


ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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METHODODOLOGICAL GUIDELINES FOR PRACTICAL CLASSES

Name of the discipline: «Emergency medical care-1»


Discipline code: EMC-5302-1

Name of EP: 6B10101«General medicine»

Number of academic hours (credits): 150 hours (5 credits)

Course and semester: 5 course, 9 semester

The volume of the practical (seminar) lesson: 40 hours

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Methodological instructions for practical classes were developed in accordance with the working program (syllabus) of the discipline «Emergency Medical Care – 1» and were discussed at the meeting of the Department.

Protocol № 11 from " 18 " 06 2024 y.

Head of Department, candidate of medical sciences, docent:



Seidakhmetova A.A.

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Class №1

1. Topic: Organization of emergency medical care services in the Republic of Kazakhstan. Organization of medical care in emergency situations in the pre-hospital period.

2. Purpose: to teach students to organize medical care in emergency situations in the pre-hospital period. Familiarization with the organizations of the ambulance service of the Republic of Kazakhstan.

3. Learning objective:

- knowledge of the order of the Ministry of health of the Republic of Kazakhstan on the rules for the provision of emergency medical care
- education on the category of urgency of calls for emergency and emergency medical care
- training on the procedure for providing emergency medical care

4. Main issues of the topic:

- Organization of emergency medical services in the Republic of Kazakhstan
- Rules for the provision of emergency medical care in the Republic of Kazakhstan
- categories of urgency of calls for emergency and emergency medical care;
- Standards of emergency medical care of the Republic of Kazakhstan
- New order "on approval of the rules for the provision of medical services, including with the involvement of medical aviation"

5. The main forms/methods/technologies of training to achieve the final results of the discipline: oral inquiry. Work with orders and documentation. Solving test tasks and situational tasks. Work with dummies and phantoms.

6. Forms of control for evaluating the level of achievement of the final results of the discipline: assessment of the quality of registration of medical documentation. Check-Sheet.

7. Literature see the last page

8. Control (questions, tests, reports, etc.):

1. Task of the emergency medical service:


- a. providing emergency and urgent medical care to all patients and victims, regardless of their location, including in hospitals
- b. providing emergency medical care to patients and victims in emergency medical hospitals
- c. carrying out medical and evacuation measures at the site of damage in case of emergencies and mass accidents
- d. provision of emergency and emergency medical care and inter-hospital transportation to patients and victims outside inpatient medical institutions

2. After receiving an emergency call, the exit of the ambulance team must be carried out no later than later:


- a. 2 minutes
- b. 4 minutes
- c. 10 minutes
- d. 15 minutes

3. In the event of an accident, the ambulance team passing by is obliged to stop:

- a. always
- b. only if he does not go to the emergency call
- c. only if he needs to call without a patient
- d. only if there are police officers at the scene

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4. In case of mass occurrence, the responsible person for the ambulance team who first arrived at the scene of the accident is responsible for providing medical care:
 - a. in any case
 - b. only if there is a medical team
 - c. only if the brigade is specialized
 - d. only in agreement with the emergency department of the emergency medical station
5. The main duties of a paramedic responsible for providing medical assistance to mass disasters (find the wrong answer):
 - a. identification of the place of collection of victims and conducting medical sorting for them
 - b. report the incident and the estimated number of victims to the emergency department of the emergency medical station
 - c. inform the emergency department of the emergency medical station about the number and severity of the condition of the victims, as well as about the most convenient and safe access routes for emergency medical teams to the place of collection of victims
 - d. providing pre-medical care to severely affected people
6. Ambulance crews arriving at the scene of the incident:
 - a. Follow the instructions of the emergency department of the emergency medical station
 - b. strict execution of orders of the person responsible for providing medical care during mass events
 - c. start providing independent medical care immediately
7. The number of sorting groups allocated during medical sorting of victims is equal:
 - a. 2
 - b. 3
 - c. 4
 - d. 5
8. The first sorting group includes victims:
 - a. very serious, incompatible with life damage
 - b. severe injuries characterized by increased impairment of vital functions 3. lesions of moderate severity, accompanied by pronounced functional disorders without a direct threat to life
 - c. with mild lesions that require follow-up outpatient treatment
9. The second sorting group includes victims:
 - a. very serious, incompatible with life damage
 - b. severe injuries characterized by increased impairment of vital functions 3. lesions of moderate severity, accompanied by pronounced functional disorders without a direct threat to life
 - c. with mild lesions that require follow-up outpatient treatment
10. The third sorting group includes victims:
 - a. very serious, incompatible with life damage
 - b. severe injuries characterized by increased impairment of vital functions 3. lesions of moderate severity, accompanied by pronounced functional disorders without a direct threat to life
 - c. with mild lesions that require follow-up outpatient treatment
11. The fourth sorting group includes victims:

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- a. severe injuries characterized by increased impairment of vital functions 2. lesions of moderate severity, accompanied by pronounced functional disorders without a direct threat to life
 - b. with mild to moderate lesions without pronounced functional disorders requiring further inpatient treatment
 - c. with mild lesions that require follow-up outpatient treatment
12. The fifth sorting group includes victims:
- a. very serious, incompatible with life damage
 - b. severe injuries characterized by increased impairment of vital functions 3. lesions of mild to moderate severity without pronounced functional disorders requiring further inpatient treatment
 - c. with mild lesions that require follow-up outpatient treatment

Class №2

1. Topic: Terminal cases. The main cardiopulmonary resuscitation.

2. Purpose: to learn how to assess the patient's condition in terminal conditions, identify the main symptoms of acute cardiovascular failure, and develop diaper skills at a pre-automatic level. Get acquainted with the causes and manifestations of comatose conditions, learn how to properly organize the transportation of a patient or victim to a medical institution.

3. Learning objective:

- know the causes and clinic of terminal conditions.
- know the symptoms of clinical and biological death.
- knowledge of measures to ensure the permeability of the respiratory tract.
- CPR skills.

4. Main issues of the topic:

- main terminal cases;
- methods for diagnosing terminal conditions;
- the main drugs used in terminal cases;
- discipline, sequence of measures of first pre-medical care in terminal cases;
- Technique for performing the triple method of Safar;
- technique of artificial ventilation of the lungs (CPR) and non-direct massage of the heart according to the " mouth-to-mouth " method;
- technique of performing cricoconicotomy in case of obstruction of the upper respiratory tract;
- Evaluation of the effectiveness of diaper measures;
- Mistakes made in diaper driving and how to avoid them.

5. The main forms/methods/technologies of training to achieve the final results of the discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols. Work in the Practical skills Center.


6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7. Literature see the last page


8. Control (questions, tests, reports, etc.):

1. Terminal conditions ... typical.


- a) coma
- b) biological death
- c) clinical death
- d) shock
- e) collapse

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2. Signs of clinical death ... not typical.
 - a) lack of memory
 - b) lack of pulse in the carotid artery
 - c) lack of breath
 - d) clouding of the cornea of the eye
 - e) dilation of the pupils of the eye
3. Maximum duration of clinical death in simple cases... "no," he said.
 - a) time up to 5 minutes
 - b) time up to 10 minutes
 - c) time up to 20 minutes
 - d) time up to 15 minutes
 - e) time up to 30 minutes
4. To the early signs of biological death... typical.
 - a) positive "cat's eye" symptom
 - b) freezing of the corpse
 - c) sensitivity of the pupils of the eye to light
 - d) narrowing of the pupils of the eyes
 - e) positive corneal reflex
5. Artificial ventilation of the lungs includes all, except one:
 - a) mouth to mouth
 - b) mouth to nose
 - c) through the bronchoscope
 - d) breathing through the tube
 - e) through the artificial ventilation apparatus
6. Using the Heimlich method:
 - a) in the case of seizures
 - b) when there is a foreign body in the bronchi
 - c) when the brain is swollen
 - d) when there is a foreign body in the nasal cavity
 - e) in case of various injuries
7. During artificial respiration, the patient's head should be tilted back:
 - a) for the convenience of the resuscitator
 - b) lack of hermitization between the doctor and the patient
 - c) to restore airway patency
 - d) to create conditions for blood circulation
 - e) to create a comfortable environment for the patient
8. signs indicating the correctness of artificial ventilation:
 - a) the presence of a pulse;
 - a) bulge of the crumb;
 - c) dilation of the pupil of the eye;
 - d) narrowing of the chest;
 - e) expansion of the chest.
9. in what cases should you do a direct heart massage:
 - a) in the event that the non-direct massage is ineffective;
 - b) when artificial ventilation of the lungs is ineffective;
 - c) at an unknown time of cardiac arrest;
 - d) 8 min from the occurrence of clinical death.the past;
 - e) in the presence of biological death.

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10. non-direct massage is not subject to a positive result:
- the presence of a pulse in the carotid artery;
 - dilation of the pupil of the eye;
 - fever;
 - increased blood pressure;
 - the appearance of spontaneous breathing.
11. relationship of two when one person performs pulmonary-cardiac resuscitation of adults:
- 3 breaths-4 compresses
 - 1 inhalation-5 compresses
 - 2 breaths-30 compresses
 - 2 breaths-4 compresses
 - 3 breaths-4 compresses
12. Safar's triple method in the formation of airway patency:
- lie on your back, turn your head to the side, lift the lower back in front
 - lying on your back, tilting your head in front of you, the lower jaw touching the upper jaw
 - 2 putting a valik in the middle of the shoulder, maximum tilt of the head, lifting the lower back in front
 - lie on your back, put a valik in the middle of the shoulder, the lower jaw touching the upper jaw
 - lying on your stomach, tilting your head inward, the lower jaw touching the upper jaw
13. indicator of the effectiveness of resuscitation measures:
- lack of breast cell excursion
 - dilated pupil
 - pulse formation in the carotid artery, reduced pupil size
 - lack of pulse in the carotid artery
 - lack of reflexes
14. Duration of the CPR method before the onset of breath:
- 15 minutes
 - 30 minutes
 - 10 minutes
 - with the solution of the collective, after a few days
 - 50 minutes
15. Duration of clinical death by normothermia:
- 1-2 minutes
 - 25-30 minutes
 - 8-10 minutes
 - 5 minutes
 - 20 minutes
16. Respiratory rate per minute when performing CPR in older people:
- 8-10 times in a minute
 - 30-32 times in a minute
 - 17-20 times in one minute
 - 20-24 times in a minute
 - 40 times in one minute
17. Manifestation of clinical death:
- loss of consciousness and lack of pulse in the carotid artery
 - the presence and excitation of consciousness
 - filamentous pulse in the carotid artery

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- d) the breath is not broken
- e) the conscious
- 18. Main complications when performing a closed heart massage:
 - a) fracture of the clavicle
 - b) damage to the trachea
 - c) fracture of the spine
 - d) fracture of the ribs
 - e) damage to the pelvic bone
- 19. Conducting an indirect heart massage in a newborn:
 - a) with one finger
 - b) with the fingers of both hands
 - c) with 4 fingers of the right hand
 - d) with the proximal part of the fingers of the right hand
 - e) with 3 fingers of the hand
- 20. The depth of pressing of the chest when performing indirect heart massage in a newborn:
 - a) 4-6 cm
 - b) 5-6 cm
 - c) 7-8 cm
 - d) 1.5-2 cm
 - e) 3 cm

Class №3

1. Topic: Extended cardiopulmonary resuscitation.

2. Purpose: Teaching students the algorithm of advanced resuscitation. Education on the treatment of rhythms that require and do not require defibrillator discharge. Introduction to the diagnosis of cardiac arrest.

3. Learning objective:

- formation of professional skills and advanced CPR skills of students.
- training of the basic elements of the resuscitation algorithm
- training in the diagnosis of signs of clinical death
- rules for stopping resuscitation measures.

4. Main issues of the topic:

- advanced resuscitation algorithm
- algorithms and indicators of defibrillation
- contraindications to the conduct of defibrillation
- ensuring the fluidity of the respiratory tract and respiratory tract
- reversible causes
- diagnosis and treatment of reversible causes of circulatory arrest
- ways to administer the medication
- medicines during the CPR

5. The main forms/methods/technologies of training to achieve the final results of the discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols. Work in the Practical skills Center.


6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7. Literature see the last page

8. Control (questions, tests, reports, etc.):

1. To ensure free airway permeability, the "Safar triple method " includes:

- 1) the head is tilted back, the lower jaw is extended forward, the mouth is open
- 2) lie on your back, head turned to the side, lower jaw extended forward
- 3) lying on his back and tilting his head forward, the lower jaw is combined with the upper one
- 4) lie on your back, put a pillow under the shoulder blades, and the lower jaw is combined with the upper jaw
2. Considered the basis for sudden coronary death:
 - 1) arterial hypertension
 - 2) ventricular hypertrophy
 - 3) ventricular fibrillation
 - 4) centralization of blood circulation
3. Reliable signs of clinical death:
 - 1) lack of breathing, lack of Heartbeat, lack of consciousness, dilated pupil without reaction to light
 - 2) shallow and fast breathing, narrow pupils without reaction to light, filamentous pulse
 - 3) cramps, cold feet, tachypnea, hypotension
 - 4) ventricular fibrillation, low heart rate, dyspnea, cyanosis
4. A sure sign of cardiac arrest:
 - 1) apnea
 - 2) lack of Pulse in the carotid artery
 - 3) lack of consciousness
 - 4) wide pupil without reaction to light
5. Warns that the larynx closes with the root of the tongue when breathing:
 - 1) introduction of air duct
 - 2) turning the head to the side
 - 3) semi-sitting position
 - 4) Heimlich posture
6. Intensive monitoring of patients in severe conditions includes:
 - 1) implementation of hygienic care measures
 - 2) identifying the patient's problems
 - 3) monitoring of vital functions
 - 4) determination of the main biochemical parameters of blood
7. Artificial retention of hemodynamics is:
 - 1) second stage
 - 2) first stage
 - 3) priority period
 - 4) third stage
8. Not subject to intensive care methods:
 - 1) Lung ventilation
 - 2) CPR
 - 3) hemodialysis
 - 4) parenteral nutrition
9. Non-direct heart massage... it is made in a mold.
 - 1) lay on a wooden board
 - 2) lying on your back on a hard surface
 - 3) liked himself
 - 4) lying with the head down
10. Saturation rate as a percentage:
 - 1) 80-85 %

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- 2) 85-90 %
- 3) 90-92 %
- 4) 96-99 %

Class №4

1. Topic: Extended cardiopulmonary resuscitation.

2. Purpose: Teaching students the algorithm of advanced resuscitation. Education on the treatment of rhythms that require and do not require defibrillator discharge. Introduction to the diagnosis of cardiac arrest.

3. Learning objective:

- formation of professional skills and advanced CPR skills of students.
- training of the basic elements of the resuscitation algorithm
- training in the diagnosis of signs of clinical death
- rules for stopping resuscitation measures.

4. Main issues of the topic:

- advanced resuscitation algorithm
- algorithms and indicators of defibrillation
- contraindications to the conduct of defibrillation
- ensuring the fluidity of the respiratory tract and respiratory tract
- reversible causes
- diagnosis and treatment of reversible causes of circulatory arrest
- ways to administer the medication
- medicines during the CPR

5. The main forms/methods/technologies of training to achieve the final results of the discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols. Work in the Practical skills Center.

6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7. Literature see the last page

8. Control (questions, tests, reports, etc.):

1. The conclusion that testifies to the death of the brain:

- 1) ECG
- 2) spirometry
- 3) phonocardiography
- 4) electroencephalograms

2. The main symptoms of clinical death:


- 1) filamentous pulse in the carotid artery
- 2) lack of Pulse in the carotid artery
- 3) lack of Pulse in the wrist artery
- 4) pupil dilation

3. The first stage of resuscitation measures:

- 1) "triple method of Safar"
- 2) CPR
- 3) non-direct heart massage
- 4) ensuring airway patency

4. Indications for cardiopulmonary resuscitation:


- 1) cases of suffering and suffering
- 2) all suddenly developed terminal conditions

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- 3) clinical death
- 4) clinical death and biological death
5. In case of detection of a body, the paramedic of the EMC interacts:
 - 1) with the dispatcher of the EMC
 - 2) with relatives of the victim
 - 3) employees of internal Affairs bodies
 - 4) senior doctor of the EMC station
6. In case of cardiac arrest, a combination of drugs is used:
 - 1) adrenaline, cordarone
 - 2) atropine, mezaton, sodium bicarbonate
 - 3) calcium chloride, lidocaine, mezaton
 - 4) eufhylline, potassium chloride, sodium bicarbonate
7. In case of non-direct heart massage, it is performed to compress the chest of an adult:
 - 1) with the whole palm
 - 2) with one finger
 - 3) with the proximal part of the palm
 - 4) with three fingers
8. A single dose of adrenaline when performing cardiopulmonary resuscitation for adults:
 - 1) 0.5-1.0 ml 0.1% solution
 - 2) 1.0-1.5 ml 0.1% solution
 - 3) 2.0 ml 0.1% solution
 - 4) 0.1% solution up to 0.5 ml
9. Position of the palm when performing a non-direct massage of the heart:
 - 1) left in the 5th intercostal interval
 - 2) on the border of the upper and middle third of the breast
 - 3) in the lower third of the breast
 - 4) in the middle of the chest
10. Resuscitation teaches the following questions:
 - 1) diagnosis of clinical death
 - 2) treatment of post-resuscitation diseases
 - 3) prevention of extreme situations
 - 4) the functioning of the main living systems
11. Resuscitation is a process:
 - 1) replacement of respiratory function
 - 2) patient protection from operational injury
 - 3) treatment of terminal conditions
 - 4) revitalizing the body

Class №5

- 1. Topic:** Emergency care in case of hypertensive crisis.
- 2. Purpose:** To learn the description, clinical manifestations of a hypertensive crisis. Mastering the skills of providing primary pre-medical care in HC.
- 3. Learning objective:**
 - familiarization of students with the concept of "hypertensive crisis"
 - teach students how to diagnose HC;
 - Learning to help during HC.
- 4. Main issues of the topic:**
 - Definition and classification of HC;

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- Knowledge of the etiology, pathogenesis and clinic of HC;
- distinctive features of different HC;
- The main symptoms of HC;
- Medicines used in first aid in case of HC;
- The range and sequence of measures for the provision of first pre-medical care at the time of HC;


5. The main forms/methods/technologies of training to achieve the final results of the discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols. Work in the Practical skills Center.

6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7. Literature see the last page

8. Control (questions, tests, reports, etc.):

1. Severe headache, nausea, vomiting, the appearance of asterisks in the eyes, a tense pulse...will.
 - a) in a hypertensive crisis
 - b) fainting
 - c) collapse
 - d) in angina pectoris
 - e) acute pancreatitis
2. In addition to the hypertensive crisis, the patient has shortness of breath and often bubbly pink sputum, which is added...typical.
 - a) pulmonary edema
 - b) to croup pneumonia
 - c) for pulmonary bleeding
 - d) pulmonary artery thromboembolism
 - e) hemothorax
3. Pulmonary edema begins:
 - a) in acute left ventricular failure of the heart
 - b) during the collapse
 - c) in acute vascular insufficiency
 - d) in acute right ventricular failure of the heart
 - e) in acute respiratory failure
4. Characteristic sign of an angina attack:
 - a) pain in the sternum, duration 3-5 min and improvement from taking nitroglycerin
 - b) pain in the sternum, duration 15-20 minutes and not getting better from taking nitroglycerin
 - c) pain in the sternum, duration 30-35 minutes and not getting better from taking nitroglycerin
 - d) pain in the right shoulder, shoulder, and both hands
 - e) prolonged feeling of illness, not getting better from taking nitroglycerin
5. Belongs to the group of cardiac glycosides:
 - a) digoxin
 - b) prednisolone
 - c) dicinone
 - d) diazolin
 - e) diphenhydramine
6. When taking more cardiac glycosides than necessary... develops:
 - a) bradycardia
 - b) hyperthermia
 - c) respiratory retardation

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- d) hypotension
 e) memory retardation
 7. Medicinal product used for ventricular paroxysmal tachycardia :
 a) amiodoron
 b) isoptin
 c) digoxin
 d) obzidan
 e) anaprilin
 8. Carotid sinus massage aimed at suppressing paroxysms... it is necessary to drive.
 a) in ventricular tachycardia
 b) in ventricular tachycardia
 c) in atrial flutter
 d) in extrasystole
 e) in atrial fibrillation
 9. The indication for the introduction of atropine at the pre-hospital stage is:
 a) in sinus bradycardia
 b) in ventricular fibrillation
 c) ventricular tachycardia
 10. Drug of choice in cardiogenic shock... for example:
 a) dopamine
 b) mezzaton
 c) nitroglycerin
 d) lasix
 e) prednisone

Class №6

1. Topic: Acute coronary syndrome. Myocardial infarction.

2. Purpose: To teach students to analyze the algorithm for monitoring patients with acute coronary syndrome in the pre-hospital period.

3. Learning objective:

-training in conducting a comparative assessment of the speed of providing medical care in the pre-hospital period with the ACS.

- explanation of the definition of the essence of pre-hospital diagnostics

- Training of the algorithm for the provision of emergency medical care during ACS.

4. Main issues of the topic:

- algorithm of actions in heart disease

- clinical classification of chest pain

- definitions of Acute Coronary Syndrome, clinical signs

- definitions of myocardial infarction, clinical signs

- diagnosis and treatment of myocardial infarction

- types of myocardial infarction

- determination of pulmonary artery thromboembolism, clinical signs-diagnosis and treatment of pulmonary artery thromboembolism.

5. The main forms/methods/technologies of training to achieve the final results of the

discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols.

Work in the Practical skills Center.


6. Forms of control for evaluating the level of achievement of the final results of the

discipline: Check-Sheet

7. Literature see the last page

8. Control (questions, tests, reports, etc.):

1. Acute coronary syndrome is:
 - a) there is (no) an elevation of the ST segment myocardial infarction.
 - b) myocardial infarction diagnosed by enzyme changes, biomarkers, late ECG symptoms
 - c) cardiac arrhythmias.
2. The main complaint of patients with myocardial infarction:
 - a) chest pain for more than 15-20 minutes.
 - b) chest pain lasts no more than 5-10 minutes.
3. Indications for treatment with beta blockers:
 - a) myocardial infarction with arterial hypertension.
 - b) recurrent pain syndrome.
 - c) myocardial infarction with frequent extrasystole.
 - d) myocardial infarction with left ventricular failure.
 - e) toothless myocardial infarction Q.
4. Reliable ECG symptoms of myocardial infarction:
 - a) complete blockade of the left leg of the GIS bundle.
 - b) complete blockade of the right leg of the GIS bundle.
 - c) formation of Q teeth with a width of more than 30 Ms.
 - d) the Depression of the ST segment is less than 1 mm.
5. Types of acute coronary syndrome:
 - 1) without T-tooth inversion;
 - 2) without lifting the st segment;
 - 3) with T-tooth inversion;
 - 4) with the rise of the ST segment.
6. Differential diagnosis of SCS without lifting the St segment is carried out between the following:
 - 1) myocarditis;
 - 2) rupture of the bladder;
 - 3) subarachnoid hemorrhage;
 - 4) stomach ulcers.
7. The amplitude of Q teeth is normal:
 - 1) 1 mm
 - 2) 1/2 R
 - 3) 5 mm
 - 4) not more than 1/4 R
8. Types of acute coronary syndrome:
 - 1) without T-tooth inversion;
 - 2) without lifting the st segment;
 - 3) with T-tooth inversion;
 - 4) with the rise of the ST segment.
9. Characteristic absence of unstable angina pectoris:
 - 1) release of biomarkers of myocardial necrosis into the blood;
 - 2) myocardial ischemia clinic;
 - 3) myocardial necrosis after an episode of ischemia;
 - 4) stable rise of the ST segment.
10. Chest pain in pulmonary embolism usually occurs:
 - 1) with irritation of the pleura during the development of "pulmonary infarction"

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- 2) development of right ventricular ischemia
- 3) increased intracranial pressure
- 4) bronchial irritation

Class №7

1. Topic: Acute heart failure. Cardiogenic shock.

2. Purpose: Teach the general principles of pathophysiology and first aid of acute heart failure syndrome. Learn how to identify the symptoms of angina pectoris, acute coronary syndrome, acute myocardial infarction and provide first aid to these patients.

3. Learning objective:

- teach students the diagnosis and differential diagnosis of AHF syndrome;
- Training in the skills of first aid in case of AHF syndrome;
- Familiarization with the algorithm of measures for providing pre-medical care in case of AHF syndrome;
- Medicines used for the purpose of first pre-medical care in case of AHF syndrome, their indications, contraindications and methods of their use.

4. Main issues of the topic:

- pathophysiology of the disease;
- the nature of the pain;
- etiology aspects of chest pain.
- definition of AHF syndrome and their main clinical manifestations;
- clinic and differential diagnosis of acute myocardial infarction;
- distinguishing symptoms of AHF;
- the scale of pre-medical care and features of transportation in case of AHF syndrome.


5. The main forms/methods/technologies of training to achieve the final results of the discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols. Work in the Practical skills Center.

6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7. Literature see the last page

8. Control (questions, tests, reports, etc.):


1. To an angina attack... typical.
 - a) transmission of the disease to the right shoulder, shoulder, arm
 - b) back pain in the sternum lasting 15-20 minutes
 - c) pain in the sternum that lasts 30-35 minutes
 - d) pain in the back of the sternum lasting 3-5 minutes and the effectiveness of nitroglycerin intake
 - e) ineffectiveness of nitroglycerin intake
2. To the simple symptoms of myocardial infarction... "no," he said.
 - a) cases of recurrent fainting
 - b) increased arterial blood pressure
 - c) decrease in arterial blood pressure
 - d) headache, nausea, vomiting
 - e) back pain in the sternum that lasts 20-30 minutes
3. Uses to relieve pain in myocardial infarction:
 - a) cordiamine, caffeine;
 - b) baralgin, no-shpa;
 - c) aspirin, paracetamol;

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- d) seduxen, diazepam;
- e) promedol, morphine;
- 4. A characteristic feature of the effectiveness of resuscitation measures:
 - a) narrowing of the pupils of the eyes
 - b) dilation of the pupils of the eyes
 - c) appearance of the " cat's eye " symptom
 - d) decreased body temperature
 - e) lack of arterial blood pressure
- 5. Cardiopulmonary resuscitation ... to do this at the appropriate time.
 - a) clinical death
 - b) death of any patient in the hospital
 - c) sudden death of only young patients
 - d) death from a serious illness outside the hospital
 - e) sudden death of only healthy people
- 6. A prerequisite for non-direct heart massage:
 - a) horizontal position of 2 fingers above the place of connection of the arm, sword-like growth to the breast
 - b) the presence of a soft object under the chest Castle
 - c) the presence of two resuscitators
 - d) the presence of a Valik under the shoulder
 - e) the presence of hands on the left side of the chest Palace
- 7. First of all, when providing assistance in case of sudden cardiac arrest... must.
 - a) check for signs of life (pulse, breathing)
 - b) making a precordial strike
 - c) starting to do a non-direct heart massage
 - d) start artificial ventilation of the lungs
 - e) check for physical injury
- 8. Pulmonary edema begins:
 - a) in acute left ventricular failure of the heart
 - b) during the collapse
 - c) in acute vascular insufficiency
 - d) in acute right ventricular failure of the heart
 - e) in acute respiratory failure
- 9. Characteristic sign of an angina attack:
 - a) pain in the sternum, duration 3-5 min and improvement from taking nitroglycerin
 - b) pain in the sternum, duration 15-20 minutes and not getting better from taking nitroglycerin
 - c) pain in the sternum, duration 30-35 minutes and not getting better from taking nitroglycerin
 - d) pain in the right shoulder, shoulder, and both hands
 - e) prolonged feeling of illness , not getting better from taking nitroglycerin
- 10. Belongs to the group of cardiac glycosides:
 - a) digoxin
 - b) prednisolone
 - c) dicinone
 - d) diazolin
 - e) diphenhydramine

Class №8

1. Topic: Pulmonary embolism.

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2. Purpose: To learn the description , clinical manifestations of pulmonary artery thromboembolism. Mastering the skills of providing primary pre-medical care for thromboembolism of the pulmonary artery.

3. Learning objective:

- familiarization of students with the concept of "pulmonary artery thromboembolism".
- learning to assist in pulmonary artery thromboembolism.

4. Main issues of the topic:

- Pulmonary artery thromboembolism definition and classification;
- Main symptoms of pulmonary artery thromboembolism;
- Medicines used in first aid in cases of pulmonary artery thromboembolism.


5. The main forms/methods/technologies of training to achieve the final results of the discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols. Work in the Practical skills Center.

6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7. Literature see the last page

8. Control (questions, tests, reports, etc.):

1. Chest pain in pulmonary embolism usually occurs:
 - a. with irritation of the pleura during the development of "pulmonary infarction"
 - b. development of right ventricular ischemia
 - c. increased intracranial pressure
 - d. bronchial irritation
2. The likelihood of pulmonary embolism increases with admission:
 - a. penicillin row antibiotics
 - b. nonsteroidal anti-inflammatory drugs
 - c. folic acid
 - d. estrogen-containing drugs
3. Sudden death often develops with thromboembolism:
 - a. large branches of the pulmonary artery
 - b. specific and nbsp branches of the pulmonary artery
 - c. segmental branches of the pulmonary artery
 - d. small branches of the pulmonary artery
4. Chronic postthromboembolic pulmonary hypertension can be diagnosed:
 - a. when symptoms of shortness of breath persist for 6 weeks. after the willow episode
 - b. when symptoms of shortness of breath persist for 6 months. after the willow episode
 - c. with two repetitions of Willow for 3 months.
5. The diagnosis of chronic postthromboembolic pulmonary hypertension is confirmed:
 - a. ECG
 - b. EHCO-KG
 - c. x-ray of the chest organs
 - d. angiopulmonography
6. Acute coronary syndrome is:
 - a. there is (no) an elevation of the ST segment myocardial infarction.
 - b. myocardial infarction diagnosed by enzyme changes, biomarkers, late ECG symptoms
 - c. cardiac arrhythmias.
7. The main complaint of patients with myocardial infarction:
 - a. chest pain for more than 15-20 minutes.
 - b. chest pain lasts no more than 5-10 minutes.

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8. Indications for treatment with beta blockers:
 - a. myocardial infarction with arterial hypertension.
 - b. recurrent pain syndrome.
 - c. myocardial infarction with frequent extrasystole.
 - d. myocardial infarction with left ventricular failure.
 - e. toothless myocardial infarction Q.
9. Reliable ECG symptoms of myocardial infarction:
 - a. complete blockade of the left leg of the GIS bundle.
 - b. complete blockade of the right leg of the GIS bundle.
 - c. formation of Q teeth with a width of more than 30 Ms.
 - d. the Depression of the ST segment is less than 1 mm.
10. Types of acute coronary syndrome:
 - a. without T-tooth inversion;
 - b. without lifting the st segment;
 - c. with T-tooth inversion;
 - d. with the rise of the ST segment.

Class №9

1. Topic: Acute pulmonology.

2. Purpose: Diagnosis of acute respiratory failure and training in the algorithm of first pre-medical care.

3. Learning objective:

- training of the main clinical signs and causes of acute respiratory failure depending on the cause of occurrence;
- teaching the principles of emergency care in cases of laryngeal stenosis, heart and bronchial asthma, suffocation by steam, electro-injuries, lightning damage;
- training in the technique of suppressing bronchial asthma attacks using nebulizers.

4. Main issues of the topic:

- tragic events caused by acute respiratory failure;
- heralds, distinguishing symptoms of bronchial and cardiac asthma attacks;
- causes and symptoms of true and false paringospasm;
- "Mouth-to-mouth" or "mouth-to-nose" techniques of lung ventilation and non - direct heart communication techniques;
- use of the nebulizer device for the purpose of suppressing an attack of bronchial asthma;
- medicines used for acute respiratory failure and methods of their application to the patient.

5. The main forms/methods/technologies of training to achieve the final results of the discipline: TBL.


6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7. Literature see the last page

8. Control (questions, tests, reports, etc.):

1. The relationship between breathing and heartbeat of the baby:


- A) RR = 40 times 1 min, IUD= 160 times 1 min
- B) RR = 30 times 1 min, IUD = 130 times 1 min
- C) RR = 25 times 1 min, IUD= 120ret 1 min
- D) RR = 50 times 1min, IUD= 170 times 1 min
- E) RR = 60 times 1 min, IUD= 180 times 1

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2. Correct conclusion of Biot breath:
- A) rhythmic and uniform breathing movements that are interrupted for 30 seconds or more.
 - B) gradual weakening of the breathing movement, which is slowly intensified
 - C) continuous noisy breathing
 - D) frequent superficial breathing
 - E) the transition of convulsive respiratory movements lasting 1 min to apnea
3. Kussmaul is most often found in:
- A) in a hypoglycemic coma
 - B) in hemorrhagic stroke
 - C) in a ketoacidosis coma
 - D) in poisoning with barbiturates
 - E) in severe traumatic brain injury
4. Is a clinical sign of hypoxemia:
- A) tachycardia
 - B) cyanosis
 - C) frequent pulse
 - D) change in character
 - E) everything is correct
5. Obstructive bronchitis the patient's main complaint:
- A) vomiting
 - B) headache
 - C) weakness
 - D) increase in temperature
 - E) shortness of breath
6. In acute bronchitis... coughing up phlegm is observed.
- a) mucus
 - b) pink bubble
 - c) rust
 - d) as
 - e) mucosal-purulent
 - E) standing vertically
7. Kussmaul breath often arises:
- a) inhibition of the respiratory center
 - b) weakness of the respiratory muscles
 - c) decreased blood pH, acidosis
 - d) decrease in intracranial pressure
 - e) hypoxemia
8. Typical for an asthma attack:
- a) excitation of seizures at night
 - b) expiratory shortness of breath
 - c) stridor breath
 - d) inspiratory shortness of breath
 - e) wheezing that can be heard from the distance

Class №10

- 1. Topic:** Acute pulmonology.
- 2. Purpose:** Development of a conicotomy algorithm.

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3. Learning objective:

to teach the main clinical signs and causes of acute respiratory failure depending on the cause of occurrence; to develop a conicotomy algorithm.

4. Main issues of the topic:

- conicotomy technique;
- indications for conicotomy;
- contraindications to performing a conicotomy;
- technique for performing the Heimlich method, depending on the age and physique of the patient;
- care after the conicotomy.


5. The main forms/methods/technologies of training to achieve the final results of the discipline: TBL.

6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7. Literature see the last page

8. Control (questions, tests, reports, etc.):

1. Where does the foreign body get stuck in most cases?
 - a) in pear-shaped pockets
 - b) in the false vocal folds
 - c) before the larynx
 - d) in the true vocal folds
 - e) in the laryngeal ventricles
2. In bronchial asthma, the patient has a fundamental complaint:
 - a) choking attack
 - b) pain in the chest
 - c) cough with purulent sputum
 - d) bleeding
 - e) effervescent sputum ...
3. Expiratory shortness of breath is observed:
 - a) in bronchial asthma
 - b) in the pulmonary abscess
 - c) in croup pneumonia
 - d) in lung cancer
 - e) in cardiac asthma
4. Bronchial asthma is... walking disease.
 - a) with chronic inflammation of the respiratory tract
 - b) chronic inflammation of the respiratory tract, bronchial hyperactivity
 - c) with acute inflammation of the respiratory tract
 - d) with cystic formation
 - e) with chronic inflammation of the respiratory tract, asthma attacks, asthma status and respiratory discomfort
5. Forced position of the patient during an attack of pulmonary asthma... will be in shape.
 - a) horizontal
 - b) sitting and leaning on the knees
 - c) horizontal with legs raised
 - d) looking at the soul
 - e) standing vertically

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Class №11

1. Topic: Emergency allergology.

2. Purpose: Learn how to make diffiagnostics of allergy cases and provide first pre-medical care. Familiarization with the features of anaphylactic shock, their prevention and first aid for such patients.

3. Learning objective:

- teach students to diagnose allergy conditions;
- training of First Aid algorithms for allergies and anaphylactic shock;
- training in determining the range and sequence of primary pre-medical care.

4. Main issues of the topic:

- allergy conditions (etiology, pathogenesis) ;
- stages of anaphylaxis;
- types of anaphylactic shock;
- allergy cases;
- the concept of "shock" ;
- ASh clinic, types;
- first aid algorithm.

5. The main forms/methods/technologies of training to achieve the final results of the discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols. Work in the Practical skills Center.

6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

7.Literature: see the last page

8. Control (questions,tests,reports, etc.):

1 .Algover shock index... describes.

- a) the ratio of systolic arterial blood pressure to diastolic blood pressure
- b) the ratio of the pulse rate to the volume of systolic arterial blood pressure
- c) the ratio of heart rate to diastolic blood pressure
- d) the ratio of systolic blood pressure to pulse frequency
- e) the ratio of the pulse rate to the respiratory rate

2. Anti-shock measures... not typical.


- a) maintain normal breathing and heart function
- b) stop bleeding and restore blood loss somewhat
- c) pain relief and immobilization
- d) putting an aseptic bandage on the wound
- e) release from the traumatic effect

3. In case of anaphylactic shock, the following drugs are administered in the ambulance of primary pre-medical care:

- a) adrenaline
- b) glucocorticosteroids
- c) antihistamine drugs
- d) Yellow Water
- e) glucose

4. A sick 28-year-old woman ate strawberries at the dacha. 2 hours ago, there was heavy breathing, a feeling of tightness in the neck, and difficulty swallowing.

- a) allergic laryngeal cancer
- b) allergic tumor of the pharynx
- c) catarrhal printing

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d) acute laryngitis

e) abscess behind the pharynx

5. A 57-year-old man came to the dentist's office, and a Sudden Attack of suffocation began in the room. He sat on a chair, leaning on the edge of the table, his face cyanosis, anxiety, chest – like a Bochka. Expiratory shortness of breath, dry, wheezing that can be heard from a distance. The medicine used in this case:

a) salbutamol

b) papaverine

c) libexin

d) tusuprex

e) Analgin

6. A 39-year-old patient complained of swelling, tightness in his face after using crayfish for the second course during the menu in a restaurant. Objective: superficial skin edema is observed on the skin of the face, eyelids, lips, soft, pale, pink color. Body temperature, pulse, PF are normal, the abdomen is soft. Acute condition developed in the patient:

a) drug allergy, acute donkey feed

b) drug allergy, Quincke's tumor

c) dry allergy, anaphylactic shock

d) dry allergy, Laela syndrome

e) insecticidal allergy, anaphylactic shock

7. After anesthesia by a dentist with 1 percent novocaine solution, during tooth extraction surgery, the patient suddenly had pale skin, shortness of breath, fear, convulsions of chewing meat, a decrease in PF to 90\50 hp, a filamentous pulse, weakness. Make a diagnosis:

a) anaphylactic shock

b) acute myocardial infarction

c) acute donkey feed

d) Lyella syndrome

e) pulmonary embolism

8. 28-year-old sick Woman, 2 hours after eating strawberries in the garden, experienced heavy breathing, a feeling of tightness in the neck, and difficulty swallowing. Make a diagnosis:

a) allergic laryngeal cancer

b) allergic tumor of the pharynx

c) catarrhal printing

d) acute laryngitis

e) abscess behind the pharynx

9. Allover shock index in Normovolemia...equal.

a) 0,5

b) 0,1

c) 1,0

d) 1,5

e) 2,5


Class №12

1. Topic: Emergency endocrinology.

2. Purpose: Teaching students practical skills in providing emergency care in Endocrinology.

3. Learning objective:

training of students in the timely detection, high-quality diagnosis and treatment of endocrinological diseases.

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4. Main issues of the topic:

- "what's a coma?"
- types and treatment of diabetic coma
- diabetes clinic, diagnosis
- emergency care for hypoglycemia
- hyperglycemia clinic, diagnosis and treatment.

5. The main forms/methods/technologies of training to achieve the final results of the discipline: Oral request. Solving test tasks and situational tasks. Work with clinical protocols. Work in the Practical skills Center.

6. Forms of control for evaluating the level of achievement of the final results of the discipline: Check-Sheet

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 «Web of science» (Thomson Reuters) <http://apps.webofknowledge.com>
 «Science Direct» (Elsevier) <https://www.sciencedirect.com>
 «Scopus» (Elsevier) www.scopus.com

8. Control (questions, tests, reports, etc.):

1. Hypoglycemia may occur in a diabetic patient:
 - a) Administration of an insufficiently large dose of insulin
 - b) alcohol intake
 - c) taking sulfonylureas
 - d) taking Biguanides
2. Indications for conducting a glucose tolerance test are the patient's presence:
 - a) thirst and polyuria
 - b) recurrent furunculosis
 - c) in dyslipidemia
 - d) fasting blood glucose level more than 10 mmol/L
 - e) obesity
3. Among the listed drugs, the deterioration of the course of diabetes mellitus is not the cause:
 - a) aspirin
 - b) dexamethasone
 - c) Captoprilde
 - d) thiazide diuretics
 - e) oral contraceptives
4. Characteristic clinical manifestations of thyrotoxicosis:
 - a) decrease in body weight
 - b) high irritability
 - c) in drowsiness
 - d) constipation
 - e) persistent tachycardia
5. Scintigraphy is the main method of detection:
 - a) Acute thyroiditis
 - b) goiter Hashimoto
 - c) diffuse toxic goiter
 - d) thyroid cancer
 - e) toxic thyroid adenoma
6. The Most Informative method for detecting thyroid cancer:
 - a) thyroid scintigraphy
 - b) palpatory study
 - c) ultrasound of the thyroid gland
 - d) computed tomography of the thyroid gland
 - e) aspiration biopsy of the thyroid gland
7. Characteristic complication after the use of mercazolil in the treatment of thyrotoxicosis:
 - a) hypokalemia
 - b) increased levels of creatinine and urea in the blood
 - c) decrease in the number of neutrophils and the development of agranulocytosis
 - d) hyperglycemia

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA АКАДЕМИАСЫ «Оңтүстік Қазақстан медицина академиясы» АҚ	 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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e) hypocalcemia

8. Polyuria was observed in a 17-year-old patient along with a low urine density indicator. After conducting a test with fluid restriction, the actual urine density indicator did not change. Most likely, the patient may have:

- a) psychogenic polydipsia
- b) diabetes without sugar
- c) diabetes
- d) chronic pyelonephritis

9. Thyrotoxic syndrome may occur:

- a) in diffuse toxic goiter
- b) during the Hashimoto's goiter
- c) in thyroiditis
- d) with primary atrophy of the thyroid gland
- e) in the case of TSH-secretion tumor of the pituitary gland

10. The most likely cause of blindness in a patient with diabetes for a long time:

- a) glaucoma
- b) cataract
- c) eye nerve atrophy
- d) autonomous neuropathy
- e) Renopathy

11. All statements regarding the Thyrotoxic crisis are correct, except for one:

- a) surgical interventions and infections can cause a thyrotoxic crisis
- b) the development of a crisis is associated with a sudden sharp rise in the level of thyroid hormones in the blood
- c) in a thyrotoxic crisis, the administration of radioactive iodine is effective
- d) it is advisable to use beta blockers in the treatment of crises
- e) it is advisable to use inorganic iodine preparations in the treatment of crises