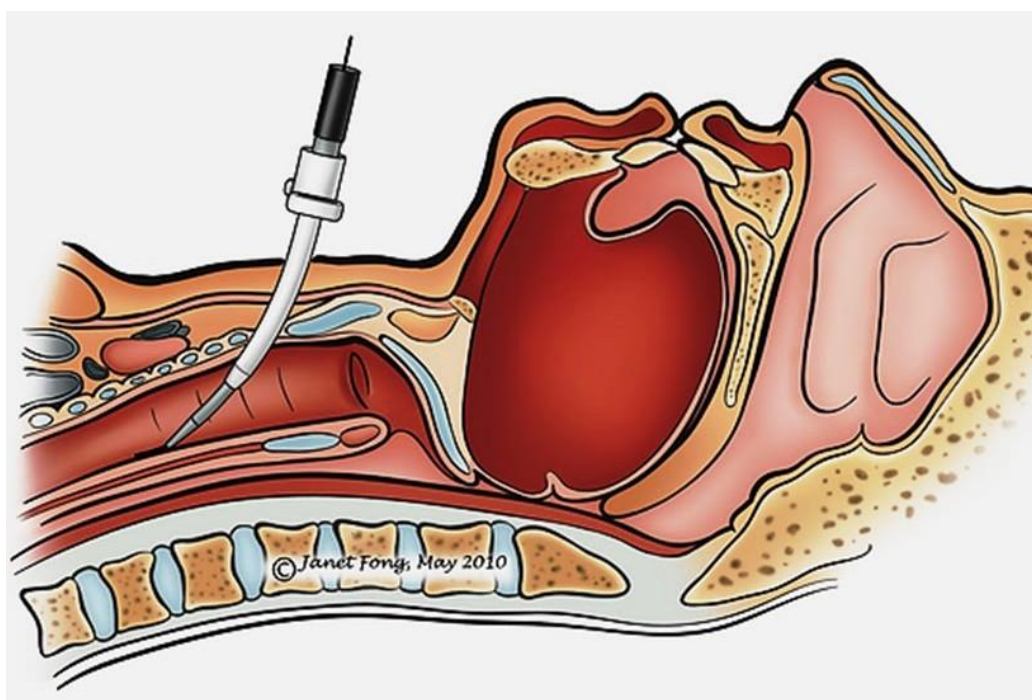


Methodological recommendation for teachers on teaching clinical skills at the practical skills Center

(using the execution algorithm)

Specialty: 6B10101 «General medicine»
Discipline: «Emergency medical care 1, 2»
Course: 5
Department: «Emergency medical care and nursing»
Compiled by: Yunusmetov E.Sh.



1. Name of the clinical skill: Conicotomy.

2. Learning objectives: Strengthening the skills of providing emergency medical care in acute respiratory failure.

3. Time for instructing and working with dummies: 7 min.

4. Time to acquire skills: 30 min.

5. Required theoretical knowledge of the skill:

- harbingers of attacks of bronchial and cardiac asthma, distinguishing features;
- true and false perigosas causes and symptoms;
- technique postanovkiandsuhovoand;
- technique of cryoconite;
- the use of a nebulizer device to stop asthma attacks;
- the technique of performing the Heimlich method depending on the age and physique of the patient;
- medicines used for acute respiratory failure and methods of their application to the patient

Required clinical skills:

- study of methods of removing a foreign body in the respiratory tract;
- learning the technique of conicotomy;
- study of tactics in connection with a sharp change in the clinical situation.

6. Simulator, simulator, mannequin, list of models: simulator for practicing the skills of tand cricocentesisa, cricothyrotomy and tracheostomy.

7. List of medical instruments and equipment: medical gloves, 70% alcohol solution, 0.25% novocaine solution 5 ml, syringe, dilator Trussot, tracheostomy cannula, conicotomy needle, scalpel, scissors, tweezers, bandages (medium), medical cotton wool, bag for used substances.


8. The execution of skill:

№	Step-by-step actions	Execution		
		Yes	No	Remark
1	Prepare the necessary tools: disposable gloves; 70% alcohol solution; trussaud's dilator; tracheostomy cannula (conicotomy tube); scalpel; nozhnitsy; plastic bag for waste material; bandages (medium); medical cotton wool; band-aid; phonendoscope.			
2	Nadiath sterile gloves: <ul style="list-style-type: none"> • to take the gloves in a sterile package, open the package; • take the glove for the right hand for the lapel so that the fingers do not touch the inner surface of the glove • to close the fingers of the right hand and enter them into a glove; • to put on the glove without interfering with its lapel Razumkov fingers of the right hand; • take the glove for the left hand second, third and 			

	<p>fourth fingers of the right hand (in a glove) for a top so that fingers do not touch the internal surface of the glove;</p> <ul style="list-style-type: none"> to wrap my fingers LeoOh hand and enter them in the glove. 			
3	<p>Prepare the patient for manipulation. Treat the front surface of the neck. Place the patient in a horizontal position, place a roller under the shoulder blades, and tilt your head back as far as possible. Обработайте Treat the front surface of the neck with a 70% alcohol solution.</p>			
4	<p>Palpated the conic ligament. With a scalpel, he made an incision in the skin and subcutaneous adipose tissue. Пропаальпир Palpate between the thyroid and cricoid cartilages a conical ligament-a membrane over which it will be necessary to make an incision of the skin. The next protrusion is ring-shaped cartilage, which has the shape of a wedding ring. With the fingers of one hand, grasp the scalpel two centimeters above the tip to prevent perforation of the posterior wall of the trachea and make a longitudinal incision (1 cm) of the skin and subcutaneous.</p>			
5	<p>Palpated the depression between the thyroid and cricoid cartilages, closed with a conical ligament, and dissected it. He spread the edges of the wound. Palpate the hollow between the thyroid and cricoid cartilages, closed with a conical ligament, and dissect it with the tip of a scalpel.</p>			
6	<p>Insert a tracheostomy cannula.</p>			
7	<p>Evaluate the position of the cannula. The correct manipulation is indicated by the stable position of the cannula.</p>			
8	<p>Assesses the adequacy of lung ventilation. The correct manipulation is indicated by the whistling entry and exit of air through the cannula during respiratory movements, on the dummy – a feeling of "failure".</p>			
9	<p>Fix the cannula.</p>			
10	<p>Cover you with a sterile dressing.</p>			

9. Tasks:


- Determine the location of the conicotomy.
- Perform a conicotomy.

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Department of Emergency Medicine and Nursing	044-57/19 ()
Methodological recommendation for teachers on teaching clinical skills at the practical skills Center	P 5 of 8

10. The materials for the lesson:

Test questions:

1. What characterizes the first stage of laryngeal stenosis:
 - A. inspiratory dyspnea at rest
 - B. rapid, shallow breathing, acrocyanosis, forced posture
 - C. deepening and quickening of breathing, pulse rate between inhalation and exhalation, inspiratory administration during physical exertion
 - D. shallow, ragged breathing, fainting
 - E. chain-Stokes twitching, cyanosis.
2. In the second stage of stenosis of larynx is characterized by:
 - A. frequent shallow breathing, acrocyanosis
 - B. rapid, shallow breathing, acrocyanosis, forced posture
 - C. in silence, shortness of breath, noisy breathing, in the act of breathing additional muscles are involved
 - D. chain-Stokes twitching
 - E. normal breathing, tachycardia
3. The third stage of laryngeal stenosis is characterized by:
 - A. depth and frequency of breathing, between inhalation and exhalation reducing the pause time
 - B. rapid, shallow breathing, acrocyanosis, forced posture
 - C. chain-Stokes twitching
 - D. deep breathing
 - E. tachycardia normal breathing
4. The fourth stage of laryngeal stenosis is characterized by:
 - A. chain-Stokes twitching
 - B. deepening and quickening of breathing, inhaling and exhaling the frequency of breaks in between
 - C. rapid, shallow breathing, tachycardia
 - D. fainting, breathing is irregular, shallow
 - E. normal breathing, tachycardia
5. What is the classification of tracheostomy methods?:
 - A. the upper, middle
 - B. upper, middle, lower
 - C. the upper, middle, horizontal
 - D. top, bottom, horizontal
 - E. upper, lower
6. What surgical method provides respiration in comparison with tracheostomy?
 - A. intubation
 - B. puncture of the trachea
 - C. conicotomy
 - D. cryotomy
 - E. tiresome
7. What approach is used to remove dissected bodies of the larynx, trachea, and bronchi:
 - A. upper and lower tracheobronchoscopy
 - B. fiber-optic bronchoscopy

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Department of Emergency Medicine and Nursing	044-57/19 ()
Methodological recommendation for teachers on teaching clinical skills at the practical skills Center	P 6 of 8

- C. radiography
- D. Doppler imaging
- E. fibrogastroduodenoscopy
- 8. For what reasons lead to stenosis after a trauma of the larynx:
 - A. infectious granuloma, trauma to the throat, the burn
 - B. chondropterygii, cellulites, scars
 - C. chondropterygii, cellulitis, laryngitis
 - D. chondropterygii, scars, burns, laryngitis
 - E. scarring, phlegmon, throat deformity
- 9. Fideologicheskaya asthma develops when ...
 - A. diseases of the respiratory system
 - B. for diseases of the circulatory system
 - C. when the temperature rises
 - D. When blood pressure rises
 - E. Under stress
- 10. Kussmaul's Breath is ... breathing
 - A. silent, smooth operation
 - B. superficial, frequent
 - C. no rhythm, rarely
 - D. vesicular, combined
 - E. noisy, deep

11. Performance evaluation criteria:

Completed: In accordance with the clinical skills, the student completed 10 step-by-step actions. Correctly assessed the patient's condition and prepared the necessary equipment. I gave her an anaesthetic. I followed all the rules of antiseptics. I used the right tools and had a conicotomy. The effectiveness of actions was evaluated.

Partially completed: In accordance with the clinical skills, the student completed 5-6 steps of 10-step actions. Correctly assessed the patient's condition and prepared the necessary equipment. I didn't do any anesthesia. They did not fully comply with the rules of antiseptics. I used the right tools and had a conicotomy. I didn't evaluate the effectiveness of my actions.

Failed: According to clinical skills, the student did not complete 10 step actions. I underestimated the patient's condition and prepared the necessary equipment. I didn't do any anesthesia. Did not follow the rules of antiseptics. I didn't use the right tools, I couldn't do a conicotomy. I didn't evaluate the effectiveness of my actions.

12. References:

Basic literature:

1. The state program of healthcare development of the Republic of Kazakhstan "Health" on 2021-2024 years
2. Order of the Ministry of health of the Republic of Kazakhstan dated July 3, 2017 No. 450 "on approval Of the rules for emergency medical care in the Republic of Kazakhstan".


3. Vertkin A., Sveshnikov K. Guidelines for emergency medical care. Moscow. – E. publishing house – 2017. - 560 p.
4. Emergency care in a therapeutic clinic. Under the editorship of A. V. Gordienko. - Speclit. - 2017. - 229 p.
5. Urgent outpatient and polyclinic cardiology: a brief guide / V. V. Ruksin. - 2nd ed. - Moscow: GEOTAR-Media, 2016. - 255 p
6. Emergency medical care. Clinical recommendations. Under the editorship of S. F. Bagnenko. - GEOTAR-Media. - 2018. - 896 p.

Additional literature:

1. Clinical Protocol of diagnosis and treatment "Asphyxia". Approved by the joint Commission on the quality of medical services of the Ministry of health of the Republic of Kazakhstan dated June 23, 2016. Protocol No. 5.
2. Emergency medical care. Clinical recommendations / ed. by S. F. Bagnenko, Moscow: [B. I.], 2015. -871 p.
3. Emergency care for children: Handbook: translated from German. / - M. : Medpress-inform, 2014.

13. Standard of correct answers based on evaluation materials:

1	C
2	C
3	B
4	D
5	B
6	C
7	A
8	B
9	A
10	D

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<p>Methodological recommendation for teachers on teaching clinical skills at the practical skills Center</p>		<p>P 8 of 8</p>