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**METHODICAL INSTRUCTIONS FOR SELF-INDEPENDENT WORK OF THE
STUDENT OF PRACTICE "WARD NURSE ASSISTANT" FOR SPECIALTY
31.05.01 " GENERAL MEDICINE»**

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The manual is prepared in accordance with the work program of the practice "Ward nurse 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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I. Explanatory note

Methodical recommendations are intended for the organization of independent work of students in extracurricular time during the practice "Ward nurse 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.

II. The practice aims

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

III. The practice objectives

- Objectives:**-to administer of the medical documentation nurse;
- to administer not invasive parenteral ways of introduction of drugs;
-to know principles patients care and to know first pre-medical aid;
- to administer of medical devices for medical aid.

IV. Proposed results

The course is aimed at the following competences:

Index and name of the implemented competence	The proposed results of the course students are:
GPC-4 the willingness to use medical devices intended for medical care, as well as conduct examinations of the patients in order to establish a diagnosis.	Individual achievements-1 GPC-4 To know: - the technique of dripping drops or applying ointment into the ears, eyes, nose; -the rules applying and cleaning of nebulizers; - the rules applying and cleaning the aerosol and dry powder inhaler; - the rules of storage and discharge of medicines for oral use; --the technique of drug administration with the help enema; - features of work of admissions office and specialized care units; -the rules and methods of transporting

	<p>patients to the hospital;</p> <ul style="list-style-type: none"> - measuring body temperature and care for febrile patients; - methods of toilet of mouth, eyes, ears, nasal and oral cavities in severely ill; - ways of changing of underwear and bed linen of bedridden patients. <p>- methods of the care of patients with urinary incontinence;</p> <ul style="list-style-type: none"> - methods of the prevention of bedsores; - the technique of the gastric lavage; - methods of collection of sputum, vomit, stool, urine for laboratory diagnostics; - the preparations for x-ray and endoscopic methods of investigation; - the technique of the simplest physical therapy manipulation; - the rules of thermometers disinfection and storage; -the technique of disinfection and storage urinals, the technique of disinfection a tip for enema, preparing and administering cleansing enema. <p>Individual achievements-2 GPC-4 to be able to:</p> <ul style="list-style-type: none"> -dripping drops or applying ointment into the ears, eyes, nose; -the skill of applying nebulizers**; - to apply pocket aerosol and dry powder inhaler; -to store, set out, distribute of medicines for oral use; - administering cleansing and medicinal enema*; - to transport patients to the hospital; <p>-care of patients with urinary incontinence;</p> <ul style="list-style-type: none"> - care for febrile patients; - carry out gastric lavage**; <ul style="list-style-type: none"> - carry out toilet mouth, eyes, ears, nasal and oral cavities in severely ill; <ul style="list-style-type: none"> - change underwear and bed linen in severely ill; -to conduct the simplest physical therapy
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	<p>manipulation;</p> <ul style="list-style-type: none"> - prepare the patient for x-ray and ultrasound methods**; - prepare the patient for endoscopic methods of investigation; <p>to prepare and to apply the ice-pack and warmer;</p> <ul style="list-style-type: none"> -to provide thermometers disinfection and storage; -to provide disinfection and storage a tip for enema; -prepare and to carry out cleansing, medicinal enema*; -to prepare and to apply with the urinals. <p>Individual achievements-3 GPC-4</p> <p>to own to:</p> <ul style="list-style-type: none"> -apply the methods noninvasive parenteral and enteral ways of introduction of drugs; - to care patients with internal organs diseases; -the methods of applying medical devices intended for medical care.
<p>PC-2 the willingness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease.</p>	<p>to know:</p> <ul style="list-style-type: none"> -medical documentation nurse (sheet prescribing, book of movement of patients, notebook transfer duty, log-book of strong and narcotic drugs etc.); - methods of oxygen therapy; - first aid for bronchial asthma attack; - first aid for pulmonary bleeding; - first aid in vomiting; -the technique of cardiopulmonary resuscitation (CRP); - the signs of clinical and biological death, the rules of post-mortem care; - laboratory diagnostic methods; -risk factors for diseases internal diseases; -risk factors for pediculosis, diseases of cardiovascular and respiratory systems. <p>to be able to:</p> <ul style="list-style-type: none"> -fill out medical documentation nurse (sheet prescribing, book of movement of patients, notebook transfer duty, log-book of strong and narcotic drugs etc.); - to carry out oxygen therapy;

	<ul style="list-style-type: none"> - perform first aid for bronchial asthma attack;* - perform first aid for pulmonary bleeding;* - perform first aid in vomiting; - performing CPR;* -administer artificial respiration and to assess its effectiveness;* - collecting urine, sputum, vomit for laboratory tests - collect urine specimen: general urine sample, urine screens by Zimmizkiy and Nechiporenko; -to identify risk factors of pediculosis, diseases of cardiovascular and respiratory systems; - to conduct educational work to eliminate risk factors; -to conduct conversations (individual, group), lectures with the population on the prevention of the onset and development of diseases; -to carry out wet cleaning of rooms, airing of chambers, the current and final disinfection for the purpose of the preventive actions directed on strengthening of health of the population; -to carry out sanitary treatment of patients; -to conduct antropometria; -to calculate the frequency of breath movements; -to examine and evaluate the pulse in the peripheral arteries; -to measure blood pressure. <p>to own to:</p> <ul style="list-style-type: none"> -conduct of the medical documentation and nurse; -methods of providing primary pre-hospital health care; -skills of carrying out educational work on elimination of risk factors; -skills of control of the main physiological indicators promoting preservation and strengthening of health, prevention of diseases; -skills of organization of actions for prevention of diseases of internal organs.
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The note: *- to take part, **- observation.

V. Content of Practice

	Name of sections	The form of practice, including independent work	The form of control
I stage "Preparatory stage of practice"			
1	Briefing on safety	Briefing on safety	Interview, control of the filling of the diary
2	Administration of the medical documentation	Work in the admissions office and specialized care units	Interview, control of the filling of the diary
II stage "Production stage"			
3	Reception of patients and transporting patients to the hospital;	Work in the admissions office	Interview, control of the filling of the diary and check-list
4	General care of the patients	Work in specialized care units	Interview, control of the filling of the diary and check-list
5	Preparing patients for therapeutic instrumental research and collecting of biological material for laboratory research Emergency prevention of the HIV-infection at a "emergency" situation	Work in specialized care units	Interview, control of the filling of the diary and check-list
6	Not invasive parenteral ways of introduction of drugs	Work in specialized care units	Interview, control of the filling of the diary and check-list
7	Emergency	Work in the admissions office and specialized care units	Interview, control of the filling of the diary and check-list
8	Handling and preparing	Work in the admissions office and specialized	Interview,

to use medical devices stipulated order of rendering of medical aid. CREDIT.	care units	control of the filling of the diary and check-list
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VI. Questions for ongoing monitoring depending on the type and type of practice

1. Instructing students on safety and health, according to the rules of the diary, schedule and order of practice, etc.
2. The regime of medical establishment
3. Actions at detection of a fire
4. Kinds of instructing on a labour safety
5. Maintenance of medical records
6. Medical documentation of the treatment room
7. Medical documentation of a ward nurse
8. Accounting forms of medical documentation and terms of their storage
9. Rules of registration of primary medical documentation
10. The algorithm of filling a portion of the list
11. Rules for filling the temperature list
12. Rules of filling in the journal of movement of patients, the journal of transfer of duties
13. Rules for filling in the register of potent drugs and narcotic analgesics
14. Functions of the hospital structure the hospital
15. Organization of work of the admission Department of therapeutic profile
16. Types of transportation of the patient
17. Technique of laying the patient on a stretcher, when climbing and descending the stairs
18. Risk factors for pediculosis
19. Algorithm of sanitary treatment of patients with pediculosis
20. Sanitary treatment of patients in the emergency Department
21. Technique of anthropometry
22. Preparing the patient for ultrasound of abdominal, kidney and bladder organs
23. Preparing the patient for the FGDS, FCC, FBS
24. Preparing the patient for R- study of the gastrointestinal and kidney
25. Urine collection for general analysis
26. Urine collection for Nechiporenko study
27. Collecting sputum for clinical and bacteriological research
28. Collecting feces for clinical and bacteriological research
29. Emergency prevention of the HIV-infection at a "emergency" situation
30. Storage, laying and distribution of tablets
31. Burying drops and laying ointments in ears, eyes, nose
32. Use of aerosol and powder inhalers
33. Use of nebulizer
34. Medicinal enemas
35. Gastric rinsing
36. The technique of changing underwear and bed linen for seriously ill

37. Ways to change lists in seriously ill
38. The sequence of changing shirts in a seriously ill
39. Ways to carry the weak and seriously ill from the stretcher to the bed and back
40. Methods of patient skin care
41. Methods of carrying out the toilet of the oral cavity seriously ill
42. The methodology of the toilet eyes critically ill
43. Methods of toilet ears seriously ill
44. Risk factors, causes, mechanism of formation of pressure sores
45. Stages of bedsores
46. Early signs of bedsores formation
47. Measures to prevent bedsores
48. Methods of care for patients with urinary incontinence
49. Types of enemas
50. Technique of setting a cleansing enema. Indications and contraindications
51. The main indications for oxygen therapy
52. Humidified oxygen supply technique
53. The main clinical manifestations of bronchial asthma attack
54. Algorithm of emergency care in case of bronchial asthma attack
55. The main clinical manifestations of pulmonary hemorrhage
56. Algorithm of emergency care in pulmonary hemorrhage
57. Algorithm of emergency care for vomiting
58. Concept of resuscitation
59. Signs of clinical and biological death
60. Types of artificial ventilation. Equipment and conditions
61. The technique of indirect massage of heart, its possible complications
62. Monitoring the effectiveness of resuscitation
63. A statement of fact of biological death
64. Statement of clinical death
65. Rules for the treatment of a corpse
66. Processing rules tips for enemas
67. Storage and disinfection of thermometers
68. Rules of processing and storage of warmers
69. Rules for the handling and storage of urinals, bedpan
70. Rules of treatment and storage of soft urinary catheters
71. Rules of treatment and storage of gastric and duodenal probes
72. Types of des. disinfection solutions, rules for dilution of solutions

VII. THE LIST OF PRACTICAL SKILLS

№	Skill name
1.	Maintaining medical records of the nurse's ward
2.	Sanitary treatment of patients in the waiting room
3.	Treatment of patients with pediculosis
4.	Conducting atropometry
5.	Transporting patients to the ward
6.	Thermometry, caring for feverish patients

7.	Posing cans, mustards, dry and wet compresses
8.	Use of an ice bubble, heating pads
9.	Counting breathing movements
10.	Pulse study on peripheral arteries, its assessment
11.	Blood pressure measurement (BP)
12.	Care for patients with urinary incontinence
13.	Cleaning enema
14.	Wet cleaning and airing of wards, current and final disinfection
15.	Toilet oral cavity, eyes, ears seriously ill.
16.	Changing the bed linen and the seriously ill
17.	Preparing the patient for ultrasound of abdominal, kidney and bladder organs
18.	Preparing the patient for the FGDS, FCC, FBS
19.	Preparing the patient for R- study of the gastrointestinal and kidney
20.	Urine collection for general analysis
21.	Urine collection for nechiporenko study
22.	Collecting sputum for clinical and bacteriological research
23.	Collecting feces for clinical and bacteriological research
24.	Storage, laying and distribution of tablets
25.	Burying drops and laying ointments in ears, eyes, nose
26.	Use of aerosol and powder inhalers
27.	Use of nebulizer
28.	Medicinal enemas
29.	Gastric rinsing
30.	Supply of moistened oxygen
31.	Emergency care for a patient with a asthma attack
32.	Emergency care for pulmonary bleeding
33.	Emergency care for vomiting. Collecting vomit for a clinical trial.
34.	Artificial ventilation: mouth to mouth, mouth to nose
35.	Indirect heart massage
36.	Statement of clinical and biological death, rules for the treatment of a corpse
37.	Processing thermometers, spatula, spitting, trays
38.	Processing and storage of heating pads, tips for enemas, urinary tracts, lining vessels, soft urinary catheters, gastric and duodenal probes.
39.	Emergency prevention of the HIV-infection at a "emergency" situation

VIII. Checklist for mastering of practical skills

№	Formulation of the individual tasks	
1.	Evaluation list (checklist) No. 1 Treatment of patients with pediculosis	
		<p style="text-align: center;">Actions (elements)</p> <p style="text-align: right;">Check mark Yes (1)/no (0)</p>
	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

	3.	Introduce yourself, define your role	
	4.	Get informed consent of the patient for manipulation	
	5.	Prepare everything necessary to perform the manipulation.	
	6.	Inform the patient about the course of the manipulation and about the drug.	
	7.	To wear a special gown, scarf, gloves.	
	8.	The position of the patient — sitting, if the condition allows — on the couch with oilcloth.	
	9.	The patient's hair is treated with 0.15-th solution of carbophos.	
	10.	To cover his hair oiled silk and cloth scarves.	
	11.	After 20 minutes, rinse hair with warm water.	
	12.	For rinsing it is necessary to use the 6th solution of vinegar.	
	13.	Comb the hair with a comb.	
	14.	The patient's underwear should be sent to the disinfection chamber in a special bag.	
	15.	On the title page of the medical records to make in the upper right corner of the mark "P" — pediculosis.	
	16.	The room and everything with which the pediculous patient came into contact, treated with carbophos.	
	17.	The overalls in which processing was carried out, also to put in a bag and to send for processing.	
2.	Evaluation list (check-list) № 2 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 stadiometer. 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	
3.	Evaluation list (check-list) № 3 Transportation of patients to the Department		
		Actions (elements)	Check mark Yes (1)/n o (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.	
	Shifting the patient from bed to stretcher (gurney)		
	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.	Carryouttransportation	

4.	Evaluation list (check-list) № 4 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»		
5.	Evaluation list (check-list) № 5 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	
6.	Evaluation list (check-list) № 6 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	
7.	Evaluation list (checklist) № 7 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	
8.	Evaluation list (check-list) № 8 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	
9.	Checklist 9 of the skill "Blood pressure Measurement"		
	No	Step	What 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 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 his observations	
	14.	With one hand to find the place of pulsation of the radial artery	
	15.	Second hand close the valve (valve) pearls 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) pearls (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	
10.	A check-list 10 of skills "Inspection and palpation of the vessels, evaluation of frequency of inspiration movements "		
	No	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.	Inspection of surface bedpans	
	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.	Estimation of parameters of the pulse at the radial	

	arteries:	
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.	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	
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.	Estimation of parameters of pulse on femoral arteries:	
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	
31.	The study of the pericardium	
32.	Put the right hand base of the palm on the sternum, placing the fingers in the intercostal spaces toward the left axillary line	
33.	Rotate the hand 90 degrees and to evaluate apical impulse fingertips	
34.	To determine the presence of a pulse deficit, simultaneously, by sensing the area of apex beat and radial artery	
35.	Palpation pulsations of the large arteries	
36.	To palpate the projection area of the pulmonary artery with the palm in the area of the 2nd intercostal space at the left edge of the sternum	
37.	To palpate the projection area of the aortic arch with the palm in the area of the 2nd intercostal space at the right edge of the sternum	
38.	To palpate the area of possible pulsations of the aorta hand in the epigastric region	
39.	Thank the patient, tell you to get dressed, to inform you	

		that You have finished and will now prepare a written report of inspection results	
11.	Evaluation list 11 (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.	Unregulated actions	
	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)	
12.	Evaluation list (check-list) № 12 Submission of the bedpan 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 start of manipulation: bedpan, oilcloth, screen, gloves	
	7.	Screen the patient.	
	8.	Rinse the boat with warm water, leaving some water in it	
	9.	Move your left hand under the sacrum from the side, helping the patient to raise the pelvis. In this case, the patient's legs should be bent at the knees	
	10.	Put an oilcloth under the patient's pelvis	
	11.	With your right hand, move the bedpan under the patient's buttocks so that the crotch is above the opening of the bedpan	
	12.	Cover the patient with a blanket and leave him alone for a while	
	13.	After bowel movements right hand pull the ship, helping with the left hand the patient to lift the hips	
	14.	After inspecting the contents of the bedpan, pour it into the toilet, rinse the bedpan with hot water. In the presence of pathological impurities (mucus, blood and so on), leave the contents of the bedpan before the doctor's examination	
	15.	Wash the patient, after changing gloves and substituting a clean bedpan	
	16.	Remove the boat and oilcloth	

	17.	Disinfect the ship	
	18.	Close the bedpan with oilcloth and place on a bench under the patient's bed or place in a specially retractable device functional bed	
	19.	Remove the screen	
	20.	Take off your gloves in des. solution, treat hands in a hygienic way	
13.	Evaluation list (checklist) № 13 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	
14.	Evaluation list (check-list) № 14 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		
15.	Evaluation list (checklist) № 15 Change of underwear 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.	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	
16.	Evaluation list (checklist) № 16 Bed linen change for seriously ill patients		
	#	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.	
	The first way to change bed linen		
	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	
	The second way to change bed linen		
	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	
17.	Evaluation list (checklist) № 17 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	
18.	Evaluation list (checklist) № 18 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	
19.	Evaluation list (checklist) № 19 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	
20.	Evaluation list (check-list) № 20 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	
21.	Evaluation list (check-list) № 21 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.	
22.	Evaluation list (check-list) № 22 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.	
23.	Evaluation list The collecting of urine for carrying out research according to Nechyporenko (checklist) № 23		
	#	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.	
24.	Evaluation list (check-list) № 24 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 and 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	
25.	Evaluation list (checklist) № 25 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 container	
	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.	
26.	Evaluation list (check-list) № 26 Instill drops in the eye		
	#	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.	Seat the patient (head slightly thrown back) or lay on his	

		back without a pillow.	
	7.	Treat hands, put on gloves.	
	8.	Recruit medicine in the pipette with the right hand and left hand take sterile gauze.	
	9.	Pull the lower eyelid with your left hand using a gauze ball.	
	10.	Ask the patient to look up.	
	11.	Drip 2-3 drops of the drug into the lower conjunctival sac, closer to the nose (do not bring the pipette close to the conjunctiva!).	
	12.	Ask the patient to close his eyes.	
	13.	Apply to the inner corner of the eye balls and lightly press on the inner corners of the gas for 1 minute (balls in the patient's hand).	
	14.	Similarly, drip drops into the other eye.	
	15.	To reset the balls into the chute for the waste material.	
	16.	Ask the patient how he feels.	
	17.	Pipette to place in disinfection solution.	
	18.	Take off your gloves in des. solution. Treat hands.	
	19.	Make a mark about the assignment.	
27.	Evaluation list (checklist) № 27 Instilling drops in the nose		
	#	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.	Ask the patient to blow his nose (you need to mark each half of the nose separately, while covering the second, without effort and tension).	
	6.	Seat the patient (can be laid on the back without a pillow).	
	7.	Treat hands, put on gloves.	
	8.	To dial in the pipette the required amount of medicinal solution.	
	9.	Ask the patient to tilt his head back slightly. Lift the tip of the patient's nose with the thumb of the left hand.	
	10.	Enter the pipette in one nasal passage to a depth of 1-1.5 cm, trying not to touch its walls and drip 3-4 drops. Press the wing of the nose to the septum and tilt the head in the same direction. After 1-2 minutes, drip drops in the same	

		sequence in another nasal passage.	
	11.	Drop the dropper in des. solution.	
	12.	Take off your gloves in des. solution. Treat hands.	
28.	Evaluation list (check-list) № 28 Instilling drops in the ear		
	#	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.	Seat the patient or lay on his back without a pillow. Turn your head to the healthy side. Can be laid on the side (on the healthy side).	
	7.	Treat hands, put on gloves.	
	8.	In the presence of discharge from the ear – clean the ear canal.	
	9.	Dial the medication into the dropper	
	10.	Pull the auricle up and back.	
	11.	Drip 2-3 drops into the external auditory canal. Press lightly on the ear tragus.	
	12.	Lay gauze (cotton) the ball. Head position does not change for 5-10 minutes.	
	13.	If necessary, similarly drip drops into the other ear.	
	14.	Ask the patient how he feels.	
	15.	Pipette to place in disinfection solution.	
	16.	Take off your gloves in des. solution. Treat hands.	
	17.	Make a mark about the assignment.	
29.	Evaluation list (checklist) № 29 Laying ointment in the eye (for the lower eyelid)		
	#	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.	Seat the patient (head slightly thrown back) or lay on his back without a pillow.	
	7.	Treat hands, put on gloves.	
	8.	Pull the gauze ball lower eyelid and ask the patient to look up.	
	9.	Squeeze the ointment from the tube, moving it from the inner corner of the eye to the outer so that the ointment goes beyond the outer eyelid spike. Release the lower eyelid: the patient should close his eyes.	
	10.	Remove the ointment that flows from under the closed eyelids.	
	11.	If necessary, lay the ointment for the lower eyelid of the other eye, repeat the same steps.	
	12.	To reset the balls into the chute for the waste material.	
	13.	Ask the patient how he feels.	
	14.	Take off your gloves in des. solution. Treat hands.	
	15.	Make a mark about the assignment.	
30.	Evaluation list (check-list) № 30 Using the aerosol and dry powder inhalers		
	#	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.	Control of the appointment (to establish the identity of the information on the package of the inhaler in the medical documentation on the name of the drug; check the dosage of drugs, the method of administration of drugs, shelf life)	
	Use of aerosol inhalers		
	5.	Remove the protective cap from the mouthpiece of the aerosol can	
	6.	Turn the can upside down and shake well	
	7.	Ask the patient to take a deep breath	
	8.	Explain to the patient that he should tightly wrap his	

		lips around the mouthpiece and take a deep breath, while simultaneously pressing the valve of the can; after inhalation, the patient should hold his breath for a few seconds	
	9.	After that, ask the patient to remove the mouthpiece from the mouth and exhale slowly	
	10.	Allow patient to rinse mouth with water	
	The use of dry powder inhalers		
	11.	Topreparetheinhaler	
	12.	Exhaleslowly	
	13.	Graspthemouthpiecelips	
	14.	Take a deep powerful breath	
	15.	Hold your breath for 5-10 seconds	
	16.	After that, ask the patient to remove the mouthpiece from the mouth and exhale slowly	
	17.	Allow the patient to rinse the mouth with water	
31.	Evaluation list (check-list) No. 31 Application of the nebulizer		
	#	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.	Treat hands in a hygienic way	
	6.	Put on gloves	
	7.	Control of prescription (to establish the identity of the information on the packaging of the drug in the medical documentation on the name of the drug; check the dosage of drugs, the method of administration of drugs, shelf life)	
	8.	Toopenthedevice	
	9.	Pour the medicine from the container (nebula) or drip from the container the desired dose	
	10.	The volume necessary according to the instruction to add with a saline solution	
	11.	The Assembly of the device and check the operation. Check the air filter by connecting the tubes. The glass with the finished liquid should be attached to the inhaler tube	
	12.	Attach a mouthpiece or mask that fits	

	13.	Take a comfortable position	
	14.	Connect the nebulizer and compressor by turning on the compressor	
	15.	Nebulizer inhalations are performed until the drug is fully consumed. The Cup should be kept flat so that the drug does not spill out. When the steam from the Cup stops, inhalation can be considered complete	
	16.	Disassemble the device and clean its parts. Place the mouthpiece, glass and mask in the des. solution	
	17.	Allow the patient to rinse the mouth with water	
	18.	Remove gloves in disinfection solution, treat hands in a hygienic way	
	19.	Make a mark about the assignment	
32.	Evaluation list (check-list) № 32 Emergency care for a patient with 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.	
33.	Evaluation list (checklist) № 33 Emergency care for patients with pulmonary hemorrhage		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Call a doctor right away.	
	2.	To give the patient SITTING OR semi-sitting 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 inhalation.	
	6.	Asphyxia - endotracheal INTUBATION, 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/v or i/m).	
	8.	In the absence of the hemostatic effects of medicines – BRONCHOSCOPY with OCCLUSION of the bleeding segment.	
34.	Evaluation list (check-list) № 34 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	
35.	Evaluation list (checklist) № 35 Emergency care for vomiting unconscious patient, collection of vomit for clinical research		
	#	Actions (elements)	Check mark Yes (1)/n

			o (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	
36.	Evaluation list (checklist) № 36 Cardiopulmonary resuscitation (CPR)		
	#	Actions (elements)	Check 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 the exhalation, again to blow the air.	
	Indirect heart massage		
	11.	Lay the patient on a firm flat surface	
	12.	Kneel down next to the patient.	
	13.	Mark compression point — three transverse fingers 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: If chest compressions are conducting one-Reanimator — ratio compression-to-ventilation rate of 15:2; If CPR perform 2 rescuer - ratio compression-to-ventilation rate — 5:1.		
37.	Evaluation list (check-list) № 37 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".	
38.	Evaluation list (check-list) № 38 Processing and storage of rubber products, warmers, gastric and intestinal probes, soft urinary catheters		
	#	Actions (elements)	Check mark

			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.		
39.	Evaluation list (check-list) № 39 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.		
40.	<i>Evaluation sheet 40 (check sheet)</i> Emergency prevention of the HIV-infection at a "emergency" situation		
	№	Step	check that the Yes(1)/no(2)

1.	To introduce themselves, indicate your role	
2.	To estimate contact on a degree of risk of infection of a HIV in view of a kind, quantities of the biological liquid which have got on mucous, a skin, wound surface or in a tissues;	
3.	To inform a management (the senior medical sister, The head of the department, the head physician) on a "emergency" situation;	
4.	Emergency to fix in « Magazine of registration of emergencies hospital» with registration of the notice on an emergency in duplicate;	
In case of cuts and injections immediately:		
5.	To take off the gloves;	
6.	To wash up hands with soap under flowing water;	
7.	To process hands of 70 % spirit;	
8.	To grease wound 5 % spirit solution of iodine;	
At hit of blood or other biological liquids on the skin:		
9.	Place to process 70 % spirit;	
10.	To wash water with soap and repeatedly to process 70 % spirit;	
At hit of blood or other biological liquids on the mucous:		
11.	Mouth to wash out a plenty of water;	
12.	To rinse 70 % a solution ethyl spirit;	
13.	Mucous membrane of a nose and eye plentifully to wash out water (to not rub);	
At hit of blood or other biological liquids on the medical form, clothes:		
14.	To take off working clothes and to ship in a disinfectant solution or in bix for autoclaving;	
15.	Within 2 hours (till 72 o'clock) with the notice to address in the AIDS-CENTER for the decision of a question on reception antiretroviral therapies.	
Unregulated actions		
1.	...	
2.	...	

	3. ...	
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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 correctly performed practical skills according to the checklist;
sufficient – from 75 to 84 % of correctly performed practical skills according to the checklist;
satisfactory - from 55 to 74 % of correctly performed practical skills according to the checklist;
critical – less than 55% of correctly performed practical skills according to the checklist.

IX. 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.

X. List of recommended literature:

a) List of recommended literature:

Core reading:

1. Smirnova A.Yu. Patients care with internal diseases. Course of training practice : textbook of medicine for medicine faculty students / Smirnova A. Yu., V. V. Gnoevykh; Ulyanovsk State University, Insitute of Medicine, Ecology and Physical culture. - Ulyanovsk : ULSU, 2016. - На англ. яз.; Загл. с экрана. - Электрон. текстовые дан. (1 файл : 3,09 Мб). - Текст : электронный. <http://lib.ulsu.ru/MegaPro/Download/MObject/157>

2. Smirnova A. Yu. General care of patients with internal organs diseases. Course of training practice : Textbook of Medicine for medicine faculty students for self-independent work / Smirnova A. Yu. , V. V. Gnoevykh, B. B. Гноевых; Ulyanovsk State University, Insitute of Medicine, Ecology and Physical culture. - Ulyanovsk : ULSU, 2019. - Текст на англ. яз.; Загл. с экрана. - Электрон. текстовые дан. (1 файл : 2,47 Мб). - Текст : электронный. <http://lib.ulsu.ru/MegaPro/Download/MObject/1443>

3. Гостищев, В. К. General surgery / The manual. - М. : GEOTAR-Media, 2019. - 220 p. - 220 с. - ISBN 978-5-9704-4984-4. - Текст : электронный // ЭБС "Консультант студента" : [сайт]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970449844.html>

Supplementary reading:

1. 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 : UISU, 2015. - На англ. яз.; Загл. с титул. экрана; Электрон. версия печ. публикации. - Электрон. текстовые дан. (1 файл : 121 Кб). - Текст : электронный. <http://lib.ulsu.ru/MegaPro/Download/MObject/3>

educational-methodical reading:

1. Chernova N. G. Methodical instructions for self-independent work of the student of practice "Ward nurse assistant" for specialty 31.05.01 "General medicine» / N. G. Chernova. - Ulyanovsk : UISU, 2021. - 45 с. - Неопубликованный ресурс. - URL:

<http://lib.ulsu.ru/MegaPro/Download/MObject/10604>. - Режим доступа: ЭБС УлГУ. - Текст : электронный.

b) Software:

Система «Антиплагиат.ВУЗ»
ОС MicrosoftWindows
MicrosoftOffice 2016
Мой Офис Стандартный

c) Professed data base, directory and search systems:

1. Электронно-библиотечные системы:

1.1. IPRbooks : электронно-библиотечная система : сайт / группа компаний Ай Пи Ар Медиа. - Саратов, [2021]. – URL: <http://www.iprbookshop.ru>. – Режим доступа: для зарегистрир. пользователей. - Текст : электронный.

1.2. ЮРАЙТ : электронно-библиотечная система : сайт / ООО Электронное издательство ЮРАЙТ. – Москва, [2021]. - URL: <https://urait.ru>. – Режим доступа: для зарегистрир. пользователей. - Текст : электронный.

1.3. Консультант студента : электронно-библиотечная система : сайт / ООО Политехресурс. – Москва, [2021]. – URL: <https://www.studentlibrary.ru/cgi-bin/mb4x>. – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.

1.4. Консультант врача : электронно-библиотечная система : сайт / ООО Высшая школа организации и управления здравоохранением-Комплексный медицинский консалтинг. – Москва, [2021]. – URL: <https://www.rosmedlib.ru>. – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.

1.5. Большая медицинская библиотека : электронно-библиотечная система : сайт / ООО Букап. – Томск, [2021]. – URL: <https://www.books-up.ru/ru/library/>. – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.

1.6. Лань : электронно-библиотечная система : сайт / ООО ЭБС Лань. – Санкт-Петербург, [2021]. – URL: <https://e.lanbook.com>. – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.

1.7. Znaniium.com : электронно-библиотечная система : сайт / ООО Знаниум. - Москва, [2021]. - URL: <http://znaniium.com> . – Режим доступа : для зарегистрир. пользователей. - Текст : электронный.

1.8. Clinical Collection : коллекция для медицинских университетов, клиник, медицинских библиотек // EBSCOhost : [портал]. – URL: <http://web.b.ebscohost.com/ehost/search/advanced?vid=1&sid=9f57a3e1-1191-414b-8763-e97828f9f7e1%40sessionmgr102> . – Режим доступа : для авториз. пользователей. – Текст : электронный.

1.9. Русский язык как иностранный : электронно-образовательный ресурс для иностранных студентов : сайт / ООО Компания «Ай Пи Ар Медиа». – Саратов, [2021]. – URL: <https://ros-edu.ru>. – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.

2. КонсультантПлюс [Электронный ресурс]: справочная правовая система. /ООО «Консультант Плюс» - Электрон. дан. - Москва : КонсультантПлюс, [2021].

3. Базы данных периодических изданий:

3.1. База данных периодических изданий : электронные журналы / ООО ИВИС. - Москва, [2021]. – URL: <https://dlib.eastview.com/browse/udb/12>. – Режим доступа : для авториз. пользователей. – Текст : электронный.

3.2. eLIBRARY.RU: научная электронная библиотека : сайт / ООО Научная Электронная Библиотека. – Москва, [2021]. – URL: <http://elibrary.ru>. – Режим доступа : для авториз. пользователей. – Текст : электронный

3.3. «Grebennikon» : электронная библиотека / ИД Гребенников. – Москва, [2021]. –

URL: <https://id2.action-media.ru/Personal/Products>. – Режим доступа : для авториз. пользователей. – Текст : электронный.

4. Национальная электронная библиотека : электронная библиотека : федеральная государственная информационная система : сайт / Министерство культуры РФ ; РГБ. – Москва, [2021]. – URL: <https://нэб.рф>. – Режим доступа : для пользователей научной библиотеки. – Текст : электронный.

5. SMART Imagebase // EBSCOhost : [портал]. – URL: <https://ebSCO.smartimagebase.com/?TOKEN=EBSCO-1a2ff8c55aa76d8229047223a7d6dc9c&custid=s6895741>. – Режим доступа : для авториз. пользователей. – Изображение : электронные.

6. Федеральные информационно-образовательные порталы:

6.1. **Единое окно доступа к образовательным ресурсам** : федеральный портал / учредитель ФГАОУ ДПО ЦРГОП и ИТ. – URL: <http://window.edu.ru/> . – Текст : электронный.

6.2. **Российское образование** : федеральный портал / учредитель ФГАОУ ДПО ЦРГОП и ИТ. – URL: <http://www.edu.ru>. – Текст : электронный.

7. Образовательные ресурсы УлГУ:

7.1. Электронная библиотека УлГУ : модуль АБИС Мега-ПРО / ООО «Дата Экспресс». – URL: <http://lib.ulsu.ru/MegaPro/Web>. – Режим доступа : для пользователей научной библиотеки. – Текст : электронный.