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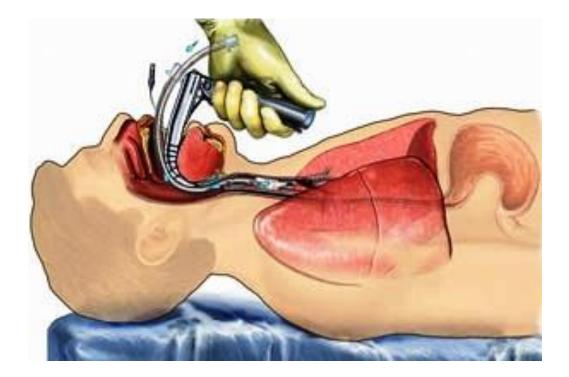
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# Methodological recommendation for students on teaching clinical skills at the practical skills Center

(using the execution algorithm)

Specialty:	6B10101 «General medicine»
<b>Discipline:</b>	«Emergency medical care 1, 2»
Course:	5
<b>Department:</b>	«Emergency medical care and nursing»
Compiled by:	Auyezkhankyzy D.



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Reviewed and discussed at the meeting of the department

PropostNo. 4 from "28 "11 2022 G. A.A. Seydakhmetova Head of the Department, PhD, Associate Professor

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#### **1. Name of the current skill:** Algorithm of tracheal intubation.

**2. Learning objectives:** To learn how to assess the terminal condition of patients, to get acquainted with the causes and manifestations of comatose states, to learn how to effectively ensure the patency of the respiratory tract and artificial lung ventilation.

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

#### **Basic knowledge:**

- basic terminal states;
- methods of diagnosis of terminal conditions;
- basic clinical skills;
- the main medicines used in terminal conditions.

#### By topic of the lesson:

- sequence of emergency medical care measures in terminal conditions;
- technique of performing the triple Safar method;

- 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;
- technique of tracheal intubation;
- the technique of ventilating with a respirator and assessment of the adequacy of ventilation;
- evaluation of the effectiveness of tracheal intubation;
- errors during tracheal intubation.
- 4. Simulator, simulator, dummy, list of models: simulator for tracheal intubation,

laryngoscope with replaceable blades, intubation tubes.

## **5. List of medical instruments and equipment:** masks, sterile gloves, sterile bandages, ambu bag, syringe, patch.

#### 6. The execution of skill:

N⁰	Step-by-step actions	Execution		
512		Yes	Yes	Yes
1	Prepare the necessary tools: a laryngoscope with a straight (Miller blade) or curved (MAS blade) blade, a set of endotracheal tubes, sterile gloves, a phonendoscope, syringes, oxygen, drugs necessary for proper intubation: sedatives, muscle relaxants, Ambu bag, as well as auxiliary tools such as aspirators.			
2	Lay the patient on their back. Place a roller or other material under the head, neck, and shoulders, flexing the neck and raising the head until the external auditory canal lies in the same horizontal plane as the jugular cavity. Then tilt your head so that your face is aligned on a parallel horizontal plane; this second plane will be higher than the first.			
3	Establishment of intravenous access.			
4	Provide mechanical ventilation or preoxygenate the patient			

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	with 100% oxygen. (The amount of oxygen inhaled through a			
	mask with a non-reversing valve is sufficient for a			
	spontaneously breathing patient.			
5	Perform rapid sequential induction and intubation (i.e., using			
	intubation drugs). If necessary, clear the oropharynx of			
	obstructive secretions, vomit, or foreign objects.			
6	Continued 3 to 5 minutes prior to intubation for spontaneously			
	breathing patients, use an oxygen mask with 100% inhaled			
	oxygen (FiO2) Patients who are not spontaneously breathing			
	should be given about 8 breaths with maximum oxygen			
	concentration when using the Ambu Bag.			
7	Insert Blade laryngoscope into the patient's mouth following			
	the curve of the tongue Once the tip of the laryngoscope			
	blade is behind the patient's tongue so that the opening of the			
	glottis is in the middle of the upper half of the blade.			
8	Looking back at the patient, insert the endotracheal tube into			
	the mouth on the right side and pass it behind tongue. At this			
	point, we direct the tip of the tube through the vocal cords. Due			
	to the rigidity of the stylet, this maneuver may require an			
	assistant to pull the stylet up $1-2$ cm while the tube continues			
	to advance gently. Then advance the tube an additional 3–4 cm.			
9	Inflate the cuff with a sterile air syringe and remove the			
	stylet completely. Ventilate the patient (8-10 breaths/minute,			
	each breath is about 6-8 ml/kg or 500 ml and lasts about 1			
	second).			
10	Check with a tonometer that the tube is correctly positioned			
	in the airways. Make sure the condition is stabilized through			
	the indicators on the monitor			

#### 7. Tasks:

- Assessment of the patient's condition.
- Conducting tracheal intubation and ensuring adequate ventilation.

### 8. References:

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