


ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ	 <b>SKMA</b> -1979-	SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Emergency Medicine and Nursing		044-57/19 ( )
Methodological recommendation for students on teaching clinical skills at the practical skills Center		P 1 of 5


## Methodological recommendation for students 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.





ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ	 <b>SKMA</b> -1979-	SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Emergency Medicine and Nursing		044-57/19 ( )
Methodological recommendation for students on teaching clinical skills at the practical skills Center		P 3 of 5

**1. Name of the current skill:** Algorithm for providing care for anaphylactic shock.

**2. Learning objectives:** To learn how to assess the condition of patients, to get acquainted with the causes and manifestations of anaphylactic shock, to learn how to conduct timely emergency care.

**3. Required theoretical knowledge of the skill:**

**Basic knowledge:**

- the main types of allergic reactions;
- methods of diagnosis of anaphylactic shock;
- basic clinical skills;
- the main medicines used in the emergency care of anaphylactic shock.

**By topic of the lesson:**


- the sequence of emergency medical care measures for allergic reactions;
- ensuring the patency of the respiratory tract and the safety of the patient during the entire time of the skill;
- the technique of suction of mucus from the respiratory tract;
- conducting emergency care;
- evaluation of the effectiveness of care for anaphylactic shock;
- errors during emergency care.

**4. Simulator, simulator, dummy, list of models:** intravenous injection simulator, ANNE simulator, nebulizer, phonendoscope, tonometer.

**5. List of medical instruments and equipment:** masks, sterile gloves, sterile bandages, Ambu bag, syringe, patch, 70% alcohol, cotton wool, anti-shock styling, bronchodilators and antihistamines, phys. solution, recycling box.

**6. The execution of skill:**

№	Step-by-step actions	Execution		
		Yes	Yes	Yes
1	Ascertaining anaphylaxis in a patient. Stopping drug infusion. The introduction of epinephrine in / m 0.01 mg / kg. Stop drug administration, remove insect sting, etc. Above the injection site of the medication or sting, if possible, apply a tourniquet, prick it crosswise, and apply ice.			
2	Lay horizontally. Lift the foot end up 40-45°. Turn your head to the side. Extend the lower jaw.			
3	Open a window or supply oxygen. Oxygen enters through a mask, nasal catheter, or through an airway tube, which is installed while maintaining spontaneous breathing and unconsciousness. Catheterization of two peripheral veins. Monitor blood pressure, pulse, respiratory rate, control the level of oxygenation.			
4	When bronchial obstruction, salbutamol 2ml through a spacer or nebulizer. If broncho-obstruction persists, repeat inhalation + aminophylline 5-6 mg / kg (12-15 ml) 2.4%			

ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ	 <b>SKMA</b> -1979-	SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Emergency Medicine and Nursing		044-57/19 ( )
Methodological recommendation for students on teaching clinical skills at the practical skills Center		P 4 of 5

	solution IV for physical. solution;			
5	With stridor, adrenaline through a nebulizer 2-5 ml.			
6	IV physical solution 20 ml / kg. The total volume is 1-2 liters.			
7	If there is no stabilization of blood pressure, repeat IV adrenaline, - dopamine 4% -5ml + 500 ml of 0.9% sodium chloride solution 28-30 drops (10 µg / kg / min) per minute. If there is no effect - norepinephrine - 2-4 mg (1-2 ml of 0.2% solution), diluted in 500 ml of 0.9% sodium chloride solution, with an infusion rate of 4-8 µg / min until blood pressure stabilizes;			
8	<ul style="list-style-type: none"> <li>• dexamethasone 16-20 mg IV;</li> <li>• prednisolone 120-150 mg IV;</li> </ul>			
9	H1-histamine blockers: - Clemastine 0.1% -2 ml (2 mg), intravenously or intramuscularly; - chloropyramine hydrochloride 0.2%, intravenously or intramuscularly 1-2 ml; - diphenhydramine 25-50 mg. H2-histamine blockers: Ranitidine -150mg or famotidine 20mg IV.			
10	Send for admission to the intensive care unit.			


### 7. Tasks:

- Assessment of the patient's condition.
- Emergency care for anaphylactic shock.

### 8. 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.

ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Emergency Medicine and Nursing		044-57/19 ( )
Methodological recommendation for students on teaching clinical skills at the practical skills Center		P 5 of 5

**Additional literature:**

1. Acute cardiac care. Edited By p. p. Ogurtsov, V. E. Dvornikov. - GEOTAR-Media. - 2016. - 272 p.
2. Clinical Protocol of diagnosis and treatment "Sudden death". 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.
3. Emergency medical care. Clinical recommendations / ed. by S. F. Bagnenko, Moscow: [B. I.], 2015. -871 p.
4. Emergency care for children: Handbook: translated from German. / - M. : Medpress-inform, 2014.