

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: The algorithm of the Heimlich reception.

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:

- indications and contraindications for taking Heimlich;
- causes and mechanisms of blockage of the respiratory tract by foreign bodies;
- the technique of performing the Heimlich reception, depending on the age and physique of the patient;
- complications after receiving Heimlich;
- 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;
- studying the technique of performing the Heimlich technique;
- study of tactics in connection with a sharp change in the clinical situation.

6. Simulator, simulator, mannequin, list of models: a simulator for practicing Heimlich's reception skills.

7. List of medical instruments and equipment: phonendoscope, medical gloves, bandages (medium), medical cotton wool, bag for used substances.

8. The execution of skill:

№	Step-by-step actions	Execution		
		Yes	No	Remark
1	If there is a moderate degree of blockage, ask the victim to cough. Do nothing more.			
2	In case of severe blockage, take measures to remove the foreign body. To do this, you need to stand on the side and slightly behind the victim.			
3	Holding the patient's chest with one hand, tilt it forward with the other so that in case of displacement of a foreign body, it gets into the victim's mouth, and does not fall lower into the respiratory tract.			
4	Apply 5 sharp blows between the shoulder blades with the base of the palm.			
5	Check after each stroke whether the obstruction has not been eliminated.			
6	If the obstruction is not eliminated after 5 blows, make 5 attempts to press on the abdomen as follows: stand behind the victim, grasp him from behind with both hands at the level of the upper half of the abdomen.			
7	Tilt the victim forward. Squeeze your hand into a			

	fist, place it in the middle between the navel and the xiphoid process of the sternum.			
8	Grasp the fist with the other hand and sharply press on the victim's stomach in the direction inward and upward. Repeat this method up to 5 times if necessary.			
9	If it was not possible to remove the foreign body, continue attempts to remove it, alternating blows on the back with the Heimlich technique 5 times.			
10	If the victim has lost consciousness, start cardiopulmonary resuscitation in the volume of chest compressions and artificial lung ventilation.			

9. Tasks:

- Determine the patient's condition and choose the appropriate Heimlich technique.
- Conduct a Heimlich reception.

10. The materials for the lesson:

Test questions:

1. The Heimlich technique is:

- A. the method of "abdominal thrusts"
- B. the combination of artificial ventilation with indirect heart massage
- C. the introduction of an air duct
- D. tilting the head and opening the mouth
- E. intubation of the trachea

2. The Heimlich technique is used for first aid:

- A. for spinal injury
- B. for inspiratory dyspnea
- C. for asthmatic status
- D. for anaphylactic shock
- E. when a foreign object enters the upper respiratory tract


3. A sign of obstruction of the respiratory tract caused by the ingress of a foreign body is:

- A. complaint about the presence of a foreign body in the respiratory tract
- B. absence or difficulty breathing, inability to explain the situation, purple face
- C. throat seizure, cough, request for help
- D. tearing cough, attempt to say something
- E. small bubbly wheezing during auscultation

4. The behavior of the victim with partial obstruction of the respiratory tract caused by the ingress of a foreign body:

- A. can not breathe or breathing is clearly difficult
- B. complains about the presence of a foreign body in the respiratory tract
- C. grabs the throat, can not speak, only nods
- D. grabbing his throat, coughing, asking for help, tearing cough, trying to say something

5. Signs of respiratory failure include all of the above, EXCEPT:

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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 6

- A. unusual sounds when breathing, whistling, wheezing
 - B. dizziness and discoloration of the skin (pallor, cyanosis)
 - C. complete absence of breaths
 - D. convulsive breaths, rare or frequent breathing
 - E. small bubbly wheezing during auscultation
6. A sign of complete blockage of the upper respiratory tract:
- A. lack of breathing
 - B. frequent short breaths
 - C. noisy breathing
 - D. wheezing
 - E. pallor of the skin
7. What characterizes the first stage of laryngeal stenosis:
- A. inspiratory shortness of breath at rest
 - B. frequent, shallow breathing, acrocyanosis, forced posture
 - C. deepening and quickening of breathing, pulse rate between inhalation and exhalation, inspiratory administration during exercise
 - D. shallow, intermittent breathing, fainting
 - E. Cheyne-Stokes breathing, cyanosis.
8. The second stage of laryngeal stenosis is characterized by:
- A. frequent shallow breathing, acrocyanosis
 - B. frequent, shallow breathing, acrocyanosis, forced posture
 - C. in silence, shortness of breath, noisy breathing, additional muscles are involved in the act of breathing
 - D. Cheyne-Stokes breathing
 - E. normal breathing, tachycardia
9. The third stage of laryngeal stenosis is characterized by:
- A. deepening and frequency of breathing, a decrease in pause between inhalation and exhalation
 - B. breathing is frequent, shallow, acrocyanosis, forced posture
 - C. Cheyne-Stokes breathing
 - D. deep breathing
 - E. tachycardia normal breathing
10. What causes lead to stenosis after a laryngeal injury:
- A. infectious granuloma, throat injury, burn
 - B. chondroperichondritis, phlegmon, scars
 - C. chondroperichondritis, phlegmon, laryngitis
 - D. chondroperichondritis, scars, burns, laryngitis
 - E. scarring, phlegmon, throat deformity

11. Performance evaluation criteria:

Completed: in accordance with clinical skills, the student completed 10 step-by-step actions. Correctly assessed the patient's condition and correctly conducted the Heimlich reception. Evaluated the effectiveness of actions.

Partially completed: in accordance with clinical skills, the student completed 5-6 steps of 10-step actions. Correctly assessed the patient's condition and partially correctly conducted the Heimlich reception. I did not evaluate the effectiveness of actions.

Not completed: according to clinical skills, the student did not complete 10 step actions. I did not assess the patient's condition and incorrectly conducted the Heimlich reception. I did not evaluate the effectiveness of 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	A
2	E
3	B
4	Д
5	E
6	A
7	C
8	C
9	B
10	A