


ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казakhstanская медицинская академия»
Department: "General practitioner - 1"	044/61	
Methodical guidelines for teaching in practical skills center (using execution algorithm)		

**Methodical guidelines for teaching skills for abdominal percussion with ascites in PSC
(using execution algorithm)**

Specialty: GM

Discipline: Basics of GM practice

Course: 5,6

Department: "General practitioner - 1"

Compiled by: Abdraimova S.E.

ОҢТҮСТІК ҚАЗАҚСТАН
MEDISINA
AKADEMIASY
«Оңтүстік Қазақстан медицина академиясы» АҚ



SOUTH KAZAKHSTAN
MEDICAL
ACADEMY
АО «Южно-Казakhstanская медицинская академия»

Department: "General practitioner - 1"	044/61
Methodical guidelines for teaching in practical skills center (using execution algorithm)	

Reviewed and discussed at the meeting of the department

Protocol No. 4 of 5.11 2022

Head of the Department *DGM* Datkaeva G.M.

Department: "General practitioner - 1"	044/61
Methodical guidelines for teaching in practical skills center (using execution algorithm)	

1. Clinical Skill Name: Algorithm for abdominal percussion with ascites

2. The purpose of the training: to develop the skills of abdominal percussion with ascites.

3. Time required for pre-briefing and skill demonstration on a mannequin: 15 minutes

4. Time needed to master the skill: 20 minutes

5. Necessary theoretical knowledge for mastering a clinical skill:

- anatomical and physiological features of the gastrointestinal tract and hepatobiliary system
- determination of ascites
- Causes of portal hypertension

6. Simulator: HYDRO-IPPOLYT simulator

7. List of medical products and equipment:

8. Execution algorithm:

	Steps	Algorithm of action
1	Defined physical methods for detecting ascites	1. Fluctuation method. 2. Method of percussion.
2	Fluctuation method	The palm of the left hand is firmly applied to the lateral surface of the abdomen, and light jerky blows are applied with the right hand from the opposite side. If there is free fluid in the abdominal cavity, these shocks are felt in the right hand in the form of a wave.
3	Abdominal Percussion method	The study begins with the patient in the supine position. The finger-plessimeter is placed parallel to the midline and percussed from the navel, where tympanic sound is determined, towards the flanks of the abdomen. In the presence of fluid in the abdominal cavity, a dull sound appears on the lateral surfaces of the abdomen. Then, in order to make sure that dullness in the flanks is associated with the presence of fluid in the abdominal cavity, the patient is turned to the opposite side, without taking the finger-pessimeter away from the previously identified border of blunt and tympanic percussion sounds, and quiet percussion blows are again applied here. If a tympanic sound appears in the flank of the abdomen, then we are talking about the presence of ascites. If the dull sound persists, other causes of this dullness (swelling of the intestines, kidneys, or accumulation of feces in the intestines) should be considered.

9. Tasks:

1. Carry out a general inspection
2. Fluctuation method
3. Abdominal percussion method

10. Skill execution algorithm:

1. Determined physical methods for detecting ascites

Department: "General practitioner - 1"

044/61

Methodical guidelines for teaching in practical skills center
(using execution algorithm)

2. Fluctuation method

3. Abdominal percussion method

11. Self-assessment materials:

1. The most common cause of bleeding from the upper gastrointestinal tract is:

- a. portal hypertension
- b. A decaying tumor of the stomach
- c. Gastric or duodenal ulcer
- d. Erosive gastritis
- e. Mallory-Weiss syndrome
- f. Esophageal diverticula

2. What therapeutic measure should be chosen as a priority in case of profuse bleeding from the upper gastrointestinal tract, accompanied by a disorder of central hemodynamics:

- a. Jet transfusion of donor blood
- b. Intravenous infusion of plasma substitutes
- c. The introduction of sympathomimetics (adrenaline, etc.)
- d. Administration of corticosteroids

3. Which of the following methods allows you to specify the type of portal blood flow block?

- a. Clinical examination of the patient
- b. Plain radiography of the abdominal cavity
- c. Splenomanometry
- d. splenoportography
- e. FGDS

4. What is the purpose of intravenous infusion of pituitrin for bleeding from esophageal varices in portal hypertension?

- a. Increase in blood viscosity
- b. Decreased fibrinolytic activity of the blood
- c. Decreased pressure in the portal venous system
- d. Activation of the process of transition of prothrombin to thrombin
- e. Spasm of the veins of the portal system

5. Which of the following signs is an absolute evidence of portal hypertension?


- a. Splenomegaly
- b. Expansion of the saphenous veins of the abdominal wall
- c. Ascites

Department: "General practitioner - 1"

044/61

Methodical guidelines for teaching in practical skills center
(using execution algorithm)

- d. Telangiectasim
 - e. Varicose veins of the esophagus and fornix of the stomach
 - f. Haemorrhoids
6. Which of the following methods allows you to specify the type of portal blood flow block?
- a. Clinical examination of the patient
 - b. Plain radiography of the abdominal cavity
 - c. Splenomanometry
 - d. splenoportography
 - e. FGDS
7. Which of the listed methods of conservative hemostatic therapy are specific for bleeding from varicose veins of the esophagus and gastric fornix?
- a. Introduction of aminocaproic acid
 - b. Installation of the Blackmore probe
 - c. Blood transfusions
 - d. Intravenous administration of pituitrin
 - e. Intravenous administration of gelatin
 - f. The introduction of androxon intravenously
8. Name the main clinical manifestations of portal hypertension requiring surgical intervention:
- a. Jaundice
 - b. Ascites
 - c. Bleeding from varicose veins of the esophagus
 - d. hypersplenism
 - e. Splenomegaly
 - f. Hepatomegaly
9. In a 20-year-old patient with Budd-Chiari syndrome, cavography revealed a membrane in the inferior vena cava at the level of the hepatic veins. What is the most rational method of treatment can be applied in this case?
- a. Portocaval anastomosis
 - b. Imposition of lymphovenous anastomosis
 - c. Endovascular balloon dilatation of the constriction in the inferior vena cava
10. Which variant of portal blood flow block is more typical for children?
- a. intrahepatic

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казakhstanская медицинская академия»
Department: "General practitioner - 1"		044/61
Methodical guidelines for teaching in practical skills center (using execution algorithm)		

- b. Subhepatic
- c. suprahepatic
- d. Mixed

12. Criteria for assessing the performance of skill

	Steps	Algorithm of action	Performance evaluation	
			Yes	Not
1	Defined physical methods for detecting ascites	1. Fluctuation method. 2. Method of percussion.		
2	Fluctuation method	The palm of the left hand is firmly applied to the lateral surface of the abdomen, and light jerky blows are applied with the right hand from the opposite side. If there is free fluid in the abdominal cavity, these shocks are felt in the right hand in the form of a wave.		
3	Abdominal Percussion method	The study begins with the patient in the supine position. The finger-plessimeter is placed parallel to the midline and percussed from the navel, where tympanic sound is determined, towards the flanks of the abdomen. In the presence of fluid in the abdominal cavity, a dull sound appears on the lateral surfaces of the abdomen. Then, in order to make sure that dullness in the flanks is associated with the presence of fluid in the abdominal cavity, the patient is turned to the opposite side, without taking the finger-pessimeter away from the previously identified border of blunt and tympanic percussion sounds, and quiet percussion blows are again applied here. If a tympanic sound appears in the flank of the abdomen, then we are talking about the presence of ascites. If the dull sound persists, other causes of this dullness (swelling of the intestines, kidneys, or accumulation of feces in the intestines) should be considered.		

13. Literature

1. Sultanov VK, Study of the objective status of the patient. - St. Petersburg: Peter Press, 1996.
2. Academic medical history: rules for examining a patient and registration in clinical descriptions - Ufa, 2012.

14. Correct answer templates for assessment material

- 1 – c
- 2 – b
- 3 – a, c
- 4 – c
- 5 – e
- 6 – d
- 7 – b, d



Department: "General practitioner - 1"	044/61
Methodical guidelines for teaching in practical skills center (using execution algorithm)	

8 – с

9 – с

10 - b