urethra to a depth	
10	of 4-5 cm to the appearance of urine To lower the free end of the catheter into the urine	
18.		
10	specimen container At the and of the procedure (when the force of the	
19.	At the end of the procedure (when the force of the	
	urine stream begins to significantly subside) carefully	
	remove the catheter before complete emptying of the	
	bladder from the urethra to the remaining urine washed	
20	the urethra	
20.	After finishing the manipulation of the waste material,	
21	tools and gloves are placed in a disinfected solution	
21.	Performhandhygiene.	
22.	Record time of catheterization, amount of urine	
	removed, description of urine, patient's reaction to	
	procedure, and your name.	
23.	Unregulated actions	

24.	Does not complete the washing of hands	
25.	The opinion of the teacher	
26.	Other unregulated actions (number)	

21. Evaluation sheet (check sheet) № 21

Bladder catheterization with Foley's catheter

Simulation equipment: a simulator for catheterization of the male bladder catheterization trainer male/female bladder

Catheterization of the bladder in male

Numb	Step	check
er of		that
actions		the
		Yes(
)/no(
		2)
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.	To collect anamnesis of disease.	
7.	Prepare all necessary equipment before the start of the	
	manipulation	
8.	Beneath the patient the oilcloth on top of it lay a diaper	
9.	To offer the patient to take the position (the patient lies	
	with legs bent at the knees, raise the hips, to rest the	
	feet in the mattress)	
10.	Between the legs to put the container of urine	
11.	Treatment of hands in a hygienic way	
12.	To put on the gloves	
13.	Conduct visual and physical examination of the	
	external genitalia, to determine the filling level of the	
	bladder.	
14.	Lift penis with your nondominant hand, which is then	
	considered contaminated. Retract foreskin in the	
	uncircumcised male patient.	
15.	Clean area at meatus with cotton ball held with	
	forceps. Use circular motion, moving from the meatus	
	toward base of the penis for three cleansings.	
16.	Pour 3-4 drops of sterile paraffin oil in an open outer	
	opening of the urethra and applied to the catheter	
	(length 15-20 cm) of sterile mineral oil (to facilitate	
	introduction of the catheter and prevent discomfort in	
	the patient)	
17.	Right hand take sterile tweezers, catheter at a distance	
	of 5-7 cm from its end ("beak"), to enter the end of the	

		catheter into the external meatus of the urethra	
	18.	Insert the tip into the meatus. Advance intermittent	
		catheter 15 to 20 cm (6-8 inches) or until urine flows.	
		Do not use force to introduce the catheter	
	19.	The appearance of the urine to lower the outer end of	
		the catheter in the tray for urine collection	
	20.	Inflate balloon according to manufacturer's recommendations.	
	21.	Tug gently on catheter after balloon is inflated to feel	
	21.	resistance.	
	22.	Attach catheter to drainage system if necessary.	
	23.	Secure to upper thigh with a Velcro leg strap or tape.	
		Leave some slack in catheter to allow for leg	
		movement.	
	24.	Check that drainage tubing is not kinked and that	
		movement of side rails does not interfere with catheter	
		or drainage bag.	
	25.	Treating hands in a hygienic way	
	26.	To make a mark in the medical records on the	
		performed manipulations	
	27.	Unregulated actions	
	28.	Does not complete the washing of hands	
	29.	The opinion of the teacher	
	30.	Other unregulated actions (number)	
22		Evaluation sheet (check sheet) No.22	

22.

Evaluation sheet (check sheet) №22

Bladder catheterization with a soft catheter

Simulation equipment: a simulator for catheterization of the male bladder catheterization trainer male/female bladder

Catheterization of the bladder in male

Numb	Step	check
er of	-	that
actions		the
		Yes(1
)/no(
		2)
28.	Greet the patient	
29.	To introduce themselves, indicate their role	
30.	Ask the patient, comparing with medical records	
	(surname, name, patronymic, age)	
31.	To inquire about the health of the patient	
32.	Inform the patient about the procedure and obtain	
	consent to conduct	
33.	To collect anamnesis of disease.	
34.	Prepare all necessary equipment before the start of the	
	manipulation	
35.	Beneath the patient the oilcloth on top of it lay a diaper	
36.	To offer the patient to take the position (the patient lies	

		with legs bent at the knees, raise the hips, to rest the	
		feet in the mattress)	
	37.	Between the legs to put the container of urine	
	38.	Treatment of hands in a hygienic way	
	39.	To put on the gloves	
	40.	Conduct visual and physical examination of the	
		external genitalia, to determine the filling level of the	
		bladder.	
	41.	Lift penis with your nondominant hand, which is then	
		considered contaminated. Retract foreskin in the	;
		uncircumcised male patient.	
	42.	Clean area at meatus with cotton ball held with	1
		forceps. Use circular motion, moving from the meatus	
		toward base of the penis for three cleansings.	
	43.	Pour 3-4 drops of sterile paraffin oil in an open outer	
		opening of the urethra and applied to the catheter	
		(length 15-20 cm) of sterile mineral oil (to facilitate	
		introduction of the catheter and prevent discomfort in	
		the patient)	
	44.	Right hand take sterile tweezers, catheter at a distance	
		of 5-7 cm from its end ("beak"), to enter the end of the	
		catheter into the external meatus of the urethra	
	45.	Insert the tip into the meatus. Advance intermittent	-
		catheter 15 to 20 cm (6-8 inches) or until urine flows.	
		Do not use force to introduce the catheter	
	46.	The appearance of the urine to lower the outer end of	?
		the catheter in the tray for urine collection	
	47.	At the end of the procedure (when the force of the	;
		urine stream begins to significantly subside) carefully	
		remove the catheter from the urethra	
	48.	After finishing the manipulation of the waste material,	
		tools and gloves are placed in a disinfected solution	
	49.	Treating hands in a hygienic way	
	50.	To make a mark in the medical records on the	:
	20.	performed manipulations	
	51.	Unregulated actions	
	52.	Does not complete the washing of hands	
	53.	The opinion of the teacher	
	54.	Other unregulated actions (number)	
23. E		on sheet (check-list) № 23 Emergency care for the patie	nt in coso
		ct with irritating drugs (calcium chloride) under the skin	
		tions (elements)	Check
"	AC	tions (elements)	
			mark Yes
			(1)/no
	C _e	II a doctorimmodiataly	(0)
	. Ca	ll a doctorimmediately.	

	2.	Pull the piston toward you, out of the vein.		
	3.	Try to determine the amount of drug that has falle	en under	
		the skin of the patient.		
	4.	To dial into a sterile syringe and 0.9% sodium ch	loride	
		solution in the same amount that got under the skin of the		
	drug (ratio 1:5) 5. Pin the place of the drug. 6. Apply an aseptic bandage to the injection site.			
	7.	Applycoldfor 30 minutes.		
	8.	Then put a warming compress for 6 hours.		
24.		valuation sheet (checklist) № 24 Emergency care f	for natient	s with
2		anaphylactic shock	or patient	S WICH
	#	Actions (elements)	Check m	ark Ves
	"	retions (ciements)	(1)/no (0	
	1.	Call a doctor right away.	(1)/110 (0	')
	2.	The CESSATION of CONTACT WITH the		
	۷٠	ALLERGEN to stop the introduction of		
		medicines, to remove the sting of an insect.		
		Above the place of introduction of the drug or		
		1		
		the sting to tie it off. Place of injection to inject		
		0.5 ml 0.1% p-RA ADRENALINE diluted in 2-		
		3 ml. 0.9% NaCl, at the same time in/m enter		
	2	0.5 ml. 0.1% p-RA ADRENALINE.		
	3.	ENSURING the PATENCY of the		
		RESPIRATORY TRACT: lay the patient, lift		
		his legs, turn his head to the side, push n/a jaw		
	4	and fix the tongue.		
	4.	INHALATION of HUMIDIFIED OXYGEN		
	~	h\W nasal catheter at a rate of 5-10 l/min.		
	5.	IF RESPIRATORY failure AND		
		HYPOTENSION sublingual injection of 0.5 ml		
		of 0.1% R-RA ADRENALINE or I/V bolus of		
		0.5 ml of 0.1% R-RA ADRENALINE 20 ml of		
		0.9% NaCl slowly for 5 minutes, If necessary,		
		every 10-15 min. administration of epinephrine		
		repeated.		
	6.	CORTICOSTEROIDS: in/in drip 90-120 mg of		
		PREDNISOLONE. After 4-6 hours, the		
		introduction of GCS is repeated.		
	7.	The ineffectiveness of recovery of respiration –		
		intubation, mechanical ventilation.		
25.	Eval	luation list (check-list) № 25 Emergency care for a	a patient v	vith an
		attack of bronchial asthma		
	#	Actions (elements)		Check
				mark
				Yes
				(1)/no

			(0)
	1.	Call a doctor right away.	
	2.	To provide a comfortable position, unbutton	
		constraining clothes	
	3.	1-2 ml (20-40 drops) salbutamol or berodual inhaled	
		for 10 minutes using a nebulizer, in the absence of	
		effect or lack of effect inhalation repeated after 20	
		min.	
	4.	With moderate (severe) exacerbation -	
		PREDNISOLONE orally 30-60 mg (i/V 60-90 to 150	
		mg) or PULMICORT via the nebulizer 1000-2000 μg	
		(1-2 nebula) for 10 min	
	5.	At inefficiency of PP. 1-2 and the threat of respiratory	
		arrest – ADRENALINE 0,1% 0,5 ml subcutaneously,	
		tracheal intubation, mechanical ventilation,	
		hospitalization in a ICU.	
26.	Ex	valuation sheet (checklist) № 26 Emergency care for patie	ents with
_0.		pulmonary hemorrhage	11100 111011
	#	Actions (elements)	Check
			mark Yes
			(1)/no (0)
	1.	Call a doctor right away.	(1)/110 (0)
	2.	To give the patient SITTING OR semi-sitting	
	2.	POSITION WITH a TILT toward the AFFECTED	
		LUNG. Persistent COUGH SHOULD NOT be	
		SUPPRESSED COMPLETELY, in order not to hinder	
		the expectoration of blood	
	3.	TO PUT TOURNIQUETS ON LIMBS	
	4.	To SUCK the BLOOD through a catheter or	
		bronchoscope	
	5.	To STOP the BRONCHOSPASM: SALBUTAMOL	
] 3.	inhalation.	
	6.	Asphyxia - endotracheal INTUBATION,	
	0.	SUCTIONING of BLOOD AND ventilation	
	7.	If it is impossible to determine the indicators of blood	
	/ .	coagulation - HEMOGOBIN (2-3 teaspoons inside) or	
		ETAMZILAT (2-4 ml 12.5% R-RA in/in or/m).	
	8.	In the absence of the hemostatic effects of medicines –	
	0.	BRONCHOSCOPY with OCCLUSION of the	
27	Т .1	bleeding segment.	Colonia
27.		luation sheet (checklist) № 27 Emergency care in case of	
	#	Actions (elements)	Check
			mark
			Yes
			(1)/no
			(0)
	1.	Call a doctor right away.	

	2.	Lay the patient horizontally with raised legs (30°)	
		without headrest.	
	3.	Unbuttonclothes.	
	4.	Providefreshair.	
	5.	Spray the face and chest with water, Pat on the face.	
	6.	To give to inhale the vapors of ammonia.	
	7.	If the swoon continues, to enter 2 ml of a 25%	
		kordiamin/m or 1 ml of 10% caffeine benzoate n/a.	
28.	Eva	aluation sheet (checklist) № 28 Emergency care in case of	collapse
	#	Actions (elements)	Check
	"	Tetions (crements)	mark
			Yes
			(1)/no
			(0)
	1.	Call a doctor right away.	
	2.	To ensure the patient is at rest.	
	3.	Lay flat without head restraint.	
	4.	To warm (cover with a blanket, a heating pad to the	
	'	lower back and extremities).	
	5.	Provide fresh air and oxygen therapy.	
	6.	Enter 1 ml of 1% solution of MESATON / m	
	7.	Introduce/60-90 mgof PREDNISOLONE.	
29.	Eva	aluation sheet (check-list) № 29 Urgent help at an attack of	
	#	Actions (elements)	Check
			mark
			Yes
			(1)/no
			(0)
	1.	Call a doctor right away.	(0)
		· ·	
	2.	Give moist oxygen; 1-2 tablets of NITROGLYCERIN	
		sublingual.	
	3.	If there is no effect: after 3-5 minutes re —	
		NITROGLYCERIN (no more than three).	
	4.	Give 0,25 to chew ACETYLSALICYLIC ACID.	
30.	Eva	aluation sheet (check-list) № 30 Emergency care for cardia	ac asthma
	#	Actions (elements)	Check
	"		mark
			Yes
			(1)/no
			(0)
	1.	Call a doctor right away.	
	2.	Give the patient a semi-sitting position;	
	3.	Oxygenotherapy with defoamer (ethyl alcohol vapors)	
		through a mask or nasal catheter: 96% ethyl alcohol is	
		poured into a dosimeter or special humidifier and	
		oxygen is passed through it. The feed rate of oxygen	
		2-3 l/min, and in a few minutes - 6-7 l/min is Possible	

	T	ī
	in/with the introduction of 33% R-RA ETHYL ALCOHOL - 30 ml;	
	4. With the purpose of unloading of the pulmonary	
	circulation at normal and elevated AP – LASIX/in 4-8	
	ml. + NITROGLYCERIN sublingually 1-2 tab.	
	5. For the purpose of bronchodilation – EUFILLIN 2,4%	
	10 ml / drip in 200 ml of saline.	
31.	Evaluation sheet (check-list) № 31 Emergency care in hyper crisis	tensive
		Check
	# Actions (elements)	
		mark
		Yes
		(1)/no
		(0)
	1. Call a doctor right away.	
	2. To ensure the patient is at rest.	
	3. To reduce the pressure, take one of the following	
	drugs: 1) CAPTOPRIL - 6.25 mg under the tongue,	
	with insufficient effect, take the drug again after 30-60	
	minutes; 2) CLONIDINE - 0.15 mg inside or under the	
	tongue, again after 1 hour at 0.075 mg;	
	4. 3)HYDROCHLOROTHIAZIDE 25 mg or	
	FUROSEMIDE 40 mg inside;	
	5. In cases of severe emotional stress, you can take 40	
	drops of CORVALOL.	
32.	Evaluation list (checklist) № 32	
	Cardiopulmonary resuscitation (CPR)	
	# Actions (elements)	Check
	# Actions (ciements)	mark
		Yes
		(1)/no
		(0)
	The technique of "mouth-to-mouth»	
	1. Call a doctor right away.	
	2. To straighten the patient's head, putting one hand on the	
	line of the scalp, I and II fingers of this hand clamp the	
	nostrils. The other hand is located on the tip of the chin	
	and the mouth opens to the width of the finger.	
	3. To put her mouth gauze, handkerchief	
	4. Take a deep breath, tightly cover the mouth of the	
	victim with your mouth and blow air, while watching	
	the chest of the patient — it should rise when blowing	
	air.	
	5. Each breath should last at least 1.5—2 seconds. BH 12	
	in 1 min, i.e. one breathing cycle every 5 seconds.	
	The technique of "mouth-to-nose»	
	6. Place one hand on the hairy part of the forehead, the	

		other — under the chin.	
	7.	The patient's head should be bent, the lower jaw pushed	
		forward, the mouth closed.	
	8.	The thumb is placed between the lower lip and chin of	
		the patient to ensure the closure of the mouth.	
	9.	Take a deep breath, and tightly pressing your lips to	
		extend them to the nose of the patient and injected into	
		the nose in the air.	
	10.	Pulling away from the nose and waiting for the end of	
	101	the exhalation, again to blow the air.	
		Indirectheartmassage	
	11.	Lay the patient on a firm flat surface	
	12.	Kneel down next to the patient.	
	-		
	13.	Mark compression point — three transverse fingers	
	1.4	above the base of the xiphoid process.	
	14.	Compression is carried out by perpendicular movements	
		from top to bottom, elbows straight, the base of the	
		palms — one on the other, fingers raised up. Apply not	
		only the strength of the hands, but also to work the body	
		The amplitude of the movements of the adult sternum	
		3.5—5 cm.	
		The compression rate is 80-100 per minute.	
	Note	e: If chest compressions are conducting one-Reanimator —	- ratio
		pression-to-ventilation rate of 15:2; If CPR perform 2 resc	
		compression-to-ventilation rate — 5:1.	
33.		luation list (check-list) № 33 Processing and storage of	
		mometers	
	#	Actions (elements)	Check
	''	1.10120110 (0.1011101100)	mark
			Yes
			(1)/no
			(0)
	1	Dince the themse meter and an armain expeter	(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	
i J		thermometers".	
3/1	I		ruhber
34.		Evaluation list (check-list) No 34 Processing and storage of educts, warmers, gastric and intestinal probes, soft urinary	

	#	Actions (elements)	Chec						
			k						
			mark						
			Yes						
			(1)/n						
			o (0)						
	Treatmentofwarmers								
	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 Preparethenecessaryequipment								
	3	3 Put on an apron, gloves							
		1 / 2							
	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	Rinsingwithrunningwater.							
	8	Rinsingindistilledwater							
	9	Sterilization in the CSO after drying and laying in a two-							
		layer calico.							
35.	Evaluation list (check-list) № 35 Processing and storage of urinals,								
	bedpan								
	#	Actions (elements)	Check	Ī					
			mark						
			Yes						
			(1)/no						
			(0)						
	1	Preparethenecessaryequipment	(-)	T					
	2	Put on an apron, gloves		T					
		1 / 2							
	3	Place the vessels in the tank, fill them with disinfectant		T					
		solution, close the lid, mark the time.							
	4	Removeglovesandapron		T					
		Tromo (egro (esameapron							
	5	Exposure time: dexazone-1 – 30 minutes; bleach 0.5% - 60	1	t					
	1.	minutes; chloramine 1% - 60 minutes							
	6	After 1 hour, put on the gloves and apron again, remove from		t					
		the vessel's tank and wash them with hot water using a brush.							

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.

VIII. Documentation of the practice

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

IX. Evaluation criteria based on the results of certification of clinical practice

Criteria for the final evaluation for the production practice "Procedural Nurse Assistant»:

- "5" (excellent) the student has mastered complete program of clinical practice, observes discipline, has a correctly and accurately filled diary and digital report, has no comments from the direct supervisor.
- "4" (good) the score is reduced by one point if there are comments on at least one of the following items: non-rude comments on discipline, on the technique of performing practical skills by the head of the practice, the diary and/or report are filled with small shortcomings.
- "3" (satisfactory) implementation of the practice program with errors in the performance of skills, diary and / or report filled with deficiencies, there are violations of labor discipline during the practice.
- "2" (unsatisfactory) gross violation of labor discipline (regular unexcused absences). Billed "2" also for the forgery of the digital report (marked manipulation, which the student did not perform) and gross defects when filling out the diary.

The student who has not fulfilled the program of practice in due time and (or) received negative feedback on the work from the head of the practice, as well as missed the practice due to illness or other valid reasons, submits an explanatory note to the Dean's office, which indicates the reasons for the debt. The issue of practical training of these persons is decided individually.

X. List of recommended literature:

a. Core reading:

a) 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. текстовыедан. (1 файл: 3,09 Мб). - Ulyanovsk: ULSU, 2016.-108 c.- Access mode: 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, Insitute of Medicine, Ecology and Physical culture. - Ulyanovsk: UlSU, 2015. - 92 с. - Текстнаангл. яз. - Библиогр.: с. 91. - б/п.

3. 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 р.: il. - Парал. тит. л. рус. - ISBN 978-5-9704-4697-3: 900.00.

b) Supplementary reading:

- 1. Oslopov V.N., Epiphany O.V., et al..General care. Training manual. Part 1.General care of a patient. Manual. Part 1 Kazan: KSMU, 2005. 106 c. Access mode: http://oslopov-kazan.ru/wordpress/wp-content/uploads/2014/02/General-care-of-a-Patient.-Part-1.pdf
- 2. Oslopov V.N., Epiphany O.V., et al..General care. Training manual. Part 2.General care of a patient. Manual. Part 2 Kazan: KSMU, 2005. 114 c. Access mode: http://oslopov-kazan.ru/wordpress/wp-content/uploads/2014/02/General-care-of-a-Patient.-Part-2.pdf

c) educational-methodical readin

- **1.** *Smirnova A.Yu.* Methodical manual on clinical practice of 3d year students "Procedural nurse assistant. Part I " for the student.- Ulyanovsk, Ulsu, 2019.-45;
- **2.** *Smirnova A.Yu.* Methodical manual on clinical practice of 3d year students "Procedural nurse assistant. Part I" for the teacher.- Ulyanovsk, Ulsu, 2019.-13;
- 3. *Smirnova A. Yu.* Methodical manual on clinical practice of 1st year students "Procedural nurse assistant. Part I" for independent work of the student.- Ulyanovsk, Ulsu, 2019.-45.

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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