


ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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**Guidelines for teaching clinical skills at the practical skills center
(using the execution algorithm)**


Specialty: 5B130100 " General medicine"

Discipline: Obstetrics

Course: 4

Department: Obstetrics and gynecology

Compiled By: Kulbayeva S. N., Junussova R. K.

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Considered at the meeting of the Department of obstetrics and gynecology

Protocol № 01 « 28 » 08 2022y.

Head of the Department, PhD, Ass. Professor




S. N. Kulbayeva

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1. **Clinical skills title:** "Emergency care for postpartum bleeding".
2. **Training objectives:** to teach to practice the knowledge of obstetricians and gynecologists in order to provide emergency care for postpartum bleeding.
3. **Time for demonstration of skills on a preliminary briefing and a dummy-**5 minutes.
4. **Time to master skills-**10 minutes
5. **Necessary theoretical knowledge to master the skills:** know step-by-step actions to provide emergency care for postpartum bleeding.
6. **List of models, simulators, mannequins, simulators:** Nadejda simulator for practical skills.
7. **The list of medical instruments and equipment:** a list for emergency treatment of postpartum hemorrhage.
8. **The execution of skills:**

№	Step-by-step actions (in the absence of a doctor)	executed	Not executed	notice
1	Step I "Assess the condition of the puerperal": 1) call an obstetrician-gynecologist, anesthesiologist-resuscitator, laboratory assistant for help and assign duties (no more than 5 minutes) 2) measure blood pressure, pulse, respiratory rate, followed by constant monitoring of vital functions (anaesthesiologist-resuscitator, anesthetist)			
2	3) conduct a preliminary assessment of the volume of blood loss (visually and by measuring with measuring utensils) 4) perform catheterization of 2 peripheral veins (No. No. 16 - 18G) 5) in one vein - infusion of physiological saline in a ratio of 3: 1 to the volume of blood loss at a rate of 1000 ml for 15 minutes 6) lower the head end of the bed 7) provide humidified oxygen supply			
3	Step II "Identify the source of bleeding. Etiotropic therapy (4T)» 1) Tone - violation of the tone of the uterus (atony of the uterus): a) external massage of the uterus b) uterotonics - repeated administration of oxytocin 10 IU IM or 5 IU IV at slow dilution (dose of administered oxytocin 50-60 IU) and the introduction of group E prostaglandins (misoprostol at a dose of 800-1000 mg) or the F2 α prostaglandin group c) bimanual compression of the uterus			
4	2) Tissue - when parts of the placenta are delayed, manual examination of the uterine cavity (curettage of the uterus);			
5	3) Trauma - with ruptures of the soft birth canal, uterine rupture, uterine inversion: a) suturing ruptures of the soft birth canal b) laparotomy in uterine rupture			

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	c) correction of uterine inversion			
6	4) Thrombin - hereditary or acquired coagulopathy - antifibrinolytic therapy, transfusion of FFP, cryoprecipitate, thrombus mass, recombinant blood factors			
7	Step III "Volume of infusion therapy" with constant laboratory monitoring (hemoglobin, hematocrit, platelets, clotting time, APTT, PTI): 1) with blood loss up to 1000.0 ml V crystalloids is 3:1 to V blood loss; 2) with blood loss of 1000.0 - 1500.0 ml: crystalloid - 2000.0 ml, colloids - 1000.0 - 1500.0 ml, FFP - 1000.0 ml;			
8	3) with blood loss of 2000.0 ml or more: crystalloids - 3000.0 ml, colloids - 1000.0 - 2000.0 ml, FFP - 1000.0 or more, er. weight - 1000.0 ml at Hb<70 g/l; During transport to the operating room, compression of the abdominal aorta is performed.			
9	Bleeding continues (associated with impaired uterine tone) 1) if uterotonics are ineffective, apply a B-Lynch compression suture; 2) in the absence of the effect of compression sutures - perform a hysterectomy			
10	3) in case of coagulopathy (decrease in coagulation factors and platelets by more than 30% of the norm, increase in prothrombin time and APTT by 1.5 times or more, absence of clots) - extirpation of the uterus (if technically possible - ligation of the internal iliac arteries).			

9.Tasks: diagnosis, demonstration of skills of acceptance of normal childbirth, filling partogram.


10. Materials for assessment on the topic of the lesson

1. 32-year-old woman complains of severe vaginal bleeding at 29 weeks of pregnancy. A history of stillbirth during the first pregnancy due to the separation of placenta. The patient asks the doctor about the accuracy of ultrasound to detect placental abruption. Which of the following requirements are the most specific?

- ultrasound is more accurate in detecting placental abruption than in presentation
- ultrasound is the most sensitive diagnostic method for placental abruption
- ultrasound is sensitive in detecting placental abruption from the lower uterus.
- ultrasound is not a sensitive method for determining placental abruption
- ultrasound is sensitive for detecting placental abruption along the posterior wall of the uterus.

2. What is the nature of bleeding a sign of external arterial bleeding?

- slow bleeding
- drip bleeding
- slow and chronic bleeding
- brown-red blood
- rapid and profuse bleeding

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3. In a 32-year-old multiparous woman, immediately after the birth of the placenta, 600 ml of blood was released and bleeding continues. When examining the placenta, all shells and lobules are intact. The uterus does not contract well. Steps taken first:

- a) manual examination of the uterine cavity
- b) bladder catheterization
- c) the creation of oxytocin
- d) construction of fresh frozen plasma
- e) surgical hemostasis

4 Women in labor, 23 years old, the third period of labor was 10 minutes, blood loss during childbirth 200.0 ml, no signs of discharge of the spouse. driving actions?

- a) administration of oxytocin 5 U
- b) start of manual removal of the placenta
- c) continuing to actively conduct the third stage of delivery
- d) start of external method of separation of the placenta
- e) introduction of carbocation 100 mcg

5. ambulance crews delivered a pregnant 35-year-old woman to the maternity hospital because of severe abdominal pain. The gestation period is 37 weeks. The condition is at the level of moderate severity. The legs and anterior abdominal wall are swollen. Pulse 120 beats per minute. Blood pressure 90/60 mm Hg. The uterus is tense, does not relax between the contractions. The newborn's heart in slows down, 90 beats per minute. Inspection by the mirror: blood flow is released from the vagina. Which method is better to use:

- a) emergency caesarean section
- b) planned caesarean section
- c) amniotomy and induction of labor
- d) fetal respiratory distress syndrome prevention
- e) make a decision after vaginal examination

11. Performance evaluation criteria


1. Completed the task completely.
2. Completed the task in full or in part.
3. The specified task is not fully completed.


12. Literature: basic and additional


1. Clinical Protocol (The course of birth in congenital heart disease) of the Ministry of health of the Republic of Kazakhstan from 03.05.2019, no. 65
2. Bodyazhina, V. I. Cyesthesiology. Part 1: the book /. - Almaty : "Evero", 2017. - 244 p.
3. Bodyazhina, V. I. Cyesthesiology. Part 2: the book /. - Almaty : "Evero", 2017. - 244 p.
4. Bodyazhina, V. I. Cyesthesiology. Part 3 : the book /. - Almaty : "Evero", 2017. - 244 p.
5. Clinical protocol postpartum bleeding HMof RK 08.12.2016. №17
 6. Clinical protocol. Postpartum bleeding. Ministry of Health of the Republic of Kazakhstan dated 08.12.2016 No. 17

13. Standard of correct answers based on materials for evaluation

Test tasks: 1-b, 2-e, 3-c, 4-c, 5-A.

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