

MINISTRY OF HEALTH OF UKRAINE
NATIONAL PYROGOV MEMORIAL MEDICAL UNIVERSITY , VINNYTSYA

"APPROVED"
at Methodical Council of the disciplines
Protocol № 5 from 18.03. 2026
Acting Head of Methodical Council

 Serhiy KHIMICH

«AGREED»
Head of the examination commission №3
« 11 » 03 2026p.

 Vadym ZHEBEL

EXAM MATERIALS
STATION № 4 "PREMEDICAL AND EMERGENCY MEDICAL CARE"

SPECIALTY

222 Medicine

EDUCATIONAL PROGRAM

«Medicine»

FACULTY

Faculty of Foreign Citizens

Training

APPENDICES OF EXAMINATION MATERIALS

1. Instructions for students to work at the station (Appendix 1)
2. List of emergency conditions at the station (Appendix 2)
3. Algorithms for performing practical skills (Appendix 3)
4. Sample task (appendix 4)
5. Regulatory documents (Annex 5)

Application 1

INSTRUCTIONS FOR WORK AT STATION 4 “PREMEDICAL AND EMERGENCY MEDICAL CARE”

The applicant for higher education (HE) must greet the examiner and present the identification number that was assigned during the registration for the PGCE. The applicant receives a clinical task, which involves communication with the patient, interviewing complaints and anamnestic data, and conducting a certain objective examination.

The following competencies are assessed: objective examination, manipulation, diagnosis, tactics and treatment, prevention.

WHEN WORKING WITH A STANDARDIZED PATIENT: ADMITTING A PATIENT IN THE HOSPITAL EMERGENCY DEPARTMENT.

Stopping external critical bleeding

- greet, introduce yourself and inform the patient (mannequin) that you are going to examine him/her
- name the signs of critical external bleeding
- assess the state of consciousness according to the AVPU
- ensure their own safety
- inform the victim that manipulations may cause unpleasant, painful sensations
- apply direct pressure to the wound, use a cotton scarf
- if the bleeding does not stop after direct pressure on the wound, apply a tourniquet
- apply an aseptic dressing to the wound
- if the bleeding stops after direct pressure on the wound - perform tamponade of the wound and apply a pressure dressing
- in case of an amputated limb, apply a S.A.T. tourniquet and fix the amputated limb with a headscarf
- Identify the emergency condition
- determine the tactics and treatment (notify the Emergency Medical Service)
- determine prevention (compartment syndrome, effectiveness of tamponade and pressure dressing)

WHEN WORKING WITH A STANDARDIZED PATIENT: AN APPOINTMENT IS MADE AT THE HOSPITAL'S EMERGENCY ROOM.

Cardiopulmonary resuscitation

- Greet, introduce himself/herself and inform that he/she is to examine the patient (manikin).
- Assess airway patency and ensure airway patency, and prescribe interventions according to findings.
- Determine the PD, prescribe interventions according to the findings.
- determine the color of the skin, the presence of a pulse, compare the pulse on the central and peripheral arteries.
- determine access to the patient's vascular bed.
- Demonstrate the use of an AED and defibrillator, cardiac monitor information, use of medical equipment (airways, laryngeal masks of various configurations, laryngoscope, endotracheal tube, Ambu bag, ventilators, face mask, combi-tube.
- Use manicure devices.
- Perform basic and advanced CPR.
- Determine the importance of further diagnosis and treatment at the extended stage of CPR.
- Prescribe specific examination and intensive care depending on the cause of circulatory and respiratory arrest.
- assess the state of consciousness, determine the reaction of the pupils to light, and prescribe glucose, lactate, and tropanin levels
- prescribe biochemical and laboratory tests of blood and biological fluids
- assess the skin for rash, trauma, injection marks, and prescribe interventions according to the findings
- Interpret and prescribe blood sampling for electrolytes and blood gases.
- Analyze cardiac monitoring indicators and determine heart rhythms.
- Identify the emergency condition.
- determine tactics and treatment.
- determine prevention.

When working with a clinical task - to perform tasks related to the interpretation of objective examination, manipulation, diagnosis, determination of patient management tactics, prescribing treatment for an emergency (listing groups of drugs and representatives) and providing preventive recommendations (including treatment of the underlying disease).

After completion of the task or expiration of the time spent at the station, return the task to the teacher, wait for the signal about the end of the time spent at the station, and leave the station.

The examiner does not accept answers after the end of the time at the station. The examiner is an observer of your actions and does not provide instructions, comment or question you.

After passing the first station, the student must move to another station according to the route sheet.

The duration of the station is 8 minutes.

It is **FORBIDDEN** to communicate with the examiner, use study and auxiliary materials, use gadgets, transmit, copy, and distribute any information related to the exam that is not publicly available. If a higher education applicant violates the above rules, the exam is terminated and the grade for the exam is "failed" (violation of the rules of academic integrity).

LIST OF EMERGENCY CONDITIONS AT THE STATION

№	Діагноз	Симптом	Маніпуляція (або діагностика...)
1	Critical external bleeding (wound from a piece of glass in the upper third of the right thigh)	an increasing pool of blood, blood-soaked clothes	Direct pressure on the wound, applying a tourniquet, determining the distal pulse, applying an aseptic dressing, and signs of hemorrhagic shock,
2	Critical external bleeding (amputated limb at the level of the middle of the lower leg).	an increasing pool of blood, blood-soaked clothes, amputated limb	Determination of the condition of the amputated limb, application of the S.A.T. tourniquet, fixation of the amputated limb with a scarf, signs of hemorrhagic shock
3	Critical external bleeding (lacerated wound in the area of the inner surface of the lower third of the left shoulder)	a pool of blood that is growing, blood-soaked clothes,	Application of the S.A.T. tourniquet, determination of the distal pulse, application of an aseptic dressing, signs of hemorrhagic shock, determination of distal pulse
4	Critical external bleeding (laceration of the middle of the thigh as a result of an accident)	a pool of blood that is growing, blood-soaked clothes,	Direct pressure on the wound, tamponading the wound, applying a pressure dressing, signs of hemorrhagic shock
5	Critical external bleeding - tourniquet conversion	Tourniquet applied in the "red" zone, re-evaluation of the applied tourniquet, determination of indications for conversion: time interval, absence of signs of hemorrhagic shock.	Pack the wound with 4hemostatic gauze (apply direct pressure for 3 minutes) and apply a pressure bandage. Gradually loosen the tourniquet over 1 minute. Monitor the wound continuously for rebleeding. If the limb is intact, check the distal pulse. Record the time of removal. Signs of hemorrhagic shock.
6	Critical external bleeding – tourniquet repositioning	Tourniquet applied in the "red" zone, re-evaluation of the applied tourniquet, determination of indications for repositioning : time period, absence of signs of hemorrhagic shock.	Reassess the previously applied tourniquet. Expose the wound and determine if tourniquet repositioning is possible . Apply the tourniquet 5-7 cm above the wound or amputation line. Record the time of application. Gradually loosen the tourniquet applied above for one minute, constantly observing for resumption of bleeding. If the limb is intact, check the distal pulse. Record the time of conversion. List the signs of hemorrhagic shock.
7	Fixation of the injured upper limb with a scarf	Signs of injury (wounds, abrasions , dislocations, fractures), condition after conversion or repositioning of the	Give the injured upper limb a physiological position. Direct the corner of the scarf towards the bent elbow joint, place one edge of the scarf under the injured limb,

		tourniquet	placing the end on the shoulder, wrap the other edge around the limb and secure both ends with a knot on the victim's neck.
8	Clinical death (septic shock, purulent wounds of the trunk, chest, and extremities)	Lack of breathing, heartbeat, consciousness, dilated pupils, multiple purulent wounds	Cardiopulmonary resuscitation, wound dressing, hemodynamic stabilization.
9	Clinical death (anaphylactic shock)	Lack of breathing, heartbeat, consciousness, dilated pupils, (allergic reaction to colistin)	Cardiopulmonary resuscitation, epinephrine, antihistamines, glucocorticosteroids.
10	Clinical death (hypovolemic/hemorrhagic shock)	Lack of breathing, heartbeat, consciousness, dilated pupils, (critical external bleeding)	Cardiopulmonary resuscitation, tourniquet application, infusion and transfusion therapy.
11	Clinical death (household electric shock)	Lack of breathing, heartbeat, consciousness, dilated pupils, (household electric shock, ventricular fibrillation)	Cardiopulmonary resuscitation, AED, defibrillation.
12	Clinical death (acute renal failure, hypokalemic cardiac arrest)	Lack of breathing, heartbeat, consciousness, dilated pupils, (anuria for 3 days, hyperkalemia, 8 mmol/L, ECG)	Cardiopulmonary resuscitation, hemodialysis, IV glucose, calcium chloride, cordarone, AED, defibrillation.
13	Clinical death (asphyxiation, foreign body, VSD)	Lack of breathing, heartbeat, consciousness, dilated pupils, aspiration of food, cyanosis, loss of consciousness, coma.	Cardiopulmonary resuscitation, expiratory admission, IUD revision, foreign body removal.
14	Clinical death (morphine overdose)	Lack of breathing, heartbeat, consciousness, dilated pupils, the fact of morphine use, postinjection wounds on the arms, legs, and neck.	Cardiopulmonary resuscitation, naloxone, and a long ventilator.
15	Clinical death (alcohol poisoning, positional compression syndrome)	Absence of breathing, heartbeat, consciousness, expansion pupils, (contracture of the lower and upper extremities, strangulation furrow in the upper part of the thigh and shoulder, pronounced smell of alcohol from the mouth)	Cardiopulmonary resuscitation, hemodialysis, glucose intravenously, calcium chloride, cordarone, AED, naloxone defibrillation.
16	Clinical death, (hypoglycemic coma)	Absence of breathing, heartbeat, consciousness, expansion pupils, (laboratory insulin level 1.2 mmol/l)	Cardiopulmonary resuscitation, adrenaline, cordarone, glucose, AED, defibrillation.
17	Clinical death, (seizure)	Absence of breathing, heartbeat, consciousness, expansion pupils,	Cardiopulmonary resuscitation, adrenaline, cordarone, AED, defibrillation, benzodiazepines.

ALGORITHMS FOR PERFORMING PRACTICAL SKILLS AT STATION №4 “PREMEDICAL AND EMERGENCY MEDICAL CARE”

“Critical external bleeding, first aid”

1. Signs of external critical bleeding.
2. The sequence of the algorithm “Stop the bleeding”.
3. Algorithm for applying the tourniquet S.A.T. (turnstile).
4. Algorithm for stopping external bleeding by tamponading and applying a pressure dressing.
5. Fixation of the amputated limb with a headscarf.
6. Application of a sterile dressing to the wound.

1. Signs of external critical bleeding

Name the signs of external critical bleeding, namely:

- A rapidly expanding bloodstain on/under the victim
- A lot of blood on the clothing
- A pool of blood
- An amputated lower/upper limb above the ankle/wrist joint.

1. The sequence of the “Stop the Bleeding” algorithm

Assess the scene for safety - the scene is safe.

Assess the general impression of the victim (position, signs of critical bleeding, whether the victim is talking).

Call emergency medical services (EMS) 103 (112). Tell the EMS dispatcher quickly and in detail where you and the injured person are and your assessment of the injured person's condition and wound.

Assess the level of consciousness according to the AVPU algorithm - the victim answers your questions, is conscious, and in contact with you - A.

NOTE. All previous actions are performed at the stage of approaching the victim.

Stand to the side of the victim on the side of the wound closest to it.

Apply direct pressure to the wound using a cotton cloth (headscarf) that is available.

If direct pressure on the wound does not stop bleeding, but only slows down, decide whether to apply a tourniquet.

If direct pressure on the wound stops the bleeding, decide whether to perform tamponade and apply a pressure dressing.

Algorithm for applying the S.A.T. tourniquet

Stand to the side of the victim on the side of the wound closest to it.

Replace the pressure on the wound with your hands with knee pressure to prevent blood loss while applying the tourniquet.

Remove the C.A.T. tourniquet from the first aid kit.

Place the tourniquet about 5 to 7 cm (4 fingers) above the wound and directly on the skin or clothing (as appropriate), do not place it over joints or directly on the wound.

Make sure that the limb is relaxed. Do not lift the limb to avoid tension and to prevent air from being sucked in by open veins in the wound.

Place the tourniquet high on the limb with life-threatening bleeding, with the buckle facing you. If it is convenient for you, hold the buckle with your other hand.

Take the tourniquet strap away from you, quickly pull it around the limb toward you - to the buckle. Pass the tourniquet belt tongue through the buckle from the bottom and upward toward you.

Pull the tourniquet strap as tightly as possible, pulling it quickly toward you to quickly and tightly compress the vessels of the limb and stop blood flow in the veins and arteries under the tourniquet.

NOTE: When the tourniquet band is tightened and locked, only the tips of two fingers can fit between the band and the limb.

Route the tourniquet strap away from you around the limb to the brace.

Tighten the tourniquet by twisting the collar until the bleeding stops.

Check the presence/absence of a distal pulse below the tourniquet.

All previous steps should be performed within 1 minute.

Secure the tourniquet in place with the tourniquet lock.

Wrap the free end of the tourniquet around the limb toward you.

Secure the twist and the belt in the bracket with white Velcro tape and write the actual time of the tourniquet application on it, completing the entire process within 3 minutes.

Algorithm for stopping external bleeding by tamping and applying a pressure dressing.

Stand to the side of the victim on the side of the wound closest to it.

Expose and assess the wound.

Remove the hemostatic gauze from the sterile package.

Tightly pack the wound to the bottom so that all the "pockets" of the wound are filled with bandage. Finger(s) should be constantly in the wound, the index finger of the other hand should be used to feed the hemostatic gauze into the wound.

Tamponade so that the material protrudes 2-3 cm above the wound and keep the pressure firm for at least 3 minutes if tamponading with hemostatic gauze. If tamponading with an ordinary bandage or improvised means, maintain pressure for up to 10 minutes.

Reassess to make sure the bleeding has stopped while maintaining pressure.

Apply a pressure bandage with an elastic bandage so that the bandage over the wound is tensioned, and under the wound, loosen the bandage and apply it without tension, fix the bandage.

Check the distal pulse (the pulse should be felt).

Fixation of the amputated limb with a headscarf

After applying the tourniquet to the amputated limb 5-7 cm above the knee or elbow joint in case of amputation in the lower leg or forearm, fix the amputated limb with a headscarf. Carefully place the previously unfolded kerchief with a wide edge under the amputated limb, cover the torn end with the corner of the kerchief, then wrap the amputated limb crosswise with the free edges, fixing the free edge of the kerchief with a pin.

2. Apply an aseptic dressing to the wound

After stopping the bleeding with a tourniquet, apply an aseptic dressing to the wound before transporting the patient. Treat the edges of the wound with a disinfectant solution and remove dirt or other foreign substances from the skin, apply 2-3 layers of sterile napkins directly to the wound, take a roll of bandage in your right hand and the beginning in your left, unwind the bandage from left to right, apply the bandage to the patient's body surface without unwinding it in the air, make sure that the bandage does not form folds, the bandage should cover the entire wound surface and the skin around it by 4-5 cm. Secure the edges of the dressing.

"Critical external bleeding, first aid"

Етапи роботи	Інструкції
Objective examination, assessment of the victim's condition	Assess the safety of the scene, ensure your own safety using gloves, explain to the victim the nature of the interaction at the moment and obtain consent, explain your actions. Assess the position, signs of critical bleeding, whether the victim is talking, note the level of consciousness according to the AVPU algorithm
Execution of the	Stand by the side of the victim on the side of the wound closest to it.

<p>“Stop Bleeding” algorithm</p>	<p>Apply direct pressure to the wound using a cotton cloth at hand. If direct pressure on the wound does not stop bleeding, but only slows down, decide whether to apply a tourniquet. If direct pressure on the wound stops the bleeding, decide whether to tamponade and apply a pressure dressing.</p>
<p>Technical skill Installation of the S.A.T. turnstile.</p>	<p>Stand to the side of the victim on the side of the wound closest to it. Replace the pressure on the wound with your knee to prevent blood loss while applying the tourniquet. Remove the C.A.T. tourniquet from the first aid kit. Place the tourniquet about 5 to 7 cm (4 fingers) above the wound and directly on the skin or clothing (as appropriate), do not place it over joints or directly on the wound; Make sure that the limb is relaxed. Do not lift the limb to avoid tension and to prevent air from being sucked in by open veins in the wound. Place the tourniquet high on the limb with life-threatening bleeding, with the buckle facing you. If it is convenient for you, hold the buckle with your other hand. Take the tourniquet strap away from you, quickly pull it around the limb toward you - to the buckle. Pass the tourniquet belt tongue through the buckle from the bottom and upward toward you. Quickly pull the tourniquet strap as tightly as possible, quickly pulling it toward you to quickly and tightly compress the vessels of the limb and stop blood flow in the veins and arteries under the tourniquet. Take the tourniquet strap away from you around the limb to the staple. Tighten the tourniquet by twisting the collar until the bleeding stops. Check the presence/absence of a distal pulse below the tourniquet. Secure the tourniquet in place with the tourniquet lock. Wrap the free end of the tourniquet around the limb toward you. Secure the tourniquet and the belt in the bracket with white Velcro tape and write the actual time of tourniquet application on it, completing the entire process within 3 minutes.</p>
<p>Technical skill Stop bleeding by tamponading and applying a pressure dressing.</p>	<p>Stand to the side of the victim on the side of the wound closest to it; expose and assess the wound; take the hemostatic gauze from the sterile package. Tamponade the wound tightly to the bottom so that all the “pockets” of the wound are filled with bandage. Finger(s) should be in the wound at all times, the index finger of the other hand should be used to feed the hemostatic gauze into the wound. Tamponade so that the material protrudes 2-3 cm above the wound and keep the pressure firm for at least 3 minutes if tamponading with hemostatic gauze. If tamponading with a regular bandage or improvised means, maintain pressure for up to 10 minutes. Reassess to make sure that the bleeding has stopped while maintaining pressure; Apply a pressure bandage with an elastic bandage so that the bandage over the wound is tensioned, and loosen the bandage under the wound and apply it without tension, fix the bandage; Check the distal pulse (the pulse should be felt).</p>
<p>Technical skill Application of an aseptic dressing</p>	<p>After stopping the bleeding with a tourniquet, apply an aseptic dressing to the wound before transporting the patient. Treat the wound edges with a disinfectant solution and remove dirt or other foreign substances from the skin, apply 2-3 layers of sterile napkins directly to the wound, take a roll of bandage in the right hand and the beginning in the left, unwind the bandage from left to right, apply the bandage to the patient's body surface without unwinding it in the air, make sure that the bandage does not form folds, the bandage should cover the entire wound surface and the skin around it by 4-5 cm. Secure the edges of the dressing.</p>
<p>Technical skill Fixation of an amputated limb with a headscarf</p>	<p>After applying the tourniquet to the amputated limb 5-7 cm above the knee or elbow joint in case of amputation in the lower leg or forearm, we fix the amputated limb with a headscarf. Carefully place the previously unfolded kerchief with a wide edge under the amputated limb, cover the severed end with the corner of the kerchief, then wrap the amputated limb crosswise with the free edges, fixing the free edge of the kerchief with a pin.</p>
<p>Identify an</p>	<p>Rapid pulse (tachycardia), pallor of the skin, cold clammy sweat, impaired consciousness</p>

emergency: name the signs of hemorrhagic shock	
Tactics and treatment	Call an ambulance 103 (112). Quickly and appropriately tell the dispatcher where you and the injured person are and your assessment of the injured person and his or her wound. Determine the actions of the EMS team (two IV catheters, infusion therapy)
Prevention	Check if the bleeding has resumed, check the presence/absence of pulsation in the injured limb
Completing the exam	

Sequence of student's actions during cardiopulmonary resuscitation:

1. Examine the patient (manikin): examines the scene for the safety of the patient (manikin)
2. calls the patient
3. Puts on gloves,
4. Assesses the presence of chest excursion,
- 5 Assesses the presence of pulsation on the carotid or femoral artery,
6. Assesses the state of the pupils, consciousness
- 7) Establishes the diagnosis of an emergency (terminal) condition
- 8) Performs manipulation - cardiopulmonary resuscitation according to the ABC or SAV scheme:
9. Heart massage (direct / indirect): position of hands on the border of the middle and lower third of the sternum.
10. Compression depth 5 cm (according to the green manikin sensor)
11. Compression rate 100-120 per minute, ratio of 2 breaths to 30 compressions
12. Inspection and clearing of the upper airway with a finger,
13. Extension of the head in the neck, removal of the root of the tongue.
14. Placement of an airway or laryngeal mask or combo or tracheal intubation or face mask (optional)
15. Artificial lung ventilation (mouth to mouth or mouth to nose; or manual breathing apparatus (Ambu); or automatic breathing apparatus (ALV)) (optional) (excursion of the chest of the manikin)
16. Vein mobilization or intraosseous access.
17. Administration of epinephrine 1.0 ml every 3-5 minutes of resuscitation
18. Administration of specific pharmaceuticals in case of specific cardiac arrest (infusion therapy, adrenomimetics, soda and CaCl₂, glucose in case of hyperkalemia, poisoning with tricyclic antidepressants, etc.)
19. Diagnosis of cardiac ventricular fibrillation (cardiac monitor, defibrillator, AED)
20. In case of fibrillation - AED or defibrillation.
21. In the absence of effect (restoration of sinus rhythm), Cordarone (300 mg + 150 mg IV, in the absence of effect - lidocaine).
22. Check for reversible causes of clinical death.
23. List the principles of prevention of the underlying disease that led to cardiac arrest.

Application 4

ЗРАЗОК ЗАВДАНЬ

Станція № 4 « ДОМЕДИЧНА ТА ЕКСТРЕННА МЕДИЧНА ДОПОМОГА »

Клінічна ситуація № 1

«Критична зовнішня кровотеча, домедична допомога»

Завдання для студента при роботі на станції.

В гарний сонячний день Ви рухаєтесь тротуаром у справах та бачите чоловіка, котрий виходить із будівельної крамниці і несе в руках скло. Спотикаючись, чоловік падає та розбиває скло, шматок якого застряє у нього в верхній третині правого стегна, на ваших очах чоловік виймає скло з рани, після чого кров струменем під тиском витікає з рани.

Ви захопили з собою аптечку невідкладної допомоги

1. Подбайте про власну безпеку
2. Назвіть ознаки критичної кровотечі, визначте свідомість за AVPU
3. Почніть алгоритм «Зупини кровотечу», виконайте прямий тиск на рану – кровотеча не припиняється
4. Накладіть джгут С.А.Т.
5. Накладіть асептичну пов'язку
6. Ідентифікувати невідкладний стан: назвати ознаки геморагічного шоку.
7. Повідомити службу Екстренної медичної допомоги та визначте їх подальші дії
8. Перевірити чи не відновилась кровотеча та перепроверити дистальний пульс

КОНТРОЛЬНИЙ ЛИСТ ОЦІНЮВАННЯ СТАНЦІЇ ОСП(К)

№ з/п	Складові виконання клінічного кейсу, що оцінюється	Кількість балів за позицію	Кількість балів студента
1.	Об'єктивне обстеження	0,9	
	оглянув місце події на предмет безпеки	0,15	
	одягнув рукавички	0,15	
	Назвав ознаки критичної кровотечі:		
	калюжа крові, що збільшується	0,15	
	просякнутий кров'ю одяг	0,15	
	ампутована кінцівка	0,15	
	визначив рівень свідомості постраждалого	0,15	
2.	Маніпуляція	3,0	
	став збоку від постраждалого на стороні рани, найближче до неї	0,15	
	виконав прямий тиск на рану, використавши бавовняну косинку	0,3	
	виконав заміну тиску на рану руками коліном	0,3	
	дістав турнікет з аптечки	0,15	
	обгорнув стрічку турнікету навколо кінцівки та пропустив кінець стрічки через шпарину пряжки знизу вгору	0,15	
	наклав турнікет приблизно на 5–7 см над раною, щільно стягнув самоклеючу стрічку турнікету та закріпив стрічку по всій довжині навколо кінцівки (але не над фіксаторами закрутки).	0,45	
	крутив закрутку, поки кровотеча не припинилася.	0,3	
	зафіксував закрутку на місці за допомогою фіксатора закрутки.	0,15	
	перевірів наявність/відсутність дистального пульсу нижче накладеного	0,3	

	турнікету.		
	зафіксував стрічку часу. Записав час накладання турнікету на ремні безпеки закрутки	0,3	
	наклав асептичну пов'язку на рану	0,45	
3.	Діагностика: назвати ознаки геморагічного шоку	0,9	
	Прискорений пульс, тахікардія	0,3	
	Блідість шкірних покривів, холодний липкий піт	0,3	
	Порушення свідомості	0,3	
4.	Тактика і лікування	0,6	
	Повідомив службу Екстреної медичної допомоги	0,3	
	Визначив дії бригади ЕМД (два В/В катетери, інфузійна терапія)	0,3	
5.	Профілактика	0,6	
	Перевіряв чи не відновилась кровотеча	0,3	
	Перепроверив наявність/відсутність пульсації в травмованій кінцівці	0,3	

Клінічний сценарій №1 (Клінічна смерть, враження побутовим током)

Солдат 21 рік знаходиться на лікуванні в військовому госпіталі в зв'язку з акубаротравмою та множинними пораненнями обличчя, тулуба, нижніх кінцівок. Годину тому переніс тривалу травматичну операцією та була проведена ін'єкція морфіну гідрохлориду для знеболювання тричі, В зв'язку з відсутністю свідомості у пацієнта Вас терміново запросили в палату до хворого. Об'єктивно на оклик не реагує; пульс, тиск на магістральних артеріях не визначається, зіниці розширені.

Завдання :

- 1.Провести об'єктивне обстеження пацієнта (манікена).
- 2.Провести відповідні маніпуляції.
- 3 Провести діагностику.
- 4.Подальша тактика і лікування.
- 5.Профілактика.

КОНТРОЛЬНИЙ ЛИСТ ОЦІНЮВАННЯ СТАНЦІЇ ОСП(К)

Практичні навички	Кількість балів за навичку	Кількість балів здобувача
Об'єктивне обстеження:	0,9	
оглядає місце пригоди на предмет безпеки,	0,15	
окликає хворого (манікен)	0,15	
вдягає рукавички	0,15	
оцінює наявність екскурсії грудної клітини	0,15	
оцінює наявність пульсації на сонній чи стегновій артерії	0,15	
оцінює стан зіниць,свідомість	0,15	
Маніпуляція	3.0	
А (Airway open)- ревізія та очищення верхніх дихальних шляхів пельцем,	0,3	
розгинання голови в ділянці шиї,	0,3	
постановка повітроводу або ларингеальна маска або комбіт'юб або інтубація трахеї, або лицева маска (на вибір)	0,3	
В (Breath for victim) – штучна вентиляція легень (рот до рота або рот до носу; або ручним дихальним апаратом (Амбу); або автоматичним	0,3	

апаратом ШВЛ).		
C (circulation his blood) – масаж серця (прямий /непрямий):положення рук	0,3	
Достатня глибина компресії	0,3	
Дотримання частоти та співвідношення компресій серця до дихання	0,3	
D (Drug) – мобілізація довенного судинного або кісткового доступу.	0,3	
Відновлення скорочення міокарду за рахунок введення адреналіну (по 1мг. кожні 3-5 хв.)	0,3	
Відновлення скорочення іншими фарм засобами (сода, СаС12, глюкози при гіперкаліємії, отруєнні трициклічними антидепресантами);	0,3	
Діагностика	0,9	
АЗД (при відсутності –кардіомонітор, дефібрилятор). Накласти клеми/ложки , включити діалог з АЗД, виконати інструкції. Дефібрилятор – визначити наявність дефібриляційного ритму серця	0,3	
При фібриляції шлуночків серця, шлуночкової тахікардії без пульсу - електрична дифібриляція (АЗД, дефібрилятор);	0,3	
При відсутності ефекту (відновлення синусового ритму) кордарон (300 мг+ по 150 мг в/в, при відсутності - лідокаїн).	0,3	
Тактика і лікування	0,6	
Діагностика зворотніх причин клінічної смерті: гіпоксія, гіповолемія, гіперкаліємія, гіпотермія, тромбоемболія легеневої артерії, коронарний тромбоз, напружений пневмоторакс, інтоксикація , травма, тампонада, кома	0,3	
Інтенсивна терапія в даній клінічній ситуації (Налорфін, налоксон (3.0 мл.в/в.в). Продовжена ШВЛ, ІТ післяреанімаційної хвороби.	0,3	
Профілактика	0,6	
Перерахувати профілактику передозування знеболюючих (морфін)	0,3	
Висвітити принципи мультимодального знеболювання.	0,3	
	6,0	

Додаток 5

НОРМАТИВНІ ДОКУМЕНТИ (лише за останні 5 років)

кафедри медицини катастроф та військової медицини

- 1 Order of the Ministry of Health of Ukraine of 09.03.2022 No. 441 “Procedure for providing first aid to victims of massive external bleeding” (<https://zakon.rada.gov.ua/laws/show/z0356-22#n170>)
- 2 Emergency and urgent medical care. In VI volumes. Vol. IV Clinical routes (protocols) of the patient during the provision of emergency medical care at the pre-hospital stage: a textbook for students of higher education institutions / Kryliuk V.O. et al.
- 3 Emergency medicine. Emergency (ambulance) medical care
- 4 I.S. Zozulya, A.O. Volosovets, O.G. Shekera, textbook, Medicine, 2023, 560 p.
- 5 Treatment of wounded with combat injuries of the limbs: monograph, edited by V.I. Tsymbalyuk, Desna Publishing House, 300 copies, 2020, 194 pp.
- 6 About 100 Emergency conditions. Clinical manual. Series “Fundamentals of clinical thinking in diagrams and infographics” Matviychuk M.V., Chorna V.V., Podolian V.M., et al. Recommended by the Academic Council of Pirogov National Medical University of 28.04.2022 № 7. Korzun D.Y. 2022. 100 c.
- 7 Tactical medicine. Study guide: Volodymyr Shyshchuk, Serhii Redko, M.M. Liapa, V-vo: Scythian, 2023, p-176.
- 8 Premedical training: textbook / edited by V. V. Steblyuk. Kharkiv: Pravo, 2020. 341 p.
- 9 TCCS - Tactical Medicine Course <https://tccc.org.ua>.

Departments of Anesthesiology, Intensive Care and Emergency Medicine

1. Order of the Ministry of Health of Ukraine of 18.07.2024 № 1259 “On approval of the Standards of medical care ‘Cardiopulmonary resuscitation in adults (basic and advanced measures)’ (https://www.dec.gov.ua/wp-content/uploads/2024/07/1259_18072024_smd_slr_u-doroslyh_dod_2.pdf).

2. Ministry of Health of Ukraine State Enterprise “State Expert Center of the Ministry of Health of Ukraine” Cardiopulmonary resuscitation in the hospital setting in adults. Evidence-based clinical practice guideline. 2024. https://www.dec.gov.ua/wp-content/uploads/2024/07/kn_2024_slr_u-doroslyh.pdf.

3. Drug poisoning: prevention and first aid (https://moz.gov.ua/uk/otruennja-medikamentami-profilaktika-i-persha-dopomoga).