

Ministry of science and higher education
Federal state budgetary educational
institution higher education institution
Ulyanovsk state University
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METHODICAL INSTRUCTIONS FOR INDEPENDENT WORK OF THE STUDENT
ON CLINICAL PRACTICE " NURSE ASSISTANT" FOR SPECIALTY 31.05.01 "
GENERAL MEDICINE»

Ulyanovsk

S 68

УДК 616-051(075.8)

ББК 53.52п.я73

Published by the decision of the Academic Council
Institute of medicine and ecology
Ulyanovsk state University
19 June 2021 № 10/210

Reviewer – MD, prof. Razin V.A.

Smirnova A.Yu. Methodical manual on clinical practice of 1st year students "Nurse assistant. Part I" for independent work of the student.- Ulyanovsk, Ulsu, 2021.p.45

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

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Explanatory note

Methodical recommendations are intended for the organization of independent work of students in extracurricular time during the practical training “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.

I. The course aims

Aim of the Course: developing the general 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**

Total volume of practice		Duration of practice
Credit units	Hours	Weeks
3	108	2

Practical training is conducted in the 6nd semester at training center for medical technology of medical faculty and training rooms of the Institute of Medicine, Ecology and Physical Culture USU.

The structure and Workload

№ п/п	Name of sections	The form of practice, including independent work	Quantity 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	28	Control of the filling of the diary, check-lists

		IVS. 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» 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
	9.	Accounting forms of medical documentation and terms of their 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» Implementation of the invasive parenteral administration of drugs		
	16.	Methods of parenteral invasive administration of drugs
	17.	
	18.	Methodsofdrugadministration
	19.	Advantages of parenteral invasive method of drug administration
	20.	Methods of absorption of drugs from ampoules
	21.	Methods of collecting syringes for intravenous administration of drugs
	22.	The method of collection systems for intravenous introduction of medical products
	23.	Thetechniqueoftourniquet
	24.	
	25.	Techniqueofintradermalinjection
	26.	Techniqueofintradermalinjection
	27.	Techniqueofsubcutaneousinjection.
	28.	Techniqueofsubcutaneousinjection.
	29.	Techniqueofintravenousinjection.
	30.	Technique of intravenous drip of drugs.
	31.	Technique of intravenous drip of drugs.
	32.	Techniqueofintramuscularinjections.
	33.	Techniqueofintramuscularinjections.
	34.	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. Properties of arterial pulse
	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. Interpretation of results
	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. Possible cause
	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» Treatment and 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.	Evaluation sheet (checklist) No. 1 Dialing a drug from an ampoule	
	#	Check mark Yes(1)/ no(0)
	1.	Treat hands in a hygienic way
	2.	Put on sterile gloves

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 manufacture ampoules 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 smochennym alcohol, it is necessary to ensure that the inscription on the ampoule preserved.	
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 sterile gloves	

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 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.	Evaluation sheet (check-list) № 3 Collection of systems for intravenous drip drug administration	
#	Actions (elements)	Check mark Yes(1)/no(0)
1.	Treat hands in a hygienic way	
2.	Wear sterile gloves	
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 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 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.	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 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 of adhesive plaster, a tourniquet, a pillow.	
	18.	Treatment of hands in a hygienic way	

4.	<i>Evaluation sheet 4 (check sheet)</i> <i>Intravenous infusion</i> <i>Simulation equipment: simulator-arm for intravenous injection.</i>		
	Number of actions	Step	check that the Yes(1)/no(2)
	1.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	
	2.	To introduce themselves, indicate your role	
	3.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	
	4.	To 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 unpack the bottle, prepare the system for intravenous drop infusion	
11.	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.	
12.	To perform venepuncture. To be convinced, that a needle is in vein,	
13.	To remove or open the clip system for regulating the speed of introduction of liquid	
14.	Adjust the infusion rate (the number of drops per	

	minute)	
15.	To fix a needle to the skin with an adhesive plaster	
16.	To close the needle from the top with sterile towel	
17.	To remove the needle from the injection site	
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.	<i>Evaluation sheet (check sheet)5 Intravenous injection Simulation equipment: simulator-arm for intravenous injection.</i>	
	Step	check that the Yes(1)/no(2)
	1. Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	
	2. To introduce themselves, indicate your role	

3.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	
4.	To 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 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	
14.	To change the needle	
15.	To remove air from syringe	
16.	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.	
19.	To locate a prominent vein by palpation.	
20.	To prepare the injection site by cleaning the area with an alcohol cotton ball twice.	

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.	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	
23.	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.	
28.	To repeat the pulling the syringe plunger on itself	

	slightly 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.	<i>Evaluation sheet (check sheet)6 Intradermal injection Simulation equipment: trim on the arm (i\d injection.)</i>	
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Number of actions	Step	check 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 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 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	
	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 gloves in class B	
	26.	To treat hands in a hygienic way	
		Unregulated actions	
	1.		
	2.		
	3.		
7.	<p style="text-align: center;"><i>Evaluation sheet (check sheet)7</i></p> <p style="text-align: center;"><i>Subcutaneous injection</i></p> <p style="text-align: center;"><i>Simulation equipment: trim on the arm (s\c injection.)</i></p> <hr/> <p style="text-align: center;">Step</p>		<p style="text-align: center;">Check that the</p> <p style="text-align: center;">Yes(1)/no(</p>

			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 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. Pinch up the skin gently at the injection site with a free hand.	
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, holding the 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.	<i>Evaluation sheet (check sheet)8</i> <i>Intramuscular injection</i> <i>Simulation equipment: trim on the arm (i\m injection.)</i>		
	Nu mbe r of acti ons	Step	check 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 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, 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.	
	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 quadrant of the buttocks)	
	20	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 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.		
9.	Evaluation sheet (checklist) No. 9 Blood sampling from a vein 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	
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	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.	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 solution, disposable gloves, a mask.)	
8.	Treat hands in a hygienic way	
9.	Put on sterile gloves	
10.	Positioning of the patient's arm	
11.	Apply The tourniquet	
12.	Filling of veins	
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 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 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	

	forearm. Hold the needle further into the vein for 10-15 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.	Remove the tourniquet (pulling the end).	
22.	Remove the needle by pressing the puncture site with a cotton ball moistened with 70% alcohol.	
23.	Bandage application	
24.	Drain the blood from the syringe into a dry centrifuge tube (blood should flow slowly along the wall of the tube).	
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.	<i>Evaluation sheet (check sheet) №10</i> <i>Intradermal injection</i> <i>Simulation equipment: trim on the arm (i\dermal injection.)</i>	
	Step	check that the Yes (1) /no (0)
	Number of actions	

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 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 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	
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 gloves in class B	
26.	To treat hands in a hygienic way	
	Unregulated actions	
1.		
2.		
3.		

11.	<i>Evaluation sheet (check sheet) № 11</i> <i>Subcutaneous injection</i> <i>Simulation equipment: trim on the arm (s\c injection.)</i>		
	Numb er of action s	Step	Chec k that the Yes(1 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 used material).	

19.	To control prescription (to identity in the medical records about the name of drugs, dosage of drugs, route of administration of drugs)	
20.	To check the label on the syringe. Check the expiration 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 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 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)	
29.	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 site with a free hand.	
30.	The positioning of the syringe: bring the syringe 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.	To introduce the medicine	
34.	To remove the needle from the injection site	
35.	To apply pressure to the injection site with a dry, sterile gauze pad.	
36.	To remove the needle from the injection site. Apply pressure to the injection site with a dry, sterile gauze pad.	
37.	Disinfection and disposal of used material in waste 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.	<i>Evaluation sheet (check sheet) № 12</i> <i>Intramuscular injection</i> <i>Simulation equipment: trim on the arm (i\m injection.)</i>		
	Nu mbe r of acti ons	Step	check that the Yes (1)/no (0)
	27	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient	
	28	To introduce themselves, indicate your role	
	29	To inform the patient about the procedure and obtain medical informed consent to perform the procedure	

	30	To treat hands in a hygienic way	
	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)	
	33	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	
	38	To open the ampoule with the medicine	
	39	To take the medicine from the ampoule	
	40	To change the needle	
	41	To remove air from syringe	
	42	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	
47	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	
49	To remove the needle from the injection site. Apply pressure to the injection site with a dry, sterile cotton pad.	
50	Disinfection and disposal of used material in waste class B	

51	To take off the gloves Disinfection and disposal of gloves in class B	
52	To treat hands in a hygienic way	
	Unregulated actions	
4.		
5.		
6.		

13.	<i>Evaluation sheet (check sheet) № 13</i> <i>Intravenous injection</i> <i>Simulation equipment: simulator-arm for intravenous injection.</i>		
	Step	check that the	
		Yes(1)/no(2)	
35.	Greet the patient, ask the patient, comparing with medical records, his/her surname, name, age. To inquire about the health of the patient		
36.	To introduce themselves, indicate your role		
37.	To inform the patient about the procedure and obtain medical informed consent to perform the procedure		
38.	To treat hands in a hygienic way		
39.	To put on sterilized gloves		

40.	To ask the patient to take a comfortable position (the patient sits, the injection site is free from the clothes)	
41.	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).	
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.	To check the label on the syringe. Check the 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 if it is discolored.	
45.	To prepare the syringe	
46.	To open the ampoule with the medicine	
47.	To take the medicine from the ampoule	
48.	To change the needle	

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	

	68.	To treat hands in a hygienic way	
	5.	Unregulated actions	
	6.		
	7.		
	8.		
14.	<i>Evaluation sheet (check sheet) №14</i> <i>Intravenous infusion</i> <i>Simulation equipment: simulator-arm for intravenous injection.</i>		
	Number 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.	<p align="center"><i>Checklist of the skill № 15 "Blood pressure Measurement"</i> <i>Equipment: volunteer, stethoscope, sphygmomanometer</i></p>		
	№	Step	Check that the Yes(1)/no(0)
	1.	Greet the patient	
	2.	To offer the patient to sit on a chair	
	3.	To introduce themselves, indicate their role	
	4.	Ask the patient, checking with medical records: name, surname, age	
	5.	Refer to patient by name	
	6.	To inquire about the health of the patient	
	7.	Ask questions about the following actions sovershennyh for 30 minutes before measurement: about Smoking, intense physical exertion, medications, the use of coffee, taking food, alcohol	
	8.	Ask (if necessary to help) the patient to take the required position for the procedure, ask the bare hand and to clarify that: the patient comfortable, relaxed and not crossed legs, feet on the floor, the emphasis back on the back of a chair, hand lies on the surface at heart level, palm faces upwards, breathing calm	
	9.	Measure the diameter of the shoulder	
	10.	Choose the suitable size cuff	
	11.	To test the tonometer, filling cuffs and visualization of mobility of the arrow pressure gauge	
	12.	To expose the arm and apply the cuff of the	

		tonometer on 2-2,5 cm above the cubital fossa (clothes should not squeeze the shoulder above the cuff) : to correctly place cuff on arm, to pin the cuff so that under it and freely held 2 fingers	
	13.	Install a monometer in position for its observations	
	14.	With one hand to find the place of pulsation of the radial artery	
	15.	Second hand close the valve (valve) 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) pears (clockwise) and quickly pump air into the cuff to a level exceeding 30 mm of mercury. the result obtained by palpation test	
19.	Open the valve (valve) pear and slowly deflate the cuff,	
20.	the speed of lowering of the pressure in the cuff 2 - 3 mm Hg. article in a second	
21.	watch the manometer, listening to the tones	
22.	To listen to pressure reduction in smear to zero	
23.	To inform the patient the result of the study, referring to the two digits corresponding to the time (BP sit) and disappearance (BP diast) tones	
24.	Repeat the measurement on the second hand	
25.	Re-clarification of the condition of the patient at the end of the procedure	
26.	Thank the patient, to say that one can wear to announce that You have finished and will now prepare a written report of its results	

16.	<i>A check-list of skills № 16 "Inspection and palpation of the vessels"</i>		
	<i>Equipment: volunteer</i>		
	№	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 vessels	
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	

17.	<i>A check-list of skills № 17 "Evaluation of frequency of inspiration movements "</i>		
	<i>Equipment: volunteer</i>		
	№	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.	Evaluation of frequency of inspiration movements:	
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.	Evaluation sheet (check-list) № 18 Performing peakflowmetry		
	#	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 the study.	
	4.	Prepare everything you need to perform the study.	
	5.	Inform the patient about the progress of the study. Explain the purpose and essence of the study.	
	6.	Diagnosis is carried out in the patient's standing position. Peak flow meter held horizontally.	
	7.	Attach the mouthpiece to peakflowmetry. It is necessary to make sure that the arrow of the device is at the zero level of the scale.	
	8.	Invite the patient to take a deep breath, then clasp the mouthpiece of the device with his lips and make the fastest and strongest exhalation through the mouth.	
	9.	Exhaled air puts pressure on the valve of the device, which moves along the scale of the arrow pointer. The arrow shows the peak expiratory flow rate (PSV), usually in liters per minute.	
	10.	In one study, make three attempts, each time returning the arrow to zero.	
	11.	Of the three results, select the largest (best) and mark it in the diary of self-observation.	
	12.	Ask the patient how he feels.	
	13.	The used mouthpiece is soaked in des. solution.	
19.	<p style="text-align: center;"><i>Evaluation sheet (check sheet) № 19</i> <i>Bladder catheterization with a soft catheter</i> <i>Simulation equipment: a simulator for catheterization of the male bladder</i> <i>catheterization trainer male/female bladder</i> <i>Catheterization of the bladder in male</i></p>		
	Number of actions	Step	check that the 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.	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.	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, 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.	<i>Evaluation sheet (check sheet) № 20 Bladder catheterization with a soft catheter</i>		

<i>Simulation equipment: a simulator for catheterization of the male bladder catheterization trainer male/female bladder Catheterization of the bladder in female</i>		
Number of actions	Step	check that the 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.	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.	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.	Again push with the left hand the labia; right hand gently introduce the catheter into the urethra to a depth of 4-5 cm to the appearance of urine	
18.	To lower the free end of the catheter into the urine specimen container	

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 the urethra	
20.	After finishing the manipulation of the waste material, 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.	<p style="text-align: center;"><i>Evaluation sheet (check sheet) № 21</i> <i>Bladder catheterization with Foley`s catheter</i> <i>Simulation equipment: a simulator for catheterization of the male bladder catheterization trainer male/female bladder</i> <i>Catheterization of the bladder in male</i></p>		
	Number of actions	Step	check that the 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.	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 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.	<p style="text-align: center;"><i>Evaluation sheet (check sheet) №22 Bladder catheterization with a soft catheter</i></p> <p style="text-align: center;"><i>Simulation equipment: a simulator for catheterization of the male bladder catheterization trainer male/female bladder</i></p> <p style="text-align: center;"><i>Catheterization of the bladder in male</i></p>	

Number of actions	Step	check that 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 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 performed manipulations	
	51.	Unregulated actions	
	52.	Does not complete the washing of hands	
	53.	The opinion of the teacher	
	54.	Other unregulated actions (number)	
64.	Evaluation sheet (check-list) № 22 Emergency care for the patient in case of contact with irritating drugs (calcium chloride) under the skin		
	#	Actions (elements)	Check mark Yes (1)/no (0)

	1.	Call a doctor immediately.	
	2.	Pull the piston toward you, out of the vein.	
	3.	Try to determine the amount of drug that has fallen under the skin of the patient.	
	4.	To dial into a sterile syringe and 0.9% sodium chloride 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.	Apply cold for 30 minutes.	
	8.	Then put a warming compress for 6 hours.	
65.	Evaluation sheet (checklist) № 23 Emergency care for patients with anaphylactic shock		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Call a doctor right away.	

	2.	The CESSATION of CONTACT WITH the ALLERGEN to stop the introduction of medicines, to remove the sting of an insect. Above the place of introduction of the drug or 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 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 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.	
66.	Evaluation list (check-list) № 24 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.	
67.	Evaluation sheet (checklist) № 25 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/in or/m).	
8.	In the absence of the hemostatic effects of medicines – BRONCHOSCOPY with OCCLUSION of the bleeding segment.		
68.	Evaluation sheet (checklist) № 26 Emergency care in case of fainting		
	#	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.	
69.	Evaluation sheet (checklist) № 27 Emergency care in case of collapse		
	#	Actions (elements)	Check 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 mg of PREDNISOLONE.		
70.	Evaluation sheet (check-list) № 28 Urgent help at an attack of angina		
	#	Actions (elements)	Check mark Yes (1)/no (0)
	1.	Call a doctor right away.	
	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.		
71.	Evaluation sheet (check-list) № 29 Emergency care for cardiac 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 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.	
72.	Evaluation sheet (check-list) № 30 Emergency care in hypertensive crisis		
	#	Actions (elements)	Check 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.	
73.	Evaluation list (checklist) № 31 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.		
74.	Evaluation list (check-list) № 32 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".	
75.	Evaluation list (check-list) № 33 Processing and storage of rubber		

products, warmers, gastric and intestinal probes, soft urinary catheters		
#	Actions (elements)	Check mark Yes (1)/no (0)
Treatment of warmers		
1	Conduct a two-time wiping with a rag at intervals of 15 minutes, soaked with chloramine B 1% solution or chloramine 3% solution (if contaminated with blood).	
Treatment of gastric and intestinal probes, soft urinary catheters		
2	Prepare the necessary equipment	
3	Put on an apron, gloves	
4	Immersion in 3% chloramine solution for 60 minutes.	
5	Rinsing with running water and kneading.	
6	Dive into one of the washing complexes for 15 minutes.	
7	Rinsing with running water.	
8	Rinsing in distilled water	
9	Sterilization in the CSO after drying and laying in a two-layer calico.	
76.	Evaluation list (check-list) № 34 Processing and storage of urinals, bedpan	
#	Actions (elements)	Check mark Yes (1)/no (0)
1	Prepare the necessary equipment	
2	Put on an apron, gloves	
3	Place the vessels in the tank, fill them with disinfectant solution, close the lid, mark the time.	
4	Remove gloves and apron	
5	Exposure time: dexazone-1 – 30 minutes; bleach 0.5% - 60 minutes; chloramine 1% - 60 minutes	
6	After 1 hour, put on the gloves and apron again, remove from the vessel's tank and wash them with hot water using a brush.	

Evaluation 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.

VI. List of recommended literature:

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 с.- 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 : UISU, 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 p. : 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 с. Access mode: <http://oslopovkazan.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 с. Access mode:<http://oslopovhttp://oslopov-kazan.ru/wordpress/wp-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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