



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»
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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**  
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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 preeclampsia".
2. **Training objectives:** to teach the skills of obstetricians and gynecologists to provide emergency care in the preeclampsia.
3. **Time for demonstration of skills on a preliminary briefing and a dummy-**5 minutes.
4. **Time to master skills-**10 minutes
5. **The theoretical knowledge necessary for the development of skills:** to know step by step actions to provide emergency assistance in preeclampsia.
6. **List of models, simulators, mannequins, simulators:** Nadejda simulator for practical skills.
7. **The list of medical instruments and equipment:** a kit for emergency care in preeclampsia.
8. **The execution of skills:**

№	Step-by-step actions (in the absence of a doctor)	executed	Not executed	notice
1	Assessment of a woman's condition. Lay the patient down			
2	Establish contact with a vein (insert a catheter) Loading dose - magnesium sulfate solution 25% 20.0 ml IV over 5-10 minutes Maintenance dose based on 1.0-2.0 grams / hour of dry matter magnesium sulfate (80.0 ml of 25% per 320 ml of saline: 11 drops / minute -1.0 grams, 22 drops / minute -2.0 grams )			
3	Bladder catheterization			
4	With persistent hypertension 160/110 mm Hg. Art. and higher against the background of magnesia therapy, it is necessary to additionally prescribe antihypertensive drugs			
5	At the same time, the following examinations are carried out: 1. Complete blood count (platelets) 2. Definitions of protein in urine 3. Monitoring of vital signs 4. ALT, AST 5. Ultrasound + doplerometry of umbilical cord vessels, CTG 6. Blood clotting time 7. Hemostasiogram			
6	Treatment in the intensive care unit Establish contact with a vein (insert a catheter) Magnesium sulfate - maintenance dose - 25% -4.0-8.0 ml / h (1-2 g of dry matter / hour). In the absence of a dispenser - magnesium sulfate - 25% -80.0 ml per 320.0 ml of physiological sodium chloride solution at a rate of 11-22 (1.0-2.0 grams) drops / minute during the day. Magnesium sulfate is administered at a maintenance dose during labor and after delivery within 24 hours.			
7	Note: Severe preeclampsia is not an absolute indication for			

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	immediate delivery, it is necessary to stabilize the condition of the pregnant woman.			
8	Delivery against the background of stabilization of the condition is carried out within 24-48 hours.			

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

### 10. Materials for assessment on the topic of the lesson

**1.** Tatyana, 30 years old, pregnant for the first time. Gestational age is 36 weeks. Blood pressure 130/85 mm Hg. At the first visit, blood pressure was 100/70 mm Hg. There are edema on the lower extremities; I gained 18 kg during my pregnancy. The protein content in the urine is 0.15 g/l. The height of the uterine fundus is 34 cm. Preliminary diagnosis:

- a) Pregnancy-induced hypertension
- b) Mild preeclampsia
- c) Severe preeclampsia
- d) Pregnancy-induced edema with proteinuria
- e) Pregnancy-induced hypertension with proteinuria

**2.** Rita, 22 years old. Gestational age is 36 weeks. She has no health complaints. There is moderate swelling of the lower extremities. Blood pressure 150/100 mm Hg. The content of protein in the urine - 0.1 g / l. Rita feels the movements of the fetus well. The height of the uterine fundus is 34 cm. Preliminary diagnosis:

- a) Pregnancy-induced edema with proteinuria
- b) Pregnancy-induced hypertension
- c) Severe preeclampsia
- d) Mild preeclampsia
- e) Pregnancy-induced hypertension with proteinuria


**3.** Svetlana, 31 years old. Gestational age is 31 weeks. He has no health complaints. Blood pressure 150/100 mm Hg. The protein content in the urine is 0.5 g/l. The height of the uterine fundus is 29 cm. Preliminary diagnosis:

- a) Mild preeclampsia
- b) Pregnancy-induced edema with proteinuria
- c) Severe preeclampsia
- d) Pregnancy-induced hypertension
- e) Pregnancy-induced hypertension with proteinuria

**4.** Alena, 20 years old. Gestational age is 34 weeks. Alena complains of headache, nausea, pain in the epigastric region. Blood pressure 180/110 mm Hg. Protein content in urine 1.0 g/l. Weakly feels the movement of the fetus. Provisional diagnosis:

- a) Severe preeclampsia
- b) Pregnancy-induced edema with proteinuria
- c) Mild preeclampsia
- d) Pregnancy-induced hypertension
- e) Pregnancy-induced hypertension with proteinuria

**5.** Pregnancy 35 weeks. Mild preeclampsia. The estimated weight of the fetus is 2350 g. The degree of maturity of the cervix according to Bishop is 7 points. The absence of diastolic blood

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flow according to Doppler was stated. Twice with an interval of 1 hour - severe violations of the state of the fetus on CTG. Against the background of treatment it is necessary:

- a) Repeat dopplerometry, CTG in dynamics
- b) Amniotomy, labor induction by intravenous administration of oxytocin
- c) Proceed to the preparation of the cervix
- d) Prolong pregnancy for 1 week in the interests of the fetus
- e) Perform an emergency delivery by caesarean section

**6.** A multi-pregnant woman was admitted to the perinatal center with a gestational age of 37 weeks. BP 150/90 mmHg proteinuria 2.64 g/l, on the anterior abdominal wall, on the arms and lower extremities, there is swelling on the face. Fetal ultrasound at 32 weeks. Your diagnosis:

- a) Mild preeclampsia. IUGR II.
- b) Severe preeclampsia. IUGR III .
- c) Mild preeclampsia. IUGR I-II
- d) Severe preeclampsia IUGR II.
- e) Pregnancy-induced hypertension with proteinuria, IUGR II stage.

**7.** The most effective, recognized and safe method of therapy for the correction of preeclampsia / eclampsia:

- a) dopegyt 10 mg twice a day
- b) treatment with prostaglandins
- c) treatment with  $\beta$ -blockers
- d) magnesium therapy
- e) myotropic vasodilator, initial dose 0.25 mcg/kg/min

**8.** Gestational hypertension is:

- a) pre-existing hypertension complicating pregnancy and childbirth
- b) hypertension occurring in the first trimester of pregnancy
- c) multiple organ syndrome, manifested by an increase blood pressure and proteinuria
- d) the state when the diastolic pressure is greater than or equal to 110 mm Hg. with a single measurement
- e) hypertension that occurs after 20 weeks of pregnancy, blood pressure normalizes within 6 weeks of the postpartum period


**9.** Loading dose for magnesium therapy:

- a) 5 grams of dry matter or 20 ml of 25% MgSO<sub>4</sub>
- b) 320 ml fiz. solution 80 ml 25% MgSO<sub>4</sub>
- c) 2 grams of dry matter or 10 ml of 20% MgSO<sub>4</sub>
- d) 250 ml 25% MgSO<sub>4</sub>
- e) 40 mg per 500 ml saline solution

**10.** A pregnant woman came to an obstetrician-gynecologist with a gestational age of 32 weeks. Complaints of headache, nausea, single vomiting. BP 160/110 mm Hg

The fetal heartbeat is rhythmic, 136 beats per minute. In the urine - protein 0.66 g / l. Tactics of conducting a pregnant woman according to order No. 239 of the Ministry of Health of the Republic of Kazakhstan:

- a) start therapy with magnesium sulfate and antihypertensive treatment
- b) outpatient monitoring with an adequate assessment of the pregnant woman's condition and the implementation of the doctor's recommendations

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- c) to be hospitalized by ambulance to a level III institution after stabilization of the condition on the spot
- d) hospitalization in a level II institution after stabilization of the condition on the spot
- e) does not require treatment, only careful observation

**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**


Clinically hettema of hypertension in pregnancy R DSM 27.12.2017 well. No. 36


- 2. SRC order dated 01.09.2010 № 691 "On approval of the algorithms of action in case of emergency".

**13. Standard of correct answers based on materials for evaluation**


Test tasks:

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

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