MINISTRY OF HIGHER EDUCATION, SCIENCE AND INNOVATION OF THE REPUBLIC OF UZBEKISTAN

MINISTRY OF HEALTH OF THE REPUBLIC OF UZBEKISTAN

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Introduction to the medical profession

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The manual is designed for students of medical faculties of higher medical educational institutions to help the process of studying certain issues of general care of patients within the framework of the discipline "internal diseases". Reception of patients. Sanitary – contains information about the most relevant methods of taking hygienic ishlsr.

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PART I. THERAPEUTIC PATIENT CARE
ORGANIZATION OF THE ACTIVITIES OF MEDICAL INSTITUTIONS IN THE REPUBLIC OF UZBEKISTAN.
THE IMPORTANCE OF GENERAL NURSING.

Health in social activities in the Republic of Uzbekistan is a set of state and social measures of a social - economic medical nature, which are carried out in order to organize primary health care, maintain the health of each person and the population as a whole, and increase social protection. For preventive purposes in health measures, the prevalence of medical care is based on the principles of compulsory health insurance, an inextricable connection between medical sciences and health practices, active participation of the state and the public in the health of the population.

There are three main health components.

1. Therapeutic and preventive care of birlamc.
2. Ensuring the sanitary and epidemiological well-being of the Republic of Uzbekistan: prevention of the spread of infectious diseases, clean drinking water, food quality, sanitary control of the quality of ambient air, etc.
3. Strengthening the health of the population: the formation of a healthy lifestyle, improving the working and living conditions of people. Basic components and principles of local applied health care. In the basic process of local practical health care, it is the aim and observance of the rights of people and citizens in the field of health care.

In the Republic of Uzbekistan, the primary principle, in priority bias, is the preventive direction of health care in the primary system. Subrophilactic social economic, socio-hygienic and specific medical activities aimed at preventing disease and prolonging the life of people

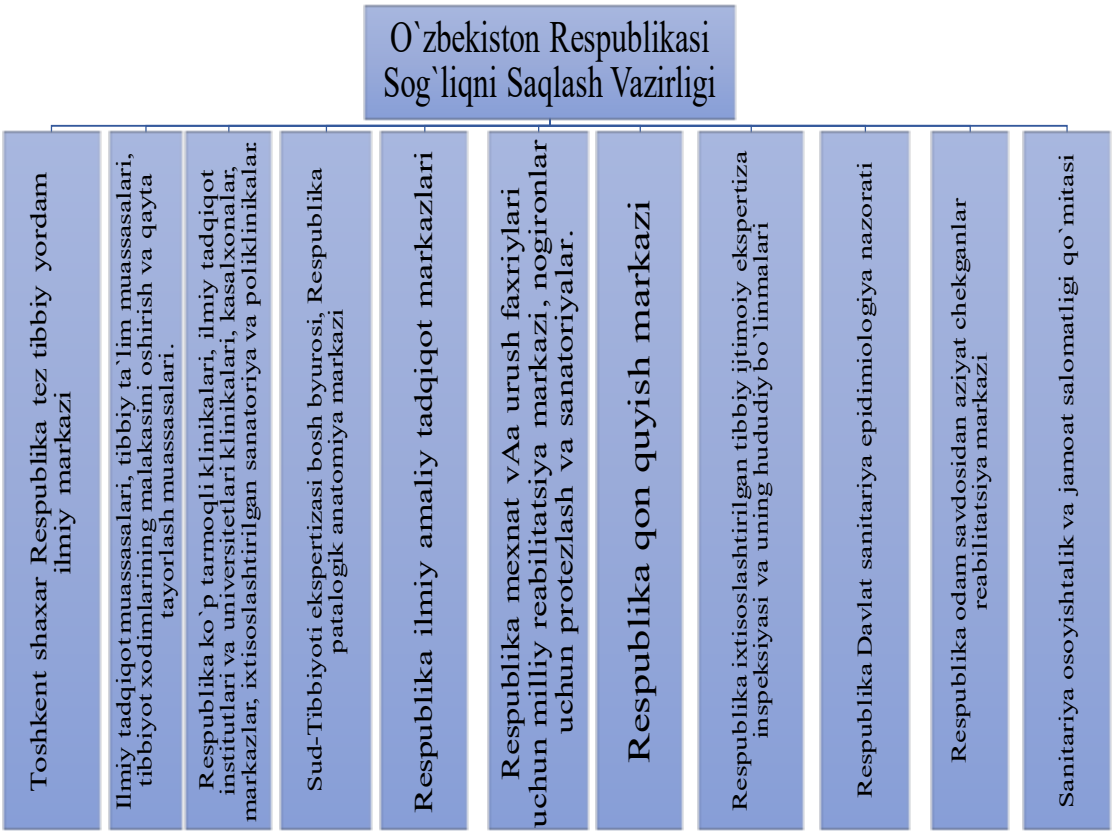
Preventive purposes are carried out in the following directions:

* disease prevention;
* elimination of the causes of internal organ diseases;
* primary sanitary and hygienic control,
* compliance with general hygiene standards, primary sanitary whitening compliance with work;
* primary health education, development of a healthy lifestyle;
* primary medical examination of the population;
* maintenance of plot patronage bias in the work of treatment institutions

it is divided into: primary, secondary and tertiary preventive work.

Primary prevention is a set of medical and non-medical measures aimed at preventing the development of Health and diseases of people, as well as identifying the initial and latent forms of diseases.

Secondary prevention is associated with a complex of medical measures aimed at preventing the exacerbation of existing diseases.



Third-degree prevention is aimed at preventing the development of these diseases and their complications.

The second principle is the observance of the rights of Man and citizens in the field of Health, which is carried out in several directions:

the rights of citizens in the provision of primary medical and social care;

obligations and rights of medical and pharmaceutical personnel;

responsibility for harm to health;

availability of primary care;

Types of medical care: in accordance with the qualification description of the medical profession, all types of medical care are divided into the following types, depending on the characteristics of the organization and the qualifications of the specialist, depending on the place and conditions in which this care is provided.

Types of First Aid:

1. The patient is provided with self – help, mutual primary assistance, sanitary and whitening assistance, specially trained representatives of a number of "Social" Professions (called paramedics)-these are employees of internal affairs, firemen, flight attendants, etc.

2. Assistance to a medical institution (paramedic): provided by secondary medical personnel.

3. **First aid**-the simplest medical treatment, preventive and sanitariagigiena will be based on measures.

4**. Qualified medical care is a complex medical manipulation of the therapeutic or surgical profile performed by a specialist docto**r: therapist, Surgeon, Pediatrician, etc.

5**. Specialized medical** assistance show-the help of "narrow" specialists (cardiologist, arrhythmologist, endocrinologist, neuropathologist, etc.).

Types of treatment facilities.

In the Republic of Uzbekistan, there are 4 types of treatment institutions: treatment-preventive, sanitary preventive, forensic, pharmaceutical and medical techniques. Treatment facilities provide medical care to the population by place of residence (regional treatment facilities) and place of work (treatment facilities of organizations and enterprises).

Medical care can be carried out depend on the different stages: outpatient medicine (community-supported) care-Polyclinic wards of polyclinics, hospitals and dispensaries, outpatient, medical parts and health points, ambulance stations, women's consultations; inpatient medical care (which is provided to patients in need of systematic monitoring, complex inspection and treatment) – Polyclinic, ambulance hospitals, sanatoriums, etc.

Outpatient Polyclinic medical care in the Republic of Uzbekistan . Outpatient-Polyclinic medical care (lat. ambulatorius-mobile, walking; Greek. polis-urban, Kline-healing art, care of bedridden patients) is carried out outside the hospital conditions. Currently, about 80% of patients in the Republic of Uzbekistan receive primary care on an outpatient basis. Outpatient-Polyclinic communication (the so-called first contact zone) will be able to check and treat patients in the Polyclinic and, if necessary, at home, as well as provide dispensarization (health monitoring) of the population. The principle of operation of the primary unit of the outpatient clinic-territorial – plot (the main structural element of the outpatient-Polyclinic health unit), which provides for the constant appointment of a certain number of residents to the district doctor-therapist and nurse.

The goals and objectives of the outpatient - polyclinicsinig Department are: to provide qualified primary care in the Polyclinic and at home.

Dispensarization- *registration of patients with chronic diseases.*

Preventive measures (reduction of morbidity, disability and mortality)

Establishment of the commission of examination of the office of temporary incapacity for work. Organization of the quality of sanitary and hygienic education of the population.

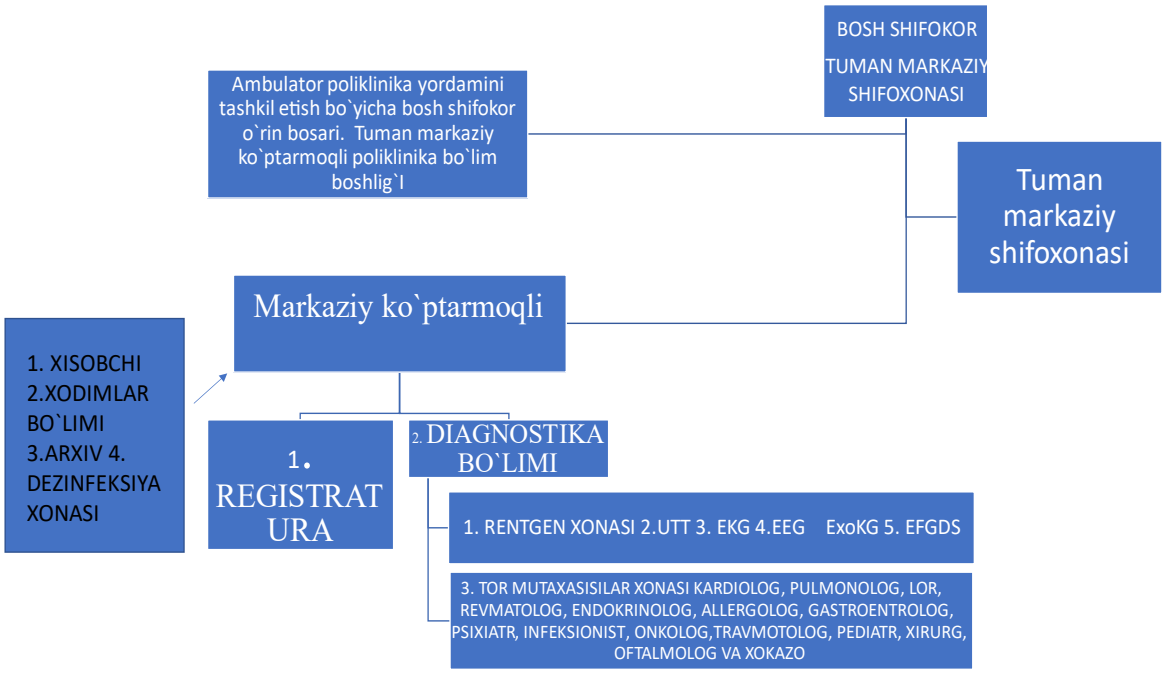
Promoting a healthy lifestyle.*Ambulatoriya-poliklinika muassasalarining bir nechta asosiy turlari mavjud*.

Polyclinic (Greek.polis-city, Kline - the art of healing) - the city is a multidisciplinary or specialized treatment-preventive institution, in which medical care is provided, including specialized, consisting in the implementation of a set of treatment-preventive measures for the treatment and Prevention of diseases for arriving patients, as well as for the sick at home. The Polyclinic is an independent

treatment preventive institution of an urban type, which can also be part of a medical department or a United Hospital. In the clinic, a narrow range of doctors in all specialties receive patients. Also in the primary medical center there are laboratory, diagnostic and treatment rooms. Bed patients who cannot come to the clinic call a doctor and receive qualified help at home and, if necessary, are hospitalized.

Primary zvenoda carries out work on the identification of patients in the conditions of a polyclinic, providing medical care, studying diseases, conducting preventive examinations. Polyclinics also have first aid rooms that measure the body temperature and blood pressure (AQB, Ps, saturation) of nursing patients.

Outpatient (lat.ambulatorius portable, walking) is a small urban-type settlement, a small industrial enterprise or a treatment-preventive institution designed to provide collective medical care to residents of a rural plot. Outpatient care in rural areas may be provided by paramedic-obstetric points, a key component of rural health care. The principle of local work allows you to actively identify patients, provide them with qualified medical care, study diseases, carry out preventive and sanitary - whitening work. Outpatient clinics differ from polyclinics in the limited medical care provided and the low staff (as well as the number of patients served). As a rule, the outpatient clinic is located in rural areas, and the population is served by the required minimum number of specialists – a therapist, surgeon, obstetrician-gynecologist and pediatrician.



Medsanchast - primary medical bolinmas, provides medical care in large industrial enterprises-can include a hospital, Polyclinic, health center and prophylactic**.**

The wellness point includes those below – a medical department or Polyclinic, which is organized in industrial enterprises, construction sites, higher and secondary educational institutions, educational institutions. In addition to providing first aid for injuries, sudden illnesses and poisoning, the health center carries out planned sanitary and hygienic and therapeutic-preventive measures to prevent and reduce diseases. In the primary medical unit, the health center is headed by a doctor, in the paramedic by a health point-a paramedic or a nurse.

In the women's workshop-from a treatment and preventive institution, where the treatment and Prevention of gynecological diseases, as well as the observation of pregnant women are carried out. A specialist in secondary Medicine-an obstetrician-will help the doctor in the reception, provide care for pregnant women, teach them the care of newborns and personal hygiene. The obstetrician performs the doctor's instructions and carries out sanitary and educational work.

Primary ambulance stations in our republic provide residents with emergency medical care, work day and night. An Ambulance Brigade can be independently led by a paramedic who goes on Call, provides first aid and hospitalizes patients. Specialized medical care that requires high Malacca medical care is carried out by a team headed by a doctor, and the paramedic helps him in the care and transportation of patients.

Today, the ambulance stations of the Republic of Uzbekistan have cars with modern equipment that allow you to provide emergency highly qualified and specialized assistance and carry out intensive care activities at home and on the way to the hospital.

Inpatient medical care in the Republic of Uzbekistan:

If the patient's condition requires regular monitoring, complex diagnostic and therapeutic procedures, specialized medical care, he is sent to a stationary type medical institution. Stationary (lat. stationarius-standing, motionless)-is a structural unit of a medical and preventive institution (hospitals, medical parts, dispensary), designed for the examination and treatment of patients under the supervision of medical personnel in the conditions of around the clock (except for a full-time Hospital) in this institution.

Currently, the objectives and objectives of the main branch of the Republic of stationary Uzbekistan are as follows:

* Diagnosis and treatment of diseases.
* Emergency medical care.
* Rehabilitation of patients.
* Prevention of diseases.
* Research activities.
* Educational activities (training of medical personnel).

There are several types of stationary institutions in the Republic of Uzbekistan.

Daytime Inpatient is an intermediate link between outpatient and inpatient primary care. It is a stationary replacement form of the organization of medical

care for the population, an outpatient clinic or a structural unit of a hospital institution, designed for patients who do not require medical observation, medical, rehabilitation, diagnostic and preventive measures for 24 hours during the day.

Dispensary control methods in the Republic of Uzbekistan

The dispensary (lat.dispensary-distribution) a special specialized treatment-preventive institution that works according to the dispensary method. The dispensary is designed to actively identify and take into account patients with certain groups of diseases early, monitor them dynamically on a regular basis, provide specialized medical care, develop recommendations for improving the work and life of these patients, as well as study the disease and its causes, develop and implement measures for the Prevention of diseases, carry out sanitary and educational work. Thus, the dispensary is an independent specialized treatment and preventive institution designed to provide medical and preventive care to a certain contingent of patients.

- ✓ ***Currently, the local health system has the following dispenser monitoring:*** Cardiological, anti-tuberculosis, oncological, skin- venerological, psychoneurological, Narcological, illegal, endocrinological, medical-physical education.
- ✓ The objectives and objectives of the dispensary are as follows.
- ✓ Active early detection of patients with primary profile of patients with disease. Observation of identified patients (patronage).
- ✓ Specialized medical care.
- ✓ Rehabilitation of patients
- ✓ Prevention of the disease.

Study of morbidity and conditions for the development and spread of the disease. Sanitary and whitewash works.

Hospital -a treatment and preventive institution that provides highly qualified services to the population based on the achievements of medical science and techniques in inpatient conditions. A city hospital can be: multidisciplinary-for the treatment of patients with various diseases; specialized-for the treatment of a certain category of patients (tuberculosis, infectious, mental, etc.).

The regional or Republican hospital provides the villagers with highly qualified specialized, consulting, Polyclinic and inpatient medical care clinic is a hospital institution, where not only inpatient treatment is carried out, but research is carried out, students, doctors and secondary medical personnel are trained.

The hospital is a hospital for the treatment of military personnel and war invalids.

The sanatorium (lat.sanatum-treatment, treatment) - a stationary institution where the treatment of patients is carried out. Usually, the sanatorium is located in a place with a favorable climate (resort), as well as where there are mineral waters and medicinal mud.

At present, on the basis of large multidisciplinary hospitals, clinics, medical academies, medical universities and research institutes in the Republic of Uzbekistan, specialized consulting and diagnostic centers are established, in which

highly qualified outpatient examination and inpatient treatment of patients are carried out.

PATIENT CARE IN THE THERAPEUTIC PATIENT TREATMENT SYSTEM

General information about the care of patients in the therapeutic patient treatment system patient care in the medical kurig-a system of therapeutic, preventive and sanitary and hygienic measures to alleviate the patient's condition, perform medical appointments directly on time, prepare and conduct a number of diagnostic procedures, competently monitor the patient and monitor his condition, provide first aid and draw up relevant medical documents.

The term " patient care "can be compared to the foreign definition of the" nursing" activities above-the content of Nursing is human care " World Health Organization (who), 1987. To date, there is no single definition of nursing.

The 1961 definition given by American nurse, teacher, and prominent educator Virginia Henderson is considered classic: "nursing is helping a sick or healthy person to carry out actions related to his health, recovery, or peaceful death that he could carry out on his own.. knowledge and will". At a meeting of national representatives of the International

Council of sisters in 1987, the following definition was formulated:

The concept of" Nursing " was proposed by the legendary Florence Nightingale in 1859; in 1865 the term was adopted by the International Committee of the Red Cross. Florence Nightingale, the daughter of a wealthy English landowner, is the founder of the Sisters of charity institute in Western Europe. In November 1854, he went to the theater of military action (Crimean War) at the head of a detachment of 38 volunteer Sisters of mercy, founded a military hospital, carried out strict procedures in hospitals and proper nutrition of the wounded, organized the training of opasingils of mercy, and himself helped doctors in operations. F who returned to England after the war. Nightingale presented Queen Victoria with a plan to reform the hospital and established the first secular sisters of Charity School in London. In 1912, the Florence Nightingale Medal was instituted by the International Committee of the Red Cross, with the Inscription "Pro Vera Misericordia et cara Humanitate Perennis ducor universalis" on the reverse. ("For the true compassion and care of the people that arouse the admiration of all mankind"). It is difficult to overestimate the importance of patient care. Accurate adherence to the doctor's instructions, carrying out all activities that help maintain and restore the patient's strength, relieve his suffering, carefully monitor the functions of all organs, prevent possible complications, sensitive attitude towards the

patient – all this is included in the concept of patient care. If the doctor treats, the nurse will feed. Accurate adherence to the doctor's instructions, strict adherence to diet, drinking and Hygiene regimes, creating comfortable physical and psychological conditions, able to restore health even in hopelessly sick people, and, on the contrary, poor care, careless attitude of the nurse to their tasks can not only delay the patient's recovery, but also aggravate the severity of his condition. In everyday life, patient care is understood to help him meet various needs: food, drink, toilet, movement, physiological loads, etc. care also means creating optimal conditions for the patient to be in a medical institution or at home: peace and tranquility, a comfortable bed, clean underwear, fresh air, etc. the amount of care, as a rule, is carried out by small medical personnel and relatives of the patient. F. Nightingale wrote: "If all the conditions that falsify the disease are overcome with proper care, then the disease takes its natural course, and all the side, artificial things caused by mistakes, other people's negligence or ignorance are destroyed."

In medicine, the concept of" patient care " is broadly interpreted. Here it stands out in an independent discipline and is a whole system of measures that include the correct timely execution of various medical appointments, conducting diagnostic measures, preparing the patient for certain examinations, monitoring the patient's condition, providing first aid and maintaining the necessary medical documents. Patient care affects the effectiveness of treatment and is an integral part of it. The quality of patient care is inextricably linked with the results of the treatment of the disease, its prognosis. Thus, with the successful management of a patient with myocardial infarction, it is possible to "lose" the patient due to conscientious non-compliance with the necessary care measures: for example, the absence of constant follow-up can lead to a violation of the patient's rest in a tight bed in the early days of myocardial infarction, in particular, complications such as Another example: in conditions of physical inactivity, the cleanliness of the sheets and insufficient control of the condition of the skin can lead to the appearance of bed sores. Therefore, patient care is a mandatory part of treatment that affects the development of the disease and the patient's recovery.

There are two main areas of patient care –

1.General care.

2. Special care.

*** General care-**the implementation of general care measures, regardless of the nature of the disease (general examination, measurement of body temperature, change of underwear, etc.).

***Special care-**the implementation of specific care measures, depending on the diagnosis of the disease (for example, preparing the patient for cholecystography, catheterization of the bladder). The duties of the nurse and junior medical staff are

the care and care of the patients carried out by the middle and junior medical staff.

Secondary medical personnel: a nurse is a specialist with a secondary medical education (who completes the Medical College). The nurse belongs to the secondary medical staff, who serves as a physician assistant in medical facilities, makes medical appointments, and carries out the nursing process. According to the WHO definition, the essence of the nursing process is precisely the care of patients. The duties of a nurse depend on the type and branches of the medical institution in which she works, her position and the nature of the work performed.

The following nursing positions are available in the Republic of Uzbekistan:

Head nurse. Currently, she is a specialist with higher medical education, graduating from the Faculty of higher nursing education of the Medical University of our Republic. He deals with the issues of rational organization of Labor, improving the qualifications of middle and small medical personnel of the hospital and supervises its work. A senior nurse assists the head of the hospital (Polyclinic) Department in administrative-economic matters, organizes and supervises the work of chamber nurses and junior medical personnel. The ward nurse makes medical appointments in the wards assigned to the patients, monitors the condition of the patients, takes care of them and organizes their nutrition.

The procedural nurse performs medical procedures (intravenous injections and infusions), helps to perform manipulations that only a doctor can perform, receives blood from a vein for biochemical studies. The surgical nurse assists the surgeon in surgical interventions, prepares surgical instruments, sewing and dressing materials, underwear for surgery. A local nurse assists a local doctor in receiving patients living in the area assigned to him, performs medical procedures at home as directed by a doctor, and attends preventive activities.

Nurses who work with doctors of narrow specialties (ophthalmologist, otorhinolaryngologist, neuropathologist, etc.) in the reception of patients. The dietary nurse (nutritionist), headed by nutritionists, is responsible for the organization and quality of medical nutrition, draws up a menu, controls the processing and distribution of food, as well as the sanitary condition of the kitchen and dining room for patients.

Despite a certain division of nursing tasks, there is a range of accepted tasks for secondary medicine as a whole:
1. Execution of medical prescriptions: injection, dispensing of medicines, mustard plasters, hugs, etc.
2. The implementation of the nursing process, including: nursing examination-Preliminary examination of the patient, measurement of body temperature, calculation of the frequency (AQB) and pulse of respiratory movements, measurement of blood pressure, control of daily diuresis, etc.; correct collection of material for testing (blood, sputum, urine and feces);
3.Patient care is the care of the skin, eyes, ears, oral cavity; the control of changes in bedding and underwear; the organization of proper and timely nutrition of patients.
4. Providing first aid.
5. Ensuring the transportation of patients.
5. Monitoring of admitted patients and organization of patient care.
6. Branches

To exercise control over the compliance of patients with the rules of internal order of medical institutions and compliance with the rules of personal hygiene. Keeping medical records. Junior medical officers include junior nurses, flight attendant sisters and nurses.

*** A junior nurse** (a junior medical officer in patient care) assists the nurse in patient care. Changes the bed linen, ensures clean and tidy storage of patients themselves and hospital rooms, participates in the transportation of patients, monitors the compliance of patients with the hospital regime.

*** Nurses:** the scope of their duties is determined by their category (department nurse, bartender nurse, cleaning nurse, etc.).

Common tasks of junior medical personnel include:

1. Regular wet cleaning of rooms: rooms, corridors, common areas of use.
2. Helping the nurse care for patients: changing laundry, feeding the seriously ill, hygienic provision of physiological dispatches of the seriously ill – feeding, cleaning and washing vessels and urine receivers, etc.
3. To look at the sanitary and hygienic condition of patients.

4. Tracking patients to diagnostic and treatment procedures.
5. Transportation of patients.

FOUNDATIONS OF MEDICAL ETHICS (DEONTOLOGY).

Medical ethics (lat. **Ethics**-from the Greek language. Ethice is the study of ethics, ethics), or **medical deontology** (Greek. deon-duty; the term" deontology " has been widely used in the literature of his father in recent years), - a set of moral standards and principles of behavior in the performance of professional duties of medical personnel.

According to modern concepts, medical ethics includes the following aspects: the branch of scientific and medical science that studies the moral and ethical aspects of the activities of medical personnel; the field of medical practice, which is the task of forming and applying moral norms and rules in practical-professional medical activities.

Medical ethics studies and solves various problems of interpersonal relationships in three main areas:

* medical specialist-patient
• medical specialist-relatives of the patient
• Medical Officer-Medical Officer

Any employee in the field of medicine must have such qualities as compassion, kindness, sensitivity and sensitivity, patient care and caution. Ibn Sina also demanded a special approach to the patient: "you need to know that each person has his own personality. It is rare or not at all possible for anyone to have the same nature as him."The word is of great importance, it means not only a culture of speech, but also a sense of politeness, the ability to raise the patient's mood, not to offend him with a frivolous speech. Of particular importance in the medical profession are the norms of universal communication, such as respect and close listening of the interlocutor, demonstrating interest in the content of the conversation and the opinion of the patient, the correct and convenient construction of speech.

The appearance of medical personnel is also important: a clean robe and a hat, clean replaceable shoes, well-groomed hands with cut nails. In ancient Indian medicine, too, the doctor told his followers: "now you will leave your passions, anger, greed, madness, vanity, pride, envy, rudeness, humor, forgery, laziness and any cruel mistakes. From now on, you will shorten your hair and nails, wear red clothes, live a clean life." It should always be borne in mind that a doctor cannot use perfumes and cosmetics without measure. Strong and sharp odors can cause unwanted reactions: from the patient's nervous irritation and various manifestations of allergies to an acute attack of bronchial asthma. The moral responsibility of a medical worker implies compliance with all the principles of medical ethics. Misdiagnosis, treatment, the behavior of the doctor, middle and junior medical personnel can lead to the physical and moral suffering of patients.

The behavior of a medical worker, such as disclosure of medical secrecy, refusal of medical care, violation of privacy, etc., is unacceptable, patients, among other things, include compliance with certain rules of communication with him. It is important to pay maximum attention to the patient, calm him down, explain the need to follow the regimen, regularly take doridarmons, convince him of the chances of recovery or improvement. It is necessary to be very careful when talking to patients who are not in the habit of reporting a true diagnosis, especially cancer patients. And at the moment, the great doctor of antiquity, the father of Hippocratic medicine:"surround the patient with love and reasonable comfort, but most importantly, leave him unaware of what threatens him." In some countries, the patient is informed of the severity of the disease, including the possibility of death (lat. le-talis-fatal), based on socio-economic considerations.Thus, in the US, the patient even has the right to initiate a lawsuit against a doctor who hides a diagnosis of a cancerous tumor from him.

The yatrogenic effect is a violation of the deontological principles of patient contact with yatrogenic diseases (Greek. -yatros - doctor,-depes-formed, appeared). Yatrogenic affect (yatrogenia) is a pathological condition of a patient due to careless statements or behavior by a doctor or other medical professional, which creates an idea of the presence of some disease in a person or the specific severity of the disease**.** Oral contact that is inadequate, traumatic and damaging to the patient can lead to various psychogenic yatrogenies. However, more than 300 years ago, the "English Hippocrat" Thomas Sydenham (1624-1689) noted for the patient the danger not only of the actions of the medical worker, which injures the patient's psyche, but also of other possible factors – the undesirable consequences of medical manipulation. Therefore, currently, yatrogenic diseases include any diseases associated with certain actions of medical personnel. Thus, in addition to the psychogenic yatrogenia (yatropsychogenia) described above, the following are distinguished: jatropharmacogenia: the result of drug exposure to a patient-for example, side effects of drugs; manipulative yatrogenia: its negative effects during a patient's examination – for example, complications during coronary angiography; combined yatrogenia: the result of exposure to several factors; what is called dumb yatrogenia is the result of inactivity of a medical officer.

Medical secret. Deontological issues of patient care also include the need to maintain medical secrecy. Medical personnel do not have the right to disclose deeply personal, intimate information about the patient. However, this requirement does not apply to situations that are dangerous for other people: sexually transmitted diseases, infectious diseases, human immunodeficiency virus (HIV) infection, poisoning, etc.in such cases, medical personnel are obliged to immediately notify the relevant organizations about the information received. In order to carry out sanitariaepidemiology activities in the center when an infectious disease, food poisoning or pediculosis is detected, the nurse must notify the sanitary and epidemiological station by phone within 12 years from the date of diagnosis and at the same time send a completed Emergency Notification Form (Form No. 058/y).

Errors and medical rights violations by a health professional, compliance with moral and ethical standards includes responsibility not only for the performance of their duties, but also for the avoidance or non-professional performance of their duties. There may be both errors and medical offenses in the activities of the medical worker. Errors in medical practice are associated with misconceptions. Medical offenses are caused by unfair treatment of their professional duties. Such an offense is, for example, the incorrect introduction of drugs, especially strong ones, which can lead to tragic consequences

HOSPITAL ADMISSIONS UNIT

The main structural units of the hospital are the reception Department (reception room), treatment rooms, administrative and economic part. Patient services in the hospital begin in the reception Department. Reception Room-registration, reception, preliminary examination, anthropometry (Greek. anthropos-man, metreo-measure), sanitary and hygienic treatment of admitted patients and qualified (emergency) medical care. Due to how professional, fast and organized the medical staff of this department works, the success of the further treatment of the patient to a certain extent and in urgent (urgent) conditions, his life is also dependent. Each patient should feel a caring and friendly attitude towards himself at the reception. Then he confidently enters the institution to be treated. Thus, the main tasks of the reception Department are as follows. Reception and registration of patients .

Medical examination of patients. Emergency medical care. Identification of the hospital department for hospitalization of patients.

- ✓ Sanitary and hygienic treatment of patients.
- ✓ Registration of relevant medical documents.
- ✓ Transportation of patients. Hospital reception unit device

The work of the reception department continues in a strict sequence:

* patient registration;
* medical examination;
* sanitary and hygienic processing:

The rooms of the reception Department are located in the same sequence.

The device of the reception Department of the hospital depends on the profile of the hospital; it includes for yourself, as a rule, the following rooms:

waiting room: it accommodates patients who do not need to lie down and rest, and individuals who accompany patients. There should be a table and a sufficient number of chairs here. On the walls will be placed information about the order of operation of medical departments, hours of conversation with the Attending Physician, the list of products that patients are allowed to transfer.

Registration: registration of incoming patients and the registration of the necessary documents is carried out in this room.

Examination room (one or more): initially diagnosed and sanitariagygienic processing, anthropometry, thermometry and, if necessary, other studies, such as

electrocardiography (ECG), are intended for the medical examination of patients who have identified the type.
Sanitary-Transfer room with shower (bathroom), changing room.
Diagnostic room-for patients with an unspecified diagnosis.
Isolator-patients with suspected infectious disease chun.
Treatment room-for emergency care.
Operating room (dressing room) – for emergency services.
X-ray room.
Lab.
Cabinet of the doctor on duty.
Cabinet of the head of the reception Department.
Khojathona.
Storage room for clothes of admitted patients.

Multidisciplinary hospitals in the admissions department may also have other rooms, such as Traumatology, resuscitation, heart (for patients with myocardial infarction), etc.

Patients can be taken to the admissions office in the following ways. Ambulance: for accidents, injuries, exacerbations of acute diseases and chronic diseases.
In the event of ineffective treatment on an outpatient basis, the medical-social expert commission (TIEK) is required to conduct an examination before the examination, as well as to provide a plot doctor in the direction of the military committee. Transfer from other treatment-preventive institutions (in agreement with the administration).
"The coming of Oz": if the patient is in poor health on the street not far from the hospital, he will appeal on his own.

Depending on the method of transporting the patient to the hospital and its condition, there are three types of hospitalization of patients:

1) planned hospitalization;
2) urgent hospitalization;
3) admission to the hospital by yourself

If the patient is brought to the admissions office at moderate weight and in a more severe condition, even before registration, the nurse is obliged to provide the patient with the first (medical) medical care, urgently invite the patient to the doctor and make all medical appointments quickly.

The doctor of the admission department examines the patient and decides on the need to admit him to this medical institution. In the event of hospitalization, the nurse will register the patient and issue the necessary medical documents. After registering the patient, the nurse sends him to the examination room to be examined by the doctor and perform the necessary diagnostic and treatment procedures.

If the patient was brought from the street to the reception Department in an unconscious state and without documents, then the nurse, after examination by a doctor, will provide emergency medical care and fill out the necessary documents. After that, he is obliged to report by phone to the police department and the accident bureau.

The signs obtained on the Phonogram (gender, age, height, physical condition) are indicated, the patient lists what he is wearing. In all documents before identification; the identity of the patient must be considered "unknown". In addition, in the following cases, the nurse is obliged to give her relatives a Phonogram and make an appropriate entry in the "Phonogram Journal": the patient was hospitalized due to a sudden illness that appeared outside the house; the patient died in the admissions office. The main medical documents of the admission department are the "Journal of accounting for the admission and refusal of hospitalization of patients" (№001/u form). - In the journal, The nurse notes: the patient's last name, first name, patronymic, year of birth, passport and insurance policy information, home address, place and position of work, phone numbers (home, service, close relatives), date and time of admission, where and by whom it was delivered, the nature of hospitalization (planned, emergency,"samotek"), the diagnosis that sent the institution, the diagnosis of If the patient refuses hospitalization, information about the refusal and the reason for the indicated assistance is entered in the journal: Medical Care, sending to another hospital, the absence of hospitalization, etc.

"Medical record of a stationary patient" (traditionally called a medical history; form No. 003/y). The nurse complements the title page of the medical history, as well as the passport part and the left half of the "hospital-out statistical card" (form 066/y). "Journal of pediculosis investigation": is completed when a patient is diagnosed with pediculosis; in addition, a " P " (pediculosis) is marked in the history of the disease. Urgent notification to the sanitary and epidemiological station (to send to the sanitary and epidemiological station at the place of detection): it is filled in if the patient has an infectious disease, food poisoning, head lice.

"Telephone records magazine". The nurse records in the Journal the text of the Phonogram, the date of its submission, the time, by whom it was received.

Alphabetical Journal of admitted patients (for Reference Service).

Sanitary and hygienic treatment of patients after the diagnosis of the disease, the patient is sent for sanitary and hygienic treatment at the discretion of the doctor on duty. If the patient is in critical condition, he is taken to the intensive care unit or intensive care unit without sanitary and hygienic work.

Sanitary and hygienic processing is carried out at the place of reception in the sanitary and hygienic Department. There are one-and two-step methods of sanitary and hygienic treatment of patients. In hospitals with few beds, a single-strand system is used, that is, women and men take turns. In different rooms with a two-Flow System, men and women are processed at the same time.The sanitary Department of the reception department usually consists of an observation room, locker room, bathroom and shower room, and a room where patients are dressed. Some of these rooms can be combined (for example, an observation room and a locker room).

In the examination room, the patient is undressed, checked for "head lice detection" and prepared for sanitary and hygienic treatment. On the wall there is a sofa, a table, chairs, a thermometer (the air temperature in the inspection room should be at least 25 °C). If the underwear is clean, it is put in a bag and the outerwear is hung over the shoulders and handed over to the storage room. The list of things (receipt receipt) is compiled in two copies: one hands things over to the storage chamber, the other is glued to the medical history, and when discharged, things are taken for the patient. The available priceless thing and money will be handed over to the senior nurse to keep them in the safe. If an infectious disease is detected in the patient, the laundry is placed in a container with bleach or chloramine B for 2 hours and sent to a special laundry room. If the dirt is rolled up, it is pre-treated with a disinfectant solution and sent to the disinfection chamber for special processing. Bags of such clothes should have a corresponding inscription - "pediculosis".

Stages of sanitary and hygienic treatment of patients.

Examination of the patient's skin and hair.

Cutting hair, nails, beard (if necessary). Shower wash or hygienic bath.

Examination of the patient's skin and hair

Examination of the patient's skin and hair is carried out to determine pediculosis (lice).

Pediculosis (lat. pediculum-lice) - damage to human skin and hair as a result of parasitism in the body of lice. Different types of head lice can be identified, head lice – affect the hair cover of the head; dressing – affects the skin of the body; pubic – affects the hairy surface of the pubic region, armpits and hair of the face – mustache, beard, eyebrows, eyelashes. Thus, it is necessary to carefully examine not only the entire patient, but also his clothes, especially the folds and inner seams of the sheets. Lices are a TIF and a reversible TIF carrier.

Symptoms of pediculosis:

* the presence of nits (lice eggs attached to hair or tissue hairs by the female; and the insects themselves;

itchy skin;

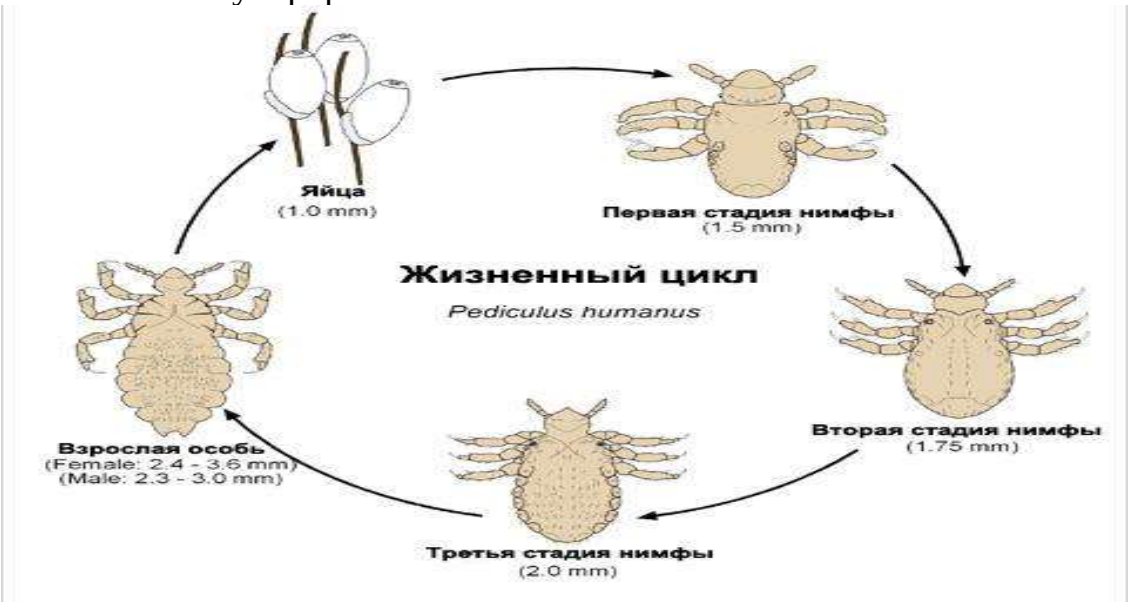
comb-like scars and impetiginous (pustular) crusts on the skin.

In case of detection of pediculosis, a special sanitary-hygienic treatment of the patient is carried out; the nurse makes an entry in the "Journal of pediculosis examination" and puts a special mark on the title page of the history of the disease ("R"), as well as reports on the pediculosis detected at the sanitary-epidemiological station. You can carry out partial or complete sanitary and hygienic treatment. Partial sanitary and hygienic treatment consists in washing the patient with soap and wipes in the bathtub or shower, disinfecting and disinfecting his clothes and shoes. Complete sanitary and hygienic processing means not only the above measures, but also the processing of sheets and residential premises.

All information on the treatment of the admitted patient should be recorded in the medical history so that the nurse in the ward can be processed after 5-7 days.

Treatment of the patient when head lice are detected sanitary and hygienic processing steps:

- ✓ disinsection (lat. des-prefix denoting destruction, insectum-insect;
- ✓ destruction of arthropods carrying pathogens of infectious diseases);
- ✓ hygienic bath (shower, friction);
- ✓ cutting hair and nails;
- ✓ replacing the patient with clean underwear.
- ✓ Necessary equipment for decontamination.



If necessary, cut your hair over the prepared pelvis. Treat the hair with a disinfectant solution, tie the head with a polyethylene scarf and towel and leave for a certain time (the time to moisturize the hair depends on the type of solution used – see the exact instructions). Remove your head and rinse with warm water, then wash with shampoo. Dry your hair with a towel and heat your hair with a 6% solution of acetic acid. Tie your head with a plastic washcloth and towel again, leaving for 20 minutes. Remove your head and rinse with warm water, pat dry with a towel.

Bend the patient's head on white paper and comb their hair thoroughly along the strands with a frequent comb, then re-examine the patient's hair. Light the cut hair and paper in a basin. Put the patient's clothes and the nurse's protective clothing in an oil bag and send them to the disinfection room. Comb and scissors with 70% alcohol, treat the room with a disinfectant solution. The use of disinfectant solutions is contraindicated during pregnancy, childbirth and breastfeeding women, children under 5 years of age, as well as in diseases of the scalp. Disinfection procedure in the presence of contraindications to the use of disinfecting solutions. Prepare for sanitary and hygienic treatment: place the necessary equipment and wear protective clothing. Treat hair (not scalp) with a 6% vinegar solution, mechanically select and eliminate lice. Tie your head with a plastic scarf and towel, leaving for 20 minutes. Remove your head and rinse with warm water, then pat dry with a towel with shampoo.

Wash the patient's body with hot water and soap. Shave damaged hair. Rinse the patient's body again with hot water and soap. Put the patient's clothes and the nurse's protective clothing in an oil bag, send them to the disinfection room. Razor and scissors are treated with alcohol (70%).

The procedure for performing the procedure. Prepare for sanitary and hygienic treatment: place the necessary equipment, wear gloves. Heat the water (up to 40-45 °c), moisten a towel in it, squeeze and cover the patient's face. Remove the napkin, apply shaving cream with a brush. With your other hand, shave the patient by pulling the skin in the opposite direction to the movement of the razor. Wipe your face with a damp, then dry cloth. Treatment of the razor with alcohol. Remove the gloves, wash your hands. Cutting nails is the necessary equipment. Rubber gloves. Scissors and tweezers for cutting nails. Warm water, liquid soap, hand and foot cream, alcohol (70%).

Procedure for performing the procedure: preparation for sanitary and hygienic processing: laying the necessary equipment, heating water, wearing gloves. Add liquid soap to a warm water tray and pour the patient's brushes into it for 2-3 minutes (alternating when cutting nails). Removing the patient's fingers from the water, wiping and carefully cutting his nails. Treat the patient's hands with cream. Add liquid soap to a bowl of warm water and pour into the negon from the patient's leg for 2-3 minutes (alternating when the nail is cut).

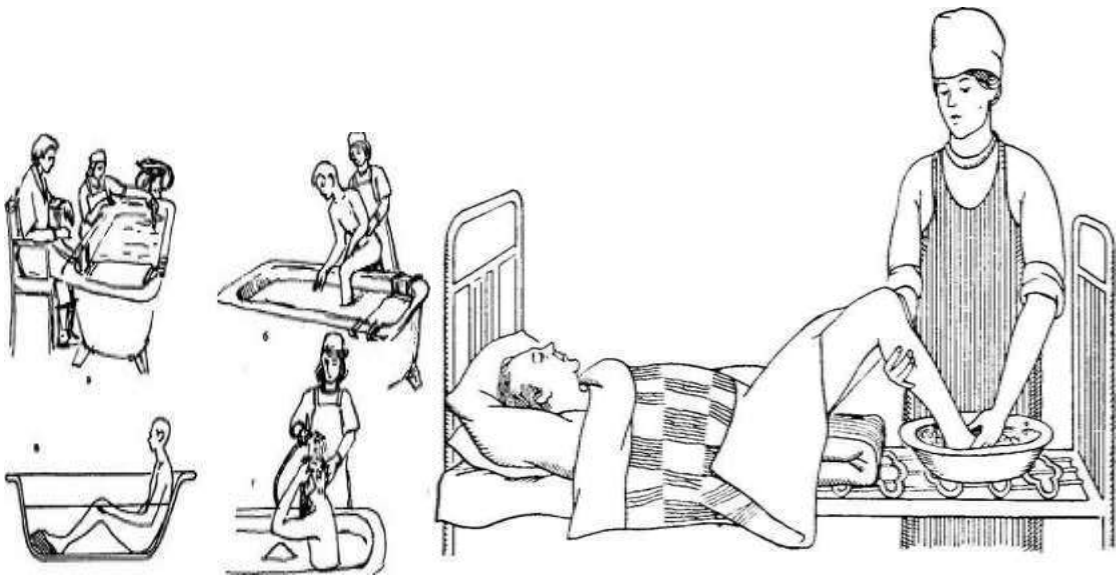
Place the foot on a towel, wipe it off and cut the nails with special tongs. Treat feet with cream. Disinfect scissors and tweezers with alcohol. Remove the gloves, wash your hands. Hygienic bath or shower bath bath bath bath wash with soap and disinfectant solution with a brush, stains are washed with a 3% solution of hydrochloric acid, washed with hot water and filled with water immediately before the patient comes to the bath (water temperature is measured). There should be a wooden board (or rubber rugs) near the bathroom; it is also advisable to have an electrurna to heat the laundry. Clean underwear and handkerchiefs should be put in bags. After washing the patient, the bath is washed with soap and washed with 1% chloramine B solution, the oil sheet and oil sheet on the sofa are wiped with a rag moistened with 2% chloramine solution or 0.5% bleach solution, and then

washed with soap. Bedspreads on the sofa are changed after each patient. Wet cleaning of the room is carried out several times a day. Inventory must be marked.

Bathing rooms in the bathroom should be in different containers with signs of "used washing", "clean washing". Depending on the nature of the disease and the patient's condition, hygienic treatment of the patient can be complete (bath, shower) or partial (rubbing, washing). Hygienic bath is contraindicated in the presence of myocardial infarction, acute cerebral circulation disorders, hypertensive crisis, acute heart and vascular failure, tuberculosis at the active stage, skin diseases, bleeding, fatigue.

The hygienic bath should not be taken during childbirth and by patients with diseases that require urgent surgical intervention. If there are contraindications for taking a hygienic bath, wipe and dry the patient first with a napkin dipped in soap and warm water or warm water with Cologne (alcohol), and then with a napkin moistened with clean water. Hygienic bathroom necessary equipment. Closed fabric apron, rubber gloves. Brush, bath cleaner, 0.5% bleach solution. Water thermometer, special soap and wash. Towel, clean underwear.

The procedure for performing the procedure. How to wear an oil apron and gloves. Close the windows (the bath air temperature should be at least 25 °C), place a rubber carpet under the tub (if there is no wooden board), rinse the tub thoroughly with a brush and cleaning agent, treat the tub with a bleach solution. Prepare for sanitary and hygienic treatment: place the necessary equipment, fill the bath (first cold, then with hot water to 2/3 of the volume: such a sequence of filling the bath allows you to reduce the formation of steam in the bathroom; subject-the temperature of the water should be in the range of 34-36 °c). Help the patient undress and put it in the tub, apply under the elbows. Give the patient such a position in the tub so that the water reaches the upper third of the chest; a wooden stand should be placed at the tip of the tub's foot so that the patient can put his feet on it, not roll and not slip. During the bath, the patient should not be left unattended; it is necessary to monitor his appearance and pulse!



If the patient cannot wash himself, wash him in the following sequence using individual soap and handkerchiefs: head – trunk – arms – inguinal region – perineum – feet, paying special attention to areas where sweat accumulates. Help the patient get out of the bath, wipe it in the same order. Wear the patient in clean clothes (at present, patients are allowed to be in the room in home clothes, and not in the hospital). Rinse the tub thoroughly with a brush and cleaning agent, treating the tub with a bleach solution.

Hygienic shower. Necessary equipment. Closed fabric robe, rubber gloves. Brush, bath cleaner, 0.5% bleach solution. Water thermometer, individual soap and wash. Towel, clean underwear. The procedure for performing the procedure. How to wear an oil apron and gloves. Close the windows the air temperature in the shower or bathroom should be at least 25 °C, put a rubber carpet on the floor in the shower cabinet (tub), wash thoroughly floor in the shower cabinet (bath) clean with a brush and cleaner and treat with a bleach solution. Prepare for sanitary and hygienic treatment: place the necessary equipment, turn on the water (the water temperature should be 35-42 °c), change the apron and gloves. Help the patient undress and, supporting him under the elbows, put him on a chair (bench) in the shower cabin (bathtub). If the patient cannot wash himself, wash him using individual soap and handkerchiefs in the following sequence: head – trunk – arms – inguinal region – perineum – legs.

Help the patient get out of the shower (bath), wipe it in the same order. Wear the patient in clean hospital clothes. Rinse the floor in the shower stall (bathtub) thoroughly with a brush and cleaning agent and treat it with a bleach solution. Take off the robes and gloves, put them in a special oil bag, wash your hands.

Types of transportation of patients to the treatment departments of the hospital.

Transportation-transportation and transportation of patients to the place of medical care and treatment. The method of transferring a patient from the rest room to the ward is determined by the doctor who conducts the examination. Vehicles (reels, mattresses) are provided with sheets and blankets. The latter must be changed after each use. Self-propelled patients enter the ward accompanied by junior medical personnel (junior nurse, nurse or nurse) from the admissions office. Patients who cannot move are transported to the ward in a stretcher or wheelchair.

Equipment: mattresses. The patient should be carried on the stretcher without rushing and shaking, without getting on his feet.

The patient should be carried forward with his feet down the stairs and the tip of the mattress should be raised, and the head should be lowered slightly (thus achieving the horizontal position of the mattress). At the same time, the person walking behind holds the handles of the mattress in the arms straightened at the elbows, from the front – on the shoulders.

The patient should be raised up the stairs and carried his head forward, even in a horizontal position. At the same time, the person walking in front holds the

handles of the mattress in the arms straightened at the elbows, behind – on the shoulders.

The procedure for transferring a patient from a mattress (reel) to a bed.

Place the head end (reel) of the mattress perpendicular to the leg end of the mattress. If the area of the chamber is small, place the mattress parallel to the bed.

At the same time, raise the patient with the agreed movements, turn with him to 90° (if the mattress is placed in parallel – to 180°) and put the patient in bed. When placing the mattresses close to the bed, hold the mat at Bed level, together (three people) pull the edge of the mat to the bed, lift it up a little and move the patient to bed.

The procedure for transferring a patient from bed to Mattress (reel). Place the mattress perpendicular to the bed so that their head end meets the leg end of the bed. At the same time, raise the patient with the agreed movements, turn 90° with him towards the mattress and put the patient on them. The procedure for seating the patient in a wheelchair. Bend the wheelchair forward and step on the foot of the chair. Invite the patient to stand on his foot and sit on a chair, supporting him. Make sure the patient's hands are in the correct position – they should not go beyond the wheelchair armrests to avoid injury.Return the wheelchair to its correct position.

THERAPEUTIC DEPARTMENT OF THE HOSPITAL

Patients with a therapeutic profile should be admitted to the therapeutic Department of the hospital. Treatment departments can be of two types-general therapeutic and, as a rule, multidisciplinary in large hospitals, specialized: pulmonological, Cardiological, Gastroenterological, nephrological, hematological, etc.

1. The work of the therapeutic department is provided by the following medical composition.
2. Head of the department and doctors of the chamber.
3. Senior nurse.
4. Ward nurses (palatal nurses).

* Nurse treated.
• Post nurses.
• Food distributor
* Junior medical officer.

Device and equipment of the therapeutic Department

The number of beds of the therapeutic department depends on the profile and category of the hospital. The device of the therapeutic department provides the following medical service rooms.

1. Cabinet of the head of the Department.
2. Residency (doctors ' cabinet).
3. Senior nurse's cabinet.
4. Chambers for the sick.
5. Treatment rooms.
6. Manipulation rooms (enema).
7. Bath.
8. Toilets.
9. Buffet for meals and kitchen for the sick.
10. Khamshira cabinet.
11. Hall (for daytime living quarters of the sick and relatives).

Toza ichki kiyim va choyshablarni saqlash uchun ichki kiyim. Kemalarni yuvish va sterilizatsiya qilish uchun xona. Tozalash buyumlarini saqlash xonasi. Bemorlarni tashish uchun asbob-uskunalarni saqlash joyi. Tibbiy bo'limdagi palatalarning tuzilishi, shuningdek, jihozlarning majburiy ro'yxatini taqdim etadi. Funktsional to'shaklar. Va yotoqxona stollari. Kasallar uchun umumiy stol va stullar. Oziq-ovqat mahsulotlarini saqlash uchun muzlatgich. Portativ ekranlar. Moslashtirilgan elektr lampalar. Tibbiy xodimlarni favqulodda chaqirish uchun individual signalizatsiya. Terapevtik bo'limning ichki tartibi, kasalxonaga yotqizilgan bemorlar va ularning qarindoshlari kasalxonaning qabul bo'limida ichki tartib qoidalari bilan tanishadilar. Ular shifoxona rejimining asosiy pozitsiyalari bilan tanishishlari kerak: ko'tarish, uxlash, kunduzgi dam olish ("sokin soat"), ovqatlanish, shifokorlarni chetlab o'tish va tibbiy diagnostika protseduralarini o'tkazish vaqti, qarindoshlari bilan kasallanganlarga tashrif buyurish, shuningdek ruxsat berilgan va taqiqlangan mahsulotlar ro'yxati.bemorlarga. Davolash-muhofaza va sanitariya-gigiyena rejimlari Tibbiy xodimlar shifoxonada tibbiy-

himoya va sanitariya-gigiyena rejimlarini nazorat qilish va bajarilishini ta'minlashi kerak .
Tibbiy va himoya rejimini yaratish va ta'minlash barcha tibbiyot xodimlarining vazifasidir. U quyidagi elementlarni o'z ichiga oladi.

Rejim	**Maqsad**	**Tadbir**
Sanitariya-gigiena	Nazokomial infektsiyaning paydo bo'lishi va tarqalishining oldini olish	Kiruvchi bemorlarni sanitariya-gigiyena bilan davolash, davolash muassasasining sanitariya-gigiyena holatini va bemorlarning shaxsiy gigiyenasini nazorat qilish. Choyshabni almashtirish termometriya, dezinfektsiya,
Tibbiy himoya	Jismoniy va ruhiy tinchlikni ta'minlash kasal	Kasalxonaning ichki tartib qoidalariga, jismoniy faoliyat rejimiga (bemorning individual rejimiga) va tibbiy etika tamoyillariga rioya qilish

Bemorning individual rejimi

Bemorga individual rejim shifokor tomonidan belgilanadi; o'ziga xos xilma-xillik bemorning ahvoliga (kasallikning og'irligiga) va kasallikning xususiyatiga bog'liq. Qattiq yotoqda dam olish-bemorga yotoqda faol harakat qilish va hatto undan ham ko'proq turish qat'iyan man etiladi; bemorni parvarish qilish palatali hamshira va kichik tibbiy xodimlar tomonidan amalga oshiriladi (ovqatlantirish, shaxsiy gigiena, boshqalar). Yotoqda dam olish-bemorga yotoqdan turish taqiqlanadi, burilishga va yotoqda o'tirishga ruxsat beriladi. Bemorni parvarish qilish; palatali hamshira va kichik tibbiy xodimlar tomonidan amalga oshiriladi (ovqatlanish, shaxsiy gigiena, kema tepsisi va boshqalar). Yarim yotoq - bemorga palatadan chiqish taqiqlanadi, ovqatlanish uchun to'shakda va stulda o'tirishga ruxsat beriladi, ertalabki hojatxona, stuldan foydalaning. O'tirgan holatda ovqatlanishga ruxsat beriladi.


Palata rejimi-bemorga palata bo'ylab harakatlanish va palata ichidagi shaxsiy gigiena choralariga ruxsat beriladi.

Bemor kunning yarmini o'tirgan holatda o'tkazishi mumkin	
14:30-16:30	Tushlik
16:30-17:00	Sokin soat
17:00-17:30	Tana haroratini o'lchash
17:30-19:00	Peshindan keyin choy
19:00-19:30	Qarindoshlarga tashrif
19:30-20:00	Dori-darmonlarni tarqatish
20:00-21:30	Kechki ovqat
21:30-22:00	Bo'sh vaqt
22:00-7:00	Kechki hojatxona Uyqu

Zaiflashgan bemorlarga kichik hamshira yuvish uchun tos suyagi va suv beradi, og'ir kasallarni o'zi yuvadi. U tupurishni, kemalarni olib yuradi, yotoqlarni to'xtatadi, ba'zi bemorlarga astar idishlari va siydik qabul qiluvchilarni beradi. Nonushtadan oldin u laboratoriya tekshiruvlari uchun siydik yoki najas yig'ilishini nazorat qiladi. Kichik hamshira siydik yoki najasni tuta olmaydigan og'ir kasallarni yuvadi.

Shundan so'ng, u xonani tozalash uchun zarur bo'lgan hamma narsani tayyorlaydi. Bemorlarning nonushtasidan oldin, kichik hamshira kiyimlarini almashtiradi va qo'llarini yaxshilab yuvadi. Nonushta paytida u palatadagi hamshiraga kasallarni boqishda yordam beradi. Nonushtadan keyin kichik hamshira xonalarni tozalashga kirishadi. Palatada shifokorni chetlab o'tish toza bo'lishi kerak. Kechki ovqatdan so'ng, kichik hamshira dezinfektsiyalovchi eritma va shamollatish bilan nam supurishni amalga oshiradi.

Mavsumga qarab, kunduzgi uyqu paytida transomlar yoki teshiklarni ochiq qoldirish tavsiya etiladi. Kichik hamshira bu vaqtda ("sokin soat" paytida) jim bo'lishini ta'minlashi kerak: barcha turdagi tozalash, baland ovozda gapirish, yurish, eshiklarni taqillatish, telefon orqali gaplashish taqiqlanadi. Bemorning uyqusi buzilmasligi kerak: bu zaiflashgan tananing kuchini tiklashga yordam beradi.

Uyqudan keyin kichik hamshira kasallarga choy ichadi. Kechki ovqatdan so'ng, kichik hamshira polni nam mato bilan artib, xonani ventilyatsiya qiladi, palata hamshirasiga kechki uchrashuvlarni bajarishda yordam beradi (klizma qo'yish, og'ir kasallarni yuvish va boshqalar). Keyin u og'ir kasallarni adyol bilan qoplaydi va xonalardagi chiroqlarni o'chiradi. Bemorlar uyquga ketgandan so'ng, kichik tibbiyot xodimlari bemorlarning, ayniqsa og'ir va notinch bemorlarning uyqusini kuzatishi kerak. Bemorning ahvolini umumiy baholash.

Bemorning ahvolini umumiy baholash uchun hamshira quyidagi ko'rsatkichlarni aniqlashi kerak. Bemorning umumiy holati. Bemorning to'shakdagi holati. Bemorning ong holati. Antropometrik ma'lumotlar. Bemorning umumiy holati Umumiy holatni baholash (holatning og'irligi) bemorni har tomonlama baholashdan so'ng (ob'ektiv va sub'ektiv tadqiqot usullaridan foydalangan holda) amalga oshiriladi.

Umumiy holatni quyidagi gradatsiyalar bilan aniqlash mumkin.

- ✓ Qoniqarli.
- ✓ O'rtacha og'irlik.
- ✓ Og'ir.
- ✓ juda og'ir (preagonal).
- ✓ Terminal (agonal).
- ✓ Klinik o'lim holati.

Bemorning ahvolining og'irligi hayotiy organlarning tarkibiy va funktsional o'zgarishlari majmuasi bilan belgilanadi va kasalxonaga yotqizish ko'rsatkichlarini, bemorni tashish usulini, zarur miqdordagi terapevtik va diagnostik tadbirlarni va kasallikning ehtimoliy prognozini (natijasini) aniqlaydi. Terminal holatida ong yo'qoladi, mushaklar bo'shashadi, reflekslar yo'qoladi, shox parda bulutli, pastki jag ' tushadi. Puls sezilmaydi, qon bosimi aniqlanmaydi, yurak tovushlari eshitilmaydi (lekin yurakning elektr faolligi EKGda qayd etiladi). Nafas olish kamdan-kam uchraydi. Ushbu holat (azob) bir necha daqiqadan bir necha soatgacha davom etadi.

Klinik o'lim-o'lim va hayot o'rtasidagi chegara holati, hayotning ko'rinadigan belgilari (yurak faoliyati, nafas olish) yo'q bo'lganda, asab tizimining funktsiyalari yo'qoladi, ammo to'qimalarda metabolik jarayonlar davom etadi. EKGda izoelektrik chiziq (to'g'ri chiziq) yoki qorincha fibrilatsiyasining tartibsiz to'lqinlari qayd etiladi. Klinik o'lim holatining davomiyligi bir necha daqiqa (5-6 daqiqa) va o'z vaqtida reanimatsiya choralari odamni hayotga qaytarishi mumkin. O'limdan oldin darhol bemorda konvulsiyalar, beixtiyor siyish va defekatsiya paydo bo'lishi mumkin. Biologik o'lim-bu organlar va to'qimalarda fiziologik jarayonlarning qaytarilmas to'xtashi, bunda reanimatsiya mumkin emas. Biologik o'lim shifokor

tomonidan quyidagi belgilar aniqlanganda aniqlanadi: o'z – o'zidan harakatlarning yo'qligi, katta arteriyalarda yurak va puls qisqarishi, nafas olish, og'riq stimullariga reaktsiya, kornea refleksi (kornea refleksi-shox pardaga tegganda ko'z qovoqlarining beixtiyor yopilishi). Qorachiqlarning maksimal kengayishi va ularning nurga reaktsiyasi yo'qligi qayd etiladi. Biologik o'limning mutlaqo ishonchli belgilari: tana haroratining 20 °C gacha pasayishi; murda dog'larining paydo bo'lishi; mushaklarning qattiqlashishi paydo bo'lishi.

Bemorning to'shakdagi holati Bemorning yotoqda joylashishi uchun variantlar: faol-bemor o'zboshimchalik bilan, o'z ehtiyojlaridan kelib chiqib, yotoqda o'z o'rnini mustaqil ravishda o'zgartiradi; passiv-bemor harakatsiz, keskin zaiflik tufayli u to'shakda o'z o'rnini mustaqil ravishda o'zgartira olmaydi, shuningdek bemor hushidan ketganda; majburiy-bemor uning holatini engillashtiradigan pozani oladi .

Hamshira vazifalari

Hamshira tomonidan parxez va vazifa topshirish uning ishining eng muhim jihatlaridan biridir Vazifani qabul qilish va topshirish tartibi.

Palatalarni chetlab o'tish: yangi qabul qilingan bemorlar bilan tanishish, og'ir kasallarning holatini baholash

navbatchilikni topshirayotgan hamshira	7:30-8:00 8:00-8:15 8:15-8:30 8:30-9:00 9:00-9:30 9:30-11:00 11:00-13:30 13:30-14:30 14:30-16:30 16:30-16:50 16:50-17:30 17:30-19:00 19:00-19:30 19:30-20:00 20:00-21:30 21:30-22:00 22:00-7:00

Bemorlarni parvarish qilish choralari, xonalarni ventilyatsiya qilish, bemorlarning biologik materialini tahlil qilish uchun yuborish Bo'lim boshlig'i va katta hamshiraning shifokorlar va hamshiralar bilan konferentsiyasi. Hamshiraning kunduzgi smenada navbatchilikni topshirishi.

Nozokomial infektsiyani 5 rivojlanishining asosiy xavf guruhlari:

1) ko'p sonli davolash va diagnostika protseduralarini ko'rsatadigan bemorlar;

2) surunkali kasalliklarga chalingan bemorlar;

3) keksa bemorlar;
4) immuniteti zaif bemorlar.

Nozokomial infektsiyani oldini olishning asosiy qoidalari. Himoya kiyimlarini o'z vaqtida va to'g'ri ishlatish (shu jumladan saqlash). Tibbiyot xodimlarining qo'llarini etarli darajada davolash.

Qabul qilish bo'limida sanitariya-epidemiologiya rejimiga rioya qilish: to'g'ri sanitariya-gigiyena bilan ishlov berish, bosh bitlarini tekshirish, termometriya va boshqalar.

Bo'limlarda bemorlarning shaxsiy gigienasini (shu jumladan kirlarni almashtirishni) sanitariya-gigiyena bilan davolash va nazorat qilish. Tibbiy buyumlarni dezinfeksiya qilish.

Sanitariya rejimiga rioya qilish: bufet va tarqatish xonalarini o'z vaqtida sanitariyagigiyena bilan davolash va jihozlash, shu jumladan oziq-ovqat chiqindilarini olib tashlash qoidalariga va oziq-ovqat mahsulotlarini sotish muddatlariga rioya qilish. Yuqumli kasallikka shubha qilingan bemorlarni faol aniqlash va kontaktli bemorlarni kuzatish muddatlariga rioya qilish. Tibbiy xodimlarning himoya kiyimlari. Niqob: to'rt qatlamli doka matodan yoki maxsus to'qilmagan matodan tayyorlanishi mumkin-shunga qaramay, oddiy niqob yordamida havo tomchilari infektsiyasidan himoya qilish samaradorligi taxminan 10% ni tashkil qiladi. Zamonaviy ko'p qatlamli niqoblarda qatlamlardan biri polipropilen filtr bo'lib, 99% filtrlashni ta'minlaydi. Himoya ko'zoynaklari va qalqonlari: bemorning biologik materiali – qon, tupurik va boshqalar tibbiyot xodimining yuziga tushishidan himoya qilish qo'lqoplar: biologik material – qon, tupurik, siydik, najas va boshqalar bilan aloqa qilishdan himoya qilish/ Mamlakatimizda kukunli lateks qo'lqoplar keng qo'llaniladi. Ammo shuni ta'kidlash kerakki, ulardan foydalanganda tabiiy lateks tarkibidagi oqsillarga ham, turli xil kimyoviy qo'shimchalarga – vulkanizatorlar, katalizatorlar, antioksidantlarga ham allergiya xavfi mavjud.

An'anaviy ravishda qo'lqop kiyishni osonlashtirish uchun ishlatiladigan kukun, aşındırıcılığı tufayli kontakt (allergik bo'lmagan) dermatitga olib kelishi mumkin, shuningdek, lateks oqsillariga reaktsiyalarni kuchaytirishi mumkin (u lateks allergenlarini havo orqali harakatga keltirishi mumkin).

Hozirgi vaqtda changsiz qo'lqoplar tobora ko'proq qo'llanila boshlandi, ularning yuzasi silikon bilan ishlanadi, bu ularni kiyishni osonlashtiradi va bemorlarning qonidan qo'shimcha himoya qiladi. Lateks qo'lqoplarga alternativa polimer materiallardan tayyorlangan sintetik qo'lqoplardir: neopren, poliuretan, vinil va nitril. Ushbu qo'lqoplar fizik parametrlari (egiluvchanligi, elastikligi, mustahkamligi) bo'yicha tabiiy lateksdan kam bo'lmagan holda oqsillar va kimyoviy katalizatorlarni o'z ichiga olmaydi, ya'ni ular hipoalerjenikdir.

Ular ichki uretan ionomer qoplamasi tufayli osongina kiyiladi, qulaylik va qulaylikni ta'minlaydi, chunki ular charchoq va qo'llarning terlashini kamaytiradi, lateks qo'lqoplarga qaraganda alkogolning tarangligi, teshilishi va ta'siriga yaxshi qarshilik ko'rsatadi. Dezinfektsiya

Dezinfeksiya (lat. de **–** tugatish, yo'q qilish, inficio-yuqtirish degan ma'noni anglatuvchi prefiks; sin.- dezinfektsiya)-patogen va opportunistik mikroorganizmlarning vegetativ shakllarini yo'q qilish bo'yicha chora-tadbirlar majmui.

Dezinfektsiyaning ikkita asosiy yo'nalishi mavjud :

- profilaktik dezinfeksiya-nozokomial infektsiyalarning oldini olish;
- fokal dezinfeksiya-aniqlangan infektsiya markazida dezinfeksiya.

Dezinfeksiya to'rt usulda amalga oshirilishi mumkin:

1. mexanik,
2. fizik,
3. kimyoviy
4. kombinatsiyalangan.

Tibbiy asboblarni dezinfektsiyalashning asosiy usullari ularni qaynatish va dezinfektsiyali eritmalarga botirishni o'z ichiga oladi. Qaynatish usuli. Qaynatish shisha, metall, issiqlikka bardoshli materiallar, kauchukdan tayyorlangan tibbiy mahsulotlar uchun tavsiya etiladi. 15 daqiqa davomida 2% natriy bikarbonat eritmasida qaynatiladi.

Dezinfektsiyalash eritmasiga botirish usuli. Suvga cho'mish usuli bilan dezinfeksiya qilish uchun quyidagi eritmalar qo'llaniladi. Tibbiy asboblarni 60 daqiqaga botiradigan 3% xloramin b eritmasi (sil kasalligi shifoxonalarida asboblarni qayta ishlash uchun – 240 daqiqa davomida 5% xloramin eritmasida). 6% vodorod peroksid eritmasi 60 daqiqa yoki 4% eritma – 90 daqiqa. 15 daqiqa davomida 2% glutaral eritmasi. 30 daqiqa davomida suvga cho'mish bilan 70% alkogol eritmasi.

Sterilizatsiya (lat. sterilis-bepusht)-har qanday modda yoki ob'ektni mikroorganizmlardan fizik yoki kimyoviy omillar ta'sirida to'liq ozod qilish. Sterilizatsiyadan oldin barcha qayta ishlatiladigan tibbiy mahsulotlar sterilizatsiya va/yoki dezinfektsiyadan oldin oqsil, yog', mexanik ifloslantiruvchi moddalarni, shuningdek dori-darmonlarni olib tashlash uchun tozalanishi kerak. Ajraladigan mahsulotlar sterilizatsiya oldidan demontaj qilingan holda quyidagi tartibda tozalanishi kerak. 30 soniya davomida oqadigan suv bilan yuvib tashlang.

Yuvish kompleksida ("Biolot", "Lotus") mahsulotni 50 °C haroratda 15 daqiqa davomida erga botirganda namlash Har bir mahsulotni Ruff, paxta-doka tampon yoki cho'tka bilan yuvish vositasida 30 soniya davomida yuvish. 2 "Biolot" dan 3 daqiqa davomida, "Lotus-Medical" dan 10 daqiqa davomida foydalanganda oqadigan suv bilan yuvib tashlang. Distillangan suvda 30 daqiqa davomida namlang. Namlik to'liq yo'qolguncha 80-85° C haroratda issiq havo bilan quriting. Tibbiy asboblarni sterilizatsiya oldidan davolash sifatini nazorat qilish.

Agar amidopirin yoki azopiram testi yordamida davolanishdan keyingi mahsulotlarda qoldiq qon miqdori topilmasa, sterilizatsiya oldidan davolash samarali hisoblanadi. Namuna olish texnologiyasi (qayta ishlatiladigan tibbiy asboblar uchun ishlatiladi). Steril bo'lmagan paxtaga reaktiv qo'llaniladi. Bir necha soniyadan so'ng, paxta momig'ida rang reaktsiyasi bo'lmasa, shprits pistoni, tashqi tomondan silindr, igna, kanül artib olinadi. Keyin reaktiv shprits tsilindriga

quyiladi, shprits orqali boshqa paxtaga o'tkaziladi (shprits tsilindri tekshiriladi). Shundan so'ng, igna shpritsga o'rnatiladi, reaktiv yana silindrga quyiladi va shprits va igna orqali o'tkaziladi (igna tekshiriladi).

Natijani talqin qilish: qon bilan ifloslanish mavjud bo'lganda, paxta momig'ida ko'kyashil (ijobiy amidopirin testi) yoki binafsha-ko'k (ijobiy azopiramo testi) binoni paydo bo'ladi. Tibbiy muassasada o'zini o'zi boshqarish haftasiga kamida 1 marta amalga oshiriladi. Bir vaqtning o'zida bir xil nomdagi qayta ishlangan mahsulotlarning 1 foizi nazoratga olinadi, lekin kamida 3-5 dona. Sanitariya-epidemiologiya stantsiyasining xodimlari sterilizatsiya oldidan tozalash sifatini har chorakda bir marta nazorat qilishadi. Davolash xonasining xonalarini, jihozlarini dezinfeksiya qilish Uchun xloraminning 1% eritmasiga detarjan yoki 3% vodorod periks eritmasiga detarjan bilan namlangan latta bilan ikki marta artish orqali amalga oshiriladi. Lattani qayta ishlash: ishlatishdan oldin eritmalardan biriga (1% xloramin b eritmasi, 0,5% kaltsiy gipoxlorit eritmasi) 60 daqiqa davomida botirish; 2% soda eritmasida 15 daqiqa davomida qaynatiladi.

Agar mebel yoki latta qon bilan ifloslangan bo'lsa, darhol 3% xloramin b eritmasi yordamida qayta ishlash rejimiga o'tishingiz kerak. Davolash xonasini joriy tozalash. U kuniga 2 marta 1% xloramin eritmasidan foydalangan holda amalga oshiriladi, ultrabinafsha nurlanish va xonani shamollatish kuniga 4 marta 15-20 daqiqa davomida amalga oshiriladi (tozalashdan keyin va ish paytida xona statsionar yoki ko'chma ultrabinafsha lampalar bilan nurlantirilishi kerak). ***Davolash xonasini umumiy tozalash***.

U 10 litr suv uchun 500 g 5% xloramin b eritmasidan foydalangan holda haftasiga 1 marta amalga oshiriladi. Xlor o'z ichiga olgan ishchi dezinfektsiyalovchi eritmalarni tayyorlash xlor o'z ichiga olgan dezinfektsiyalovchi eritmalar turli xonalarni, hojatxonalarni, parvarishlash buyumlarini, idishlarni, bemorlarning sekretsiyasini va boshqalarni zararsizlantirish uchun ishlatiladi.dezrastvorlarni tayyorlash markazlashtirilgan holda ta'minot va egzoz ventilyatsiyasiga ega bo'lgan maxsus jihozlangan xonalarda amalga oshirilishi kerak.

Kerakli uskunalar. Himoya kiyimlari (uzun xalat, shlyapa, moyli apron, respirator, xavfsizlik ko'zoynaklari, rezina qo'lqoplar, almashtiriladigan poyabzal). Quruq oqartiruvchi, xloramin b (quruq kukun). Majburiy etiketli dezinfektsiyali eritmalar uchun idishlar (emal, plastmassa yoki quyuq shisha). Belgilangan idishlar. Eritmani aralashtirish uchun yog'och spatula.

Suv. Shaxsiy gigiena vositalari (sochiq, sovun). 10% sayqallash eritmasini tayyorlash tartibi.

1. Dezinfektsiyalovchi eritma tayyorlashga tayyorgarlik ko'ring: kombinezon kiying, jihozni tekshiring, protsedura boshlanish vaqtini belgilang.
2. Idishga 2-3 stakan suv quying.
3. Ehtiyotkorlik bilan u erga 1 kg quruq oqartgichni quying va yaxshilab aralashtiring, bo'laklarni yoğurun.
4. Idishni 10 litrgacha suv bilan to'ldiring, silliq bo'lguncha aralashtiring.

5. Idishni qopqoq bilan mahkam yoping va qorong'i xonada bir kunga qoldiring; eritma kun davomida bir necha marta aralashtirilishi kerak.

6. Bir kundan keyin o'rnatilgan eritmani boshqa idishga to'kib tashlang (protsedura himoya kiyimlari bilan ham amalga oshiriladi), unda pishirish sanasi to'g'risida yozuv yozing va qorong'i joyda saqlang.

Jarayon oxirida kombinezonlarni olib tashlang, qo'lingizni yuving. 1% sayqallash eritmasini tayyorlash tartibi. Dezinfektsiyalovchi eritma tayyorlashga tayyorgarlik ko'ring: kombinezon kiying, jihozni tekshiring, protsedura boshlanish vaqtini belgilang. Idishga 1 litr 10% oqartiruvchi eritma tushiring (0,5% oqartiruvchi eritma olish uchun – 0,5 l). Idishni 10 litrgacha suv bilan to'ldiring, aralashtiring. Idishni qopqoq bilan mahkam yoping va pishirish sanasi haqida yozuv qo'ying. Jarayon oxirida kombinezonlarni olib tashlang, qo'lingizni yuving.

Bunday eritma tayyorlangandan so'ng darhol ishlash uchun ishlatiladi. Xloramin b eritmasini tayyorlash tartibi, shuningdek, barcha xavfsizlik qoidalariga rioya qilgan holda, himoya kiyimida va idishlarni suyuqlik bilan majburiy etiketlash bilan amalga oshirilishi kerak. 1% xloramin b eritmasini olish uchun siz 10 g quruq xloramin b ni avval maxsus idishda yaxshilab aralashtirib, so'ngra 1 litr belgiga suv qo'shishingiz kerak. Sog'lom mikroiqlimni ta'minlash Tibbiy muassasada sog'lom mikroiqlimni saqlab qolish uchun (so'zma-so'z, ya'ni xonadagi jismoniy parametrlar nuqtai nazaridan) bemorning atrof-muhitining sog'lom fonini ta'minlaydigan asosiy parametrlarga nisbatan ma'lum talablarga rioya qilish kerak.

Quyidagi omillarga alohida e'tibor berish tavsiya etiladi: * yoritish: tabiiy (quyosh nuri), sun'iy; shamollatish: shamollatish, havoni tozalash), isitish (suv, bug', havo bo'lishi mumkin)

Binolarni sanitariya-gigienik tozalash Florens Nightingale 1860 yilda o'zining "hamshiralik haqida eslatmalar" ("hamshiralik haqida eslatmalar") kitobida birinchi marta sanitariya-gigiyena omillarining sog'liqqa ta'siri muammosini ko'targan va bemorni parvarish qilish quyidagicha

aniqlangan...bemorni tiklash uchun atrof-muhitdan foydalanish harakati ". F. Nightingale bemorning atrof-muhit omillari, masalan, tozalik, toza havo, sukunat, to'g'ri ovqatlanish muhimligini alohida ta'kidlagan. Tibbiy muassasada sanitariya-gigiyena rejimini

ta'minlash binolarni muntazam tozalashni ta'minlaydi. Kasalxona xonalarini yaxshilab nam tozalash uskunalar, tibbiy asbob-uskunalar, parvarishlash buyumlari, mebellarni toza saqlash tibbiy muassasada sanitariya-gigiena qoidalariga rioya qilishning zaruriy shartidir

Tozalash dezinfektsiyalovchi eritma bilan namlangan cho'tka, latta bilan amalga oshiriladi. Palatalarni tozalash. Xonada tozalashni tungi stollardan boshlash kerak: chang yuviladi, ortiqcha narsalar olib tashlanadi, sovun, tish pastasi, pechene, murabbo, shirinliklar, kitoblar qoldiriladi. Meva va tez buziladigan ovqatlar muzlatgichda bo'lishi kerak. Keyin choyshablar, radiatorlar, quvurlar, deraza tokchalari, soyalar, mebellarning sirtini chang bilan artib oling. Tozalash paytida u tinch bo'lishi kerak. Kichik hamshiraning harakatlari bemorlarni bezovta qilmasligi kerak. Burchaklarni va erishish qiyin bo'lgan joylarni o'tkazib yubormasdan toza tozalash kerak. Palatani eshik tomon supurish kerak, axlatni qoshiq bilan olib, axlat qutisiga olib borish yoki yoqish kerak.

Koridorlarni tozalash. Koridorlarda eshiklar,panellar,mebellar,tutqichlar nam mato bilan artib olinadi, polni sayqallash eritmasi bilan yuvish bilan tozalash tugallanadi. Tualet xonalarini jihozlash va tozalash. Tualet xonalari boshqa xonalardan yaxshi ajratilgan bo'lishi kerak, oraliq shlyuz, ishonchli ishlaydigan egzoz shamollatish va etarli yorug'lik bo'lishi kerak. Bu erda kemalar, siydik qabul qiluvchilar, najas va siydik yig'ish uchun idishlar uchun yopiq shkaflar joylashtirilishi kerak. Tozalash uskunalari xonalar va hojatxonalar uchun alohida bo'lishi kerak, maqsadga muvofiq qat'iy qo'llaniladi. U tegishli etiketlangan, toza bo'lishi kerak. Cho'tkalar, latta, havzalar muntazam ravishda issiq suv bilan yuviladi va latta quritiladi. Kemalar va siydik qabul qiluvchilarni ("o'rdaklar") yuvish uchun rufflar ham suv bilan yuviladi va dezinfektsiya qilinadi. Vannalar, astar idishlari, siydik qabul qiluvchilar har foydalanishdan keyin 0,5% oqartiruvchi eritma bilan yuviladi va dezinfektsiya qilinadi.

Sudnalar, "o'rdaklar" issiq suv bilan yaxshilab yuviladi va 2% xloramin b eritmasi bilan dezinfektsiya qilinadi. Agar bemorda yuqumli ichak kasalligi aniqlansa, najas 2 soat davomida 20% sayqallash eritmasi bilan quyiladi va keyin idish bo'shatiladi. Toza idishlar, "o'rdaklar" hojatxonalarda maxsus uyalarda saqlanadi. Ba'zi shifoxonalarda kema yuvish mashinalari mavjud.

Hojatxonalar kerak bo'lganda tozalanadi va hid bo'lmasligi uchun yaxshi havalandırılır. Lavabolar, hojatxonalar,siydik chiqarish joylari, suv saqlash idishlari, tupuruvchilar har kuni issiq suv va sovun, 2% soda eritmasi va dezinfektsiyali eritma bilan yuviladi; jigarrang dog'lar sirka kislotasi bilan artib olinadi. Kichkina hamshira hojatxonalarni rezina qo'lqop bilan tozalashi kerak. Tozalashdan keyin u qo'llarini sovun bilan va har bir hojatxonada bo'lishi kerak bo'lgan 2% xloramin b eritmasi bilan yuvishi kerak.

Qon bilan ishlashda hamshiralarning kasbiy kasalliklarining oldini olish. Qo'llarning to'liq qon, plazma yoki sarum bilan ifloslanishi mumkin bo'lgan barcha manipulyatsiyalar rezina qo'lqop bilan amalga oshirilishi kerak. Ish paytida qo'llardagi barcha shikastlanishlar barmoq uchi, yopishqoq gips bilan yopilishi kerak. Agar qon sepish xavfi mavjud bo'lsa, siz niqob va himoya ko'zoynaklarida

ishlashingiz kerak. Bemorlarga protseduralar o'tkaziladigan laboratoriyalarda va xonalarda tibbiyot xodimlariga ovqatlanish, shuningdek chekish taqiqlanadi.

Tibbiy asboblarni demontaj qilish, yuvish, chayish, odamlarning qoni bilan aloqa qiladigan pipetoklaborator idishlarini oldindan dezinfektsiyalashdan oldin, rezina qo'lqop bilan bajarish kerak. Har qanday protseduradan so'ng, shu jumladan parenteral aralashuvdan so'ng, qo'llarni sovun va iliq suvda ikki marta yaxshilab yuvish amalga oshiriladi. Qo'llarni har kuni almashtiriladigan alohida sochiq yoki bir marta ishlatiladigan peçete bilan artib olish kerak. Qo'llarni davolashda terining tirnash xususiyati va dermatitga olib kelishi mumkin bo'lgan dezinfektsiyalovchi vositalardan tez-tez foydalanishdan qochish kerak, shu jumladan patogenlarning kirib borishini osonlashtiradi. Bemorning qoni yoki boshqa tana suyuqliklari orqali yuqadigan virusli va bakterial infektsiyani yuqtirishning oldini olish uchun, hozirgi vaqtda "baxtsiz hodisalar uchun birinchi yordam to'plami" deb nomlangan protsedura binetida bo'lishi kerak, uning tarkibiga majburiy ravishda kiyinish materiallari, eritmalarni suyultirish uchun idishlar, undinka (ko'zni yuvish uchun stakan), 70% etil eritmasi kiradi. spirtli ichimliklar, 5% yod spirtli eritmasi, 0,05% kaliy permanganat eritmasi, 1% protargol eritmasi, 6% vodorod peroksid eritmasi. Agar qo'llar qon bilan ifloslangan bo'lsa (yoki bemorning boshqa biologik suyuqligi), darhol barmoqlarning chimchilash harakati bilan teridan qon qoldiqlarini (biologik suyuqlik) 70% etil spirti eritmasi bilan mo'l-ko'l namlangan tampon yordamida olib tashlash kerak, ularni iliq suv va sovun bilan yuving va 70% etil spirti eritmasi bilan namlangan yangi tampon bilan qayta ishlang.

Agar qon sachrasa:

* ko'z shilliq qavatida - ko'zlarni 0,05% kaliy permanganat eritmasi bilan yuving;
* burun bo'shlig'ining shilliq qavatida-uni protargolning 1% eritmasi bilan davolang (burunga tomiziladi);
* og'iz shilliq qavatida-og'zingizni 70% spirtli eritma bilan yuving.

Manipulyatsiya paytida ish stolining yuzasi qon bilan ifloslangan bo'lsa, stolni darhol 0,5% detarjen bilan 6% vodorod peroksid eritmasi bilan namlangan latta bilan davolash kerak. Ish tugagandan so'ng, stol yuzasini 3% xloramin b eritmasiga namlangan latta bilan artib olish kerak. Xavfsizlik masalalari

1. Bemorni dam olishda rejimi.
2. Gigienik hammom, dush.
3. Qabulxonada antropometriyani o'tkazish (balandlik, vaznni o'lchash).
4. Bemorni nogironlar aravachasida, gurneyda, zambilda tashish.
5. Choyshabni almashtirish

BEMORLARNING OVQATLANISHI

Ovqatlanish tananing salomatligi, ishlashi va atrof-muhit ta'siriga chidamliligiga sezilarli ta'sir ko'rsatadigan eng muhim omillardan biridir. Gippokrat ham shunday degan edi"...oziq – ovqat dori, dori esa oziq-ovqat bo'lishi kerak."

Dieta (yunon. diaita-turmush tarzi, ovqatlanish tartibi) - sog'lom va kasal odamning ovqatlanish tartibi. Dietologiya (***diet*** + yunon. ***logos***-ta'limot) - insonning normal va turli kasalliklarda ovqatlanishini o'rganadigan, shuningdek terapevtik ovqatlanishni tashkil etadigan tibbiyot bo'limi. Terapevtik ovqatlanish (parhez terapiyasi) – terapevtik yoki profilaktika maqsadida maxsus tayyorlangan parhezlar va ovqatlanish rejimlaridan foydalanish. Ovqatlanish tartibi ovqatlanish vaqti va sonini, ular orasidagi intervallarni va ovqatlanishni belgilaydi. Oziq-ovqat ratsioni energiya qiymati, kimyoviy tarkibi, oziq-ovqat to'plami, vazni va ovqatlanish uchun oziq-ovqatga qo'yiladigan talablarni tartibga soladi.

Ovqatlanish racioni oqilona bo'lishi kerak – fiziologik jihatdan to'liq, bir qator omillarni, shu jumladan odamning jinsi, yoshi va jismoniy faolligining xususiyatini hisobga olgan holda, shuningdek muvozanatli bo'lishi kerak-oziq-ovqat tarkibida ozuqa moddalarining ma'lum nisbati kuzatilishi kerak. Inson tanasi hayotida ovqatlanishning ahamiyati. Balansli ovqatlanish to'g'risidagi ta'limotga ko'ra, ovqatni yaxshi singdirishi va organizmning hayotiy faoliyatini etarli darajada ta'minlash uchun uni bir-biri bilan ma'lum nisbatda barcha oziq moddalar (ozuqa moddalari) bilan ta'minlash keraki jinsi, yoshi, mehnat tabiati, iqlimi, organizmning fiziologik holatiga (masalan, homiladorlik, emizish) qarab o'zgarishi mumkin.

Kaloriyali balansli ovqatlanish to'g'risidagi ta'limotga ko'ra, ovqatni yaxshi singdirish va organizmning hayotiy faoliyatini etarli darajada ta'minlash uchun uni bir-biri bilan ma'lum nisbatda barcha oziq moddalar (ozuqa moddalari) bilan ta'minlash kerak, jinsi, yoshi, mehnat tabiati, iqlimi, organizmning fiziologik holatiga (masalan, homiladorlik, emizish) qarab o'zgarishi mumkin.

Voyaga etgan odamning ozuqaviy moddalar va energiyaga bo'lgan o'rtacha kunlik ehtiyoji (Pokrovskiy A. A., 1976; ozgarishlar bilan).

Oziq moddalar	**Ehtiyoj**
Suv, g	1750-2200
Shu jumladan: *** ichish • choy, qahva va boshqalar) * oziq-ovqat mahsulotlarida**	800-1000 * sho'rvalarda 250-500700
Muhim aminokislotalar,	* triptofan 1
	leysin 4-6
	izolösin 3-4 *
	valin Ъ-4 *
	* treonin 2-3 *

	lizin 3-5 *
	metionin 2-4 *
	* fenilalanin 2-4
Muhim bo'lmagan aminokislotalar, g: *	histidin 1,5- 2

Balansli ovqatlanish formulasi-1:1, 1:4,1oqsillar, yog'lar va uglevodlar o'rtasidagi nisbat aqliy mehnat bilan shug'ullanadigan yosh erkaklar va ayollar uchun normaldir og'ir jismoniy mehnat bilan shugullanuvchilar uchun bu nisbat 1:1,3:5. Hisoblashda oqsillar miqdori birlik sifatida olinadi. Masalan, agar dietada 90 g protein, 81 g yog ' va 450 g uglevodlar bo'lsa, unda bu-det nisbati 1:0,9:5 ni tashkil qiladi.

Terapevtik parhezlarda, agar kerak bo'lsa, oqsillar, yog'lar yoki uglevodlar tarkibi o'zgaradi. Kaltsiy, fosfor va magniyning so'rilishi uchun maqbul nisbati 1: 1,5: 0,5 ni tashkil qiladi. Proteinlar barcha hayotiy jarayonlarda ishtirok etadi, ajralmas aminokislotalar manbai bo'lib xizmat qiladi, tanani gormonlar, gemoglobin, vitaminlar, fermentlar sintezi uchun material bilan ta'minlaydi; oqsillar plazma, miya omurilik suyuqligi, ichak sekretsiyalarida muhitning doimiy reaktsiyasini saqlashda ishtirok etadi.

* arginin 5-6 * sistin 2-3 * tirozin 3 -4 * alanin 3 * seriyalar 3 * glutamik kislota 16 * aspartik kislota 6 * prolin 5 * glitsin 3 Uglevodlar, g 400-500 Shu jumladan: * kraxmal 400-450 * shakar 50-100 * elyaf va pektin 25-30. Hayvonlarning oqsillari umumiy protein miqdorining 55-60 foizini tashkil qilishi kerak. Proteinlarga kunlik ehtiyoj 100 g ni tashkil qiladi.

Yog'lar hujayralar va to'qimalarning bir qismi bo'lgan metabolik jarayonlarda ishtirok etadi;ular qimmatbaho energiya materiali bo'lib xizmat qiladi – 1 g yog ' yoqilganda 9 kkal ajralib chiqadi. Yog'larning umumiy miqdoridan o'simlik moylari muhim yog ' kislotalarining manbai sifatida dietada 30% gacha bo'lishi kerak. Yog ' uchun kunlik ehtiyoj 60-150 g deb taxmin qilinadi. Uglevodlar nafaqat energiya moddasi (1 g uglevodlarning oksidlanishi 4 kkal chiqarilishini ta'minlaydi), balki oqsillar va yog'larning normal almashinuvi ("yog'lar uglevodlar

olovida yonadi") va gormonlar, fermentlar, tuprik bezlari sekretsiyasi sintezi uchun zarur moddadir. Uglevodlarning umumiy miqdoridan kraxmal dietada 75-80%, oson hazm bo'ladigan uglevodlar – 15-20%, tolalar va pektinlar – 5% bo'lishi kerak.

Uglevodlarga bo'lgan kunlik ehtiyoj 400-500 g deb baholanadi. Xun tolasi. To'g'ri ovqatlanishning muhim tarkibiy qismi balast deb ataladigan moddalarni – xun tolasini (o'simlik tolalari, hujayra membranalari) dietaga kiritish deb hisoblanadi; ularga kunlik ehtiyoj 25-30 g ni tashkil qiladi, xun tolasi to'yinganlik hissi yaratish orqali energiya sarfini kamaytirish, ichakning motor funktsiyasini rag'batlantirish va safro sekretsiyasi, xolesterin miqdorini kamaytirish kabi jarayonlarda ishtirok etadi. qon, ichak mikroflorasini normallashtirish va boshqalar. Tana vaznining 60% dan ko'prog'ini tashkil etadigan suv organizmning hayotiy jarayonlarini ta'minlaydi – metabolik, ovqat hazm qilish, issiqlikni tartibga solish, ekskretator va boshqalar. suvga bo'lgan kunlik ehtiyoj 2-3 litrni tashkil qiladi.

Vitaminlar - iste'mol qilinadigan ovqatning bir qismi bo'lishi kerak. "Vitamin" atamasi polshalik biokimyogar Kazimir Funk (1912) tomonidan taklif qilingan: yunoncha. vita-hayot + lat. amin-oqsil (Kazimir Funk organizm uchun zarur bo'lgan barcha moddalar oqsil xususiyatiga ega va tarkibida amin guruhlari mavjud deb hisoblagan). Hozirgi vaqtda vitaminlar tarkibiga turli xil tuzilish va turli xil kimyoviy tabiatdagi organik past molekulyar birikmalar kiradi. Asosan vitaminlar o'simliklar va mikroorganizmlar tomonidan sintezlanadi. Ushbu moddalar tanadagi barcha metabolik jarayonlarda ishtirok etadi; ular yurak-qon tomir va saraton kasalliklarining oldini olishda katta rol o'ynaydi. Ma'lum bo'lgan 20 ta vitamindan faqat bittasini izolyatsiya qilish tananing normal ishlashi uchun zarur bo'lgan qolgan organik moddalarning muvozanatini buzishi mumkin. Shuning uchun bir qator murakkab dorilar ishlab chiqilgan – multivitaminlar ("Undevit", "dekamevit", "Unicap" va boshqalar). Afsuski, ularning formulasi tabiiy vitaminlarga to'liq mos kelmaydigan sintetik vitaminlardan iborat. Shuning uchun tabiiy mahsulotlarga ustunlik berish kerak.

Oziq-ovqat mahsulotlarida bir yoki bir nechta vitaminlarning etishmasligi sezilarli o'sish buzilishlariga, to'qimalarning ovqatlanishiga, metabolizmga va boshqa kasalliklarga olib keladi, bu esa ba'zida o'limga olib keladi. Xususan, askorbin kislotasi (c vitamini), nikotinik kislota (PP vitamini), piridoksin (B6 vitamini) etishmovchiligi ateroskleroz, avitaminoz rivojlanishi va rivojlanishiga yordam beradi. Mineral moddalar to'qimalarni qurishda, qonning elektrolitlar tarkibini tartibga solishda ishtirok etadi, organizmning hayotiy faoliyatining eng muhim jarayonlariga ta'sir qiladi (ovqat hazm qilish, immunitet, gematopoez, gemokoagulyatsiya va boshqalar).

Birinchi marta organizm tarkibidagi kimyoviy elementlarni makroelementlar, mikroelementlar va ultramikroelementlarga ajratdi rus olimi Vladimir Ivanovich Vernadskiy (1863-1945). Uning makroelementlarga tasnifi bo'yicha (yunon. makros – katta) kaltsiy, fosfor, magniy, kaliy, natriy, xlor, oltingugurtni (ularning tanadagi tarkibi tananing kimyoviy tarkibining 0,1% va undan yuqori), iz elementlarini (yunoncha: makros-katta) o'z ichiga oladi. micros – kichik) - temir, yod, ftor, selen, rux, mis va boshqalar (ularning tanadagi tarkibi 0,01– 0,0001%), ultramikroelementlarga – xrom, kremniy, oltin, radiy, uran va boshqalar (tanadagi tarkib 0,0001% yoki undan kam). Hozirgi vaqtda faqat makroelementlar va mikroelementlar ajralib turadi. Makroelementlar inson tanasi uchun har kuni zarur bo'lib, ularga bo'lgan ehtiyoj gramm bilan o'lchanadi. Tanadagi iz elementlarning tarkibi tananing kimyoviy tarkibining 0,01% dan kam; ularga bo'lgan kunlik ehtiyoj milligramm va/yoki mikrogramlarda (tarozilarda) hisoblanadi. Terapevtik ovqatlanish Terapevtik ovqatlanish kompleks terapiyaning majburiy tarkibiy qismidir.

Dietologiya asoschisi Manuel Isakovich Pevzner (1872-1952) shunday yozgan: "...Bemorning ovqatlanishi boshqa terapevtik omillar qo'llanilishi kerak bo'lgan asosiy fondir – terapevtik ovqatlanish bo'lmagan joyda, oqilona davolash ham yo'q. Parhez ovqatlanish va dori-darmonlarni davolash bir-birini to'ldiradi, bu esa davolanish samaradorligini oshiradi. Shunga qaramay, "parhez – dori-darmonlarni qabul qilish" munosabatlarida bir qator salbiy tomonlar ham bo'lishi mumkin. Agar ular hisobga olinmasa, bemorlarni davolashda noto'g'ri hisob-kitoblarga yo'l qo'yilishi mumkin.

Oziq – ovqat bilan bir vaqtda qabul qilingan dori keyinchalik uning asosiy so'rilish joyiga-ichakka kiradi (shuning uchun kontrendikatsiyalar bo'lmasa, preparatni ovqatdan 1 soat oldin yoki ovqatdan 2 soat o'tgach olish yaxshiroqdir). Quyidagi misollar eng aniq. Agar dietada oqsillar ustunlik qilsa, ba'zi dorilarning farmakologik ta'siri kamayadi, masalan, digoksin, xinidin, simetidin, kofein, teofillin, tetratsiklin, antikoagulyantlar. Uglevodlar oshqozon tarkibini evakuatsiya qilishni sekinlashtiradi, natijada kotrimoksazol (masalan, "biseptol"), sulfadimetoksinning so'rilishi kechiktiriladi. Yog'larga boy oziq-ovqat ta'siri ostida anthelmintic (anthelmintic) preparatlari, shuningdek nitrofurantoin, fenil salitsilat, sulfanilamidlarning terapevtik samaradorligi sezilarli darajada kamayadi. Shu bilan birga, yog'da eriydigan dorilar – antikoagulyantlar, metronid-kul, diazepam, a, D, E, K vitaminlarining so'rilishini oshirish zarur bo'lgan hollarda yog'larga boy oziq-ovqat foydali bo'lishi mumkin. Kislotali muhitda benzilpenitsillin, amoksitsillin,

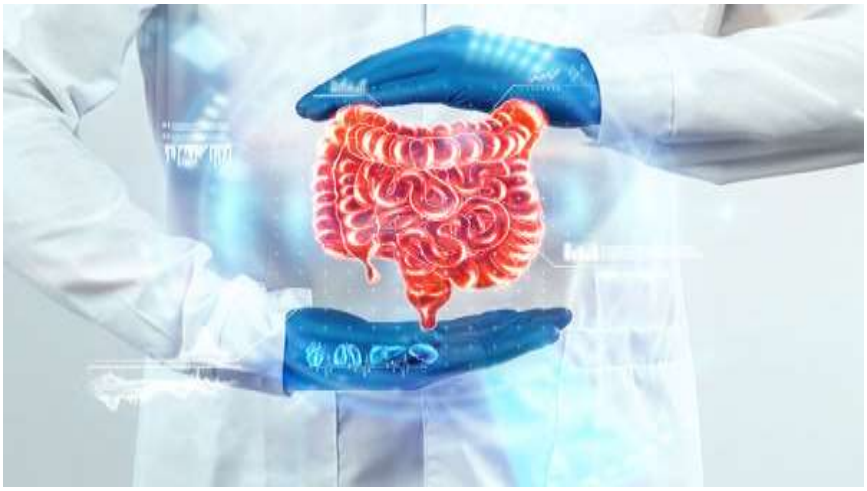
eritromitsin, linkomitsin, oleandomitsin, sikloserin kabi antibiotiklar qisman inaktivlanadi. Kislotali meva va sabzavot sharbatlari eritromitsin, ampitsillin, sikloserinning farmakologik ta'sirini zararsizlantirishi va aksincha, salitsilatlar, barbituratlar, nitrofuranlarning ta'sirini kuchaytirishi mumkin; shuningdek, ular ibuprofen, furosemidning so'rilishini sekinlashtirishi mumkin. Bir vaqtning o'zida greyfurt sharbati bilan uyqu tabletkalarini qabul qilish zaharlanishga olib kelishi mumkin (Kanadada o'lim qayd etilgan).

Amidopirin, aminazin, antipirin, ishtahani cheklovchi dorilar, tetratsiklinlar, diabetga qarshi biguanidlarni qabul qilishda kanserogen nitrosaminlar paydo bo'lishi mumkinligi sababli dudlangan kolbasa iste'mol qilinmasligi kerak. Agar bemor ko'p miqdordagi tiramin va fenilet-Lamin aminokislotalarini (pishloq, qaymoq, kofe, xamirturush, pivo, g'oz jigari, Riesling va Sherri sharoblari), shuningdek serotonin (ananas, mandarin, banan, qichitqi o'ti), dioksifeniletilamin (loviya, mosh, banan), keyin unga monoamin oksidaza inhibitörlarini qabul qilish qat'iyan man etiladi, chunki bemorlarda og'ir gipertonik inqirozlar paydo bo'lishi mumkin. Kaliy tuzlariga boy parhez (kartoshka, o'rik, mayiz, anjir, yong'oq, shaftoli, quritilgan o'rik) fonida yurak glikozidlari, diuretiklar, glyukokortikoidlar buyurilishi kerak. Anabolik gormonlarni qabul qilishda ko'p miqdordagi protein va kaltsiy tuzlari (tvorog, sut, tuxum, go'sht) bo'lgan parhez kerak. Shuni bilishingiz kerakki, antihiper-tenziv vositalarning gipotenziv ta'siri Viburnum, tog'kul, lavlagi, qulupnay bilan kuchayadi. Antikoagulyantlarni buyurishda k vitamini (salat, ismaloq, yashil pomidor, karam, yangi jigar) o'z ichiga olgan ovqatlardan voz kechish tavsiya etiladi, chunki k vitamini antikoagulyantlarning antidoti bo'lib, qon ivishining ko'payishiga yordam beradi (giperkoagulyatsiya).

Dori - darmonlarni qabul qilish ichakdagi ozuqa moddalarining so'rilishini buzishi mumkin. Shunday qilib, laksatiflar guruhi barcha ozuqa moddalarining so'rilishini kamaytiradi va shu bilan birga tanadagi suv-tuz muvozanatini buzadi. Levomitsetin 3 oqsillarni surilishini yomonlashtiradi; yarim ochlik dietasi fonida qabul qilingan ushbu antibiotikning katta dozalari aplastik anemiya rivojlanishiga olib kelishi mumkin. Antibiotik neomitsin karotin, aminokislotalar, yog'lar, temir, yog'da eriydigan vitaminlar, glyukozaning so'rilishini kamaytiradi. Zamonaviy parhez terapiyasi va parhez profilaktikasi muvozanatli ovqatlanish nazariyasining yutuqlariga asoslanadi. Terapevtik ovqatlanishga shaxsiy yondashuvning variantlaridan biri bu 1962 yilda qozon terapevtlari professor A. G. Teregulov va dotsent A. I. Golikov tomonidan taklif qilingan individual fiziologik parhez. Shaxsiy fiziologik parhez algoritmi bemorning yoshi, jinsi va tana vaznini, uning tashxisining o'ziga xos xususiyatlarini, bazal metabolizm holatini, kasbini, oziq-ovqat mahsulotlariga chidamliligini hisobga oladi. Bemor uchun individual ravishda oziq-ovqat iste'mol qilishning xronodinamikasi (odatda 4-6 marta fraksiyonel ovqatlanish) bo'yaladi, suv rejimi tavsiya etiladi (kuniga o'rtacha 1000-1200 ml suyuqlik), tuz balansi ko'rsatiladi (osh tuzining o'rtacha darajasi kuniga 3,5– 4,5 g). Shuningdek, ular kaloriya iste'molini hisoblab chiqadilar va dietaga kiritilgan oqsil (go'sht, baliq, parranda go'shti, tvorog, pishloq va boshqalar), tarkibida yog ' bo'lgan (hayvon yog'i, o'simlik yog'i, margarin, sut, smetana va

boshqalar) ovqatlar, uglevodlar va sabzavot-meva mahsulotlarini grammda aniq ko'rsatadilar. O'simlik xun tolasidan kunlik foydalanishni hisoblash kerak (o'rtacha norma kuniga 25-30 g).

Proteinli ovqatlanish ritmi muhim ahamiyatga ega: dushanba, payshanba, ba'zan shanba kunlari go'shtli ovqatlarga, seshanba, chorshanba va juma kunlari baliq ovqatlariga ruxsat beriladi, yakshanba kuni esa "tushirish", asosan vegetarian, kun tavsiya etiladi. Ortiqcha vaznli bemorlar uchun oziq-ovqatning kaloriya miqdorini hisoblash tana vaznining "to'g'ri" ko'rsatkichi bo'yicha amalga oshiriladi, ammo oqsil miqdori haqiqiy massa bilan aniqlanadi. Terapevtik ovqatlanishning asosiy printsiplari Somatometrik ma'lumotlarga (bo'y, tana vazni va boshqalar) va ma'lum bir bemorda metabolik tadqiqotlar natijalariga asoslangan ovqatlanishni individuallashtirish. Ovqat hazm qilish fermentlarining shakllanishi buzilgan taqdirda ovqat hazm qilishni ta'minlash. Masalan, ichakda bug'doy, javdar, arpa, jo'xori (çölyak kasalligi) oqsilini parchalaydigan peptidaza fermenti etishmovchiligi yoki kleykovina sezgirligi (Tse-liakiya) bo'lsa, ushbu don tarkibida oqsil bo'lgan barcha ovqatlar dietadan chiqarib tashlanishi kerak. Oshqozon-ichak trakti (oshqozon – ichak trakti) va tanadagi oziq moddalarining o'zaro ta'sirini hisobga olish: ularning hazm bo'lishiga ta'sir qilishi mumkin bo'lgan ozuqa moddalarining muvozanatini ta'minlash kerak-masalan, kaltsiyning ichakdan so'rilishi oziq-ovqat tarkibidagi yog'lar, fosfor, magniy, oksalat kislotasining ko'pligi bilan yomonlashadi. Yangi iste'mol qilinadigan oziq moddalar, ayniqsa aminokislotalar, vitaminlar, iz elementlari, muhim yog ' kislotalarini tanlash orqali organlar va to'qimalarda tiklanish jarayonlarini rag'batlantirish. Bemorning tanasi tomonidan yo'qolgan ozuqaviy moddalarni qoplash. Masalan, anemiya bilan, xususan qon yo'qotishidan so'ng, dietada gematopoez uchun zarur bo'lgan iz elementlari (temir, mis va boshqalar), bir qator vitaminlar va hayvonlarning to'liq oqsillari ko'payishi kerak. Tanadagi biokimyoviy va fiziologik jarayonlarni o'ziga xos tarzda o'rgatish uchun dietani yo'naltirilgan o'zgartirish (masalan, semirish paytida energiya qiymati pasaygan ovqatni tez-tez iste'mol qilish rejimi). Ratsionda saqlash usullaridan foydalanish (organ yoki tizimning tirnash xususiyati yoki funktsional etishmovchiligi bilan) – kimyoviy, mexanik yoki harorat stimullarini oziqlantirishni cheklash. Oziq-ovqat mahsulotlarida kamroq yumshoq ovqatlar va mahsulotlar tufayli qat'iy parhezlarni bosqichma-bosqich kengaytirish usullaridan foydalanish. Ratsionda tushirish usullari va "qarama – qarshi kunlar" dan foydalanish – asosiy terapevtik parhez fonida "qarama-qarshi kunlar" dan foydalanish-yuk (masalan, dietaga chiqarib tashlangan oziq moddalar qo'shilishi) va tushirish kunlari. Yuk kunlari nafaqat funktsiyani turtki stimulyatsiyasiga yordam beradi, balki funktsional chidamlilikni buzadi.



Ochlik kunlarining maqsadi organlar va tizimlarning funktsiyalarini qisqa vaqt ichida engillashtirish, buzilgan metabolizm mahsulotlarini tanadan chiqarishga yordam berishdir. Oziq moddalarning ustunligiga ko'ra, tushirish dietalari oqsil (sut, tvorog, go'sht va sabzavot), uglevod (meva, shakarsabzavot), yog ' (qaymoq, smetana), kombinatsiyalangan (turli xil mahsulotlardan iborat) bo'linadi. Muayyan tushirish dietasini tayinlash uchun qat'iy ko'rsatmalar mavjud. Shunday qilib, surunkali yurak etishmovchiligi bilan siz protein, uglevod, estrodiol tushirish dietalarini buyurishingiz yoki ularni almashtirishingiz mumkin. Sutli parhez (shu jumladan Karell dietasi va uning variantlari). Karell dietasi (1865 yilda Filipp Yakovlevich Karell tomonidan taklif qilingan) – yotoqda dam olish holatida yurak-qon tomir tizimi va buyrak kasalliklarini faqat sut bilan (kuniga 0,8–3 l) oziqlantirish bilan davolash usuli. Ushbu parhezning klassik versiyasida bemorga birinchi haftada kuniga 4 marta 200 ml sut beriladi, keyinchalik tuxum, kraker qo'shiladi va asta-sekin oddiy aralash ovqatga o'tadi. Hozirda qo'llanilayotgan Karell dietasining modifikatsiyalari jadvalda keltirilgan. 4-2. Yurak etishmovchiligi bo'lgan bemorlarda qo'llanilishidan tashqari, u gipertoniya, semirish, jigar va o't yo'llari kasalliklari, piyelit va piyelosistit uchun ham buyuriladi. Ushbu parhez bilan sut, kefir, yogurt kuniga 6 marta 200-250 ml dan 2-2,5 soatdan keyin beriladi (jami 1,2–1,5 l) yoki Karell dietalari buyuriladi. Tvorog dietasi: bu og'ir yurak etishmovchiligi,shish bilan surunkali nefrit, ammo azotemiyasiz, semirish uchun buyuriladi. Unga 500 g tvorog va 150 g shakar, 1-2 stakan atirgul bulyoni kiradi. Bemorga 2-2,5 soatdan keyin teng qismlarga 5 bosqichda yozish beriladi. Olma dietasi semirish,gipertoniya,surunkali nefrit, surunkali pankreatit uchun buyuriladi. Bemorga kuniga 5 marta 250-300 g pishgan xom olma (jami 1,25-1,5 kg) beriladi. Surunkali enterokolit bilan bemorga kuniga 5 marta, qobig'i va urug'isiz 8 18 24 6 18 18 250-300 g xom maydalangan olma beriladi. Ratsionning kaloriya tarkibi 500-600 kkal. Kompot dietasi olma bilan bir xil kasalliklar uchun buyuriladi.Bemorga kuniga 6 marta 1 stakan kompot, 200 g quritilgan mevalardan, 1,5 litrsuv bilan 60-70 g shakar beriladi. Kaloriya tarkibi 750 kkal. Sut-kartoshka dietasi: shish va azotemiya, yurak etishmovchiligi, atsidozli kasalliklar bilan surunkali nefrit uchun buyuriladi. Parhez 2-6 kun davomida buyuriladi, u 1 kg

kartoshka va 0,5 litr sutdan iborat. Osh tuzi chiqarib tashlanadi. Kaloriya tarkibi 1200-1300 kkal.

Mayiz dietasi sut-kartoshka bilan bir xil kasalliklarda qo'llaniladi.U1-kunga tayinlangan, u 0,5 kg urug'siz mayizdan iborat. Mayiz kuniga 5-6 marta teng qismlarda beriladi. Choy dietasi sekretor etishmovchiligi, enterokolit bilan gastrit uchun ko'rsatiladi. U 1-2 kun davomida buyuriladi. Bemorga kuniga 7 stakan shirin choy, bir stakan uchun 10-15 g shakar beriladi.

Go'sht va sabzavotli parhez semirish uchun buyuriladi.U 350 g qaynatilgan mol go'shti, 0,6 kg sabzavot (karam, bodring, sabzi) ni o'z ichiga oladi. Oziq-ovqat kuniga 6 marta olinadi.

Tarvuz dietasi urituri bilan nefrit,podagra,buyrak toshlari uchun buyuriladi. Bemorga kuniga 5 marta 300 g tarvuz beriladi. Terapevtik parhezlar (parhez jadvallari)

Hozirgi kunga qadar ular ma'lum kasalliklarga chalingan va ularning turli xil kurslariga ega bo'lgan ko'plab bemorlarning terapevtik ovqatlanishini individuallashtirishni ta'minlash uchun yagona raqamli parhez tizimidan foydalanganlar – SSSR tibbiyot fanlari akademiyasining ovqatlanish institutida ishlab chiqilgan terapevtik parhezlar yoki ***0– 15-sonli parhez jadvallari***.

№ 0 -	**oshqozon-ichak traktidagi operatsiyalar, yuqumli kasalliklardan keyin og'ir ahvolda bo'lgan bemorlar uchun.**
№1 -	yuqori kislotali gastrit bilan, remissiya va tiklanish davrida oshqozon yarasi kuchayganidan keyin:
1 stol -	gastrit va oshqozon yarasining kuchayishi;
1b	oshqozon yarasi va yuqori kislotali gastritning kuchayishidan keyingi birinchi kunlarda.
№ 2	surunkali kolitni kuchaytirmagan, oshqozonning kislotaliligini pasaytirish, kislotalilik etishmovchiligi bilan gastrit, oshqozon axiliyasi.
3-son	qiyin ichak harakatlari (ich qotishi) yoki uning yo'qligi bilan ovqat hazm qilish tizimining kasalliklari uchun.
№ 4 -	diareya bilan kechadigan ichak kasalliklarini davolash uchun; diareya bilan birga keladigan kolit; gastroenterokolit:
4-a -	diareya bilan kolit va enteritning kuchayishi;
№ 5 -	gepatit, xoletsistit, xolelitiyozdan keyin tiklanish va remissiyada:
5-a -	gepatit va jigar kasalliklarining kuchayishi;
5- b	asorat va alevlenmesiz pankreatit.
6 -	diatez va podagra uchun.
7 -	nefrit, gipertenziyadan keyin tiklanish davrida:
8	- yog 'to'qimalarining ortiqcha cho'kishi bilan - semirib ketish.
9 -	engil va o'rtacha diabetes mellitus.
10	yurak va qon tomirlari patologiyalarini davolash uchun
11-	suyak va o'pka sili, anemiya.
12-	funktsional rejaning asab tizimining buzilishlari.
13	o'tkir shakldagi infektsiyalar, tif isitmasi.
14 -	siydikda tuzlarning chiqarilishi.
15	asorat va kasalliklarning kuchayishi bo'lmagan bemorlar uchun to'yimli ovqatlanish.

Har bir parhez quyidagi ko'rsatkichlarni aks ettiradigan individual xususiyatga ega: dieta stol uchun tayinlash uchun ko'rsatmalar;

1) dieta maqsadi;

2) umumiy xususiyatlar;

3) kimyoviy tarkibi va kaloriya tarkibi;

4) ovqatlanish tartibi;

5) ruxsat etilgan va taqiqlangan, ma'lum bir tartibda tuzilgan oziq – ovqat va idishlar ro'yxati-oqsillar, yog'lar, uglevodlar, ziravorlar va ichimliklarni o'z ichiga olgan ovqatlar. Terapevtik parhezlar asosiy nozologik shakllarga (kasalliklarga) qarab farqlanadi

Maxsus parxezlar: ovqat hazm qilish organlaridagi operatsiyalardan so'ng,shuningdek miya qon aylanishining buzilishi, travmatik miya shikastlanishi, yuqori tana harorati bilan yuqumli kasalliklar va boshqalar tufayli yarim ongli holatlar bilan. Maqsad maqsadlari: oddiy ovqatni iste'mol qilish mumkin bo'lmagan, qiyin yoki kontrendikedir bo'lgan sharoitda ovqatlanishni ta'minlash; ovqat hazm qilish organlarini maksimal darajada tushirish va saqlash, ichakning shishishini oldini olish (meteorizm). Umumiy xususiyatlari: eng mexanik va kimyoviy jihatdan yumshoq ovqatlanish (suyuq, yarim suyuq, jelega o'xshash, pyure ovqat) ketma –ket uchta parhez shaklida-0A, 0B, 0v. ratsionda oqsillar, yog'lar va uglevodlarning eng oson hazm bo'ladigan manbalari, suyuqlik va vitaminlarning ko'payishi mavjud. Natriy xlorid (osh tuzi) miqdori keskin cheklangan. Kichik qismlarda tez-tez ovqatlanish ko'rsatiladi. Nol dietadan keyin № 1 yoki № 1a jarrohlik dietasi qo'llaniladi. Ikkinchisi № 1b dietadan yumshoq go'sht va baliq bulonlari va sabzavotli bulonlarni kiritish va butun sutni cheklash bilan farq qiladi. 5 Parhez raqami oltin qoida tariqasida, 2-3 kun davomida buyuriladi. Oziq-ovqat suyuq va jelega o'xshash idishlardan iborat. Ratsionda 5 g protein, 15-20 g yog', 150 g uglevodlar, energiya qiymati 3,1–3,3 Kj (750-800 kkal); osh tuzi 1 g, erkin suyuqlik 1,8– 2,2 l. oziq-ovqat harorati 45 °C dan yuqori emas. Kuniga 7-8 marta ovqatlanish, 1 dozaga 200-300 g dan ko'p bo'lmagan miqdorda beriladi. - Ruxsat berilgan: zaif yog'siz go'shtli bulon, qaymoq yoki sariyog ' bilan guruch bulyoni, suzilgan kompot, berry suyuq jele, shakar bilan atirgul bulyoni, mevali jele, limon va shakar bilan choy, yangi tayyorlangan meva va berry sharbatlari, 2-3 marta suyultiriladi.shirin suv (qabul qilish uchun 50 ml gacha). 3-kuni yaxshilanganda, qo'shing: yumshoq qaynatilgan tuxum, 10 g sariyog', 50 ml qaymoq. Olib tashlanishi kerak maxsulotlar: har qanday quyuq va pyurega o'xshash idishlar, to'liq sut va qaymoq, smetana, uzum va sabzavot sharbatlari, gazlangan ichimliklar. Parhez № 0B (№1a jarrohlik), keyin 2-4 kun davomida buyuriladi, undan ob dietasi go'sht bulonida yoki suvda qaynatilgan guruch, karabuğday, Gerkulesning suyuq pyuresi shaklida qo'shilishi bilan ajralib turadi.

Ratsionda 40-50 g protein, 40-50 g yog', 250 g uglevodlar, energiya qiymati 6,5-6,9 MJ (1550-1650 kkal); 4-5 g natriy xlorid, 2 litrgacha erkin suyuqlik. Oziq-ovqat kuniga 6 marta, har bir qabul uchun 350-400 g dan

oshmaydi. Bu dietani kengaytirish va fiziologik jihatdan to'liq ovqatlanishga o'tishning davomi bo'lib xizmat qiladi. Ratsionga pyuresi sho'rvalari va qaymoqli sho'rvalar, qaynatilgan go'sht, tovuq yoki baliqdan tayyorlangan bug 'idishlari, qaymoq yoki sut bilan pyuresi bo'lgan yangi tvorog, qalin smetana konsistentsiyasiga qadar, tvorogdan tayyorlangan bug' idishlari, achitilgan sut, pishirilgan olma, yaxshi pyuresi meva va sabzavot pyuresi, 100 g gacha oq krakerlar. Choyga sut qo'shiladi; sutli bo'tqa bering. Ratsionda 80-90 g protein, 65-70 g yog', 320-350 g uglevodlar, energiya qiymati 9,2–9,6 MJ (2200-2300 kkal); natriy xlorid 6-7 g.oziq-ovqat kuniga 6 marta beriladi. Issiq idishlarning harorati 50 °C dan yuqori emas, sovuq idishlarning harorati kamida 20 °C. 14 5 14 8 3 Terapevtik parhezlar 1a dietasi Ko'rsatmalar: oshqozon va o'n ikki barmoqli ichak yarasining keskin kuchayishi birinchi marta 6-8 kunlik davolanish, davolanishning birinchi kunlarida surunkali gastritning keskin kuchayishi, davolanishning 2-4-kunida o'tkir gastrit. Maqsad maqsadlari: oshqozon-ichak traktining maksimal mexanik,kimyoviy va termal tejamkorligi,yallig'lanishni kamaytirish, yaralarni davolashni yaxshilash, yotoqda dam olish paytida ovqatlanishni ta'minlash. Umumiy xususiyatlari: uglevodlar va muhim oqsillar va yog'lar tufayli energiya qiymatining pasayishi dietasi. Natriy xlorid (osh tuzi) miqdori cheklangan. Oshqozon sekretsiyasini qo'zg'atadigan va uning shilliq qavatini bezovta qiladigan oziq-ovqat va idishlar chiqarib tashlanadi.

Umumiy xususiyatlari: oddiy protein va yog ' tarkibidagi uglevodlar tufayli dietaning energiya qiymati biroz kamayadi. Oshqozon sekretsiyasini qo'zg'atadigan va uning shilliq qavatini bezovta qiladigan oziq-ovqat va idishlar keskin cheklangan. Oziq-ovqat suvda yoki bug'da qaynatiladi, artiladi, yarim suyuq va pyuresi shaklida beriladi. Natriy xlorid miqdori cheklangan. Juda issiq va sovuq idishlar chiqarib tashlanadi. Kimyoviy tarkibi va energiya qiymati: hayvonlarning 60-70%, yog ' 90– g 25% o'simlik, uglevodlar 300-350 g; energiya qiymati 10,5–10,9 MJ(2500–2600 kkal; natriy xlorid8–10g,erkin suyuqlik 1,5l.ovqatlanish tartibi: kuniga 6 marta;kechasi sut. Istisno qilinadigan mahsulotlar va idishlar: atıştırmalıklar,qahva,kakao,gazlangan ichimliklar,to'liq mevalar, qandolat mahsulotlari, fermentlangan sutli ichimliklar, pishloq. № 1 parhez ko'rsatkichlar: o'tkir infekciyadan keyin tiklanish davrida va o'tkir bo'lmagan quzish paytida oshqozon va o'n ikki barmoqli ichak yarasi, sekretsiya saqlanib qolgan yoki ko'paygan surunkali gastritning o'tkir bo'lmagan alevlenmesi, tiklanish davrida o'tkir gastrit. Oshqozon yarasini ovqat hazm qilish tizimining boshqa kasalliklari bilan birlashtirganda, № 1 parhez variantlari qo'llaniladi. Mexanik ishlov berilmagan № 1 parhez ("termik") oshqozon yarasining kuchayishini davolashning oxirgi bosqichida va uning past simptomatik, sust kechishi bilan qo'llaniladi. Kimyoviy tarkibi va oziq-ovqat to'plami bo'yicha ushbu parhez № 1 "pyuresi" dietasiga mos keladi. Oshqozon sekretsiyasini kuchli qo'zg'atadigan ovqatlar va idishlar chiqarib tashlanadi. maqsadlari: oshqozon-ichak traktining o'rtacha kimyoviy,mexanik va termal tejamkorligi, yallig'lanishni kamaytirish, oshqozon yarasini davolashni yaxshilash, oshqozonning sekretor va motor funktsiyalarini normallashtirish. Umumiy xususiyatlari: energiya qiymati,oqsillar, yog'lar va

uglevodlar miqdori bo'yicha fiziologik jihatdan to'liq ovqatlanish. Oshqozon sekretsiyasining kuchli patogenlari, uning shilliq qavatining tirnash xususiyati beruvchi moddalari, oshqozonda uzoq vaqt qolish va hazm qilish qiyin bo'lgan ovqatlar va idishlar cheklangan. Oziq-ovqat asosan pyuresi, suvda yoki bug'da pishiriladi. Alohida idishlar qobiqsiz pishiriladi. Baliq va qo'pol bo'lmagan go'sht turlarini parcha-parcha iste'mol qilishga ruxsat beriladi. Osh tuzi o'rtacha darajada cheklangan. Juda sovuq va issiq ovqatlar chiqarib tashlandi. Kimyoviy tarkibi va energiya qiymati: oqsillar 90-100g (hayvonlarning 60%), yog'lar g (30% o'simlik), uglevodlar 400 - 420 g; energiya qiymati 11,7–12,6 kkl (2800- 3000 kkal); natriy xlorid 10-12 g, erkin suyuqlik 1,5 l. Ovqatlanish tartibi: kuniga 5-6 marta; yotishdan oldin sut, qaymoq.

Istisno qilinadigan mahsulotlar va idishlar: javdar va har qanday yangi non,sariyog ' va Puff Pastry mahsulotlari, go'sht va baliq bulonlari, qo'ziqorin va kuchli sabzavotli damlamalar, karam sho'rva, borscht, okroshka; go'sht va qushlarning yog'li yoki ipli navlari, o'rdak, g'oz, konserva, dudlangan go'sht; yog'li, sho'r baliq; yuqori kislotali sut mahsulotlari, achchiq, tuzlangan pishloqlar; qattiq qaynatilgan va qovurilgan tuxum; tariq, marvarid arpa, arpa, makkajo'xori donalari; dukkaklilar; butun makaron; sabzavotlar (oq karam, sholg'om, Rutabaga, turp, otquloq, ismaloq, piyoz, bodring, tuzlangan, tuzlangan va tuzlangan sabzavotlar, qo'ziqorinlar, konservalangan sabzavotli atıştırmalıklar); barcha achchiq va sho'r atıştırmalıklar, nordon, etarlicha pishmagan, klet-chutkaga boy mevalar va rezavorlar, tozalanmagan quritilgan mevalar, shokolad, muzqaymoq; go'sht, baliq, qo'ziqorin, pomidor soslari, Horseradish, xantal, qalampir; gazlangan ichimliklar, kvas, qora qahva. 9 9 8 2-sonli parhez Ko'rsatmalar: o'tkir bo'lmagan alevlenmelerde va alevlenmeden keyin tiklanish bosqichida sekretor etishmovchiligi bo'lgan surunkali gastrit; ratsional ovqatlanishga o'tish sifatida tiklanish davrida o'tkir gastrit, enterit, kolit; jigar, o't yo'llari, oshqozon osti bezi yoki gastritning qo'shma kasalliklari bo'lmagan yoki sekretsiyasi saqlanib qolgan yoki ko'paygan holda quzishdan keyin va tashqarisida surunkali enterit va kolit. Maqsad vazifalari: to'liq ovqatlanishni ta'minlash, ovqat hazm qilish organlarining sekretor funktsiyasini o'rtacha darajada rag'batlantirish, oshqozon-ichak traktining motor funktsiyasini normallashtirish. Umumiy xususiyatlari: o'rtacha mexanik tejamkorlik va ovqat hazm qilish organlari sekretsiyasini o'rtacha stimulyatsiya qilish bilan fiziologik jihatdan to'liq ovqatlanish. Turli darajadagi maydalash va issiqlik bilan ishlov berishga ruxsat beriladi-qaynatilgan, qovurilgan, pishirilgan, qo'pol qobiq hosil qilmasdan qovurilgan (non yoki un bilan pishirilmaydi); pyure idishlar – biriktiruvchi to'qima yoki tolaga boy ovqatlardan. Oshqozonda uzoq vaqt turadigan, hazm qilish qiyin bo'lgan, oshqozon-ichak traktining shilliq qavatini bezovta qiladigan, shuningdek juda sovuq va issiq ovqatlarni chiqarib tashlang.

Kimyoviy tarkibi va energiya qiymati: oqsillar 90-100g (hayvonlarning 60%), yog'lar 90-g (o'simliklarning 25%), uglevodlar 400-420 g; energiya qiymati 11,7- 12,6 MJ (2800-3000 kkal); natriy xlorid 15 g gacha, erkin suyuqlik 1,5 l. Ovqatlanish tartibi: kuniga 4-5 marta katta ovqat iste'mol qilmasdan. Istisno qilinadigan mahsulotlar va idishlar: sariyog ' va Puff pastadan yangi non va un

mahsulotlari; sutli sho'rvalar, no'xat, loviya, tariq, okroshka; yog'li va biriktiruvchi to'qimalarga boy go'sht, o'rdak, g'oz, dudlangan go'sht, konserva (dietadan tashqari); yog'li turlari, tuzlangan, dudlangan baliq, konservalangan baliq; qattiq qaynatilgan tuxum; baklagiller; cheklangan: tariq, patlar, arpa, makkajo'xori 8 yormasi, xom terilmagan sabzavotlar, tuzlangan va tuzlangan, piyoz, turp, turp, shirin qalampir, bodring, Rutabaga, sarimsoq, qo'ziqorin; juda issiq va yog'li atıştırmalıklar; yog'li va achchiq soslar, xantal, qalampir, Horseradish; xom meva va rezavorlarning qo'pol navlari, qo'pol donli rezavorlar (malina, qizil smorodina) yoki qo'pol teri (Bektoshi uzumlari), xurmo, anjir, shokolad va qaymoq mahsulotlari, muzqaymoq; uzum sharbati, kvas; cho'chqa yog'i, mol go'shti, bar va pishirish yog'lari. 3-parhez Ko'rsatmalar: ichakning surunkali kasalliklari, ich qotishi bilan, o'tkir bo'lmagan va susaygan, o'tkir va alevlenmeden tashqari, gemorroy, yallig'lanishsiz anal yoriqlar. Maqsad: buzilgan ichak funktsiyalarini normallashtirish va tanadagi metabolik jarayonlarning buzilishi bilan bog'liq.

Umumiy xususiyatlari: fiziologik jihatdan to'liq ovqatlanish, foydali mahsulotlarini o'z ichiga olgan holda, vosita funktsiyasini va ichak harakatini kuchaytiradi (sabzavotlar, yangi va quritilgan mevalar, non mahsulotlari, don mahsulotlari, fermentlangan sutli ichimliklar va boshqalar). Ichakdagi fermentatsiya va chirishni kuchaytiradigan va boshqa ovqat hazm qilish organlariga salbiy ta'sir ko'rsatadigan oziq-ovqat va idishlarni (efir moylariga boy, qovurilgan mahsulotlar va boshqalar) chiqarib tashlash. Ovqat asosan maydalanmagan holda pishiriladi, suvda yoki bug'da pishiriladi, pishiriladi. Xom va qaynatilgan sabzavotlar va mevalar. Ratsionga sovuq birinchi va shirin taomlar, ichimliklar kiradi. Kimyoviy tarkibi va energiya qiymati: oqsillar90-100g (hayvonlarning 55%), yog'lar 90-100 g (30% o'simlik), uglevodlar 400–420 g; energiya qiymati 11,7-12,6 MJ (2800-3000 kkal); natriy xlorid 15 g, erkin suyuqlik 1,5 l.

Ovqatlanish tartibi: kuniga 5-6 marta; yotishdan oldin sut, qaymoq. Istisno qilinadigan mahsulotlar va idishlar: javdar va har qanday yangi non, sariyog ' va Puff Pastry mahsulotlari, go'sht va baliq bulonlari, qo'ziqorin va kuchli sabzavotli damlamalar, karam sho'rva, borscht, okroshka; go'sht va qushlarning yog'li yoki ipli navlari, o'rdak, g'oz, konserva, dudlangan go'sht; yog'li, sho'r baliq; yuqori kislotali sut mahsulotlari, achchiq, tuzlangan pishloqlar; qattiq qaynatilgan va qovurilgan tuxum; tariq, marvarid arpa, arpa, makkajo'xori donalari; dukkaklilar; butun makaron; sabzavotlar (oq karam, sholg'om, turp, otquloq, ismaloq, piyoz, bodring, tuzlangan, tuzlangan va tuzlangan sabzavotlar, qo'ziqorinlar, konservalangan sabzavotli atıştırmalıklar); barcha achchiq va sho'r atıştırmalıklar, nordon, etarlicha pishmagan, klet-chutkaga boy mevalar va rezavorlar, tozalanmagan quritilgan mevalar, shokolad, muzqaymoq; go'sht, baliq, qo'ziqorin, pomidor soslari, xantal, qalampir; gazlangan ichimliklar, kvas, qora qahva.

2-sonli parhez uchun ko'rsatmalar: o'tkir bo'lmagan ozuqa vositalari va quzish bosqichidan keyin tiklanish bosqichida sekretor etishmovchiligi bo'lgan surunkali gastrit; ratsional ovqatlanishga o'tish sifatida tiklanish davrida o'tkir gastrit, enterit, kolit; jigar, o't yo'llari, oshqozon osti bezi yoki gastritning qo'shma

kasalliklari bo'lmagan yoki sekretsiyasi saqlanib qolgan yoki ko'paygan holda alevlenmeden keyin va tashqarisida surunkali enterit va kolit. Maqsad vazifalari: to'liq ovqatlanishni ta'minlash, ovqat hazm qilish organlarining sekretor funktsiyasini o'rtacha darajada rag'batlantirish, oshqozon-ichak traktining motor funktsiyasini normallashtirish. Umumiy xususiyatlari: o'rtacha mexanik tejamkorlik va ovqat hazm qilish organlari sekretsiyasini o'rtacha stimulyatsiya qilish bilan fiziologik jihatdan to'liq ovqatlanish. Turli darajadagi maydalash va issiqlik bilan ishlov berishga ruxsat beriladi-qaynatilgan, qovurilgan, pishirilgan, qo'pol qobiq hosil qilmasdan qovurilgan (non yoki un bilan pishirilmaydi); pyure idishlar – biriktiruvchi to'qima yoki tolaga boy ovqatlardan. Oshqozonda uzoq vaqt turadigan, hazm qilish qiyin bo'lgan, oshqozon-ichak traktining shilliq qavatini bezovta qiladigan, shuningdek juda sovuq va issiq ovqatlarni chiqarib tashlang. Kimyoviy tarkibi va energiya qiymati: oqsillar 90-100g (hayvonlarning 60%), yog'lar 90-g (o'simliklarning 25%), uglevodlar 400-420 g; energiya qiymati 11,7-12,6 MJ (2800-3000 kkal); natriy xlorid 15 g gacha, erkin suyuqlik 1,5 l. Ovqatlanish tartibi: kuniga 4-5 marta katta ovqat iste'mol qilmasdan. Istisno qilinadigan mahsulotlar va idishlar: sariyog ' va Puff pastadan yangi non va un mahsulotlari; sutli sho'rvalar, no'xat, loviya, tariq, okroshka; yog'li va biriktiruvchi to'qimalarga boy go'sht, o'rdak, g'oz, dudlangan go'sht, konserva (dietadan tashqari); yog'li turlari, tuzlangan, dudlangan baliq, konservalangan baliq; qattiq qaynatilgan tuxum; baklagiller; cheklangan: tariq, patlar, arpa, makkajo'xori 8 yormasi, xom terilmagan sabzavotlar, tuzlangan va tuzlangan, piyoz, turp, turp, shirin qalampir, bodring, Rutabaga, sarimsoq, qo'ziqorin; juda issiq va yog'li atıştırmalıklar; yog'li va achchiq soslar, xantal, qalampir, Horseradish; xom meva va rezavorlarning qo'pol navlari, qo'pol donli rezavorlar (malina, qizil smorodina) yoki qo'pol teri (Bektoshi uzumlari), xurmo, anjir, shokolad va qaymoq mahsulotlari, muzqaymoq; uzum sharbati, kvas; cho'chqa yog'i, mol go'shti, bar va pishirish yog'lari.

3-parhez ko'rsatmalar: ichakning surunkali kasalliklari, ich qotishi bilan, o'tkir bo'lmagan va susaygan, o'tkir va alevlenmeden tashqari, gemorroy, yallig'lanishsiz anal yoriqlar. Maqsadi: buzilgan ichak funktsiyalarini normallashtirish va tanadagi metabolik jarayonlarning buzilishi bilan bog'liq. Umumiy xususiyatlari: fiziologik jihatdan to'liq ovqatlanish, iblud mahsulotlarini o'z ichiga olgan holda, vosita funktsiyasini va ichak harakatini kuchaytiradi (sabzavotlar, yangi va quritilgan mevalar, non mahsulotlari, don mahsulotlari, fermentlangan sutli ichimliklar va boshqalar). Ichakdagi fermentatsiya va chirishni kuchaytiradigan va boshqa ovqat hazm qilish organlariga salbiy ta'sir ko'rsatadigan oziq-ovqat va idishlarni (efir moylariga boy, qovurilgan mahsulotlar va boshqalar) chiqarib tashlash. Ovqat asosan maydalanmagan holda pishiriladi, suvda yoki bug'da pishiriladi, pishiriladi. Xom va qaynatilgan sabzavotlar va mevalar. Ratsionga sovuq birinchi va shirin taomlar, ichimliklar kiradi. Kimyoviy tarkibi va energiya qiymati: oqsillar90-100g (hayvonlarning 55%), yog'lar 90-100 g (30% o'simlik), uglevodlar 400–420 g; energiya qiymati 11,7-12,6 MJ (2800-3000 kkal); natriy xlorid 15 g, erkin suyuqlik 1,5 l. Ovqatlanish tartibi: kuniga 4-6 marta.Ertalab asal yoki sharbat va sabzavotlar

bilan sovuq suv, kechasi – kefir, yangi yoki quruq mevalardan kompotlar, yangi mevalar, o'rik kerak. 8 1 5 1 6 Istisno qilinadigan mahsulotlar va idishlar: yuqori navli un noni, Puff va sariyog ' xamiri; yog'li go'sht, o'rdak, g'oz, dudlangan go'sht, konserva; yog'li baliq turlari, dudlangan baliq; qattiq qaynatilgan, qovurilgan tuxum; guruch, irmik, sago, vermicelli, baklagiller; turp, turp, sarimsoq, piyoz, sholg'om, qo'ziqorinlar; yog'li va achchiq idishlar; jele, ko'k, behi, Dogwood, shokolad, qaymoqli mahsulotlar; issiq va yog'li soslar, Horseradish, xantal, qalampir; kakao, tabiiy qahva, kuchli choy; hayvonlar va pishirish yog'lari.

4-sonli parhez: och kunlardan keyin diareya bilan o'tkir enterokolitlar, surunkali enteritning kuchayishi, dizenteriya, ichak operatsiyalaridan keyingi holat. Maqsad maqsadlari: ovqat hazm qilish buzilishi bilan ovqatlanishni ta'minlash, ichakdagi yallig'lanish, fermentatsiya va parchalanish jarayonlarini kamaytirish, ichak va boshqa ovqat hazm qilish organlarining funktsiyalarini normallashtirish. Umumiy xususiyatlari: oddiy protein tarkibidagi yog'lar va uglevodlar tufayli energiya qiymatining pasayishi. Oshqozon-ichak traktining mexanik, kimyoviy va termal stimullari keskin cheklangan. Ovqat hazm qilish tizimining sekretsiyasini, ichakdagi fermentatsiya va parchalanish jarayonlarini kuchaytiradigan oziq-ovqat va idishlar chiqarib tashlanadi. Idishlar suyuq, yarim suyuq, pyuresi, suvda yoki bug'da pishiriladi. Juda issiq va sovuq idishlar chiqarib tashlanadi. Kimyoviy tarkibi va energiya qiymati: oqsillar90g (hayvonlarning 60-65%), yog ' 70g, uglevodlar 250g (40-50 g shakar); energiya qiymati 8,4 MJ (2000 kkal); natriy xlorid 8-10 g, erkin suyuqlik 1,5–2 l. Ovqatlanish tartibi: kuniga 5-6 marta kichik qismlarda. Istisno qilinadigan oziq-ovqat va idishlar: non va un mahsulotlari; don,ovo-karam, makaron, sut, kuchli va yog'li bulonli sho'rvalar; yog'li go'sht turlari va navlari, go'sht, kolbasa va boshqa go'sht mahsulotlari; yog'li baliq turlari, tuzlangan baliq, ikra, konserva; to'liq sut va boshqa sut mahsulotlari; tuxum qattiq qaynatilgan, xom, qovurilgan; tariq, marvarid arpa, arpa yormasi, makaron, baklagiller; atıştırmalıklar; tabiiy shakldagi meva va rezavorlar, quritilgan mevalar, kompotlar, asal, murabbo va boshqa shirinliklar; sutli qahva va kakao, gazlangan va sovuq ichimliklar.

4 b dietasi ko'rsatkichlar: yaxshilanish davrida ichakning o'tkir kasalliklari; o'tkir alevlenmeden keyin yoki o'tkir bo'lmagan alevlenme bilan, shuningdek boshqa ovqat hazm qilish organlarining shikastlanishi bilan birgalikda surunkali ichak kasalliklari. Maqsad maqsadlari: o'rtacha darajada buzilgan ovqat hazm qilish sharoitida yaxshi ovqatlanishni ta'minlash, yallig'lanishni kamaytirish va ichak, shuningdek boshqa ovqat hazm qilish organlarining funktsiyalarini normallashtirish. Umumiy xususiyatlari: energiya qiymati va kimyoviy tarkibi bo'yicha oqsil tarkibining ozgina ko'payishi bilan to'liq diet. Oshqozon-ichak shilliq qavatining mexanik va kimyoviy tirnash xususiyati beruvchi moddalarining o'rtacha cheklangan dietasi. Ichakdagi chirish va fermentatsiyani kuchaytiradigan, shuningdek oshqozon, oshqozon osti bezi sekretsiyasini, safro sekretsiyasini va jigarni tirnash xususiyati beruvchi oziq-ovqat va idishlar chiqarib tashlanadi. Idishlar pyuresi va maydalangan, suvda yoki bug'da pishirilgan. Issiq va sovuq idishlar chiqarib tashlandi. Kimyoviy tarkibi va energiya qiymati: oqsillar100-110g

(hayvonlarning 60-65%), yog'lar 100 g (asosan sariyog'), uglevodlar 400-420 g (50-70 g shakar); energiya qiymati 12,2-12,6 MJ (2900-3000 kkal); natriy xlorid 8-10 g, erkin suyuqlik 1,5 l. Ovqatlanish tartibi: kuniga 5-6 marta. Istisno qilinadigan mahsulotlar va idishlar: javdar noni,kepakli undan tayyorlangan bug'doy, sariyog ' va Puff Pastry mahsulotlari; dukkakli sho'rva, sut, karam sho'rva, borscht, tuzlangan bodring, sovuq sho'rvalar(okroshka, lavlagi); yog'li go'sht turlari va navlari, o'rdak, g'oz, dudlangan go'sht, kolbalar, konservalar; yog'li baliq turlari, tuzlangan, dudlangan baliq, konserva; tabiiy shakldagi sut, yuqori kislotali barcha sut mahsulotlari, achchiq, sho'r pishloqlar; qattiq qaynatilgan tuxum, qovurilgan tuxum; baklajon, arpa yormasi, tariq; oq karam, lavlagi, turp, turp, piyoz, sarimsoq, bodring, sholg'om, otquloq, ismaloq, qo'ziqorin; uzum, o'rik, olxo'ri, quritilgan mevalar, muzqaymoq, shokolad, kek; issiq, yog'li soslar, xantal, qalampir; olxo'ri, o'rik sharbatlari, kvas, mevali ichimliklar.

4B dietasi ko'rsatmalar: tiklanish davrida ichakning o'tkir kasalliklari oqilona ovqatlanishga o'tish sifatida; alevlenmeden keyin tiklanish davrida surunkali ichak kasalliklari, shuningdek boshqa ovqat hazm qilish organlarining birgalikdagi shikastlanishlari bilan alevlenmeden tashqari. Maqsad vazifalari: ichak funktsiyalarining etishmasligi bilan to'liq ovqatlanishni ta'minlash, ikkinchisini tiklash va boshqa ovqat hazm qilish organlarining faoliyati.

Umumiy xususiyatlari: fiziologik jihatdan to'liq ovqatlanish, oqsil miqdori ozgina ko'payishi va osh tuzi, ichakning mexanik va kimyoviy tirnash xususiyati beruvchi moddalarining o'rtacha cheklanishi, ichakdagi fermentatsiya va chirishni kuchaytiradigan, uning sekretor va motor funktsiyalarini keskin oshiradigan ovqatlar va idishlar bundan mustasno.oshqozon, oshqozon osti bezi sekretsiyasi, safro sekretsiyasi. Oziq-ovqat maydalanmagan holda beriladi, bug'lanadi, suvda qaynatiladi yoki pishiriladi. Oziq - ovqat harorati odatiy holdir. Kimyoviy tarkibi va energiya qiymati: oqsillar100-120g (hayvonlarning 60%), yog'lar g (15-20% o'simlik), uglevodlar 400-420 g; energiya qiymati 12,2–12,6 MJ (2900– 3000 kkal); natriy xlorid 10 g, erkin suyuqlik 1,5 l. Ovqatlanish tartibi: kuniga 5 marta. Istisno qilinadigan mahsulotlar va idishlar: javdar noni,yangi, sariyog ' va Puff pastadan tayyorlangan mahsulotlar; kuchli, yog'li bulyonlar, sutli sho'rvalar, karam sho'rva, borscht, tuzlangan bodring, okroshka, bobo sho'rva, qo'ziqorin; yog'li go'sht, 4 9 30 14 6 o'rdak, g'oz, ko'pchilik kolbasa, dudlangan go'sht, konserva; yog'li baliq turlari, tuzlangan va dudlangan baliq; achchiq, sho'r pishloqlar, yuqori kislotali sut mahsulotlari; qattiq qaynatilgan, qovurilgan tuxum; dukkakli don; turp, turp, piyoz, sarimsoq, bodring, Rutabaga, sholg'om, otquloq, ismaloq, qo'ziqorin; achchiq va yog'li gazaklar; o'rik, olxo'ri, anjir, xurmo, qo'pol terili rezavorlar, muzqaymoq, shokolad, kek; issiq va yog'li soslar, xantal, qalampir; uzum, olxo'ri, o'rik sharbatlari.

5-sonli parhez ko'rsatkichlar: tiklanish bosqichida o'tkir gepatit va xoletsistit;surunkali gepatitning kuchayishi yo'q; jigar sirrozi etishmovchiliksiz; surunkali xoletsistit va xolelitiyoz alevlenmeden tashqarida. Barcha holatlarda-oshqozon va ichakning og'ir kasalliklarisiz. Maqsad maqsadlari: yaxshi ovqatlanish sharoitida jigarni kimyoviy saqlash, jigar funktsiyalari va safro yo'llarining

faoliyatini yaxshilash, safro sekretsiyasi. Umumiy xususiyatlari: fiziologik jihatdan normal protein va uglevod tarkibiyog'larning ozgina cheklanishi (asosan refrakter). Qovurish paytida paydo bo'ladigan azotli ekstraktiv moddalar, purinlar, xolesterin, oksalat kislotasi, efir moylari va yog'larning oksidlanish mahsulotlariga boy ovqatlar chiqarib tashlanadi. Lipotrop moddalar, tolalar, pektinlar, suyuqlik miqdori oshdi. Idishlar qaynatilgan, pishirilgan, vaqti-vaqti bilan qovurilgan holda tayyorlanadi. Faqat ipli go'sht va tolaga boy sabzavotlar ishqalanadi; un va sabzavotlar o'tmaydi. Juda sovuq idishlar chiqarib tashlandi. Kimyoviy tarkibi va energiya qiymati: oqsillar 90-100g (hayvonlarning 60%), yog'lar 80-g (30% o'simlik), uglevodlar 400-450 g (70-80 g shakar); energiya qiymati 11,7-12,2 MJ (2800-2900 kkal); natriy xlorid 10 g, erkin suyuqlik 1,5-2 l. ksilitol va sorbitolni o'z ichiga olishi mumkin (25-40 g). Ovqatlanish tartibi: kuniga 5 marta; kechasi kefir. 6 1 6 Istisno qilinadigan mahsulotlar va idishlar: juda yangi non, Puff va sariyog ' xamiri, qovurilgan pirojki; go'sht, baliq va qo'ziqorin bulyonlari, okroshka, karam sho'rva yashil; yog'li go'sht, o'rdak, g'oz, jigar, buyraklar, miyalar, dudlangan go'shtlar, ko'pchilik kolbasa, konservalar; yog'li baliq turlari, mushuk, tuzlangan baliq; qattiq qaynatilgan va qovurilgan tuxum; dukkaklilar; ismaloq, otquloq, turp, turp, yashil piyoz, sarimsoq, qo'ziqorin, tuzlangan sabzavotlar; achchiq va yog'li gazaklar, ikra; shokolad, qaymoqli mahsulotlar, muzqaymoq; xantal, qalampir, qarshi korsatma; qora qahva, kakao, sovuq ichimliklar; cho'chqa go'shti, mol go'shti, qo'zichoq yog'i, yog'lar.

5A dietasi ko'rsatkichlar: o'tkir gepatit va xoletsistit; surunkali gepatit,xoletsistit va xolelitiyozning kuchayishi; o'rtacha darajada etishmovchiligi bo'lgan jigar sirrozi; surunkali gepatit yoki xoletsistit oshqozon yarasi, og'ir gastrit, diareya bilan enterokolit bilan birgalikda. Maqsad vazifalari: barcha ovqat hazm qilish organlarini kimyoviy,mexanik va termal saqlash, jigarning maksimal dam olishini yaratish; jigar va o't yo'llarining buzilgan funktsiyalarini yaxshilash. Umumiy xususiyatlar: ratsionda fiziologik me'yor doirasida yog'lar(asosan refrakter),oqsillar va uglevodlar cheklangan. Ekstraktiv moddalar, purinlar, oksalat kislotasi, xolesterin, qo'pol tolalar, qovurilgan ovqatlarga boy ovqatlar va idishlar chiqarib tashlanadi. Lipotrop moddalar, vitaminlar, suyuqlik miqdori oshdi. Idishlar qaynatilgan, pyuresi, ba'zilari qo'pol qobiqsiz pishiriladi. Oziq-ovqat iliq beriladi, sovuq idishlar chiqarib tashlanadi. Kimyoviy tarkibi va energiya qiymati: oqsillar 90-100g (hayvonlarning 60%), yog'lar 70-g (20-25% o'simlik), uglevodlar 350-400 g (80-90 g shakar); energiya qiymati 10,5– 10,9 MJ (2500-2600 kkal); natriy xlorid 8 g, erkin suyuqlik 2-2,5 l. Ovqatlanish tartibi: kuniga 5-6 marta,kichik qismlarda.

Istisno qilinadigan mahsulotlar va idishlar: yangi va javdar noni, sariyog pasterlangan go'sht, baliq, qo'ziqorin bulyonlari, dukkakli bulyonlar, o'rdak, g'oz; qovurilgan, qovurilgan va bo'lak go'sht; jigar, miya, buyrak, kolbasa, dudlangan go'sht, konserva; yog'li, sho'r, qovurilgan, qovurilgan baliq, ikra; krem, yog'li va yuqori kislotalilik tvorog, sho'r, achchiq pishloq; baklagiller; makaronlar, tariq, maydalangan don; qo'ziqorinlar, tuzlangan, tuzlangan, tuzlangan sabzavotlar, karam, sholg'om, turp, turp, otquloq, sarimsoq, piyoz; nordon va tolaga boy

mevalar, shokolad, muzqaymoq, qaymoq mahsulotlari;ziravorlar; kakao, qora qahva, sovuq va gazlangan ichimliklar. 5p dietasi Ko'rsatkichlar: alevlenmeden keyin va alevlenmeden keyin tiklanish davrida surunkali pankreatit. Maqsadi: oshqozon osti bezi funktsiyasini normallashtirish, oshqozon va ichakning mexanik va kimyoviy saqlanishini ta'minlash, o't pufagining qo'zg'aluvchanligini kamaytirish, jigar yog ' infiltratsiyasini va oshqozon osti bezi o'zgarishini oldini olish. Umumiy xususiyatlari: protein miqdori yuqori bo'lgan parhez, yog'lar va uglevodlarning, xususan shakarning kamayishi. Ekstraktiv moddalar, purinlar, refrakter yog'lar, xolesterin, efir moylari, qo'pol tolalar keskin cheklangan, qovurilgan ovqatlar chiqarib tashlangan. Vitaminlar va lipotrop moddalar miqdori oshiriladi. Idishlar asosan pyuresi va maydalangan, suvda yoki bug'da pishirilgan, pishirilgan. Issiq va juda sovuq idishlar chiqarib tashlanadi. Kimyoviy tarkibi va energiya qiymati: oqsillar110-120g (hayvonlarning 60-65%), yog'lar 80 g (15-20% o'simlik), uglevodlar 350-400 g (30-40 g shakar; shakar o'rniga 20-30 g ksilitol) shirin idishlar); energiya qiymati 10,9–11,3 (2600-2700 kkal); natriy xlorid 10 g, erkin suyuqlik 1,5 litr Ovqatlanish tartibi: kuniga 5-6 marta; kechasi kefir. 3 1 Istisno qilinadigan mahsulotlar va idishlar: javdar va yangi non, Puff va sariyog ' xamiridan tayyorlangan mahsulotlar; go'sht, baliq bulonlari, qo'ziqorin va sabzavotlardan tayyorlangan sho'rvalar, tariq, sutli sho'rvalar, borscht, karam sho'rva, okroshka, lavlagi; yog'li go'sht, o'rdak, g'oz, qovurilgan va qovurilgan go'sht, dudlangan go'sht, kolbasa, konserva, jigar, miya, buyraklar; yog'li baliq turlari, qovurilgan va qovurilgan, dudlangan, tuzlangan baliq, ikra; yog ' miqdori yuqori bo'lgan va shakar qo'shilgan sut mahsulotlari; butun tuxumli idishlar, ayniqsa qattiq qaynatilgan, qovurilgan; baklagiller, maydalangan don; oq karam, baqlajon, turp, sholg'om, turp, piyoz, sarimsoq, otquloq, ismaloq, shirin qalampir, qo'ziqorin; xom, terilmagan meva va rezavorlar, uzum soki.

6-sonli parhez ko'rsatkichlar: podagra, siydik va oksalat kislotalarining tuzlaridan toshlar hosil bo'lishi bilan urolitiyoz. Maqsad vazilari: purinlar almashinuvini normallashtirish, organizmda siydik kislotasi va uning tuzlari hosil bo'lishining pasayishi, siydik reaktsiyasining ishqoriy tomonga siljishi. Umumiy xususiyatlari: ko'p purinlar, oksalat kislotasi bo'lgan mahsulotlarni chiqarib tashlash; natriy xloridning o'rtacha cheklanishi, gidroksidi mahsulotlar (sut, sabzavot va mevalar) va erkin suyuqlik miqdorining ko'payishi [yurak-qon tomir tizimi (YuQT) tomonidan kontrendikatsiyalar bo'lmasa]. Protein va yog'larning (asosan refrakter) dietasida ozgina pasayish va semirish bilan birga uglevodlar. Pishirish odatiy holdir, ammo go'sht, parranda go'shti va baliqni qaynatish kerak. Oziq - ovqat harorati odatiy holdir. Kimyoviy tarkibi va energiya qiymati: oqsillar 70-80 g (hayvonlarning 50%), yog'lar 80-90 g (30% o'simlik), uglevodlar 400 g (80 g shakar); energiya qiymati 11,3-11,7 kj (2700-2800 kkal); natriy xlorid 10 g, erkin suyuqlik 1,5-2 litr va undan ko'p. Ovqatlanish tartibi: kuniga 4 marta,bo'shliqlarda va och qoringa ichish. 1 5 Istisno qilinadigan oziq-ovqat va idishlar: go'sht,baliq va qo'ziqorin bulyonlari,otquloq,ismaloq sho'rvalari; jigar, buyraklar, til, miya, yosh hayvonlar va qushlarning go'shti, kolbasa, dudlangan go'sht, tuzlangan baliq, go'sht va baliq konservalari, ikra; tuzlangan pishloqlar;

dukkaklilar; qo'ziqorinlar; yangi dukkaklilar, ismaloq, otquloq, rovon, gulkaram; sho'r atıştırmalıklar; shokolad, anjir, malina, kızılcık; go'sht, baliq, qo'ziqorin bulonlari, qalampir, xantal, Horseradish; kakao, kuchli choy va qahva; mol go'shti, qo'zichoq, pishirish yog'lar. Cho'chqa yog'ini cheklash. 7-sonli parhez Ko'rsatmalar: tiklanish davrida o'tkir nefrit (C3-davolashning 4-haftasi);surunkali nefritning kuchayishi va buyrak etishmovchiligisiz. Maqsad maqsadlari: buyrak funktsiyasini mo " tadil saqlash,arterial gipertenziyani zaiflashtirish va shishishni kamaytirish, azotli va boshqa metabolik mahsulotlarni tanadan olib tashlashni yaxshilash. Umumiy xususiyatlari: protein miqdori biroz cheklangan,yog ' va uglevodlar– fiziologik me'yorda. Oziq-ovqat natriy xloridsiz tayyorlanadi. Tuz bemorga shifokor ko'rsatgan miqdorda (3-6 g va undan ko'p) beriladi. Go'sht, baliq, qo'ziqorin ekstrakti moddalari, oksalat kislotasi manbalari va efir moylari chiqarib tashlanadi. Go'sht va baliq (kuniga 100-150 g) qaynatiladi. Oziq - ovqat harorati odatiy holdir. Kimyoviy tarkibi va energiya qiymati: oqsillar 80g (hayvonlarning 50-60%), yog'lar 90– g (o'simliklarning 25%), uglevodlar 400-450 g (80-90 g shakar); energiya qiymati 11,3-12,2 MJ (2700-2900 kkal); erkin suyuqlik 0,9–1,1 l.ovqatlanish tartibi: kuniga 4-5 marta.

Umumiy xususiyatlari: natriy xloriddan tashqari, asosan, oqsillarni keskin cheklaydigan o'simliklarga asoslangan parhez. Yog ' va uglevodlar miqdori o'rtacha darajada kamayadi. Ekstraktiv moddalar, efir moylari, oksalat kislotasiga boy ovqatlar chiqarib tashlanadi. Pishirish: qaynatish, pishirish, oson qovurish. Ovqat tuzsiz, tuzsiz non tayyorlanadi. Suyuqlik miqdori oldingi kunlarda bemor tomonidan chiqarilgan siydik miqdoriga mos kelishi yoki 300-400 ml dan oshmasligi kerak. Energiya qiymati va kimyoviy tarkibi: oqsillar 20 g (hayvonlarning yogi 50-60%, 70-75%), yog'lar 80 g (15% o'simlik), uglevodlar 350 g (80 g shakar); energiya qiymati 8,8 – 9,2 kJ (2100-2200 kkal). Ovqatlanish tartibi: kuniga 5-6 marta; parhez 5-6 kun davomida buyuriladi. Istisno qilinadigan mahsulotlar va idishlar: oddiy non, tuz qo'shilgan un mahsulotlari; go'sht, baliq, qo'ziqorin bulyonlari, sutli sho'rvalar, donli mahsulotlar (sago bundan mustasno) va baklagiller; barcha go'sht va baliq mahsulotlari (kolbasa, konserva va boshqalar); pishloq; don (guruchdan tashqari) va makaron, bobo-vye; tuzlangan, tuzlangan va tuzlangan sabzavotlar, ismaloq, otquloq , gulkaram, qo'ziqorin, turp, sarimsoq; shokolad, sutli jele, muzqaymoq; go'sht, baliq, qo'ziqorin soslari; xantal, qalampir, Horseradish; kakao, tabiiy qahva, natriyga boy mineral suvlar. 76-sonli parhez 44 9 8 Ko'rsatkichlar: 7a dietadan keyin yoki darhol engil shaklda o'tkir nefrit; o'rtacha CRF bilan surunkali nefrite. Maqsad maqsadlari: buyrak funktsiyalarini maksimal darajada tejash, metabolik mahsulotlarni tanadan olib tashlashni yaxshilash, arterial gipertenziyani kamaytirish va shishishni engillashtirish.

Umumiy xususiyatlar: proteinning sezilarli darajada kamayishi va natriy xloridning keskin cheklanishi bilan parhez. Fiziologik me'yor doirasida yog'lar, uglevodlar va energiya qiymati. Pazandachilikni qayta ishlash, chiqarib tashlangan mahsulotlar va idishlar ro'yxati – 7a dietasiga qarang. 7a dietasi bilan taqqoslaganda, asosan 125 g go'sht yoki baliq, 1 tuxum, 125 g sut va smetana qo'shilishi tufayli oqsil miqdori 2 baravar oshdi. Go'sht va baliqni tvorog bilan

almashtirish mumkin, bu oziq-ovqat tarkibidagi oqsilni hisobga olgan holda. Yog ' va uglevodlarning to'g'ri tarkibini ta'minlash uchun makkajo'xori kraxmal, sago (yoki guruch), shuningdek kartoshka va sabzavotlar (mos ravishda 300 g va 650 g), shakar va o'simlik moyidagi oqsilsiz tuzsiz non miqdori 150 g gacha oshirildi. Energiya qiymati va kimyoviy tarkibi: oqsillar 40-50 g (hayvonlarning 50-60%, CRF bilan– 70-75%), yog'lar 85-90 g (20-25% o'simlik), uglevodlar 450 g (100 g shakar); energiya qiymati 10,9 – 11,7 MJ (2600-2800 kkal). 7b dietasi Ko'rsatmalar: surunkali buyrak patologiyasi va boshqa kasalliklarda nefrotik sindrom. Maqsad maqsadlari: siydikda yo'qolgan oqsilni to'ldirish,oqsillar, yog'lar, xolesterin almashinuvini normallashtirish, shishishni kamaytirish. Umumiy xususiyatlari: oqsillarning ko'payishi, yog'larning o'rtacha pasayishi (hayvonlar tufayli), uglevodlarning normal miqdori bilan fiziologik normal energiya qiymatining dietasi. Natriy xlorid, suyuqlik, ekstraktiv moddalar, xolesterin, oksalat kislotasining keskin cheklanishi, shakarning cheklanishi, lipotrop moddalar 8 5 5 miqdorining ko'payishi. Go'sht va baliq qaynatiladi. Ovqat tuzsiz tayyorlanadi. Idishlarning harorati odatiy holdir. Kimyoviy tarkibi va energiya qiymati: oqsillar120-125g (hayvonlarning 60-65%), yog'lar 80 g (30% o'simlik), uglevodlar 400 g (50 g shakar); energiya qiymati 11,7 MJ (2800 kkal); erkin suyuqlik 0,8 l. Ovqatlanish tartibi: kuniga 5-6 marta; kechasi kefir. Istisno qilinadigan mahsulotlar va idishlar: oddiy non, sariyog'va Puff Pastry; go'sht, baliq, qo'ziqorin bulyonlari; yog'li go'sht, jigar, buyrak, miya, kolbasa, dudlangan go'sht, go'sht va sabzavotli konservalar; yog'li baliq turlari, tuzlangan, dudlangan baliq, ikra; tuzlangan, achchiq pishloqlar; turp, sarimsoq, otquloq, ismaloq, tuzlangan sabzavotlar; shokolad, qaymoq mahsulotlari; go'sht, baliq, qo'ziqorin soslari, xantal, Horseradish, qalampir; kakao, natriyga boy mineral suvlar. 7g dietasi Ko'rsatmalar: buyrak etishmovchiligining so'nggi (oxirgi)bosqichi (bemorga gemodializ o'tkazilganda – bemorning qonini "sun'iy buyrak"apparati yordamida tozalash). Maqsad: og'ir buyrak etishmovchiligi va gemodializning yon ta'siri bilan almashinadigan moddalar xususiyatlarini hisobga olgan holda muvozanatli ovqatlanishni ta'minlash. Umumiy xususiyatlari: oqsillar(asosan o'simlik)va kaliyning o'rtacha cheklanishi, natriy xloridning keskin cheklanishi va erkin suyuqlikning sezilarli darajada kamayishi. Yog ' va uglevodlar tufayli normal energiya qiymati dietasi. Ovqat tuzsiz, tuzsiz non tayyorlanadi. Arterial gipertenziya va shish bo'lmasa, bemorga 2-3 g natriy xlorid beriladi. Kaliyga boy ovqatlar cheklangan. Muhim aminokislotalarning etarli darajada ta'minlanishi go'sht, baliq, tuxum va cheklangan sut mahsulotlari bilan ta'minlanadi. Go'sht va baliq qaynatiladi. Idishlarning ta'mi soslar, ziravorlar, limon kislotasi bilan yaxshilanadi. Idishlarning harorati odatiy holdir. 5 9 18 14 3 Kimyoviy tarkibi va energiya qiymati: oqsillar60g (hayvonlarning 75%), yog'lar100–110 g (30% o'simlik), uglevodlar 400-450 g (100 g shakar va asal); energiya qiymati 11,7–12,1 MJ (2800-2900 kkal); kaliy 2,5 g gacha, erkin suyuqlik 0,7–0,8 l. Ovqatlanish tartibi: kuniga 6 marta. Istisno qilinadigan mahsulotlar va idishlar: oddiy non(bug'doy va tuzsizdan tashqari)vaucher mahsulotlari; go'sht, baliq, qo'ziqorin bulyonlari; kolbasa, tuzlangan baliq, dudlangan go'sht, konserva, ikra; pishloq;

baklagiller; tuzlangan, tuzlangan, tuzlangan sabzavotlar, qo'ziqorinlar, rovon, ismaloq, otquloq; shokolad, quritilgan mevalar, qandolat mahsulotlari; go'sht, baliq, qo'ziqorin soslari; kakao; refrakter yog'lar. 8-sonli parhez Ko'rsatmalar: semirib ketish asosiy kasallik sifatida yoki maxsus parhezlarni talab qilmaydigan boshqa kasalliklar bilan birga keladi. Maqsad: ortiqcha yog ' birikmalarini yo'q qilish uchun metabolizmga ta'sir qilish. Umumiy xususiyatlari: uglevodlar,ayniqsa oson hazm bo'ladigan va ozroq darajada yog'lar (asosan hayvonlar) tufayli dietaning energiya qiymatini normal yoki ozgina ko'paygan protein miqdori bilan kamaytirish. Erkin suyuqlik, natriy xlorid va ishtahani qo'zg'atuvchi oziq-ovqat va idishlarni cheklash. Xun tolasi tarkibining ko'payishi. Idishlar qaynatilgan, qovurilgan, pishirilgan holda tayyorlanadi. Qovurilgan, pyuresi va maydalangan mahsulotlar istalmagan. Shakar o'rnini bosuvchi moddalar shirin taomlar va ichimliklar uchun ishlatiladi (ksilitol va sorbitol dietaning energiya qiymatida hisobga olinadi). Idishlarning harorati odatiy holdir. Kimyoviy tarkibi va energiya qiymati: oqsillar 90-110 g (hayvonlarning 60%), yog'lar 80-85 g (o'simliklarning 30%), uglevodlar 150 g; energiya qiymati 7,1–7,5 MJ (1700-1800 kkal); natriy xlorid 5-6 g, erkin suyuqlik 1-1,2 l. 3 9 5 Ovqatlanish tartibi: kuniga 5-6 marta to'yinganlik hissi uchun etarli hajm bilan;kechasi qorli kefir. Istisno qilinadigan mahsulotlar va idishlar: yuqori sifatli bug'doy unidan tayyorlangan mahsulotlar, sariyog ' Puff Pastry; sutli sho'rvalar, kartoshka, don, dukkakli ekinlar, makaron mahsulotlari; yog'li go'sht, g'oz, o'rdak, jambon, kolbasa, qaynatilgan va dudlangan kolbasa, konserva; yog'li, sho'r, dudlangan baliq,yog'da konservalangan baliq, ikra; yog'li tvorog, shirin pishloq, qaymoq, shirin yogurt, achitilgan pishirilgan sut, eritilgan sut, yog'li va sho'r pishloqlar; qovurilgan tuxum; yormalar (grechka, marvarid arpa va arpadan tashqari); makaron; baklagiller; yog'li va achchiq gazaklar; sharob-do'l, mayiz, banan, anjir, xurmo, juda shirin boshqa mevalarning navlari, shakar, Delia qandolat mahsulotlari, murabbo, asal, muzqaymoq, jele; yog'li va achchiq soslar, mayonez, barcha ziravorlar; sharob-do'l va boshqa shirin sharbatlar, kakao; go'sht va pishirish yog'lari. 9-sonli parhez Ko'rsatkichlar: engil va o'rtacha darajadagi diabet; normal yoki ozgina ortiqcha vaznli, insulin olmaydigan yoki uni kichik dozalarda qabul qiladigan bemorlar (20- 30 birlik); 9-sonli parhez, shuningdek, insulin yoki boshqa shakarlamalar dozalarini tanlashda buyuriladi. Insulin terapiyasining tabiati, qo'shma kasalliklar va boshqa omillarni hisobga olgan holda 9-sonli parhez variantlari ishlab chiqilgan. Maqsad maqsadlari: uglevod metabolizmini yaxshilash va yog ' almashinuvining buzilishining oldini olish, uglevodlarga chidamliligini aniqlash (qancha miqdordagi oziq-ovqat uglevodlari so'riladi). Umumiy xususiyatlari: oson hazm bo'ladigan uglevodlar va hayvon yog'lari tufayli energiya qiymati o'rtacha darajada pasaygan parhez. Protein tarkibi fiziologik me'yorga mos keladi. Shakar va shirinliklar chiqarib tashlanadi. Natriy xlorid, xolesterin, ekstraktiv moddalar miqdori o'rtacha darajada cheklangan. Lipotrop moddalar, vitaminlar, xun tolasi miqdori oshdi. Tvorog, kam yog'li baliq, dengiz mahsulotlari, sabzavotlar, mevalar, donli don, kepakli non kabi 5 9 9 ovqatlarni iste'mol qilish tavsiya etiladi. Qaynatilgan va pishirilgan mahsulotlarga afzallik beriladi, ozroq darajada-

qovurilgan va qovurilgan. Shirin taomlar va ichimliklar uchun shakar o'rniga ksilitol yoki sorbitol ishlatiladi, ular dietaning energiya qiymatida hisobga olinadi. Idishlarning harorati odatiy holdir. Kimyoviy tarkibi va energiya qiymati: oqsillar 90-100 g (hayvonlarning 55%), yog'lar 75-80 g (o'simliklarning 30%), uglevodlar 300-350 g (asosan polisakkaridlar); energiya qiymati 9,6–10,5 MJ (2300-2500 kkal); natriy xlorid 12 g, erkin suyuqlik 1,5 l. Ovqatlanish tartibi: kuniga 5-6 marta uglevodlarning bir tekis taqsimlanishi bilan. Istisno qilinadigan mahsulotlar va idishlar: sariyog ' va Puff Pastry mahsulotlari; kuchli, yog'li bulonlar, irmik, guruch, noodle bilan sutli sho'rvalar; yog'li go'sht, o'rdak, g'oz, kopche, ko'pchilik kolbasa, konservalar; yog'li, sho'r baliq, yog'da konservalangan, ikra; sho'r pishloqlar, shirin tvorog pishloqlari, qaymoq; guruch, irmik va makaron; sho'r va ma-rinli sabzavotlar; uzum, mayiz, banan, anjir , xurmo , shakar, murabbo, konfet, sovuq; yog'li, achchiq va sho'r soslar; uzum va boshqa shirin sharbatlar, shakar ustiga limonadlar; go'sht va pishirish yog'lari. 10-sonli parhez Ko'rsatmalar: yurak etishmovchiligining klinik belgilarisiz QTT kasalliklari. Maqsad maqsadlari: qon aylanishini yaxshilash, QTT, jigar va buyraklar faoliyati,metabolizmni normallashtirish, CCC va ovqat hazm qilish organlarini saqlash. Umumiy xususiyatlari: yog'lar va energiya qiymatining ozgina pasayishi. uglevodlarning bir qismi. Natriy xlorid miqdorini sezilarli darajada cheklash, suyuqlik iste'molini kamaytirish. Yurak-qon tomir va asab tizimlarini qo'zg'atadigan, jigar va buyraklarni bezovta qiladigan, oshqozon-ichak traktini ortiqcha yuklaydigan, meteorizmga hissa qo'shadigan moddalar miqdori cheklangan. Kaliy, magniy, lipotrop moddalar, gidroksidi ta'sir ko'rsatadigan mahsulotlar (sut, sabzavot, mevalar) miqdori oshdi. Go'sht va baliq qaynatiladi. Hazm qilish qiyin bo'lgan idishlarni istisno qiling. Ovqat tuzsiz tayyorlanadi. Oziq - ovqat harorati odatiy holdir. Kimyoviy tarkibi va energiya qiymati: oqsillar 90g (hayvonlarning 55-60%), yog'lar 70 (o'simliklarning 25-30%), uglevodlar 350– 400 g; energiya qiymati 10,5– 10,9 MJ (2500-2600 kkal); natriy xlorid 6-7 g (qo'llar uchun 3-5 g), erkin suyuqlik 1,2 l. Ovqatlanish tartibi: kuniga 5 marta nisbatan bir xil qismlarda. Istisno qilinadigan mahsulotlar va idishlar: yangi non,sariyog ' va Puff Pastry mahsulotlari, xamir ovqatlar, Pancakes; dukkakli sho'rvalar, go'sht, baliq, qo'ziqorin bulyonlari; yog'li go'sht, g'oz, o'rdak, jigar, buyrak, miya, dudlangan go'sht, kolbasa, konservalangan go'sht; yog'li, sho'r, baliq, ikra, konservalangan baliq; tuzlangan va yog'li pishloqlar; qattiq qaynatilgan tuxum, qovurilgan; dukkaklilar; tuzlangan, tuzlangan, tuzlangan sabzavotlar; ismaloq, otquloq, turp, turp, sarimsoq, piyoz, qo'ziqorin; achchiq, yog'li va sho'r atıştırmalıklar; qo'pol tolali mevalar, shokolad, keks; souslar go'sht, baliq, qo'ziqorin bulyoni, xantal, qalampir, mumkin emas; tabiiy qahva, kakao; go'sht va ku-linar yog'lar.

10a dietasi ko'rsatkichlar: Yurak qon tomir kasalliklari bilan kasallangan bemorlar uchun tavsiya qilinadigan stoldir. Bunda arterial gipertenziya, yurak ishemik kasalligi, stenokardiylar va yurak etishmovchiligi kabi kasalliklardir. Parxez maqsadlari: qon aylanishining buzilishi, YuQT, jigar, buyraklar faoliyatini yaxshilash, to'plangan metabolik mahsulotlarni tanadan olib tashlash orqali

metabolizmni normallashtirish, YuQT, buyraklar va ovqat hazm qilish organlarining saqlanishini ta'minlash. Umumiy xususiyatlari: oqsillar, uglevodlar va ayniqsa yog'lar tufayli energiya qiymatining pasayishi. Natriy xlorid va suyuqlik miqdori keskin cheklangan. Oziq ovqat maxsulatlarida sutkalik tuz miqdorinin cheklash, 2chi nav un maxsulatlaridan non tayyorlanadi. Markaziy asab va yurak-qon tomir tizimlarini qo'zg'atadigan, jigar va buyraklarni bezovta qiladigan, meteorizmga hissa qo'shadigan mahsulotlar va moddalar keskin cheklash (go'sht va baliqning ekstraktiv moddalari, tolalar, yog'li mahsulotlar, xolesterin, choy va qahva va boshqalar). Kaliy, lipotrop moddalar, tanani gidroksidi qiluvchi mahsulotlar (sut mahsulotlari, mevalar, sabzavotlar)zarur. Maxsulotlar qaynatilgan va bug`da pishirilgan holatda beriladi. Qovurilgan ovqatlar taqiqlanadi. Gazlangan va enegetik maxsulatlar xamda alkogol, ovqatlanish ratsionidan chiqarib tashlandi. Kimyoviy tarkibi va energiya qiymati: oqsillar 60g(hayvonlarning 70%), yog ' 50g (20-25% o'simlik), uglevodlar 300 g (70-80 g shakar va boshqa shirinliklar); energiya qiymati (1900 kkal);. Ovqatlanish tartibi: kuniga 6 marta kichik qismlarda(porsiyalarda); Parxez bir qancha cheklangan vaqt uchun buyuriladi. Kasallikni o`tkir davri o`tishi yoki 4 haftadan oshmasligi kerak. Istisno qilinadigan mahsulotlar: yangi pishgan va 1-nav un maxsulatlarida pishirilgan non va non maxsulotlari. Go`sht va go`sht maxsulotlaridan yogli', payli go'sht, barra qo'zichoq, o'rdak, g'oz, kolbasa, dudlangan go'sht, konserva; yog'li, sho'r, dudlangan baliq, ikra; pishloq; qattiq qaynatilgan tuxum, qovurilgan; tariq, arpa, dukkaklilar, makaron; mexanik tolali mevalar, shokolad, qaymoq mahsulotlari; souslar, qalampir, xantal;

10C Parxezi Ko'rsatkichlar: yurak, miya yoki boshqa organlarning o`tkir qon tomirlari shikastlanishi bilan ateroskleroz; chandiq bosqichida miokard infarkti Parxez maqsadlari: ateroskleroz rivojlanishini sekinlashtirish, metabolik kasalliklarning og'irligini kamaytirish, qon aylanishini yaxshilash, ortiqcha vaznni kamaytirish, YuQT va Markaziy asab tizimini, jigar va buyraklarni zo`rishini kamaytirish uchun tavsiya etiladi. Umumiy xususiyatlari: ratsionda hayvonlarning yog'i va oson hazm bo'ladigan uglevodlar miqdori kamaytiriladi. Protein tarkibi fiziologik me'yorga mos keladi. Yog ' va uglevodlarni iste'mol qilishning kamayishi tana vazniga bog'liq. Osh tuzi, xolesterin cheklash lozim. C va B vitaminlari, linolien kislota, lipotrop moddalar, kaliy, magniy, ruh elementlari (o'simlik moylari, sabzavot va mevalar, dengiz mahsulotlari, tvorog) miqdorini oshirish lozim. Ovqatlar tuzsiz tayyorlanadi va ovqat stolda tuzlanadi. Go'sht va baliq qaynatiladi, mexanik tolali sabzavotlar va mevalar maydalanadi va qaynatiladi. Oziq - ovqat harorati odatiy holdir. Kimyoviy tarkibi va energiya qiymati I variant: oqsillar 90-100 g (hayvonlarning 50%), yog'lar 80 g (o'simliklarning 40%), uglevodlar 350-400 g (50 g shakar); energiya qiymati (2600-2700 kkal). II variant (semirish bilan birga): oqsillar 90 g, yog'lar 70 g, uglevodlar 300 g; energiya qiymati 9,2 MJ (2200 kkal); natriy xlorid 8-10 g, erkin suyuqlik 1,2 l.

Ovqatlanish tartibi: kuniga 5 marta kichik porsiyalarda; kechasiga kefir tavsiya etiladi. Istisno qilinadigan mahsulotlar: sariyog` mahsulotlari; go'sht, baliq,

qo'ziqorin bulyonlari, dukkakli bulyonlar; yog'li go'sht, o'rdak, g'oz, jigar, buyrak, miya, bosh, dudlangan go'sht, konserva; yog'li baliq turlari, tuzlangan va dudlangan baliq, ikra; tuzlangan va yog' -pishloq, og'ir qaymoq, smetana va tvorog; turp, turp, otquloq, ismaloq, qo'ziqorin; yog'li, achchiq va sho'r dengiz mahsulotlari; (semirish uchun): uzum, mayiz, sa-har, asal (shakar o'rniga), murabbo, shokolad, qaymoqli mahsulotlar, muzqaymoq; go'sht, baliq, qo'ziqorin souslari, qalampir, xantal; kuchli choy va qahva, kakao; go'sht va yog'lari.

10-sonli parhez Ko'rsatkich: miokard infarkti. Maqsad maqsadlari: yurak mushaklaridagi tiklanish jarayonlarini engillashtirish, qon aylanishi va metabolizmni yaxshilash, ichakning motor funktsiyasini normallashtirish. Umumiy xususiyatlari: oqsillar, uglevodlar va ayniqsa yog'larni hisobga olgan holda energiya qiymatining sezilarli darajada pasayishi, oziq-ovqat hajmining pasayishi, natriy xlorid va erkin suyuqlikning cheklanishi bilan parhez. Ichaklarda fermentatsiya va meteorizmga olib keladigan, xolesterin, hayvon yog'lari va shakarga boy bo'lgan hazm qilish qiyin bo'lgan ovqatlar, shuningdek go'sht va baliqning ekstraktiv moddalari chiqarib tashlanadi. Lipotrop moddalarga, C va P vitaminlariga, kaliyga boy oziq-ovqat mahsulotlarini, shuningdek, ichakning motor funktsiyasini (ich qotishiga qarshi kurashish uchun) muloyimlik bilan rag'batlantiradigan ovqatlarni kiritish.

10-sonli parhez ketma-ket uchta parhezdan iborat. I ratsion o'tkir davrda (1-hafta) beriladi. II ratsion subakut davrda (2-3 hafta) buyuriladi. III ratsion chandiq davrida (4-hafta) ko'rsatiladi. I dietali idishlar pyuresi, II – da-asosan maydalangan, III-maydalangan va bo'lak. Ovqat tuzsiz, qaynatilgan holda tayyorlanadi. Sovuq (15 °C dan kam) idishlar va ichimliklar chiqarib tashlanadi. Kimyoviy tarkibi va energiya qiymati I ratsion: oqsillar50g, yog'lar30-40g, uglevodlar150–200g; energiya qiymati (1100-1300 kkal); erkin suyuqlik 0,7-0,8 l; ratsion massasi1,6-1,7 kg. II ratsion: oqsillar 60-70 g, yog'lar 50-60 g, uglevodlar 230-250 g; energiya qiymati (1600-1800 kkal); natriy xlorid 3 g (qo'llarga), erkin suyuqlik 0,9–1 l; dietaning og'irligi 2 kg. III ratsion: oqsillar 85-90 g, yog'lar 70 g, uglevodlar 300-350 g; energiya qiymati (2200-2400 kkal); natriy xlorid, erkin suyuqlik 1-1,1 l; parhezning og'irligi 2,2-2,3 kg.

Ovqatlanish tartibi: 6 marta kuniga 5 marta kichik qismlarda beriladi. Istisno qilinadigan oziq-ovqatlar: yangi non, sariyog', un mahsulotlari, yog'li va go'sht, parranda go'shti, baliq, jigar va boshqa go'sht mahsulotlari, kolbasa, konserva, ikra, to'liq sut va qaymoq, tuxum sarig'i, tariq, marvarid arpa, arpa yormasi, baklajon, oq karam, bodring, turp, piyoz, sarimsoq, ziravorlar, hayvonlar va pishirish yog'lari, shokolad va boshqa qandolat mahsulotlari, tabiiy qahva va kakao, uzum sharbati.

11-sonli parhez: O'pka, suyaklar, limfa tugunlarning sil kasalligi, o'tkir yoki surunkali tana vaznining pasayishi bilan; yuqumli kasalliklar, operatsiyalar, jarohatlardan keyin charchash; barcha holatlarda – ovqat hazm qilish tizimining shikastlanishi bo'lmagan taqdirda. Sil kasalligi jarayonining lokalizatsiyasi va xususiyatini, ovqat hazm qilish tizimining holatini, asoratlarning mavjudligini hisobga olgan holda № 11 parhez stollari ishlab chiqilgan. Parxez maqsadlari: tananing ovqatlanish holatini yaxshilash, uning himoya kuchlarini oshirish,

ta'sirlangan organda tiklanish jarayonlarini kuchaytirish. Umumiy xususiyatlari: oqsillar, vitaminlar, minerallar (kaltsiy, temir va boshqalar) tarkibining ko'payishi, yog'lar va uglevodlar miqdorining o'rtacha ko'payishi bilan energiya qiymatining oshishi. Oziq-ovqat harorati odatiy holatda. Kimyoviy tarkibi va energiya qiymati: oqsillar110-130g (hayvonlarning 60%), yog'lar 100-120 g (20-25% o'simlik), uglevodlar 400-450 g; energiya qiymati 3000-3400 kkal; Ovqatlanish tartibi: kuniga 5 marta; kechasiga kefir. Istisno qilinadigan oziq-ovqatlar: juda yog'li go'sht va parranda go'shti,qo'zichoq,mol go'shti vaulinar yog'lar; achchiq va yog'li souslar, kekslar.

12-sonli parhezga Ko'rsatmalar: Asab qo'zg'aluvchanligi oshishi bilan kechadigan Markaziy asab tizimining kasalliklari;

12-sonli parxezdan odatdagi ovqatlanishga o'tish davri. Maqsad: Markaziy asab tizimining qo'zg'aluvchanligini kamaytirish,kengaytirilgan dietaga yumshoq o'tish. Umumiy xususiyatlari: protein,yog ' va uglevodlarning normal miqdori bilan etarli kaloriya miqdori; kaltsiyning ko'payishi. Asab tizimini qo'zg'atadigan mahsulotlarning maksimal chegarasi. Pazandachilikni qayta ishlash har xil, cheklovlarsiz. Kimyoviy tarkibi: oqsillar 100-110g,yog ' 90–100g, uglevodlar 450-550g; kalsiy 1-1,2 g. Ovqatlanish tartibi: kuniga 5-6 marta. Istisno qilinadigan mahsulotlar: uzoq vaqt qaynagan go'sht va baliq bulyonlari; achchiq souslar, gazaklar va ziravorlar (xantal, qalampir va boshqalar); kuchli choy, qahva, shokolad, alkogolli ichimliklar.

13-sonli parhezga ko`rsatmalar: O`tkir isitma davrida o'tkir yuqumli kasalliklar, tomoq og'rig'i. Maqsadlari: tananing umumiy kuchlarini saqlash va uning qarshiligini oshirish infektsiya, intoksikatsiyani kamaytirish, isitma va yotoqda dam olish sharoitida ovqat hazm qilish organlarini saqlash va ish faoliyati rag`batlantirish. Umumiy xususiyatlari: yog'lar, uglevodlar va ozroq miqdordagi oqsillar tufayli energiya qiymatining saqlanishi; vitaminlar va minerallar miqdorini oshirish. Oziq-ovqat to'plamining xilma-xilligi bilan oson hazm bo'ladigan, meteorizm va ich qotishiga hissa qo'shmaydigan oziq-ovqat va maxsulotlar ustunlik qiladi. Mexanik tola manbalari, yog'li, sho'r, hazm qilish qiyin bo'lgan ovqatlar va maxsulotlar ratsiondan chiqarib tashlanadi. Ovqat maydalangan va pyure shaklida pishiriladi, suvda yoki bug'da pishiriladi. Kimyoviy tarkibi va energiya qiymati: oqsillar 75-80 g(hayvonlarning 60-70%, ayniqsa sut mahsulotlari), yog'lar 60-70 g (15% o'simlik), uglevodlar 300-350 g (30% oson hazm qilinadi); energiya qiymati 2200-2300 kkal; Ovqatlanish tartibi: kuniga 5-6 marta kichik qismlarda.

Istisno qilinadigan mahsulotlar: javdar va har qanday yangi non, xamir ovqatlar, pishirilgan mahsulotlar; yog'li bulyonlar, karam sho'rva, borsh, dukkakli sho'rvalar, tariq; yog'li go'sht, o'rdak, g'oz, qo'zichoq, kolbasa, konserva; yog'li baliq turlari, tuzlangan, dudlangan baliq; yog'li smetana, achchiq, yog'li pishloqlar; qattiq qaynatilgan va qovurilgan tuxum; tariq, marvarid arpa, makkajo'xori, makaron; oq karam, turp, turp, piyoz, sarimsoq, bodring, yog'li va achchiq gazaklar, shokolad, achchiq, yog'li soslar, ziravorlar; kakao.

14-sonli parhez stoliga ko'rsatmalar: buyrak tosh kasalligiga moyil bo`lgan, pielosistitlar, fosfaturiya va oksalat toshlari xosil bo`lishi bilan kechadigan kasallikar. Parxez maqsadlari: siydikning kislotali reaktsiyasini tiklash va bu shaklda cho'kma paydo bo'lishining oldini olish. Umumiy xususiyatlari: energiya qiymati,oqsillar, yog'lar va uglevodlar miqdori bo'yicha parhez fiziologik me'yorlarga mos keladi; ratsionda gidroksidi ta'sir ko'rsatadigan va kaltsiyga boy ovqatlar (sut mahsulotlari, ko'pchilik sabzavot va mevalar) cheklangan, siydik reaktsiyasini kislotali tomonga o'zgartiradigan ovqatlar ustunlik qiladi (non va un mahsulotlari, don, go'sht, baliq).

Mumkin bo'lmagan maxsulotlar – gazli va alkogol ichimliklar.

Kimyoviy tarkibi va energiya qiymati: oqsillar 90g, yog` 100g, uglevodlar380-400g; energiya qiymati (2800 kkal); Ovqatlanish tartibi: kuniga 4 marta.
Istisno qilinadigan mahsulotlar: sut sho'rvalar; dudlangan go'sht; sho'r, dudlangan baliq; fermentlangan sutli ichimliklar, sabzavotlar (no'xat va qovoqdan tashqari), sabzavotli salatlar,

15-sonli parhez ("umumiy stol") Ko'rsatmalar: maxsus parhezni tayinlash uchun ko'rsatmalarning yo'qligi, tiklanish davrida va terapevtik parhezlardan foydalangandan keyin ovqatlanishiga o'tish uchun mujallangan parxez stoli. "Umumiy stol" oshqozon-ichak trakti funktsiyalari buzilgan bemorlarga buyuriladi. Maqsad: kasalxonada fiziologik jihatdan yaxshi ovqatlanishni ta'minlash. Umumiy xususiyatlari: oqsillar, yog'lar va uglevodlarning energiya qiymati va tarkibi jismoniy mehnat bilan band bo'lmagan sog'lom odam uchun ovqatlanish me'yorlariga deyarli to'liq mos keladi. Vitaminlar ko'p miqdorda istemol qilinadi. Kimyoviy tarkibi va energiya qiymati: oqsillar 90-95g (hayvonlarning 55%), yog'lar 100-g (o'simliklarning 30%), uglevodlar 400 g; energiya qiymati (2800-2900 kkal); Ovqatlanish tartibi: kuniga 4 marta. Istisno qilinadigan maxsulotlar: yog'li go'sht, o'rdak, g'oz, qalampir, xantal.

Standart parhezlar tizimi

Standart parhezlarning variantlarini shakllantirish yuqorida tavsiflangan parhezlar (jadvallar) shakllanishiga asos bo'lgan asosiy nozologik kasalliklar bo'yicha emas, balki mexanik va kimyoviy tejamkorlik, oqsil miqdori va kaloriya tarkibiga nisbatan amalga oshiriladi. Raqamli dietalarni birlashtirgan standart dietaning asosiy variant №1, 2, 3, 5,6, 7, 9, 10, 13, 14 va 15. Foydalanish uchun ko'rsatmalar: remissiya bosqichida surunkali gastrit, remissiya bosqichida oshqozon va o'n ikki barmoqli ichak yarasi, yo'g'on ichak sindromining ustunligi bilan surunkali ka-shechnik kasalliklari, ich qotishi, o'tkir xoletsistit va tiklanish bosqichida o'tkir gepatit, surunkali gepatit, funktsional jigar etishmovchiligining aniq belgilari, surunkali xoletsistit va xolelitiyoz kasallik, podagra, siydik kislotasi diatezi, nefrolitiaz, giperurikemiya, fosfaturiya, ortiqcha vazn yoki semirishsiz 2-toifa diabet, qon aylanishining keskin bo'lmagan buzilishi (gipertoniya, YuIK, ateroskleroz, miya va periferik tomirlar), o'tkir yuqumli kasalliklar, isitma holatlari. Mexanik va kimyoviy tejamkor parhez varianti (№16, 46, 4b, 5p dietalar). Foydalanish uchun ko'rsatmalar: o'tkir bosqichda oshqozon va o'n ikki barmoqli

ichak yarasi, o'tkir gastrit, o'tkir bo'lmagan bosqichida yuqori kislotalilik bilan surunkali gastrit, gastroezofagial reflyuks kasalligi, chaynash apparati funktsiyasining buzilishi, o'tkir o'tkir bosqichda o'tkir pankreatit, surunkali Pankreatitning og'ir kuchayishi, o'tkir infektsiyalardan keyin tiklanish davri, operatsiyadan keyin (yo'q ichki organlarda). Protein miqdori yuqori bo'lgan parhez varianti (yuqori proteinli parhez–№ 4, 5, 7b, 7g, 9, 10, 11-dietalar).

Foydalanish uchun ko'rsatmalar: 2-4 oydan keyin oshqozon rezektsiyasidan keyingi holat. Xoletsistit, gepatiti mavjud bo'lganda oshqozon yarasi kasalligi haqida; ovqat hazm qilish organlarining funktsional holatining jiddiy buzilishi bo'lgan surunkali enterit, remissiya bosqichida surunkali pankreatit, nefrotik versiyada surunkali glomerulonefrit, buyraklarning azotni ajratish funktsiyasini buzmasdan, 1 yoki 2-toifa diabet, semirishsiz va azotni ajratish buzilishisiz buyrak funktsiyasi, qon aylanishining buzilishisiz uzoq davom etadigan jarayon davomida kam faollik bilan revmatizm, o'pka tuberkulyozi, yiringlash jarayonlari, anemiya, kuyish kasalligi. Protein miqdori kamaygan dietaning bir varianti.

Foydalanish uchun ko'rsatmalar: buyraklarning azot ajratish funktsiyasining keskin va o'rtacha darajada buzilishi bilan surunkali glomerulonefrit. Kaloriya miqdori past bo'lgan parhez varianti (past kaloriya dietasi–8, 9, 10C raqamli dietalar). Foydalanish uchun ko'rsatmalar: ovqat hazm qilish organlari, qon aylanishi, shuningdek maxsus ovqatlanish rejimlarini talab qiladigan kasalliklar tufayli og'ir asoratlar bo'lmasa, alimentar semirishning turli darajalari; semirib ketgan 2-toifa diabet, ortiqcha vazn mavjud bo'lganda yurak-qon tomir kasalliklari.

Asosiy standart parhez va uning variantlari bilan bir qatorda, tibbiy-profilaktika muassasasining profiliga muvofiq jarrohlik parhezlar (№0 parhez, yarali qon ketish uchun parhez, oshqozon stenozi va boshqalar), tushirish dietalari va maxsus parhezlar (kaliy, magniy dietalari, miokard infarkti uchun parhezlar, naycha orqali ovqatlanish) ham ta'minlanadi, ro'za va parhez terapiyasi uchun parhezlar, vegetarian dietasi va boshqalar).Qo'shimchalar tanani davolash, kasalliklarni kamaytirish, dori terapiyasi samaradorligini oshirish, faol uzoq umr ko'rishni uzaytirish va boshqalar uchun vosita bo'lib xizmat qiladi.

Quvvat rejimi Davolash-profilaktika muassasasida parhez ovqatlanish bo'yicha umumiy rahbarlikni bosh shifokor, u yo'qligida esa bosh shifokorning davolash ishlari bo'yicha o'rinbosari amalga oshiradi. Dieta tibbiy ovqatlanishni tashkil etish va uni tibbiy-profilaktika muassasasining barcha bo'limlarida etarli darajada qo'llash uchun javobgardir. parhez stollarni hamshiralar (ovqatlanish hamshiralarini) boshqaradi va ovqatlanish bo'limining ishini nazorat qiladi. Agar tibbiy muassasada ovqatlanish mutaxassisi lavozimi bo'lmasa, parhez hamshirasi bu ish uchun javobgardir. Tibbiy ovqatlanishni nazorat qilish ovqatlanish mutaxassisi va tibbiy muassasaning ovqatlanish mutaxassisi tomonidan amalga oshiriladi. Dietologning vazifalariga terapevtik parhezlarni to'g'ri tuzish, ularning to'g'ri ishlatilishini nazorat qilish, shifokorlarga parhez jadvalini maqbul tayinlashda maslahat berish, menyularni nazorat qilish, parhez ovqatlarini tayyorlash texnologiyasiga rioya qilish, ularning sifati va kimyoviy tarkibi kiradi. Dietolog hamshirasi oziq-ovqat blokining ishlashini va sanitariya-gigiyena

me'yorlariga rioya etilishini nazorat qilish vazifasini bajaradi. Qismni tuzish va yozish Tibbiy ovqatlanish shifokor tomonidan belgilanadi (yoki bekor qilinadi), tibbiy tarix va retseptlar varag'iga parhez raqamini yozadi. Keyin (odatda tushdan keyin) chodir hamshirasi tayinlash varaqlaridan dietalar to'g'risidagi ma'lumotlarni tanlaydi va postning bir qismini ikki nusxada tuzadi.

Quyidagi ma'lumotlarni ko'rsatishi shart.

1. Bemorning familiyasi, ismi, otasining ismi.
2. Palataning raqami.
3. Ovqatlanish stolining raqami (yoki tushirish dietasi).
4. Va agar kerak bo'lsa, tayinlangan qo'shimcha ovqat.
5. Porsionnikni tuzish sanasi.

Ertalab hamshira postning bir qismini bo'limning katta hamshirasiga topshiradi, boshqa nusxasini tarqatuvchi hamshiraga bufetga topshiradi. Katta hamshira barcha palata hamshiralaridan olingan porsiyalar asosida porsiyalar talabini tuzadi (jadval. 4-4), uni o'zi va bo'lim boshlig'iga imzolaydi, so'ngra oziq-ovqat bo'limiga qismli talabni topshiradi. Talab bemorlarga, shu jumladan bo'limga 12 soatgacha, 1-2 kun davomida qabul qilinganlarga to'ldiriladi. davom eting. Oziq-ovqat tarqatish tartibi Oziq-ovqat blokidan oziq-ovqat etkazib berish har bir bo'lim uchun belgilangan vaqtga muvofiq qat'iy ravishda amalga oshiriladi.

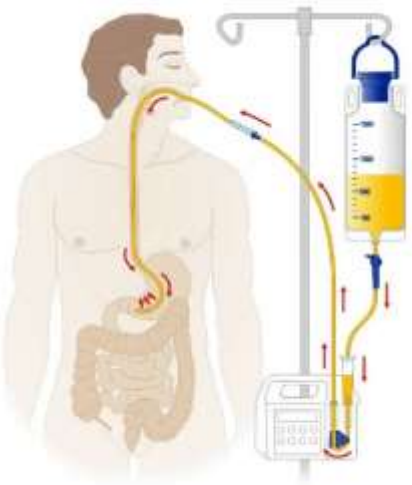
Bu faqat kasalxonaning navbatchi shifokori ovqatdan namunani olib tashlaganidan keyin boshlanadi. Bufetchi oziq ovqat idishlarini maxsus ko'chma stollarga o'rnatadi va ularni bufetga etkazib beradi, u erda ovqat idishlari saqlanadi va ovqatni isitish uchun elektr pechka (agar kerak bo'lsa), issiq suv uchun titanlar (katta hajmli suv uchun qozonxonalar) va yuvish. Keyin, oziq-ovqat bo'limga qismlarga ajratish talabiga binoan etkazib berilgandan so'ng, uni bufetchi, kichik hamshira va palata hamshirasi tarqatishni boshlaydi. Agar tarqatishdan oldin kichik hamshira bemorlarni parvarish qilish bo'yicha tadbirlarni amalga oshirgan bo'lsa (ertalabki hojatxonani bajarishda yordam bergan, xonalarni tozalash bilan shug'ullangan va hokazo), u qo'llarini ehtiyotkorlik bilan davolash uchun maxsus kiyimga o'tishi kerak. Tibbiyot xodimlariga "oziq-ovqat tarqatish uchun"maxsus yorlig'i bo'lgan alohida xalatlar ajratilishi kerak. Umumiy (erkin) rejimga ega bemorlar ovqat xonasida ovqatlanishadi, u erda ular parhez stollari printsipiga muvofiq o'tirishadi.

Ovqatdan keyin stollar tozalanadi, kechki ovqatdan keyin ular issiq suv va sovun bilan yuviladi. Idishlar xantal yoki soda bilan ikki marta issiq suv bilan yuviladi, oqartgichning 0,2% tozalangan eritmasi bilan dezinfektsiya qilinadi, issiq suv bilan yuviladi va quritgich shkaflariga joylashtiriladi. Oziq-ovqat chiqindilari etiketlangan yopiq chelaklarga yoki tanklarga joylashtiriladi. Palatin rejimida bo'lgan bemorlar, men yozaman, palataga etkaziladi. Oziq-ovqat palatalarga maxsus gurneylarda etkazib beriladi. Kasalxona xonalarini tozalaydigan texnik xodimlar (sanitariya-tozalash xodimlari) tomonidan oziq-ovqat tarqatishga yo'l qo'yilmaydi. Bemorlarni ovqatlantirish

Ovqatlanish usuliga qarab, bemorlarning ovqatlanishining quyidagi shakllari ajratiladi. Faol ovqatlanish-bemor ovqatni o'zi qabul qiladi. Passiv ovqatlanish-

bemor hamshiraning yordami bilan ovqat oladi. (Og'ir kasallarni hamshira kichik tibbiyot xodimlari yordamida boqadi.) Sun'iy ovqatlanish-bemorni og'iz yoki naycha (oshqozon yoki ichak) orqali yoki tomir ichiga tomchilatib yuborish orqali maxsus ozuqaviy aralashmalar bilan oziqlantirish. Passiv ovqatlanish. Qattiq yotoqda dam olish bilan, zaiflashgan va og'ir kasallar, agar kerak bo'lsa, keksa va keksa yoshdagi bemorlar hamshirani ovqatlantirishda yordam berishadi. Passiv ovqatlanish bilan siz bir qo'lingiz bilan bemorning boshini yostiq bilan ko'tarishingiz kerak, ikkinchi qo'lingiz bilan suyuq ovqat yoki qoshiq ovqat bilan ichimlik idishini og'ziga olib kelishingiz kerak. Bemorni kichik qismlarda boqish kerak, bemorni chaynash va yutish uchun vaqt qoldirganingizga ishonch hosil qiling; uni ichimlik idishi yoki maxsus naycha yordamida stakandan ichish kerak. Jarayonni bajarish tartibi. Xonani ventilyatsiya qiling.

Bemorning qo'llarini davolang (yuving yoki nam, iliq sochiq bilan artib oling).Bemorning bo'yniga va ko'kragiga toza peçete qo'ying. Choyshab yonidagi stolga (stolga) issiq ovqat solingan idishlarni o'rnating. Bemorga qulay pozitsiyani bering (o'tirish yoki yarim o'tirish). Yotoqda yotgan bemorni siz bir qo'lingiz bilan bemorning boshini yostiq bilan ko'tarishingiz kerak, ikkinchi qo'lingiz bilan suyuq ovqat solingan idishni yoki qoshiq yordamida og'ziga olib kelishingiz kerak. Bemor uchun ham, hamshira uchun ham qulay bo'lgan pozitsiyani tanlang (masalan, bemorda sinish yoki o'tkir miya qon aylanishining buzilishi bo'lsa). Oziq-ovqatning kichik porsiyalarida boqing, bemorni chaynash va yutish uchun vaqt qoldirganingizga ishonch hosil qiling. Bemorni ichimlik idishi bilan yoki maxsus naycha yordamida stakandan ichirining. Bemorni ovqatlantiganingizdan so`ng idishlarni olib, bemorga og'zini yuvishga yordam bering, qo'llarini yuving (arting). Bemorni dastlabki holatiga qo'ying.



Sun'iy ovqatlanish. Sun'iy ovqatlanish-deganda kasal oziq-ovqat (oziqlantiruvchi moddalar) ning enteral (yunon. entera – ichak), ya'ni.oshqozon-ichak trakti orqali va parenteral (yunoncha: entera-ichak). para-yaqin, entera-ichak) - oshqozon-ichak traktini chetlab o'tish. Sun'iy ovqatlanishning asosiy ko'rsatkichlari. Til, qizilo'ngachning shikastlanish, og`iz bo`shligini zaralanishi: shish, travmatik shikastlanish, o'sma, kuyish, chandiq o'zgarishi va boshqalar. Yutish buzilishi: tegishli operatsiyadan so'ng, miya shikastlanishi bilan – miya qon aylanishining buzilishi, botulizm, travmatik miya shikastlanishi va boshqalar. Oshqozon kasalliklari uning obstruktsiyasi bilan. Koma holati. Ruhiy kasallik (ovqatdan bosh tortish). Kaxeksiyaning oxirgi bosqichi. Enteral ovqatlanish nutritiv terapiya turi (lat.nutricium-oziqlanish), organizmning energiya va plastik ehtiyojlarini tabiiy ravishda etarli darajada

ta'minlash imkoni bo'lmaganda ishlatiladi. Bunday holda, ozuqa moddalari og'iz orqali yoki oshqozon naychasi yoki ichak ichidagi naycha orqali yuboriladi. Ilgari, shuningdek, ozuqa moddalarini kiritishning rektal yo'li – rektal ovqatlanish (to'g'ri ichak orqali oziqovqat mahsulotlarini kiritish) ishlatilgan, ammo zamonaviy tibbiyotda u ishlatilmaydi, chunki yog'lar va aminokislotalar yo'g'on ichakda so'rilmasligi isbotlangan. Shunga qaramay, ba'zi hollarda (masalan, qusish tufayli to'satdan suvsizlanish bilan) fiziologik eritma (0,9% natriy xlorid eritmasi), glyukoza eritmasi va boshqalarni rektal yuborish mumkin.

Davolash-profilaktika muassasalarida enteral ovqatlanishni tashkil etish

enteral ovqatlanish bo'yicha maxsus tayyorgarlikdan o'tgan anesteziolog-reanimatologlar, gastroenterologlar, terapevtlar va jarrohlarni o'z ichiga olgan ovqatlanishni qo'llabquvvatlash guruhi tomonidan amalga oshiriladi. Asosiy ko'rsatkichlar: neoplazmalar, ayniqsa bosh, bo'yin va oshqozon sohasida; Markaziy asab tizimining buzilishi-koma, miya qon aylanishining buzilishi; radiatsiya va kimyoterapiya; oshqozon-ichak kasalliklari-surunkali pankreatit, o'ziga xos bo'lmagan yarali kolit va boshqalar.; jigar va o't yo'llari kasalliklari; operatsiyadan oldingi va keyingi davrlarda ovqatlanish; travma, kuyish, o'tkir zaharlanish; yuqumli kasalliklar-botulizm, qoqshol va boshqalar.; ruhiy kasalliklar-neyropsikik anoreksiya (doimiy, ruhiy kasallik tufayli ovqatdan bosh tortish), og'ir depressiya. Asosiy kursatkichlari: ichak tutilishi, o'tkir pankreatit, og'ir malabsorbtsiya shakllari (lat. tulus-yomon, absorptio-singdirish; bir yoki bir nechta ozuqa moddalarining ingichka ichaklarida malabsorbtsiya buzilishi), oshqozon-ichakdan qon ketishi; shok; anuriya (buyrak funktsiyalarini o'tkir almashtirish bo'lmasa); belgilangan ozuqa aralashmasining tarkibiy qismlariga oziq-ovqat allergiyasining mavjudligi; chidab bo'lmas qusish. Enteral ovqatlanish kursining davomiyligiga va oshqozon-ichak traktining turli qismlarining funktsional holatining xavfsizligiga qarab, ozuqaviy aralashmalarni kiritishning quyidagi usullari ajratiladi.

Kichik qultumlarda naycha orqali ichimlik shaklida ozuqaviy aralashmalarni iste'mol qilish. Nazogastral, nazoduodenal, nazoeyunal va ikki kanalli zondlar yordamida naycha bilan oziqlantirish (ikkinchisi – oshqozon-ichak tarkibini aspiratsiya qilish va ozuqaviy aralashmalarni ichak ichiga kiritish uchun, asosan jarrohlik bemorlar uchun qullaniladi.

Sun'iy ovqatlanishning asosiy ko'rsatkichlari. Til, farenks, gırtlak, qizilo'ngachning shikastlanishi: shish, travmatik shikastlanish, shikastlanish, o'sma, kuyish, chandiq o'zgarishi va boshqalar. Yutish buzilishi: tegishli operatsiyadan so'ng, miya shikastlanishi bilan – miya qon aylanishining buzilishi, botulizm, travmatik miya shikastlanishi va boshqalar. Oshqozon kasalliklari uning obstruktsiyasi bilan. Koma holati. Ruhiy kasallik (ovqatdan bosh tortish). Kaxeksiyaning oxirgi bosqichi. Enteral ovqatlanish nutritiv terapiya turi (lat.nutricium-oziqlanish),

organizmning energiya va plastik ehtiyojlarini tabiiy ravishda etarli darajada ta'minlash imkoni bo'lmaganda ishlatiladi. Bunday holda, ozuqa moddalari og'iz orqali yoki oshqozon naychasi yoki ichak ichidagi naycha orqali yuboriladi. Ilgari, shuningdek, ozuqa moddalarini kiritishning rektal yo'li – rektal ovqatlanish (to'g'ri ichak orqali oziqovqat mahsulotlarini kiritish) ishlatilgan, ammo zamonaviy tibbiyotda u ishlatilmaydi, chunki yog'lar va aminokislotalar yo'g'on ichakda so'rilmasligi isbotlangan. Shunga qaramay, ba'zi hollarda (masalan, qusish tufayli to'satdan suvsizlanish bilan) fiziologik eritma (0,9% natriy xlorid eritmasi), glyukoza eritmasi va boshqalarni rektal yuborish mumkin. 5 18 5 5 Davolash-profilaktika muassasalarida enteral ovqatlanishni tashkil etish enteral ovqatlanish bo'yicha maxsus tayyorgarlikdan o'tgan anesteziolog-reanimatologlar, gastroenterologlar, terapevtlar va jarrohlarni o'z ichiga olgan ovqatlanishni qo'llabquvvatlash guruhi tomonidan amalga oshiriladi. Asosiy ko'rsatkichlar: neoplazmalar, ayniqsa bosh, bo'yin va oshqozon sohasida; Markaziy asab tizimining buzilishi-koma, miya qon aylanishining buzilishi; radiatsiya va kimyoterapiya; oshqozon-ichak kasalliklari-surunkali pankreatit, o'ziga xos bo'lmagan yarali kolit va boshqalar.; jigar va o't yo'llari kasalliklari; operatsiyadan oldingi va keyingi davrlarda ovqatlanish; travma, kuyish, o'tkir zaharlanish; yuqumli kasalliklar-botulizm, qoqshol va boshqalar.; ruhiy kasalliklar-neyropsikik anoreksiya (doimiy, ruhiy kasallik tufayli ovqatdan bosh tortish), og'ir depressiya. Asosiy kontrendikatsiyalar: ichak tutilishi, o'tkir pankreatit, og'ir

malabsorbtsiya shakllari (lat. tulus-yomon, absorptio-singdirish; bir yoki bir nechta ozuqa moddalarining ingichka ichaklarida malabsorbtsiya buzilishi), oshqozon-ichakdan qon ketishi; shok; anuriya (buyrak funktsiyalarini o'tkir almashtirish bo'lmasa); belgilangan ozuqa aralashmasining tarkibiy qismlariga oziq-ovqat allergiyasining mavjudligi; chidab bo'lmas qusish. Enteral ovqatlanish kursining davomiyligiga va oshqozon-ichak traktining turli qismlarining funktsional holatining xavfsizligiga qarab, ozuqaviy aralashmalarni kiritishning quyidagi usullari ajratiladi. 5 1. Kichik qultumlarda naycha orqali ichimlik shaklida ozuqaviy aralashmalarni iste'mol qilish. Nazogastral, nazoduodenal, nazoeyunal va ikki kanalli zondlar yordamida naycha bilan oziqlantirish (ikkinchisi – oshqozon-ichak tarkibini aspiratsiya qilish va ozuqaviy aralashmalarni ichak ichiga kiritish uchun, asosan jarrohlik bemorlar uchun). STOM (yunon. stoma-teshik: jarrohlik yo'li bilan yaratilgan ichi bo'sh organning tashqi oqmasi): gastrostomalar (oshqozondagi teshik), o'n ikki barmoqli ichak (o'n ikki barmoqli ichakdagi teshik), eyunostomalar (jejunumdagi teshik). Stomalar jarrohlik laparotomik yoki jarrohlik endoskopik usullar bilan qo'llanilishi mumkin. Oziq moddalarni enteral yuborishning bir necha yo'li mavjud: * belgilangan parhezga muvofiq alohida qismlarda (fraksiyonel) (masalan, kuniga 8 marta 50 ml; kuniga 4 marta 300 ml); * tomchilab, sekin, uzoq vaqt; * maxsus dispenser yordamida oziq-ovqat ta'minotini avtomatik ravishda sozlash. Enteral oziqlantirish uchun suyuq oziq-ovqat (bulon, mevali ichimliklar, sut aralashmasi), mineral suv ishlatiladi; oqsillar, yog'lar, uglevodlar, mineral tuzlar va vitaminlar tarkibida muvozanatli bir hil parhez konservalari (go'sht, sabzavot) va aralashmalar ham ishlatilishi mumkin. Enteral ovqatlanish uchun quyidagi ozuqaviy aralashmalardan foydalaning. Gomeostazni saqlash va organizmning suv-elektrolitlar muvozanatini saqlash funktsiyasini ingichka ichakda erta tiklashga yordam beradigan aralashmalar: "glyukosolan", "Gast-rolit", "Regidron". Elementar, kimyoviy jihatdan aniq ozuqa aralashmalari – ovqat hazm qilish funktsiyasi va aniq metabolik kasalliklari (jigar va buyrak etishmovchiligi, diabet va boshqalar) bo'lgan bemorlarni oziqlantirish uchun: "Vivonex", "Travasorb", 5 "Gepatic Aid" (tarkibida tarvaqaylab ketgan aminokislotalar-valin, leysin, izolösin) va boshqalar. Ovqat hazm qilish funktsiyalari buzilgan bemorlarni oziqlantirish uchun yarim elementli muvozanatli ozuqaviy aralashmalar (qoida tariqasida, ular vitaminlar, makro - va mikroelementlarning to'liq to'plamini o'z ichiga oladi): "Nutrilon Pepti", "Reabilan", "Peptamen" va boshqalar. Polimer, yaxshi muvozanatli ozuqa aralashmalari (barcha asosiy oziq moddalarni optimal nisbatda o'z ichiga olgan sun'iy ravishda yaratilgan ozuqa aralashmalari): quruq ozuqa aralashmalari "Ovolakt", "Unipit", "Nutrison" va boshqalar; suyuq, foydalanishga tayyor ozuqa aralashmalari ("Nutrison Standard", "Nutrison Energy" va boshqalar). Modulli ozuqa aralashmalari (bir yoki bir nechta so'l yoki mikroelementlarning konsentrati) insonning kunlik ovqatlanishini boyitish uchun qo'shimcha ovqatlanish manbai sifatida ishlatiladi: "protein ENPIT", "Fortogen", "diet-15", "Atlanten", "Peptamin" va boshqalar. protein, energiya va vitamin-mineral modulli aralashmalar. Ushbu aralashmalar bemorlarning izolyatsiya qilingan enteral oziqlanishi sifatida

ishlatilmaydi, chunki ular muvozanatli emas. Etarli enteral ovqatlanish uchun aralashmalarni tanlash kasallikning tabiati va og'irligiga, shuningdek oshqozon-ichak trakti funktsiyalarining saqlanish darajasiga bog'liq. Shunday qilib, oshqozon – ichak trakti funktsiyalarining normal ehtiyojlari va xavfsizligi bilan standart ozuqaviy aralashmalar buyuriladi, tanqidiy va immunitet tanqisligi holatlarida-mikroelementlar, glutamin, arginin va Omega – 3 yog ' kislotalari bilan boyitilgan, oson hazm bo'ladigan oqsil miqdori yuqori bo'lgan ozuqaviy aralashmalar, buyrak funktsiyasi buzilgan taqdirda-yuqori biologik ahamiyatga ega protein va aminokislotalar tarkibidagi ozuqaviy aralashmalar. Ishlamaydigan ichak bilan (ichak tutilishi, malabsorbsiyaning og'ir shakllari) bemorga parenteral ovqatlanish ko'rsatiladi. 5 23 Parenteral oziqlantirish (oziqlantirish)dorilarni tomir ichiga tomchilatib yuborish orqali amalga oshiriladi. Qo'llash usuli tomir ichiga yuboriladigan dori-darmonlarga o'xshaydi. Asosiy ko'rsatkichlar. * Oshqozon-ichak traktining turli qismlarida oziq-ovqat o'tishiga mexanik to'siq: o'sma shakllanishi, qizilo'ngachning kuyishi yoki operatsiyadan keyingi torayishi, oshqozonning kirish yoki chiqish qismi. * Keng qorin bo'shlig'i operatsiyalari bo'lgan bemorlarni operatsiyadan oldin tayyorlash, charchagan bemorlar. * Oshqozon-ichak trakti operatsiyalaridan keyin bemorlarni operatsiyadan keyingi davolash. * Kuyish kasalligi, sepsis. * Katta qon yo'qotish. * Oshqozon-ichak traktida hazm qilish va so'rilish jarayonlarining buzilishi (vabo, dizenteriya, enterokolit, operatsiya qilingan oshqozon kasalligi va boshqalar), chidab bo'lmas qusish. * Anoreksiya va ovqatdan bosh tortish. Parenteral oziqlantirish uchun quyidagi turdagi ozuqaviy eritmalar qo'llaniladi. "Oqsillar-oqsil gidrolizatlari, aminokislotalar eritmalari:" vamin"," Aminosol", poliamin va boshqalar. Yog'lar-yog ' emulsiyalari. Uglevodlar-glyukozaning 10% eritmasi, qoida tariqasida, iz elementlari va vitaminlar qo'shilishi bilan. Qon preparatlari, plazma, plazma o'rnini bosuvchi moddalar. Parenteral ovqatlanishning uchta asosiy turi mavjud. 23 To'liq-barcha ozuqa moddalari qon tomir kanaliga kiritiladi, bemor hatto suv ichmaydi. Qisman (to'liq bo'lmagan) - faqat asosiy oziq moddalar (masalan, oqsillar va uglevodlar) ishlatiladi. Yordamchi-og'iz orqali ovqatlanish etarli emas va bir qator ozuqaviy moddalarni qo'shimcha kiritish kerak. Parenteral oziqlantirish uchun buyurilgan gipertonik glyukoza eritmasining (10% eritma) katta dozalari periferik tomirlarni bezovta qiladi va flebitni keltirib chiqarishi mumkin, shuning uchun ular faqat Markaziy tomirlarga (subklavian) doimiy kateter orqali yuboriladi, ular ponksiyon usuli bilan joylashtirilgan.aseptik va antiseptik qoidalarga diqqat bilan rioya qilish. Xavfsizlik masalalari: 1. Terapevtik ovqatlanishning asosiy tamoyillari? 2. Balansli ovqatlanish formulasi? 3. Nol (jarrohlik) parhezlar, terapevtik parhezlar haqida tushuncha. 4. Oshqozonning sekretor funktsiyasi oshgan o'n ikki barmoqli ichak yarasi bilan, qanday ovqatlanish kerak. 5. Og'ir kasal bemorlarni ovqatlantirish.

METHODS OF USING DRUGS

In modern applied medicine, there is no field in which drugs are not successfully used. Drug therapy serves as the most important component of the treatment process. There are the following methods of introducing drugs.

1. External method:

* skin;
* to the ears;
* in the eye conjunctiva, the nasal cavity and the mucous membrane of the vagina.

2. Enteral method:

* oral inward (Per os;
* language (sub lingua;
* cheek (trans bucca
* Through the rectum (Per rectum).

3. The way of breathing is through the respiratory tract.

4. Parenteral pathway:

* intradermal;
* subcutaneous;
* intramuscular;
* intravenous injection;
* intraarterial;
* in the void;
* inside the bone;
* to the subarahnoidal space.

General rules for the use of drugs the nurse, who the doctor does not know, does not have the right to prescribe or replace some medications with others. If the drug is incorrectly given to the patient or his dose is exceeded, the nurse should immediately inform the doctor about it. There are certain rules for administering (administering) medications to patients. Before giving medication to the patient, wash your hands thoroughly, carefully read the inscription on the label, check the expiration date, the prescribed dose, and then control the patient's intake of the drug (he must take the medicine in the presence of a nurse). When the patient receives medication, it is necessary to highlight the date and time in the Anamnesis (on the recipe sheet), the name of the drug, its dosage and the method of administration. If the drug is prescribed to be taken several times a day, the correct time interval should be observed to maintain its constant concentration in the blood. For example, if the patient is prescribed benzylpenicillin 4 times a day, it should be administered every 6 hours. Medicines prescribed in Nahor should be distributed in the morning 30-60 minutes before breakfast. If the doctor recommends taking the medication before meals, the patient should take it 15 minutes before meals. The patient takes the prescribed medication with meals. The remedy prescribed after meals, the patient should drink 15-20 minutes after meals. Sleeping pills are given to patients 30 minutes before bedtime. A number of medications (e.g. nitroglycerin tablets) must be constant in the patient's hand.

When performing the injection, it is necessary to thoroughly wash the hands and treat them with a disinfectant solution, adhere to aseptic rules (wearing sterile gloves and a mask), check the inscription on the label, check the expiration date, put the opening date on a sterile bottle. After the introduction of the drug, it is

necessary to highlight the date and time in the Anamnesis (on the recipe sheet), the name of the drug, its dosage and method of administration. Medicines should only be stored in a package issued from the pharmacy. You cannot pour solutions into other containers, transfer tablets, powders to other bags, write your own notes on the packaging of medicines; medicines must be stored on separate shelves (sterile, internal, external, group a). If the patient has symptoms of anaphylactic shock, urgent: call a doctor through the staff on duty; lay the patient and raise the lower limbs;

External use of drugs

External use of medicines is mainly intended for their local effect. Only fat-soluble substances are absorbed through intact skin, mainly through the sebaceous glands and the excretory ducts of the hair follicles. The use of drugs on the skin. Medicines are used on the skin in the form of ointments, emulsions, solutions, decoctions, interlocutors, powders, pastes. There are several ways to apply the drug to the skin. Shaving (widely used in skin diseases). A cotton swab is moistened with the required amount of the drug and applied to the patient's skin with longitudinal movements in the direction of hair growth. Friction (administration of fluids and ointments through the skin). It is carried out in areas of the skin with a small thickness and weakly expressed hair (the inner surface of the wrists, the back surface of the thighs, the lateral surfaces of the chest). The required amount of the drug is applied to the skin and rubbed with light circular motions until the skin dries. Application of plasterboard (the base of the ointment of a thick consistency, which contains medicinal substances in it, is covered with water-repellent gauze). Before applying the plastic to the appropriate area of the body, the hair is shaved and the skin is lubricated with 70% alcohol solution. Powder and powder are used to dry the skin with diaper rash, sweating. The medication should always be applied to clean skin, clean tools and well-washed hands. To disinfect or have a reflex effect (for example, when applying an iodine mesh), iodine tincture or 70% alcohol solution is applied to the skin. To do this, take a sterile stick with a cotton swab, moisten it with iodine and lubricate the skin. When cotton wool is soaked, you cannot dip the wand in an iodine bottle, you need to pour a small amount of iodine tincture into a flat container so as not to contaminate the entire contents of the bottle with cotton wool. You cannot store iodine tincture in a tightly closed container for a long time, since with such storage, the concentration of iodine can increase due to the evaporation of alcohol, and lubricating sensitive areas of the skin with a concentrated tincture of iodine can cause burns.

Topical use of medications in eye conjunctiva. In the treatment of eye diseases, solutions of various medicinal substances and ointments are used. The purpose of the application is local exposure. The dosage of the drug should be chosen carefully, since the conjunctiva absorbs the drug very well. Drip the drug into the eye is carried out with a pipette. To do this, the lower eyelid is pulled and a drop is applied to the mucous membrane closer to the outer corner of the eye so that the solution is evenly distributed throughout the conjunctiva. Eye ointment is

inserted into the space between the conjunctiva and the eyeball in the outer corner of the eye with a special glass spatula.Intranazal foydalanish. In the nose (intranasal) drugs are used in the form of powders, vapors (amylnitritis, ammonia vapors), solutions and ointments. They have local, resorptive and reflex effects. Absorption through the nasal mucosa occurs very quickly. Powders are drawn into the nose by a stream of breathing air: by closing one nostril, the powder breathes from the other.

Drops are sent with a pipette, the patient's head must be thrown back. The ointment is applied with a glass spatula. Shaving is done by a doctor with a cotton swab wrapped in a probe. After lubrication, the tampon is thrown away and the probe is sterilized in a disinfectant solution. Recently, special dispenser sprayers are used for intranasal administration, in which medicinal substances come in the form of solutions or suspensions with the addition of substances that increase viscosity to slow drug evacuation from the nasal cavity.

Introduction of drugs into the ears. Medicines are instilled into the ears with a pipette. Fatty solutions of medicinal substances should be heated to body temperature. When buried in the right external auditory canal, the patient lies on his left side or turns his head to the left if he is buried in the left external auditory canal - on the contrary. After inserting the medication, the outer ear canal is closed with a cotton swab.

Introduction of drugs into the vagina. In the treatment of female genitals, drugs are introduced into the vagina in the form of balls, the basis of which is cocoa butter, cotton-gauze swabs soaked in various liquids and oils, powders (powders), solutions for lubrication and washing. The effect of drugs is mainly local, since absorption through the intact mucous membrane of the vagina is negligible. Sprincivanie Esmarch is performed using a mug (with a special vaginal tip) or a rubber pear; at the same time, a utka is placed under the patient's pelvis. For Sprincivanie, warm solutions of drugs are used as directed by a doctor. Enteral administration of the drug is used inside (enteral, through the gastrointestinal tract), the drug is administered by mouth (per os, orally), through the rectum (per rectum, rectal), behind the cheek (trans bucca, transbuccal) and under the tongue (sub lingua, sublingual).

Oral administration of drugs (per os) is the most common way to introduce drugs in various forms and in non - sterile form. When taken orally, the drug is absorbed mainly in the small intestine, entering the liver through the Portal vascular system, and then into the general bloodstream. Depending on the composition of the drug and its properties, the therapeutic concentration of the medicinal substance with this method of administration is achieved on average 30-90 minutes after ingestion. The disadvantages of oral administration of drugs are as follows. Slow entry of the drug into the systemic circulation (depending on the filling of the stomach, nutritional properties, absorption of the drug); absorption through the gastric mucosa occurs gradually, and only fat-soluble substances are absorbed, mainly the absorption process occurs in the intestine. Nevertheless, slow intake of the drug into the bloodstream is not always a drawback: for example, there are dosage forms specially developed for long and uniform penetration into the systemic circulation after one oral intake. The change of the drug under the influence of gastric and intestinal juices, as well as as as a result of interaction with food substances (adsorption, dissolution, chemical reactions) and until complete destruction due to chemical changes in the liver. However, some medicinal substances are specially produced as an inactive substance that becomes an active substance after the corresponding transformation (metabolism) in the body. Thus, for example, the modern highly effective antihypertensive (hypotensive) drug angiotensin - converting enzyme inhibitor (Ace inhibitor) fosinopril ("Monopril") is actually a previous drug, and before it exerts its effect, it must be converted (metabolized) into an active form-fosinoprylate-in the mucous membrane of the gastrointestinal tract and partially in the liver. Inability to ensure the concentration of the drug formed in the blood and tissues due to the fact that the rate of absorption and the amount of the substance absorbed are not determined. The rate and completeness of absorption of drugs of diseases of the gastrointestinal tract and liver changes especially dramatically.

Oral drugs are introduced in the form of powders, plasters, tablets, tablets, capsules, solutions, infusions and decoctions, extracts, mixtures (mixtures).

* Tablets, tablets, tablets, capsules are taken with water.

* The nurse will pour the powder into the root of the patient's tongue and allow it to be washed with water.

Tablets and tablets for children are diluted in water and allowed to drink suspension.

* Solutions, infusions, decoctions and mixtures are taken one tablespoon (15 ml) for adults, for children - a teaspoon (5 ml) or a dessert spoon (7.5 ml). For this, it is convenient to use a finished glass. Liquid drugs with an unpleasant taste are washed off with water. Thus, it is recommended to drink a 15% solution of Dimethyloxybutyl phosphonyl dimethylate ("Dimephosphone") with milk, fruit juice or sweet tea, which has a bitter taste.

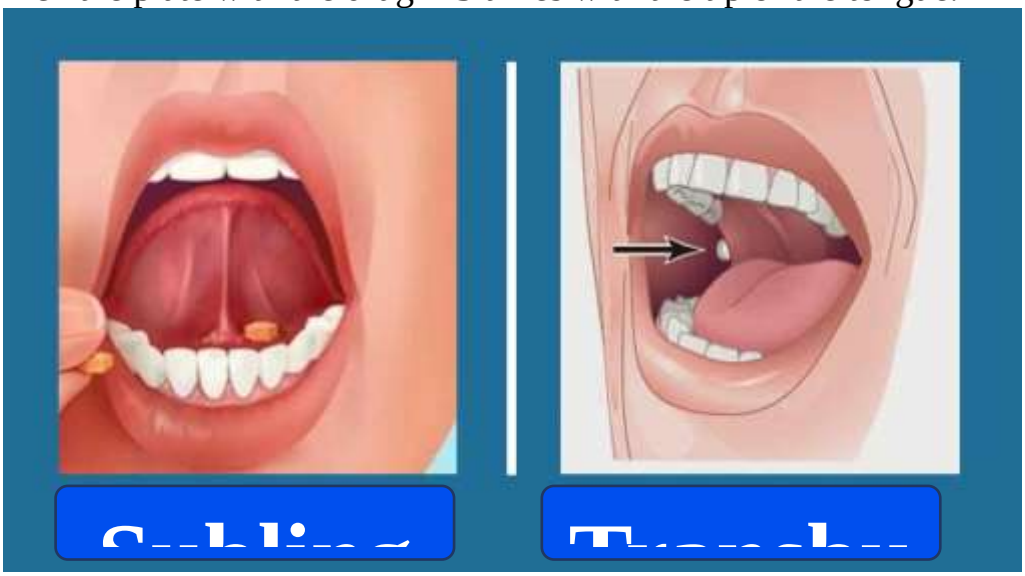
* Alcohol tinctures and some solutions (for example, 0.1% atropine solution) patients are taken in the form of drops. The required number of drops is calculated with a pipette or directly from a bottle, if there is a special device for thisfrom a fixed drop. Before taking, the drops are diluted with a small amount of water and washed off with water. In 1 g of water there are 20 drops, in 1 g of alcohol - 65 drops.

Taking medications through the rectum. Liquid drugs (decoctions, solutions, slugs) are administered through the rectum (rectum) using a pear-shaped balloon (medicinal enema) and candles (suppositories). With this method of administration, medicinal substances have a local effect on the mucous membrane of the rectum and on the general resorptive effect, are absorbed into the blood through the lower hemorrhoidal vessels. The benefits of taking medications through the rectum are as follows. Fast suction and large dosage accuracy. The drug does not affect digestive enzymes (they are absent in the rectum) and, bypassing the liver through the lower hemorrhoidal vessels, enters directly into the inferior vena cava (i.e. the systemic circulation).

The rectal method provides the possibility of introducing the drug: patients who cannot take it orally due to vomiting, obstruction of the esophagus, swallowing disorders; fainted patients; children who refuse to take medications; mental patients who refuse to take medications; when it is impossible to take oral medications and it is difficult to inject and poses a danger, excitement (delusional condition). In such cases, the administration of sedatives (for example, a solution of chloralgydrate) with a medicinal enema allows you to successfully cope with excitation. However, the absence of enzymes in the rectum prevents the absorption of protein, fat and polysaccharide structures of many drugs, which cannot pass through the intestinal wall without the participation of enzymes, and their use is possible only for local exposure. At the bottom of the colon, only water, isotonic solution of sodium chloride, glucose solution and some amino acids are absorbed. A solution of the drug in the amount of 50-200 ml is introduced into the rectum at a depth of 7-8 CM, this patient is given a cleansing enema. Candles (candles) are used in a factory or (less often) are made in a pharmacy on the basis of oil, giving them an elongated conical shape and wrapped in waxed paper. It is best to store suppositories in the refrigerator. Before entering, the tip of the candle is freed from the paper and rolled into the rectum so that the wrapping remains at hand.

The use of subcutaneous drugs. With the Sublingual administration method, the drug is quickly absorbed, not destroyed by digestive enzymes and enters the systemic circulation, bypassing the liver. Nevertheless, this method can only be used to introduce drugs that are used in small doses (this is how nitroglycerin, Validol, sex hormones, etc.are taken).

Taking transbukcal medications. Transbukcal forms of drugs are used in the form of plates and tablets, which are attached to the mucous membrane of the upper gums. For example, it is believed that the buccal forms of nitroglycerin (the local drug "trinitrolong") are one of the most promising dosage forms of this drug. The plate "Trinitrolong" is glued to a certain place-the mucous membrane of the upper gums, teeth, small teeth or teeth (right or left). It is necessary to explain to the patient that in no case can the plate be chewed or swallowed, since in this case a huge amount of nitroglycerin enters the blood through the mucous membrane of the oral cavity, which can be dangerous. This should be explained to the patient with stenocardia, if he needs to increase the supply of nitroglycerin to the blood due to the need to increase physical activity (acceleration of the step, etc.), it is enough to lick the plate with the drug 2-3 times with the tip of the tongue.



Method of inhalation of drugs. For various diseases of the respiratory tract and lungs, direct administration of drugs into the respiratory tract is used. In this case, the medicinal substance is administered by inhalation - inhalation (lat. inhalatum-breathing). Local, resorptive, and reflex effects can be obtained by introducing drugs into the respiratory tract.

By inhalation, medicinal substances with a local and systemic effect are used:

- ✓ gaseous substances (oxygen, nitric oxide);
- ✓ volatile liquid vapors (ether, fluorotan);
- ✓ aerosols (suspension of the smallest particles of mercury of solutions).

Control questions

1. Basic principles of therapeutic nutrition?
2. Formula for a balanced diet?
3. Zero (surgical) diets, the concept of therapeutic diets.
4. With duodenal ulcers with increased secretory function of the stomach, how to eat.
5. Feeding seriously ill patients**.**

OBSERVATION AND CARE OF PATIENTS WITH DISEASES OF THE RESPIRATORY SYSTEM

Pulmonology (lat. pulmo-Light; Greek. logos-doctrine) is called the Department of internal diseases, which studies respiratory pathology and develops methods for the prevention, diagnosis and treatment of diseases of the respiratory system. Observation and care of patients with respiratory pathology should be carried out in two directions. General activities-monitoring and care measures needed by patients with any diseases of various organs and systems: monitoring the general condition of the patient, thermometry, pulse and blood pressure monitoring, filling the temperature sheet, ensuring the patient's personal hygiene, ship feeding, etc. Special events - observation and care activities aimed at helping patients with symptoms typical of diseases of the respiratory system-shortness of breath, cough, hemoptysis, pain, etc. Symptoms of respiratory system pathology

shortness of breath 30 10 4 dyspnea or shortness of breath (Greek. DYSS-difficulty, rpoe - breathing), - a violation of the frequency, rhythm and depth of breathing or an increase in the respiratory muscles, which, as a rule, is manifested by a lack of air or subjective sensations of difficulty breathing. The patient feels a lack of air. It should be remembered that shortness of breath can be of both pulmonary and cardiac, neurogenic and other origin. Depending on the NPV, there are two types of shortness of breath. Tachypnea-rapid shallow breathing (more than 20 per minute). Tachypnoe is often observed with lung damage (e.g. pneumonia), fever, blood diseases (e.g. anemia). The rate of breathing with hysteria can reach 60-80 per minute; such breathing is called the "breath of the expelled animal". Bradypnea is a pathological decrease in breathing (less than 16 per minute); it is observed in diseases of the brain and its membranes (cerebral hemorrhage, cerebral edema), long and severe hypoxia (for example, due to heart failure). Diabetes mellitus, the accumulation of acidic metabolic products in the blood in a diabetic coma (acidosis) also inhibits the respiratory center. Depending on the violation of the respiratory phase, the following types of shortness of breath are distinguished. Inspiratory shortness of breath-difficult to breathe.

Expiratory shortness of breath-difficult to breathe. Mixed shortness of breath-both stages of breathing are difficult. Depending on the change in the rhythm of breathing, the following main forms of shortness of breath are distinguished (called"periodic breathing"). Suffocation asthma or suffocation (Greek . asthma-severe short breathing), - the common name for sharply changing attacks of shortness of breath of various origins. The attack of asphyxiation of pulmonary origin due to bronchial spasm is called bronchial asthma 26. With stagnation of blood in the pulmonary circulation, cardiac asthma develops. If the patient develops shortness of breath or suffocation, the nurse should immediately tell the doctor about his observations about shortness of breath, respiratory rate, as well as take measures to alleviate the patient's condition. Create an atmosphere of relaxation around the patient, calm him and others. Help the patient take a high (half-seated) position by lifting the head end of the bed or placing a pillow under the head and back. Free from tight clothing and heavy blankets. Provide fresh air access to the room (open the window). If the doctor has an appropriate prescription, give the patient a pocket inhaler, explain how to use it. Using a pocket inhaler for bronchial asthma: remove the aerosol can from the oral cavity with a protective cap. Turn the spray bottle upside down and shake well. Ask the patient to take a deep breath. Explain to the patient that he needs to breathe deeply, wrapping his mouth tightly with his lips, while pressing on the spray Valve; after breathing, the patient should hold his breath for a few seconds. After that, ask the patient to remove the oral cavity from the mouth and breathe slowly. The number of aerosol doses is determined by the doctor. After inhaling glucocorticoids, the patient should rinse his mouth with water to prevent the development of oral candidiasis. Glucocorticoids are hormones of the adrenal cortex; synthetic analogs of glucocorticoids - prednisone, prednisone, etc.

Cough. Coughing is a complex reflex action that occurs due to irritation of the respiratory tract and pleural receptors. Cough reflex occurs when the receptors of the respiratory tract are stimulated by various factors - mucous, foreign body, bronchospasm, dry mucous membranes or structural changes of the respiratory tract. The physiological role of cough is to cleanse the airways of secretions and substances that enter them from the outside. The cough shot consists of a sudden acute exhalation with the glottis closed, and later, when suddenly opened, air is forcefully exhaled through the mouth along with mucus and other foreign bodies. Cough as a manifestation of the disease, as a rule, is painful, stubborn, often painful with the release of sputum and the appearance of various impurities in it. The causes of cough are as follows. Inflammatory diseases of the respiratory system-laryngitis, tracheitis, bronchitis, bronchiolitis, bronchial asthma, pneumonia, pulmonary abscess, etc. Immune reactions in response to the entry of allergens into the body-plant pollen, dust mites, washing powders, etc. CCC diseases with stagnation of blood in the pulmonary circulation-heart defects, CAD, enlarged cardiomyopathy, etc. Mechanical irritation-pneumoconiosis, violation of the patency of the bronchi due to compression by the tumor, foreign bodies. Pneumoconioses are a group of occupational lung diseases caused by prolonged inhalation of production dust. Chemical irritation-tobacco smoke, an environmentally unfavorable situation (air pollution), combat toxic substances, household gas, etc. Thermal irritation is the inhalation of very hot or very cold air. Yatrogenic factors are the development of pulmonary fibrosis after chemotherapy and radiation therapy, side effects of drugs, such as from the group of Ace inhibitors (with different intensity of Ace inhibitors), etc. Thus, up to 15% of patients with arterial hypertension and chronic heart failure who received the Generation II Ace inhibitor enalapril begin to cough; at the same time, cough is 2 times less common in patients who received the Generation III Ace inhibitor monopril. Reflex factors-a reflex that does not have a pronounced protective property: pleura, irritation of the pericardium, irritation of reflexogenic zones on the back wall of the external auditory canal, etc.

Psychogenic factors. By the frequency and nature of the disease, the following types of cough are distinguished: disposable; paroxysmal-bronchial asthma, obstructive bronchitis, in smokers; convulsive-paroxysmal cough, one after another rapid tremors, interrupted by noisy breathing, sometimes accompanied by vomiting (with whooping cough); stubborn dry cough with spasmodic-laryngeal spasm (with laryngeal irritation, as a rule, a pathological process in the mediastinal region); acute-for acute or in diseases, chronic heart failure. In nature, coughing can be dry (without emptying phlegm) and wet or effective (with sputum separation). With a severe painful cough, complications can develop: fainting, rupture of emphysematic parts of the lungs with the development of pneumothorax, myeloma, osteoporosis and pathological fracture of the ribs in the presence of metastatic neoplasms in the lungs.

Care for patients with dry cough primarily involves the treatment of the underlying disease. A large amount of warm alkaline drinks is recommended-for

example, Borjomi mineral water, half diluted with hot milk. Balgam Balgam (lat. sputum) is a pathologically altered secretion of the mucous membranes of the trachea, bronchi and lungs, released during expectoration with a mixture of saliva and nasal cavity and secretion of the mucous membrane of the paranasal sinuses. The properties of sputum-quantity, color, smell, consistency (liquid, thick, viscous), inclusions (blood, pus and other impurities) - depend on the disease and, along with the results of other laboratory and instrumental research methods, are of great importance in the diagnosis of diseases of the respiratory system and other organs.

The daily amount of sputum can vary from a few milliliters with chronic bronchitis to 1-1.5 liters with bronchoectasis, rupture of a pulmonary abscess in the bronchi, pulmonary gangrene. The following types of sputum are distinguished by character. Mucus mucus mucus (sputum mucosum) - mucus is colorless, transparent, sticky, almost does not contain cellular elements. Serous sputum (sputum serosum) is a liquid foam sputum released during pulmonary edema. Purulent sputum (sputum purulentum) - sputum contains pus (in particular, it is characteristic for the penetration of a pulmonary abscess into the lumen of the bronchi).

Rotten sputum (sputum putridum) - purulent sputum with a rotten smell. Blood sputum (sputum sanguinolentum) - sputum contains a mixture of blood (for example, recorded when bleeding from the 1 wall of the respiratory tract with lung cancer). "Rusty" sputum (sputum rubiginosum) - bloody sputum contains rust-colored additives formed by the breakdown of hemoglobin (for example, pneumonia, occurs in tuberculosis). Pearl sputum-sputum contains rounded opalescent appendages composed of atypical cells and detritus (observed, for example, in squamous cell carcinoma of the bronchi).

Detritus (lat. detritus-obsolete) is the product of tissue breakdown. Three-layer phlegm - phlegm is abundant, purulent, divided into three layers during deposition: upper - gray foam, medium - water transparent, lower-dirty gray-green, containing remnants of pus and necrotic tissues (observed in pulmonary gangrene). If there is phlegm, the nurse should ensure that the saliva is released clean and in time. It is necessary to ensure that the patient regularly receives a drainage condition, for example, Quincke, which helps to separate phlegm, several times a day for 20-30 minutes. Quincke's position (Heinrich Quincke, Quincke H., 1842-1922, German therapist) - the position of the patient lying on a bed with the tip of his foot raised. Postural drainage (lat. positura-position; French. drainage-drainage) - drainage by giving the patient a position in which fluid (mucus) flows under the influence of gravity. The purpose of giving the patient a drainage condition is: to facilitate the release of sputum with bronchitis, pulmonary abscess, bronchoectasis, etc. Preparation for the procedure: Fill a container for sputum (saliva) with a disinfectant solution (5% chloramine B solution) for a third of its volume and place the saliva next to the patient so that it is easy to reach. Option 1: 8 from the initial position of the patient on the back, gradually turns 360°around the axis of his body. When the patient is turned 45°, each time he is asked to take a deep breath and

gives him the opportunity to cough well when a cough occurs. The procedure should be repeated 3-6 times. Option 2 (pose of a Muslim praying): - ask the patient to kneel and bend forward (take the knee-elbow position). - Ask the patient to repeat the incline 6-8 times, pause for 1 minute, then repeat the incline 6-8 more times (no more than 6 cycles in total). Make sure the patient performs this procedure 5-6 times a day. * Option 3: explain to the patient that it is necessary to hang his head and hands from the bed (the case of searching for slippers under the bed) 6-8 times in turn (lying on the right or left side).

Make sure the patient performs this procedure 5-6 times a day. Option 4 (Quincke's position): raise the tip of the leg of the bed where the patient is lying 20-30 cm above the level of the tip of the head. This procedure is carried out several times for 20-30 minutes with a break of 10-15 minutes. At the end of the Postural drainage procedure, it is necessary to help the patient take a comfortable position, disinfect sputum and saliva, and carry out the procedure and make an entry into the medical history of the patient's attitude towards it. If sputum does not come out in any of the drainage positions, their use is ineffective. 10 patients are shown his massage to improve blood and lymph circulation in the chest, and breathing exercises to improve the ventilation of the lungs. It is also necessary to ventilate the room where the patient is located at least 4 times a day and keep the air temperature in the range of 18-220C. The patient should be given a sufficient amount of fluid - when taking antibiotics and sulfonamides, he should drink more to prevent the appearance of kidney stones. To prevent infection, the nurse must teach the patient to properly manage the phlegm:

* Do not cough near healthy people.

* Cover your mouth with your hand or handkerchief when coughing.

* Do not spit mucus on the ground, because when it dries, it can turn into dust particles and infect others.

In some countries, spitting in public places is considered an administrative offense, for example, Singapore has enacted a law that spitting on the floor (to the sidewalk on the street) is punishable by a fine of $ 500. Collect phlegm into a special saliva with a dense cap, on the bottom of which a small amount of 0.5% chloramine B solution should be poured. By setting the amount of mucus per day on the temperature sheet, the saliva should be emptied daily, and they should be disinfected with a bleach solution with chloramine B solution. Sputum from tuberculosis patients is burned or poured into the drain after pre-disinfecting with dry bleach at the rate of 20 g per 1 liter of sputum for 2 hours. It is necessary to visually examine the sputum. If blood vessels appear in it, it is necessary to immediately inform the doctor. Hemoptysis and pulmonary hemorrhagic hemoptysis (Greek.haemoptoe) - the release of blood or mucus mixed with the blood of the respiratory tract during coughing. By setting the amount of mucus per day on the temperature sheet, saliva should be released daily, and they should be disinfected with a bleach solution with chloramine B solution. Sputum from tuberculosis patients is burned or poured into the drain after pre-disinfection with dry bleach at the rate of 2 g per 1 liter of sputum for 20 hours. It is necessary to

visually examine the sputum. If blood vessels appear in it, it is necessary to immediately inform the doctor. Hemoptysis and pulmonary hemorrhagic hemoptysis (Greek.haemoptoe) - the release of blood or mucus mixed with the blood of the respiratory tract during coughing.

Gemoptiz quyidagi kasalliklarda kuzatilishi mumkin:

Lung diseases accompanied by the breakdown of lung tissue, participation in the breakdown zone of pulmonary vessels and violation of the integrity of the vascular wall - bronchoectasis, pulmonary abscess, tuberculosis, lung cancer, bronchial adenoma.

Infectious pathology-stenosis of the left atrioventricular cavity (mitral stenosis), pulmonary embolism, aneurysm of the aorta.

Chest damage.

Autoimmune diseases.

Hemoptysis is an indication for urgent hospitalization of the hospital, since when blood appears on the sputum, the possibility of bleeding from the lungs is not excluded. Care for a patient with hemoptysis provides complete rest. The patient should be helped to take a comfortable position in bed, leaning on the affected side so that blood does not get into the healthy lungs. An ice bubble is placed on the diseased half of the chest. Ice absorption is also given, which leads to reflex vasospasm and a decrease in the blood filling of the lungs. With a strong cough, which increases bleeding, antitussives are prescribed. Exposure to high temperatures can cause bleeding from the lungs, so food is given only in the form of cold semi-liquid. You cannot take a hot bath or shower. The patient should not move or talk before the doctor's examination. When there is a risk of hemoptysis and bleeding from the lungs, it is strictly contraindicated for the patient to put jars, mustard plasters, heating pads and hot compresses on his chest. Chest pain in diseases of the respiratory system, pain syndrome is often associated with the participation of pleura in the pathological process (pleurisy, pleuropnevmonia, pneumothorax, pleural carcinomatosis, etc.). Pleural pain is triggered by breathing movements, so patients try to breathe superficially. Caring for patients with pleural pain consists in giving the patient a comfortable position that limits breathing movements (on the sick side), performing the simplest physiotherapeutic procedures as directed by the doctor (installation of mustard plasters, etc.). Any physiotherapy procedures are contraindicated if the patient has a body temperature above 38 ° C. cover the patient with heating pads; measure blood pressure; ensure the supply of an oxygen-air mixture to the patient (in the absence of a centralized oxygen supply - using an oxygen pad); constantly monitor the patient before the doctor arrives. If the patient has developed cardiac arrest, breathing, it is necessary to urgently call the resuscitation team through the staff and immediately start indirect (closed) heart massage and artificial respiration. It should be remembered that from the moment the heart stops to the development of irreversible changes in the brain, only 4-6 minutes pass.

The nurse should know and explain to the patient the change in the effect of drug therapy under the influence of various factors - for example, adherence to a

certain regimen, nutrition, alcohol consumption, etc.taking medications in combination with alcohol leads to unwanted side effects. Alcohol taken with clonidine leads to rapid loss of consciousness, a sharp drop in blood pressure and retrograde amnesia (inability to remember events before loss of consciousness). Alcohol, in combination with nitroglycerin, dramatically worsens the condition of patients with YuIK and can lead to a significant decrease in blood pressure. Alcohol increases in large doses, i.e.indirectly enhances the action of anticoagulants (dicumarin and other coumarin derivatives, in particular warfarin) and antithrombothsite (acetylsalicylic acid, ticlopidine, etc. As a result, excessive bleeding and bleeding into internal organs, including the brain, can later lead to paralysis, loss of speech and even death. With diabetes mellitus, alcohol enhances the hypoglycemic effect of insulin and oral antidiabetic drugs, which leads to the development of severe coma (hypoglycemic coma). Examination of sputum sputum is a pathological secretion that comes out of the respiratory tract during coughing. Examination of sputum is of great diagnostic importance. There are the following basic methods of examining phlegm.

General analysis of sputum: determine the amount, color, smell, consistency, nature of sputum;

Microscopic examination of sputum is carried out to determine the accumulation of cellular elements, Sharko-Lyaden crystals, elastic fibers, Kurshmann spirals, elements of neoplasms (atypical cells), etc.; Sharko-Lyaden crystals - formation from protein products by the breakdown of eosinophils. Their detection in sputum is typical for bronchial asthma. Krurshmann spirals-formations made up of mucus-are often found in bronchial asthma. A chemical analysis is carried out to determine the Protein and its amount, to determine bilirubin.

Bacteriological examination of sputum: determination of microflora in sputum and its sensitivity to antibiotics; analysis of sputum for Mycobacterium tuberculosis. To collect phlegm, the patient must brush his teeth on an empty stomach at 8 am and thoroughly rinse his mouth with boiled water. Then he needs to take a few deep breaths or wait for the desire to cough, and then cough the mucus (in a volume of 3-5 ml) in a clean, dry finished jar, which was previously given to him, and close the lid. For bacteriological examination, a sterile container for collecting sputum is provided; in this case, the patient should be warned not to touch the edges of the containers with a hand or mouth. After the sputum is collected, the patient must leave a container with sputum in the sanitary room in a special box. When sputum is collected, a nurse for atypical cells should immediately take the material to the laboratory, since tumor cells are quickly destroyed.

Control questions

1. The main complaints associated with respiratory diseases.
2. Determination of breathing rate.
3. Emergency medical care for hemoptysis, pulmonary bleeding.
4. Emergency medical care for cough.
5. Emergency medical care for a bronchial asthma attack

6. Using a pocket inhaler.
7. For general analysis, sputum collection, Mycobacterium tuberculosis and atypical cell analysis.
8. Disinfection of saliva.
9. Oxygen therapy method. Indications for oxygen therapy.

MONITORING AND CARING FOR PATIENTS WITH DISEASES OF THE CIRCULATORY SYSTEM.

Cardiology (Greek. Cardia-heart,logos-doctrine) is a Department of internal medicine that studies the etiology, pathogenesis and clinical picture of CCC (diseases of the circulatory system) diseases and develops methods for their diagnosis, prevention and treatment. In diseases of the circulatory system, patients present various complaints. Most often, symptoms such as chest pain, palpitations, shortness of breath, suffocation, swelling, a feeling of interruptions in the patient's heart activity, etc.are observed. Monitoring and care of patients with infectious disease should be carried out in two directions. General activities-monitoring and care measures needed by patients with diseases of various organs and systems: monitoring the general condition of the patient, thermometry, monitoring pulse and blood pressure, filling the temperature sheet, ensuring the patient's personal hygiene, ship feeding, etc. Special measures-monitoring and care measures aimed at helping patients with symptoms typical of infectious diseases: pain in the heart and chest, acute and chronic heart failure, edema, cardiac arrhythmias, etc. General symptoms of diseases of the cardiovascular system. Patient monitoring and care

Arterial hypertension. When caring for patients with Arterial hypertension, patients should pay close attention to compliance with all the requirements of the therapeutic and protective regime, since negative emotions, neuromuscular stress, poor sleep can aggravate the course of the disease. The hypertensive crisis requires urgent medical intervention and the introduction of hypertensive drugs, since it can be complicated by disorders of the brain and coronary circulation. Before the arrival of the doctor, the patient should provide complete rest, access to fresh air, you can make hot foot baths and warm baths for the hands (water temperature 37-40 °c).

Arterial hypotension. Arterial hypotension can be observed in absolutely healthy people, especially asthenia, but it can be a symptom of serious diseases accompanied by cardiac output, a decrease in vascular tone, a decrease in AQB (myocardial infarction, bleeding, shock, collapse). A patient with acute arterial hypotension should be admitted, the tip of the bed should be raised to improve blood flow to the brain, and medications should be administered as directed by the doctor. Pain in the heart area pain in the heart area is not always associated with infectious diseases. Pain can occur as a result of pleura (dry pleurisy), diseases of the spine and intercostal nerves (osteochondrosis of the spine, intercostal neuralgia), myositis, hiatal hernia, etc.such pains are called cardialgia. Chest pain associated with pathology of the circulatory system can occur due to pericardium,

aortic pathology, neurotic state. 4 10-8 Angina pectoris or" breast frog " (lat. angina pectoris), occurs when the coronary arteries narrow due to atherosclerosis damage, to which vasospasm can be added. The pain of Angina pectoris is caused by a discrepancy between the need for oxygen of the myocardium and the possibilities of coronary blood flow, which leads to ischemia, hypoxia of the heart muscle. It disrupts metabolism and an increase in low-metabolized and low-oxidized metabolic products irritates sensitive nerve endings in the myocardium and causes a feeling of pain. Typically, an angina attack is caused by physical or emotional stress. The pain is localized behind the sternum, has the property of pressure, burning or squeezing, is accompanied by fear of death, is given to the left shoulder, arm, left half of the neck, lower jaw (spreads). Such pain, as a rule, lasts from 1 to 10 minutes and disappears on its own during rest or 1-3 minutes after taking a nitroglycerin tablet under the tongue. Helping a patient with an attack of Angina pectoris consists in ensuring complete rest, taking nitroglycerin under the tongue (it is recommended to give the patient a higher position), and less often - placing mustard plasters in the area of the heart. Heart failure shortness of breath in Infectious Diseases serves as one of the signs of heart failure, which is associated with a progressive decrease in the contractile function of the myocardium. Heart failure is characterized by stagnation of blood in the pulmonary circulation and fluid retention in the body. With shortness of breath of heart origin, blood accumulates in the pulmonary circulation, and the patient initially experiences a painful feeling of lack of air during rest, with exercise and excitement, and as the disease progresses. In heart failure, choking (cardiac asthma) is a sudden severe shortness of breath, accompanied by noisy breathing, often develops at night (due to an increase in the tone of the vagus nerve, which leads to narrowing of the coronary vessels). At the same time, the patient receives a mandatory position, a sitting - orthopedic position. Suffocation may not have a heart nature. For example, with atherosclerotic damage to the vessels that feed the respiratory center, the so-called Traube asthma can occur-suffocation of the central genesis, in which changes in the patient's condition do not affect his condition. Orthopne (Greek. orthos-direct, breathing - breathing) - when breathing in a horizontal position, the patient experiences shortness of breath and suffocation, which forces him to sit with his legs lowered. In this case, shortness of breath decreases due to the severity of pulmonary circulation, since blood accumulates in the vessels of the abdominal cavity and lower extremities.

A heart asthma attack also occurs with a sharp decrease in the ability of the heart muscle to contract due to necrosis (infarction), inflammation (severe myocarditis) or overload (hypertensive crisis, adequate physical activity). Pulmonary edema is the most severe manifestation of heart failure when a liquid part of the blood sweats through the walls of blood vessels and accumulates in the alveoli. At the same time, shortness of breath and sputum discharge with pink foam are added to the symptoms listed above of heart asthma. Help for shortness of breath consists in ensuring rest, giving the patient a sitting or half-sitting position (orthopnea), getting rid of restrictive clothing, providing access to fresh air, taking

nitroglycerin (in the absence of contraindications) or antihypertensive drugs.in case of increased blood pressure as directed by the doctor.

Relief measures for heart asthma and pulmonary edema include: Call a doctor immediately. Give the patient a sitting position (orthopnea). If the patient has a systolic blood pressure of at least 100 mmHg, give the patient nitroglycerin.

Start oxygen therapy with a defoamer through a mask or nasal catheter. Start active aspiration (absorption) of foam sputum with electric pumps. After giving the patient a sitting position, place venous harnesses (rubber tubes or tonometer cuffs) 15 cm below the inguinal fold on both legs to keep the blood in a large circulation and delay its flow to the lungs (venous harnesses can also be additionally applied to the hands). It is only necessary to check that the veins are pinched - that is, the arterial pulse under the tourniquet should be preserved, and the limbs should be cyanotic, but not white. After 15-20 minutes, the tourniquet should be loosened. The removal of the harness must be carried out in a sequential slow mode (first from one leg, after a while from another leg, etc.).

Blood transfusions can be made to remove some of the circulating fluid from the bloodstream and lower a small circle of blood circulation; the use of hot foot baths is allowed. Intravenous drug analgesics, diuretics as directed by a doctor, Ace inhibitors, cardiac glycosides and other necessary drugs are administered. Edema in heart failure is the result of stagnation of blood in large circulation and fluid retention in the body. Cardiac edema is often localized on the legs, in the area of the sacrum, waist, shoulder blades if the patient walks or the patient lies down. The skin in the area of edema is smooth, shiny, tense, when pressed, a hole is formed that has not been flattened for a long time.

In advanced cases of heart failure, fluid (transudate) can accumulate in the serous cavities.

* Ascites (Greek. ascites - similar to swollen fur, swollen) - accumulation of fluid in the abdomen ("drop"of the abdomen).

* Hydrothorax (Greek. hydor-water, fluid, thoracos-chest) - accumulation of fluid in the pleural cavity.

* Hydropericardium (Hydro + pericardium) is the accumulation of fluid in the pericardium cavity.

* Anasarka (Greek. ana-in everything, sarcus - meat) - a common swelling of the subcutaneous tissue.

Initially anasarka was known as "hydor ana sarcus" (Greek. hydor-liquid), which means "liquid along the meat", i.e.body". Later, the word" hydor "fell out of Use, and the widespread swelling was briefly called" ana sarcus " anasarka. Monitoring and caring for patients with heart failure. It should be remembered that in the early stages of the disease, infections can be hidden.

In these cases, fluid retention in the body can be manifested by a rapid increase in body weight and a decrease in urine output. Therefore, it is very important to control the water balance daily in such patients, i.e.comparison of the amount of fluid ingested and parenterally administered with the amount of urine allocated per day (diuresis per day). Daily diuresis should be 1.5-2 liters (70-80%

of the volume of all liquid consumed per day). If urine releases less than 70-80% of the volume of all fluid consumed per day, negative diuresis is detected (that is, part of the fluid is stored in the body).

Diuresis is considered positive if the amount of urine exceeds the amount of fluid ingested per day. Positive diuresis is noted during the appearance of edema when taking a diuretic. The state of the water balance can also be controlled by weighing the patient: a rapid increase in body weight indicates fluid retention. It should be remembered that patients who are resting in bed and taking diuretics should be provided with urine receivers, vessels.

Water balance monitoring goals: detecting hidden swelling, determining the amount of urine allocated per day, assessing the adequacy of therapy, first of all diuretic (diuretic). Equipment: medical scales, clean dry 2-3 liter jar, two finished containers, water balance sheet, temperature sheet. On the eve of warning the patient about the upcoming procedure and the rules for collecting urine, tell him in detail about the procedure for writing on the water balance. At 6 am, wake up the patient to urinate on their own to the toilet or release urine with a catheter; this part of the urine is not taken into account.

The next morning until 6 am, all subsequent parts of the urine, including the patient, must be collected in a jar. During the day, the patient or nurse records the fluid introduced into the body in milliliters, including ingested (first courses - 75% of the fluid) and parenterally injected. Using the graduated Bowl, calculate the amount of urine excreted per day. Enter the measurement data in a special column of the temperature sheet. Water balance assessment calculate how much fluid should be excreted in the urine.The amount of urine to be excreted (normal) is determined by the following formula: the amount of fluid ingested (which includes not only the water content in food, but also parenteral solutions) is multiplied by 0.8 (80%).

Compare the volume of the released liquid with the expected amount (calculated by the formula). If the liquid is released less than expected when calculating by formula, the water balance is considered negative and if the liquid is separated more, it is considered positive. The positive water balance indicates the approach and treatment effectiveness of edema, the negative - the increase in edema and the inefficiency of diuretic therapy (treatment with diuretic drugs). For therapeutic and diagnostic purposes, an abdominal puncture (paracentesis) is performed when a large amount of fluid accumulates in the abdomen. Care should be taken when doing this, since the rapid (simultaneous) removal of a large amount of liquid can lead to collapse.

The actions of the nurse during paracentesis are described above. Patients with chronic heart failure, who are forced to rest in bed, often develop trophic changes in the areas of swelling - in the area of the sacrum, waist, shoulder blades, which can lead to the appearance of pressure sores. In this regard, measures to prevent the appearance of pressure sores are especially important. Syncope (Greek. syncope; syncopal condition) - short-term loss of consciousness due to a lack of blood

supply to the brain. Usually fainting occurs with strong neuropsychiatric effects (fear, intense pain, type of blood), in a clogged room, with severe fatigue.

Before loss of consciousness, dizziness, tinnitus, darkening of the eyes, dizziness sensations, etc.often appear.a whitish skin of the visible mucous membranes, cooling of the limbs, cold sticky sweat, a sharp drop in blood pressure, a small thread-like Pulse are noted. Unlike epileptic seizures, spontaneous urination with fainting is rarely observed, breathing stops, and there is no tongue bite. Usually, fainting occurs in the patient's upright position; when he lies down, blood flow to the brain increases, and consciousness quickly recovers. Fainting, as a rule, lasts 20-30 C, after which the patient comes to himself.

Fainting assistance consists in giving a horizontal position with the legs raised (to ensure blood flow to the head), getting rid of restrictive clothing, and providing access to fresh air. You can crush the patient's temple and chest, spray cold water on the face, bring cotton wool soaked in ammonia to the nose (to activate the respiratory center). Fall, collapse (lat. collapse) - clinical picture of acute vascular insufficiency with a decrease in vascular tone, a decrease in contractile function of the heart, a decrease in pulse and a decrease in blood pressure. It is observed with acute blood loss, myocardial infarction, orthostasis, infectious diseases (due to repeated vomiting, dehydration due to diarrhea), poisoning, overdose of antihypertensive drugs. Clinical manifestations are similar to fainting, but the collapse is not always accompanied by loss of consciousness, the patient can be inhibited, indifferent to what is happening, the pupils expand if necessary, parenteral replenishment of the BCC is carried out by transfusion of blood drugs or blood substitutes, the introduction of drugs that increase vascular tone (nicetamide, sulfocamforic acid + procaine, phenylephrine, etc.). etc).

Control questions

1. The main complaints in diseases of the circulatory system.
2. Pulse counting technique.
3. Blood pressure measurement technique.
4. Water balance monitoring.
5. The concept of Arterial hypertension and the provision of first aid to arterial hypertension.
6. The concept of acute vascular insufficiency (fainting, collapse, shock) and helping with acute vascular insufficiency.
7. The concept of acute and chronic heart failure, acute and chronic heart care for patients with insufficiency.
8. The concept of acute coronary insufficiency (angina pectoris, myocardial infarction) and care of patients with acute coronary insufficiency.
9. Providing first aid for heart pain, suffocation.
10. Emergency care when the heart stops.

SUFFERING FROM DISEASES OF THE DIGESTIVE SYSTEM MONITORING AND CARING FOR PATIENTS

Gastroenterology (Greek. gaster-stomach, enteron-intestinal, intestinal, logos - doctrine) is a Department of internal diseases that studies the etiology, pathogenesis and clinical picture of diseases of the digestive system and develops methods for their diagnosis, treatment and Prevention. Gastroenterology departments study diseases of the esophagus (esophagology), stomach (Gastrology), intestines (enterology), pancreas (pancreatology), liver and biliary tract (Hepatology).

Observation and care of patients with diseases of the digestive system should be carried out in two directions.

General measures-monitoring and care measures needed by patients with diseases of various organs and systems: monitoring the general condition of the patient, thermometry, monitoring pulse and blood pressure, filling the temperature sheet, ensuring the patient's personal hygiene, if necessary, ship delivery, etc.

Special measures-monitoring and care measures aimed at helping patients with symptoms that indicate diseases of the digestive system: abdominal pain, nausea, vomiting, Belching, etc.

The purpose of the digestive organs is to grind food (in the oral cavity), move it along the digestive tract, digest it, absorb digested food and remove undigested residues from the body.

Defecation

An average content of 1.5-2 liters per day enters the large intestine.

After the end of the digestive processes, intensive absorption of water and electrolytes (in the proximal parts of the large intestine), feces are released through the anal opening, which form 150-250 g. Bowel movements are called defecation (lat. defaecatio: de-prefix meaning delete, faex, faecis-suck, thick). The desire for bowel movements occurs when the pressure level of the rectum reaches 40-50 CM of water.art. The normal defecation rhythm is once a day, rarely 2 times, usually in the morning or during the day. The amount of feces released depends on the composition of the food and increases significantly due to plant fibers (potatoes, vegetables and fruits, after eating rye bread) and decreases in the intake of meat dishes.

General characteristics of bowel movements

After emptying the patient into the cauldron, the nurse must carry out a general examination of the stool, and if there is blood, immediately inform the doctor about it. In a healthy person, the daily amount of feces is on average 110 g, but there may be fluctuations from 40 to 260 g.in men, the mass of feces is more than in women, in young people - more than in the elderly. The amount of feces depends on the quality and quantity of food, social conditions, changes in the usual routine (for example, a business trip), climate, volume of fluid consumed, hormonal cycle (menstruation in women). If the absorption is impaired and the

speed of movement through the intestine increases (enteritis), the amount of feces can reach 2500 G (according to lifecaly), the stool with constipation is very small.

The consistency and shape of the stool depends on the water, fat and fiber content it contains; in healthy people, the amount of water in the stool is about 70%. Usually, the shape of the stool is sausage-shaped, the density is average. With constipation, the stool becomes very dense (it contains about 60% water), and with spastic constipation, it takes the form of dense balls - "sheep's feces". With diarrhea, feces are liquid with undigested food particles and various impurities (for example, with cholera, feces resemble rice broth with pieces of mucus, with typhoid – a type of pea soup). With the predominance of fermentation processes in the intestines, bowel movements become soft, foamy.

To characterize the shape and consistency of feces, it is recommended to use the Bristol scale, according to which constipation is characterized by seven different types of feces.

General symptoms of diseases of the digestive system.

Monitoring and care of patients. In diseases of the digestive system, patients present various complaints. Symptoms such as abdominal pain, nausea, vomiting, Belching, heartburn, appetite disorders, constipation, diarrhea, flatulence, etc.are often observed.

Abdominal pain

Abdominal pain occurs in most diseases of the abdominal organs. There is peritoneal and visceral pain in the abdomen. Peritoneal pain occurs when the peritoneal membrane, which covers the digestive organs, is involved in the painful process. Such pain is usually constant, sharp, cutting, intensifies when the body moves, and is accompanied by a strong tension of the abdominal wall. Visceral pain (spasm, stretching, atonia), which develops when the motor function of the digestive tract is impaired, has a cramping, painful, diffuse character. Abdominal pain can occur not only when it damages the digestive system, but also in other diseases. So, for example, there is a gastralgic variant of myocardial infarction, where the onset of the disease can be clinically manifested by acute pain in the epigastral region.

The localization of pain can to some extent indicate the affected organ. In diseases of the stomach and duodenum, pain is localized in the epigastral region and is associated with nutrition. "Early" pain (immediately after eating or within the first hour after eating) is noted by stomach damage (stomach ulcer), "late" (2-3 hours after eating) - duodenal disease. With damage to the intestine, pain is localized in the lower half of the abdomen, there is no connection with nutrition. The feeling of pain can range from a slightly felt feeling of discomfort to unbearable painful pain - colic. Colic (Greek. Colicos-suffering from intestinal pain) is an acute abdominal pain attack that often develops in diseases of the abdominal organs.

Intestinal colic-short, frequent, sudden, which is felt in different parts of the intestine

the pain that begins (cramping) is accompanied by flatulence, which is relieved after the gases come out. A special type of intestinal colic is tenesmus (or rectal colic, rectal colic).

Tenesma (Greek. teinesmos-vain desire)-often painful painful bowel movements with the production of a small amount of mucus. Tenesmus is caused by spasm of the rectum muscles; their appearance indicates damage to the latter (e.g. dysentery, proctitis, rectal tumors, hemorrhoids.). Bile colic (or liver colic) is the main symptom of gallstone disease. Pain, as a rule, is localized in the right hypochondrium, spreads throughout the abdomen, right shoulder and intercapular space.

In pancreatic colic, pain occurs in the epigastral region, spreading to the left hypochondrium and left scapula. The conditions accompanied by abdominal pain are divided into two categories.

Non-life-threatening diseases of the abdominal organs. It is characterized by" mild " - pain that patients tolerate, which is not accompanied by a violation of the general condition of the patient; increased gas formation (flatulence), nausea, Belching can be observed. As a rule, the patient himself can name the cause of these diseases (overeating, excessive consumption of alcohol, violation of the diet - excessive consumption of fatty or spicy foods, etc.). In this case, the patient does not have fever and loose stools.

Nevertheless, even if the patient has non-acute abdominal pain, it should be carefully monitored. Often, life-threatening diseases begin with minor pain, especially in children, weakened patients and elderly and elderly people.

Life-threatening diseases of the abdominal organs. A sudden appearance of severe abdominal pain accompanied by nausea and/or vomiting, the absence of stool (diarrhea is less common), bloating, tension of the abdominal wall ("plank-shaped abdomen") is characteristic. This condition is defined by the term "acute". Pain relievers, laxatives, enemas and heating for abdominal pain.

It should not be used until the doctor has determined the causes of their occurrence, as these interventions can make the diagnosis difficult and even harm the patient. The decision to carry out certain therapeutic measures due to the presence of abdominal pain is made by the doctor. If the patient develops abdominal pain, it is necessary to urgently call a doctor, put the patient in bed and prohibit him from eating food and fluid.

Nausea (lat. nausea) is a painful sensation in the epigastral Region, Chest, pharynx and oral cavity, often before vomiting. Nausea can be accompanied by saliva,pale skin, weakness, increased sweating, dizziness, decreased blood pressure, sometimes semi-fainting. The development of this symptom is based on the excitability of the vomiting center. If nausea persists for several hours, the nurse should teach the patient to take a way to temporarily alleviate the situation - small portions of still mineral water ("Borjomi", "Essentuki", etc.).

Resentment (Greek. emesis) is the involuntary eruption of stomach contents (sometimes accompanied by intestinal contents) by mouth (rarely through the nose). Most often, nausea appears before vomiting. Vomiting can occur not only in

diseases of the digestive system (pathologies of the stomach, liver and biliary tract, peritonitis), but also in infectious diseases, poisoning, kidney diseases, diabetes mellitus, hypertension, diseases of the nervous system, among others.vomiting can worsen the patient's condition, increase dehydration, and lead to loss of electrolytes. If the mind is disturbed, patients with vomiting can be aspirated, which can lead to the development of lung inflammation (called aspiration pneumonia); multiple aspiration can lead to asphyxia**.** Persistent debilitating vomiting is often accompanied by a rupture of the gastric mucosa with the development of bleeding from the stomach (Mallory-Weiss syndrome).

Aspiration (lat. aspiration-respiration) is the entry of fluid or various foreign bodies into the lower respiratory tract with air flow during respiration. aspiration is manifested by acute cough, acute expiratory shortness of breath (difficulty breathing during breathing), and sometimes suffocation. and loss of consciousness.

Asphyxia (Greek. asphyxia-literally the absence of a pulse) - suffocation due to oxygen starvation of excess carbon dioxide in the blood and tissues.

As a rule, emergency ventilation with asphyxia is necessary. If there is vomiting, it is necessary to determine whether it is related to nutrition. Vomiting from the stomach, as a rule, brings relief to the patient, but in diseases of the nervous system, central vomiting is usually not associated with malnutrition and does not bring relief to the patient. Vomiting can contain undigested food residues, mucus, bile, a mixture of blood.

When bleeding from the mucous membrane of the stomach or duodenum, vomiting is brown-black - the color of "coffee grounds": the chemical reaction of hemoglobin with hydrochloric acid of gastric juice, in which hydrochloric acid, which has a rich brown color, forms hematin.

When bleeding from dilated vessels of the esophagus or from the heart part of the stomach (with Portal Hypertension), vomiting with a mouth full of dark, unchanged blood is noted. Care of the patient during vomiting. During vomiting, the patient usually instinctively takes a position. If the patient is tired or fainted, it is necessary to give him a half-sitting position or tilt his head down and turn him to the side. To prevent vomiting into the respiratory system, the patient should not lie on his back. Place the basin on the floor and bring a tray or towel to the corner of your mouth. After vomiting, the patient should be allowed to rinse his mouth with water (heavy patients should clean the oral cavity with a cotton swab moistened with water or a weak solution of sodium bicarbonate, potassium permanganate), put on a bed and cover with a blanket.

The nurse should carefully monitor the patient's condition and not leave him unattended, not allowing vomiting aspiration. If there are blood impurities in the vomit, the patient should be laid in bed, raise the tip of the leg of the bed and urgently call a doctor. An ice bubble can be placed in the epigastral area before the doctor arrives. It is necessary to assess the pulse (frequency, filling) and measure blood pressure. The collection of vomit is carried out with the determination of their quantity and composition in each episode of vomiting, followed by laboratory

testing. The most convenient glass container for assembly is a wide throat up to 2 liters, with a graduation and closing lid on the side surface.

If vomiting is repeated, vomiting should be collected in separate containers, since changes in the quality composition and amount of vomiting can be of diagnostic importance. Vomiting should be kept until the arrival of a doctor who will decide to send it to a laboratory test.

To neutralize vomiting, containers with lids must be covered with dry bleach (200 g per 1 kg of vomiting) and mixed. After an hour, the contents of the container must be poured down the drain.

Stuttering (lat. eructatio) - sudden involuntary, sometimes resonant discharge (burping with air) through the mouth of air accumulated in the stomach or esophagus. It can be accompanied by the introduction of a small amount of stomach contents into the mouth (Belching with food). Air burp is observed during aerophagia.

Aerophagia (Greek. aeros-air, fagein-swallowing, eating) - swallowing an excessive amount of air, then regurgitating it; it is observed with fast food, a number of diseases of the gastrointestinal tract, mental disorders. Burping can be accompanied by acid in the mouth (gastric secretion, ulcer) or bitterness (when bile is poured into the stomach from the duodenum), the smell of rotten eggs (gastritis, with pyloric stenosis). The unpleasant taste and sense of smell irritate the patient insistently. If these symptoms are present, the patient should be advised to brush his teeth every time after eating, rinse his mouth with boiled water or a decoction of medicinal plants (mint, chamomile, etc.).

Stomach pain (lat. pyrosis) - a painful burning sensation behind the sternum or in the epigastral area, often spreading to the pharynx, which is caused by the pouring of acidic vascular contents into the esophagus, as well as spasm of the smooth muscles of the esophagus. The causes of heartburn can be reflux esophagitis, diseases of the stomach and duodenum, biliary tract, hiatal hernia. To eliminate heartburn, the patient should be given the medicine prescribed by the doctor, leave a glass of milk, mineral or boiled water for him.

If heartburn occurs in the patient when the body is bent or lying down immediately after eating (for example, with a hiatal hernia), the head end of the bed should be raised during sleep - the patient may be given an additional pillow.

Appetite disorders in diseases of the digestive system, patients often develop appetite disorders. Appetite (lat. appetitio-strong desire, desire) means a pleasant feeling associated with the upcoming meal.

There are the following types of appetite disorders.

Decreased appetite, as a rule, is associated with a decrease in gastric secretion and acidity. Complete loss of appetite is called Anorexia (Greek. an-a prefix indicating the absence of a sign, orexis-desire to eat, appetite). Increased appetite is often observed with ulcers, pancreatitis. The feeling of pathologically increased hunger, up to excessive greed, is known as bulimia (Greek. bus-bull, limos - hunger; literally-bull hunger, in Russian similarity-Wolf hunger). B-Limia can be a manifestation of organic brain disease.

Appetite disorders (Pika, lat. pica-Magpie), expressed in the desire to consume inedible substances (chalk, lime, ash, coal, etc. Picasso is caused by changes in the functional state of the Food Center (for example, during pregnancy, iron deficiency anemia).One of the options for impaired appetite involves the patient's aversion to certain foods (e.g., aversion to meat and meat dishes for stomach cancer).The appearance of dyspeptic disorders in the patient, such as Belching, heartburn, appetite disorders, etc., can be a sign that the patient's condition is worsening, so the nurse should inform the doctor about this.

Dyspepsia (Greek. DYS deviations from the norm, dysfunction, pepsis digestion) digestive disorders.

Meteorism (Greek. meteorismos - upward movement)-bloating in the gastrointestinal tract as a result of excessive accumulation of gases and violation of their release. Flatulence is manifested by compressive pain, a feeling of heaviness and expansion in the abdomen. These symptoms disappear after the gas is released. The patient is worried about frequent leakage of gases (more than 20 times a day), burping, hiccups. With increased intestinal motility, a loud noise appears in the stomach, which causes discomfort to the patient, irritating him.

The main causes of flatulence are as follows. The use of foods that promote gas formation in the intestines, milk, rye bread, cabbage, potatoes, peas, beans, among others.

Oshqozon-ichak kasalliklari-Aerofagiya, surunkali kolit, ichak disbiyozi, pankreatit, ichak tutilishi va boshqalar bilan kechadigan holatlar.

Ichak parezi-qorin bo'shlig'i organlarida, shuningdek og'ir patologiyada operatsiyadan keyin: qon tomir, mezenterial tromboz va boshqalar. Meteorizm bilan og'rigan bemorga g'amxo'rlik qilish, birinchi navbatda, dietani tuzatishni o'z ichiga oladi - iste'mol qilish ichakda gaz hosil bo'lishining ko'payishiga olib keladigan mahsulotlarni istisno qilish. Shifokor ko'rsatmasi bo'yicha bemorga kuniga 2-3 marta kukun yoki planshetlarda faollashtirilgan ko'mir, romashka infuzioni, arpabodiyon urug'i damlamasi beriladi.

The main tool for flatulence is the installation of a gas discharge tube. In addition, you can put a cleansing enema from the intestine that will help remove not only feces, but also gas, which will bring significant relief to the patient.

Diarrhea (Greek. dia-movement through, rrhoia-flow),-frequent defecation (more than 2 times a day), in which the stool has a liquid consistency. Diarrhea is usually associated with an acceleration of bowel movement and, as a result, rapid movement through the intestines and a rapid evacuation of intestinal contents. Diarrhea is also based on a decrease in the absorption of water and electrolytes in the intestine, an increase in secretion into the intestinal cavity and an increase in mucous formation. If this leads to inflammation of the intestinal mucosa, various impurities appear in the liquid feces.

The main causes of diarrhea are as follows:

Gastrointestinal diseases-gastritis with secretory insufficiency,

stomach cancer, non-specific ulcerative colitis, pancreatitis, hepatitis, liver cirrhosis et al.

Intestinal infections-dysentery, cholera, etc.

Dysbacteriosis.

Poisoning, including food.

Diseases of the endocrine system-thyrotoxicosis, diabetes, etc.

Metabolic disorders-hypovitaminosis, amyloidosis, etc.

Yatrogenic causes are laxative drugs, antacids with magnesium salts, and applying others.

Alimentary causes-overeating, abuse of coarse food,

emergency food.

Psychogenic causes - bear disease can occur in stressful situations; diarrhea in the morning is possible-"diarrhea-alarm clock".

Depending on the localization of the pathological process in the intestine, enteral diarrhea (with enteritis - inflammation of the small intestine) and colitis (with colitis - inflammation of the large intestine) are distinguished.

Bowel movements with Enteral diarrhea are liquid, abundant, yellow-green, 3-6 times a day. Colitis diarrhea is characterized by frequent bowel movements (10 times a day and more). Bowel movements are usually low, in small portions, often with" spitting", which can be bloody with a slime mixture. Tenesmus for colitis diarrhea is characteristic up to 20-40 times a day.

Care for patients with diarrhea. This consists primarily in keeping the room clean, as well as the bed and bed linen. The patient should use the vessel, not the toilet, so that the doctor can examine the stool. After each bowel movement, the patient should rinse the anus with a weak disinfectant solution.

Complications of long-term diarrhea are loss of electrolytes (sodium, potassium, magnesium, etc.), dehydration of the body and a decrease in blood pressure.

The nurse should carefully monitor the patient's condition, monitor the pulse, blood pressure, the amount of fluid ingested and released, the excess of garbage and the type of bowel movement. The patient should be weighed daily with a record of body weight on the temperature sheet.

Diarrhea is often a manifestation of infection, so constant disinfection is necessary before determining the cause of diarrhea. To such a patient, it is necessary to highlight a room near the window or part of the common room, in which only the necessary things remain. Cleaning the patient's room and general use areas should be carried out in a wet way 2-3 times a day. Floors should be washed with hot water, soap and soda; door handles, seat in the toilet, floor in the toilet and toilet - wipe with a rag moistened with a disinfectant solution.

To do this, there must be a separate bucket and Rag, which are periodically specially treated and disinfected or boiled. At the entrance to the house, you need to place a carpet moistened with a disinfectant solution. The patient's dishes should be washed separately from other dishes with hot water, soap and soda, boiled 1 time per day for 15 minutes and kept separately from the rest of the dish. Food residues must be disinfected, cover them with dry bleach for 1 hour in a 1:2 ratio, and then drain into the drain.

If the patient uses an individual container or lining container, after disinfectant treatment, they must be placed on a bench, placing a sheet of paper that must be changed after each pot is used, and the contaminated paper must be burned. The patient's feces and urine in the container (container) should be covered with dry bleach for 1 hour in a 1:2 ratio, then poured down the drain.

Dirty laundry should be collected separately in a closed container and boiled in a soap and soda solution for 15 minutes before washing. dirt contaminated with feces should be washed with washing water and covered with dry bleach for 1 hour. Patient caregivers should wear a bathrobe from a fabric that is easy to wash over their clothes and strictly follow the rules of personal hygiene: after cleaning the room, disinfecting the dishes, after delivering the vessel, wash your hands thoroughly with soap and a brush, leave the room, remove the dirty gown and wipe your shoes with a disinfectant solution.

The nurse should explain to the diarrhea patient that she should consume at least 1.5-2 liters of liquid a day, including lemon tea, rose hips, blueberry juice, etc.

Forced defecation occurs in patients as a result of impaired nervous regulation of the act of defecation, diseases of the nervous system, diseases accompanied by loss of consciousness (infections, blood flow to the brain, etc. Fecal incontinence can be the result of local inflammation, tumors and traumatic diseases in the area of the rectum sphincters. Patients with forced bowel movements should be placed in a separate room. The diet of such patients should be high in calories and easy to digest. Every morning, such patients should be given a cleansing enema. The diet of such patients should be high in calories and easy to digest. Every morning, such patients should be given a cleansing enema. Patients with forced defecation should periodically lie on a rubber boat or a specially equipped bed; at the same time, it is necessary to constantly ensure the cleanliness of the patient's body (frequent washing, wiping, changing laundry, etc.).

Constipation or constipation (lat. consttipatio - accumulation, accumulation),- rare difficulty of bowel movement with a small amount of feces (less than 100 g per day) with a feeling of prolonged stool (more than 2 days) or incomplete bowel movement. Constipation, as a rule, is associated with a violation of bowel movements, a weakening of bowel movements. In addition, organic changes in the gastrointestinal tract can prevent the normal development of intestinal contents.

Constipation can occur without intestinal disease, such as malnutrition or fasting, dehydration, or eating easily digestible food that is devoid of plant fiber ("peristaltic activator").

Chronic constipation is characterized by the following symptoms.

Tension during defecation takes at least 25% of its time.

In at least one of the four defecation movements, split and/or hard feces. The incomplete sense of evacuation in the intestinal contents is in one of at least four defecation movements. The feeling of obstruction when passing feces is in one of at least four defecation movements. The need for finger manipulation, which facilitates the movement of defecation in one of the four defecation movements. The frequency of bowel movements is less than three per week.

Rim II (1999) mezonlariga ko'ra, surunkali ich qotishi tashxisi 12 oy davomida kamida 12 hafta davom etadigan ikki yoki undan ortiq alomatlar mavjud bo'lganda aniqlanishi mumkin.

The main causes of constipation are as follows.

* Inflammatory diseases of the small and large intestine.

• The presence of a barrier in the intestinal passage (mechanical constipation) - for example, a tumor in the abdominal cavity, intestinal compression by an enlarged uterus, polyps in the rectum.

• Diseases that slow down the peristalsis of the lower intestine-hemorrhoids, anal fissures and leaks, paraproctitis.

Exogenous intoxication-chronic occupational poisoning with lead, mercury, thallium, bismuth; addiction, long-term smoking.

Endogenous intoxication-for example, diseases of the endocrine system-hypothyroidism, diabetes, etc. Violation of water-electrolyte metabolism-dehydration, potassium deficiency, heart failure, etc.

Violation of the diet and diet-a plant in food insufficient fiber, restriction of fluid intake, consumption of" dry food" to do, food that makes it difficult to evacuate the intestinal contents consumption of their products-strong tea, cocoa, white bread, etc.

Yatrogenic factors-the use of drugs that inhibit motor activity of the intestine (drug analgesics, antidepressants, non-steroidal inflammation injection drugs, ß-adrenergic blockers, calcium channel blockers, Ace inhibitors.) or to help with dehydration (for example, diuretic drugs). Of the same time taking more than one drug in itself can exacerbate and exacerbate constipation.

Neurogenic factors-for example, suppression of the physiological desire for bowel movements due to unsatisfactory living conditions.

Physical inactivity-constipation in patients who have been resting in bed for a long time.

Atonic and spastic constipation, depending on the nature of the violation of motor function of the intestine

hardening stands out.

* Intestinal atony (atonic constipation) as a result of weakness of the intestinal muscles and a decrease in irritation of the intestinal wall, as well as with diseases of neighboring organs, the intestinal contents remain in the colon for up to 7 days or more. With atonic constipation, feces have a cylindrical shape.

* With spastic constipation, physical activity increases (intestinal motility), but the segmental movements of the intestine outweigh the longitudinal, which prevents the transport of intestinal contents. With spastic constipation, feces are formed in the form of balls ("sheep's feces"), ribbons ("pencils"), lumps, etc. anal tears may occur. It should be borne in mind that abdominal pain and vomiting contribute to the development of constipation, and the presence of a stool stone can be accompanied by urinary retention.

With constipation, patients feel heaviness and swelling in the abdomen, pain

they do, feel that the bowel movement is incomplete. The absorption of rotten products due to stagnation of feces in the intestine leads to poisoning of the body, which is characterized by headaches, a feeling of lethargy, general weakness.

Care for patients with constipation. To eliminate constipation, it is necessary, if possible, to increase the activity of the remedy. It is necessary to conduct an interview with the patient, explain the possible causes of constipation, make recommendations on lifestyle and dietary changes. The patient should know that daily bowel movements are not a physiological necessity - with complete bowel movements, one stool is enough in 2-3 days. The patient should be advised to eat four times a day and eat wisely, enriched with products that stimulate the passage of feces through the intestines and help loosen it: lactic acid products (kefir, yogurt, fermented baked milk), fresh rye bread, fruits and fruits of sour varieties (plums, apples, etc.), honey, vegetable oil, vegetables, seaweed, buckwheat porridge, carbonated drinks, dried fruits (prunes, dried apricots).

Organic acids and sugar in vegetables, fruits and berries stimulate bowel function well. Therefore, patients with constipation are shown fruit and vegetable juices, figs, dates, bananas, apples.

In addition, a number of products to the patient evacuate the contents from the intestine it should be explained that it can delay making and increase constipation. Such products include strong tea, coffee, cocoa, natural redheads, white bread,butter dough, crackers, rice and semolina porridge, potatoes, all kinds of porridge and ground foods, jelly. It is not recommended to eat foods that cause an increase in gas formation: legumes, cabbage,sorrel, spinach, apples, pomegranates and grape juice.

With atonic constipation, to stimulate bowel movements, the patient should be advised to eat foods that contain a large amount of fiber:fruits, vegetables, steamed wheat bran. In order to relax the muscles with spastic constipation and eliminate intestinal spasms, it is necessary to exclude acute and salty foods from the diet, prohibit the patient from drinking alcohol and smoking. With a stone from soft feces, a rectal candle (for example, bisacodyl) is administered to the patient as directed by a doctor, and then a hypertonic enema is placed.

If the fecal Stone is hard, the patient should be given an oily enema at night, and a rectal candle should be inserted in the morning. A significant accumulation of hardened feces should be removed with fingers, since in such cases the enemas are not affected. To do this, the nurse must wear rubber gloves, put them under a sick ship, lubricate the index and middle fingers of the right hand with petroleum jelly, and insert them into the rectum and disassemble the stool, after which a cleansing enema should be placed.

Gastrointestinal bleeding. Bloody stools are an important sign of gastrointestinal bleeding. Depending on the localization of the source of bleeding, feces can have different colors - from black resin to red. The most reliable clinical signs of gastrointestinal bleeding are Hematemesis (lat. haematemesis-bloody vomiting) and melena (Greek. melanos-dark, black;liquid feces with black resin). A patient with gastrointestinal bleeding may experience weakness, dizziness, tinnitus,

shortness of breath, fainting, acute pallor of the skin and mucous membranes, frequent, weak filling pulse, decreased blood pressure. Caring for a patient with gastrointestinal bleeding. If the patient develops the above symptoms, the nurse should immediately inform the doctor about this and provide the patient with first aid. Calling a doctor, the nurse should put the patient in bed (if blood pressure drops, the leg end of the bed will rise). A patient with gastrointestinal bleeding should adhere to a strict bed rest. He needs to be banned from speaking and smoking. The patient is not given food or drink. You can put an ice bubble in the abdomen. The nurse should call a laboratory assistant to determine the amount of hematocrit and hemoglobin in the blood, send feces and vomit to check for blood in them, prepare a kit to determine the blood group and Rh factor. It is necessary to monitor the general condition of the patient, his consciousness, skin color, control the pulse and blood pressure every 30 minutes.when vomiting occurs, the nurse must prevent aspiration (see "patient care in vomiting" section above), controlling the volume of blood loss. As directed by the doctor, hemostatic agents are administered parenterally. In the days after bleeding, it is equally important to take care of the patient.

The patient should adhere to a strict bed rest for 3-5 days. For 24-48 hours, he is prescribed starvation-food and liquid are prohibited. Then they give liquid, slightly warmed or cold food-milk, jelly, egg whites, etc. (mechanically and chemically mild diet No. 1A). The nurse must drink and feed the patient himself, observe all the doctor's instructions. With hemorrhoidal bleeding, constipation should be dealt with. Stool studies are an important part of examining patients, especially those with gastrointestinal disorders. The correctness of the results of the stool study largely depends on the competent preparation of the patient.

There are the following basic ways to check stool.

Coprological studies (Greek. copros-feces) - a variety of the digestive tract
study of the digestibility of parts:

* color, density (consistency), design, smell, reaction (pH) and visible impurities (food residues, pus, blood, mucus, stones,
helminths).;
* microscopic examination of feces is carried out, which is a protein (muscle and connective fibers), carbohydrate (plant fiber and starch) and fat(neutral fat, fatty acids, soap) food, cellular elements (leukocytes, erythrocytes, macrophages, intestinal epithelium, malignant tumor cells), crystal formations (tripelphosphates, oxalates calcium, cholesterol crystals, Charcot-Lyaden, hematoidin), mucus;
* chemical analysis is carried out to determine blood pigments, stercobilin, ammonia and amino acids, soluble mucus.

Analysis of feces for hidden blood-reactions of Gregersen, Weber.

Analysis of feces for Protozoa and helminth eggs.

Bacteriological to determine the causative agent of infectious disease of the intestine
studies.

Preparing the patient for the transfer of feces consists of the following stages.

* Drug cancellation: 2-3 days before the study, the patient must cancel the medication, their mixtures can affect the appearance of feces, interfere with microscopic examination and increase bowel movements.
Such drugs include bismuth, iron, barium sulfate, pilocarpine, ephedrine, Neostigmine methyl
it includes sulfate, activated carbon, laxatives, as well as drugs included in rectal suppositories prepared on the basis of oil. Oil enemas are also not used.
* Food regimen correction : a test diet that includes a set of precisely dosed products the day before the patient is given the stool on a coprological examination is prescribed.
- Usually the Schmidt diet (2250 kcal) and/or the Pevzner diet (3250 kcal) are used.

The Schmidt's diet is soft and includes oatmeal, lean meat, mashed potatoes, eggs, wheat bread and drinks (milk, tea, cocoa). The Pevzner diet is developed according to the principle of maximum food load for a healthy person, which includes fried meat, buckwheat and rice porridge, fried potatoes, salads, sauerkraut, butter, rye and wheat bread, fresh fruits, compote. With these diets, it is easier to determine the level of absorption of food (the level of digestive failure). For example, in a healthy person, with Schmidt's test diet, no food residues in the feces are found, with the Pevzner diet, a large amount of undigested fiber and a small amount of muscle fibers are detected. -When analyzing feces for hidden blood, the patient is prescribed a milk-vegetable diet 3 days before giving feces, and products containing iron (meat, liver, fish, eggs, tomatoes, green vegetables, buckwheat porridge) are excluded, since they can act as catalysts in reactions used to detect blood. To avoid a false positive result, it is necessary to make sure that the patient does not have bleeding from the gums, nosebleeds and hemoptysis; the patient is prohibited from brushing his teeth.

Direct preparation of the patient for research:

The patient is given a clean, dry glass vial (which can be from under penicillin) with a Cork and adhesive tape, glass or wooden stick. The patient should be taught the technique of collecting feces, explaining that he should empty the intestines into a container (without water). Immediately after bowel movements, the patient should take 5-10 g of feces with a stick from several different stool areas and place the collected feces in a vial, which should immediately be closed with a lid, fix it with duct tape and leave it in the sanitary room in a specially designated place along with the direction. When analyzing feces for hidden blood, if the patient's gums are bleeding, he should be advised not to brush his teeth 2-3 days before the study and rinse his mouth with a 3% baking soda solution. For bacteriological examination of feces, the patient is given a sterile tube with a preservative. Used glass sticks are soaked in a disinfectant solution for 2 hours (e.g. in 3% chloramine B solution or 3% bleach solution). Wooden sticks are burned.
Feces should be delivered to the laboratory within 8 hours after collection (in the hospital, within 1 hour). Feces are checked no later than 8-12 hours after separation, and before that it is stored at a temperature of 3 to 5 °C.the most

accurate idea of the functional state of the digestive tract is given by three studies of feces.

X-ray examination of digestive organs

X-ray examination of the digestive organs allows you to assess the condition of the hollow (esophagus, stomach, intestines, biliary tract) and parenchymal (liver, pancreas) organs.

Radiography and fluoroscopy of the digestive organs are used to detect intestinal obstruction or perforation of the stomach and intestines. The use of a radiocontrast substance (barium sulfate suspension) indicates the motor function and relief of the mucous membrane of the digestive tract, ulcers, tumors, areas of narrowing or expansion of various parts of the digestive tract

allows you to determine.

Esophageal examination. Preparing the patient for an X-ray examination depends on the instructions of the food manufacturer. No special preparation is required to detect a foreign body in the esophagus.

1.To assess the motor function of the esophagus and its contours (determination of expansion narrowing, tumors, etc.), a fluoroscopy and/or sequential radiography is performed; at the same time, the patient is given a radiocontrast substance (150-200 ml barium sulfate suspension) before the study. If it is necessary to carry out a differential diagnosis of organic narrowing and functional lesion (esophageal spasms), 15 minutes before the study as directed by the doctor, the pain is injected with a solution of noma 1 ml of 0.1% atropine. In the presence of a pronounced organic narrowing of the esophagus, liquid accumulated from the esophagus is absorbed using a thick tube and a rubber pear. Examination of the stomach and duodenum. Preparing the patient for an X-ray examination consists in freeing these parts of the digestive tract from food masses and gases and begins a few days before the study. The stages of patient training are as follows.

Appointment 3 days before studying a diet that excludes foods rich in plant fiber and containing other substances that contribute to an increase in gas formation. Fresh baked bread, potatoes, legumes, milk, vegetables and fruits, fruit juices should be excluded from the Rye diet.2.

2. On the eve of the study, the patient is prescribed a light dinner (no later than 8 pm). Eggs, cream, caviar, cheese, meat and fish without spices, tea or coffee without sugar, porridge boiled in water are allowed. At night and in the morning, 2 hours before the study, the patient is given a cleansing liquid. The appointment of laxatives is contraindicated, since they contribute to an increase in gas formation. The patient should be warned that 12 hours before the study, he should stop eating, on the morning of the study, he should not drink, drink any medicine and smoke.

Colon examination. X-ray examination of the large intestine for conducting-irrigoscopy (lat. irrigatio-irrigation) - it is necessary to completely cleanse the intestines from contents and gases. Radiocontrast substance-up to 1.5 liters of warm (36-37 °c) barium sulfate suspension-directly administered to the intestine using an enema in the X-ray room. Contraindications to irrigoscopy: diseases of the rectum and its sphincters (inflammation, tumor, fistula, sphincter rupture).

There may be cases when the patient cannot retain the fluid sent to him in the intestine (rectal prolapse, weakness of the sphincter), which makes the procedure impossible.

Stages of preparing the patient for research:

Appointment 2-3 days before studying a diet that excludes foods rich in plant fiber and containing other substances that contribute to an increase in gas formation. Fresh rye bread, potatoes, legumes, fresh milk, fresh vegetables and fruits, fruit juices should be excluded from the diet.

On the eve of the study, the patient is prescribed a light dinner (no later than 8 pm). Omelet, kefir, caviar, cheese, boiled meat and fish without spices, tea or coffee without sugar, semolina boiled in water are allowed. On the eve of the study, before lunch, the patient is given 30 g of castor oil to swallow (contraindications to taking castor oil - intestinal obstruction). At night (30-40 minutes after dinner), the patient is given cleansing enemas at intervals of 1 hour until "clean" washing water is taken. In the morning, 2 hours before the study, the patient is given a cleansing enema before receiving "clean" washing water. The study is carried out on an empty stomach. If necessary, as directed by the doctor, the patient is allowed to have a light protein breakfast in the morning (low-fat cottage cheese, whipped protein soufflé or protein omelet, boiled fish), which leads to reflexive movement of the contents of the small intestine into the large intestine and prevents gas accumulation in the intestine.

In this case, the morning cleansing enema is put on 20-30 minutes after breakfast. 30 minutes before the study, a gas discharge tube is inserted into the patient. Another way to cleanse the intestines before an X-ray and endoscopic examination is through oral rinsing. For its implementation, isoosmotic solutions are used, for example, Fortran. The set for one patient consists of four packages containing 64 g of polyethylene glycol, combined with 9 g of electrolytes - sodium sulfate, sodium bicarbonate, sodium chloride and potassium chloride. Each package is dissolved in 1 liter of boiled water. As a rule, the patient is prescribed the reception of the first 2 liters of solution in the afternoon on the day before the study; the second part in the amount of 1.5-2 liters is given in the morning of the study day. The action of the drug (bowel movement) is not accompanied by pain and tenesmus, begins 50-80 minutes after the start of taking the solution and lasts 2-6 hours. When reappointing fortrans in the morning, bowel movements begin 20-30 minutes after taking the drug. The use of Fortrance is used if the patient has non-specific colitis, Crohn's disease, intestinal obstruction, abdominal pain of indeterminate etiology

Examination of the gallbladder. X-ray examination of the gallbladder (cholecystography) allows you to determine its shape, condition and deformation, the presence of stones in it, the degree of discharge. The substance radiocontrast (for example, sodium iodoate - "Bi-Limin") is given to the patient for drinking; at the same time, the concentration of the contrast substance reaches its maximum in the gallbladder 10-15 hours after taking it. If an X-ray contrast agent is injected intravenously, such a study is called intravenous holegraphy. This method allows

for contrast of intrahepatic bile ducts. In this case,after 20-25 minutes, you can get an image of the biliary tract, and after 2-2.5 hours-a gallbladder. Preparing the patient for the study depends on the method of introducing the contrast agent. The stages of preparing the patient for cholecystography are as follows. Appointment 2-3 days before studying a diet that excludes foods rich in plant fiber and containing other substances that contribute to an increase in gas formation. Fresh rye bread, potatoes, legumes, fresh milk, fresh vegetables and fruits, fruit juices should be excluded from the diet.

On the eve of the study, after a light dinner (excluding fats), the patient is given a cleansing enema.

12 hours before the study, the patient drinks the radiocontrast substance (for example, 3 g of "bilimin") with warm tea. If the patient is obese, the patient is allowed to drink " bilimin " twice - at 8 am and at 10 pm.

The patient should be warned that the study is being carried out on an empty stomach. Directly in the X-ray room, the patient receives a choleretic breakfast (100 g of sour cream or 20 g of butter on thin white bread). The stages of preparing a patient for a study with intravenous cholegraphy include a mandatory test for individual tolerance of the drug (a few days before the study), with the exception of products that contribute to gas formation, the appointment of a diet, the installation of cleansing enemas on the night and in the morning of the day of the study. Intravenous holegraphy is also performed on an empty stomach. Gradually (for 4-5 minutes) before the study, a radiopaque substance heated to the temperature of the human body is injected into a vein.

Endoscopic research methods

Endoscopy (Greek. endon-inside, scopeo-review, observation) is a method of visual examination of internal organs by examining the inner surface using optical instruments (endoscopes) equipped with a lighting device. The endoscopic method of examination of internal organs allows you to examine the mucous membrane, identify deformities, wounds and source of bleeding, identify tumor formations and polyps. With the help of special equipment, endoscopy allows you to photograph certain areas of the inner surface of the organ being examined, perform a biopsy (formation of the mucous membrane, tumor) for further microscopic examination, and, if necessary, introduce medications. The following are the main endoscopic research methods.

Bronchoscopy (study of the trachea and bronchi).

Esophagoscopy (esophageal examination).

Fibroezophagogastroduodenoscopy, FAGDS (examination of the esophagus, stomach and two-toed intestine using a fibrogastroscope) .

I**ntestinoscopy** (examination of the small intestine).

Colonoscopy (colon examination).

Sigmoidoscopy (lat. Rectum-rectum; obsolete anatomical term "sromanum" - sigmoid colon: rectum and sigmoid colon

learning).

Cystoscopy (bladder examination). Endoscopic examination is performed on an empty stomach. During FAGDS, the patient should eat dinner no later than 8 pm, and not drink food, water and smoke in the morning.
For intestinoscopy, colonoscopy and Recto-romanoscopy, bemornithiaturization is carried out according to the algorithm for preparing for irrigoscopy.
Before cystoscopy, the patient must empty the bladder.
Methods of ultrasound examination
Ultrasound examination (ultrasound) - a diagnostic method based on the principle of reflecting ultrasonic waves (echolocation) transmitted from a special sensor to tissues, which is an ultrasound source, in the megahertz (MHz) range of ultrasonic frequency from surfaces that provide a variety of conductivity for ultrasound waves. The degree of permeability depends on the density and elasticity of the tissues.
Ultrasound (sonography) is used to diagnose diseases of the heart(echocardiography) and blood vessels (dopplerography), thyroid and parathyroid glands, abdominal organs, kidneys and pelvic organs (bladder, uterus, ovaries, prostate), eyes, brain. Echocardiography. It is not required to prepare the patient. Ultrasound of the abdominal and kidney organs. The stages of patient training are as follows.
3 days before the study, the patient is prescribed a diet that excludes food rich in plant fiber and containing other substances that contribute to the increase in gases. Fresh rye bread, potatoes, legumes, fresh milk, fresh vegetables and fruits, fruit juices should be excluded from the diet. With flatulence, the patient is given activated charcoal as directed by a doctor. On the eve of the study, the patient is given a light dinner no later than 8 pm. The study is carried out on an empty stomach; the patient is also prohibited from drinking before the test, and smoking (smoking can lead to a contraction of the gallbladder).

Ultrasound of the pelvic organs. The stages of patient training are as follows. The patient's dietary preparation is similar to an ultrasound of the abdominal and kidney organs.2-3 hours before the study,the patient should drink 1-1.5 liters of boiled water.Another option for filling the bladder is to use diuretic drugs as directed by a doctor.

Radiological Research Methods

X-ray (X-ray) examination is based on the nature of the penetration of X-rays into body tissues to varying degrees. The degree of absorption of X-ray radiation depends on the thickness, density and physicochemical composition of human organs and tissues, therefore, denser organs and tissues (bones, heart, liver, large vessels) are depicted on the screen (X-ray fluorescence or television) as shadows and lung tissue.due to the large amount of air, it is represented by a bright shine area.

The following basic radiological methods of research are available. Fluoroscopy (Greek. skopeo-vision, tracking) is a real-time roentgen controller. A dynamic image appears on the screen that allows you to study the motor function of organs (for example, the pulsation of vessels, the mobility of the gastrointestinal

tract); the structure of organs is also visible. X-ray (Greek. grapho-writing) - roentgen examination with the registration of a still image on a special X-ray film or photographic paper. In digital radiography, the image is stored in computer memory.

Five types of radiography are used.

* Full-length x-ray.

* Fluorography (small format radiography) - X-ray with reduced image size taken on a Fluorescent screen (lat. fluoride-flow, flow); it is used in preventive examinations of the respiratory organs. * General radiography-an image of the entire anatomical region. * Targeted radiography-imaging of a limited part of the organ being examined.

* Wilhelm Conrad X-ray (1845-1923) was a German experimental physicist, founder of radiology, who discovered X-rays (X-rays) in 1895.

* Sequential radiography-sequential taking of several radiographs to study the dynamics of the process being studied. Tomography (Greek. tomos-segment, layer, layer) is a layered imaging technique (X - ray) that provides imaging of a layer of tissue of a certain thickness using an X-ray tube, or by connecting special computational cameras where electrical signals are transmitted to a computer (computed tomography).

Contrast fluoroscopy (or X - ray) is a Radiological Research method based on the introduction of special (X-ray contrast) substances that delay X-ray radiation into hollow organs (bronchi, stomach, renal pelvis and urinary tract, etc.) or vessels (angiography), resulting in a clear picture of the organs being studied on the screen (photographic film).

Before conducting an X-ray examination, it is necessary to free the planned research area from clothing, ointment bandages, adhesive plaster stickers, electrodes for monitoring ECG, etc., ask to remove the watch, metal jewelry and necklaces.

Chest X-ray examination

Chest X-ray with diseases of the respiratory system and infection it is an important way to examine patients with pain.

Learning the respiratory system

Fluoroscopy and radiography are the most commonly used methods to study the respiratory system. X-ray examination allows you to assess the condition of lung tissue, the appearance of compression areas in it and the increase in air, the presence of fluid or air in the pleural spaces. Special training of the patient is not required. The study is carried out in the patient's standing position or in the patient's critical position - lying down. Contrast radiography of the bronchi (bronchography) is used to detect tumor processes in the bronchi, bronchial dilation (bronchoectasis) and space in the lung tissue (abscess, cavern). The Substance X-ray contrast is introduced into the cavity of the bronchi.

The preparation of the patient for bronchography is carried out in several stages.

Sampling for individual tolerance of iodine-containing preparations (iodine test): for 2-3 days, the patient is offered to drink 1 tablespoon as directed by a doctor.l

3% solution of potassium iodide. Another option for an iodine test: on the eve of the study, the skin of the inner surface of the patient's wrist is treated with an alcohol solution of 5% iodine. The patient should be asked about the tolerance of drugs, in particular anesthesia (tet - racaine, lidocaine, procaine), and if necessary, intradermal allergological tests should be carried out.

For the tolerance of drugs in anamnesis, a detailed description of the patient's condition (the presence or absence of signs of hypersensitivity), the date of sampling should be reflected; the signature of the nurse who observed the patient for 12 years after the test is mandatory.Personal intolerance is a drug with high sensitivity. Possible symptoms of hypersensitivity are lacrimation, sneezing, runny nose, itchy skin, nausea, vomiting, as well as redness, pain, and swelling of the skin at the site of taking the drug. Cleaning the bronchial tree in the presence of purulent sputum: within 3-4 days, the patient is prescribed bronchial drainage as directed by the doctor (the patient is suitable for sputum release, optimal, by taking a position with the raised leg end of the bed), expectorants and bronchodilators.

Psychological preparation: it is necessary to explain to the patient the purpose and necessity of the upcoming study. In some cases, patients may experience insomnia before the study, increased blood pressure. In this case, as directed by the doctor, the patient is given sedative and hypertensive drugs. Direct preparation of the patient for research: on the eve of the study, the patient is given a light dinner (with the exception of milk, cabbage, meat). The patient should be warned that the study will be carried out on an empty stomach; on the morning of the study, he should also not consume water, medication and smoking. The patient should be reminded that the bladder and intestines must be emptied (naturally) before the examination.

Premedication: 30-60 minutes before the study, as directed by the doctor, the patient is injected with special drugs (diazepam, atropine, etc.) to create conditions for free access to the bronchoscope.

Special attention should be paid to the patient after the study, since the following complications may develop:

* the appearance or exacerbation of a cough with the release of sputum with a large amount of X-ray-contrast agent (sometimes the injected substance is removed within 1-2 days); in this case, the patient should be provided with a special container for sputum (spit) ;
* increased body temperature;
* development of pneumonia (rarely with poor release of contrast substance). If the patient develops symptoms such as an increase in the body of tempeh after bronchography, a deterioration in the general condition, a sharp increase in cough, the appearance of shortness of breath, the nurse should immediately inform the doctor about this.

Study of the digestive system

Fluoroscopy and radiography are often used to examine digestive system. If necessary, the patient is offered to drink a small amount of X-ray contrast (suspension of barium sulfate), which allows you to make the esophagus look

better and assess the level of growth of the left atrium according to its degree of displacement. Special training of the patient is not required.

On the eve of the study, the patient must perform tests for iodine-containing drugs and anesthesia tolerance. The study is carried out on an empty stomach.

In addition, the nurse should pay special attention to the patient after the examination, since the introduction of radiopaque substance into the heart cavity can cause not only premature, but also late complications.

Control questions

1. The main complaints in diseases of the digestive system.
2. First aid to vomiting.
3. First aid for stomach bleeding.
4. Method of gastric lavage.
5. Types of enemas, enemas. Instructions for installing enemas and contraindications.
6. Different enema installation techniques.
7. Meteorism and gas discharge tube insertion technique.
8. The concept of abdominal pain and helping with pain.
9. The concept of heartburn and helping with heartburn.
10. Belching concept and Belching aid.
11. The concept of nausea and helping with nausea.
12. The concept of constipation and helping with constipation.
13. The concept of diarrhea and helping diarrhea.

SUFFERING FROM KIDNEY AND URINARY TRACT DISEASES MONITORING AND CARING FOR PATIENTS

Nephrology (Greek. Nephros-kidney, logos-doctrine) is the so-called Department of internal diseases,which studies the etiology, pathogenesis and clinical course of kidney diseases, develops methods for their diagnosis, treatment and Prevention. Urology (Greek. uron-urine, logos-education) studies surgical diseases of the organs of the urinary system (in men and in the reproductive system). Monitoring and care of patients with kidney and urinary tract diseases should be carried out in two directions.

General activities-monitoring and care measures needed by patients with diseases of various organs and systems: monitoring the general condition of the patient, thermometry, monitoring pulse and blood pressure, filling the temperature sheet, ensuring the patient's personal hygiene, ship feeding, etc.

Special events - observation and care activities aimed at helping patients with symptoms typical of diseases of the urinary organs-pain in the lumbar region, swelling, urination disorders, arterial hypertension, etc. A patient with kidney and urinary tract damage requires careful monitoring of care. If the patient develops (or worsens) edema, urination disorders, changes in urine color, increased blood pressure, dyspeptic disorders, worsening the general condition of the patient, the nurse should urgently inform the doctor about it kera . The main function of the

kidneys is excretory. The kidneys remove salts dissolved in water from the body, metabolic products (in particular, protein metabolism products - "nitrogen slags"). In addition, the kidneys are involved in the metabolic processes of proteins, carbohydrates and fats, participate in the regulation of hemodynamics, produce biologically active substances (erythropoietin, renin, prostaglandins, etc.). Every 5-10 minutes, the entire mass of blood in the body passes through the kidneys - the kidneys "drive"up to 1000 liters of blood per day. Urine in the kidneys is constantly formed and gradually excreted through the ureters into the bladder. In the broad sense of the word, the term" diuresis " refers to the process by which urine is formed and excreted, but it is often used to describe the amount of urine excreted (Greek. diureo-urination). The total amount of urine released by a person during the day is called Daily diuresis. Mean diuresis in 1 minute is called Minute li diuresis (this value is used when calculating quantitative indicators of kidney function). The daily amount of urine released by an adult usually varies from 1,000 to 2,000 ml, which is on average 50-80% of the oral fluid. The rest of the liquid is excreted through the lungs (300-400 ml; up to 500 ml per day during exercise) and the skin (300-400 ml per day); about 100 ml is excreted in feces.

With a large amount of fluid and food that increases urine output, diuresis increases and, on the contrary, decreases with profuse sweating, vomiting, diarrhea during exercise and in hot weather. In diseases of the kidneys and urinary tract, patients face various complaints. Symptoms such as swelling, urination disorders, back pain, elevated blood pressure are often observed.

Features of urine. In the care of patients with kidney disease, a special place is occupied by monitoring the change in urine characteristics. The color of urine usually varies from light yellow(straw-yellow)to saturated yellow, depending on the content of pigments (urochromes, urobilin, etc. The color level varies depending on the specific gravity and the amount of urine released: with a high specific gravity, urine is yellow, while lighter urine has a specific gravity. Urine color may change when taking a number of medications.

The color of urine also changes under various pathological conditions.

For example, in other cases that cause vomiting, diarrhea and dehydration, urine turns dark yellow, and in pollakiuria, urine is almost as light as water. With renal colic, when the stone comes out, the urine can turn red due to the release of fresh blood, with acute nephritis, hematuria gives the urine the color of "meat drops".

Hematuria (Greek. haimatos-blood, high urine) - the presence of blood or red blood cells in the urine. Sink. In some cases, with an invariable color of urine, precipitate salts in it, shaped elements, have a different color depending on the content of mucus. Thus, the brick-red precipitate indicates a high amount of urate. Yellow

sand-shaped deposition occurs with increased uric acid, dense white - tripelphosphates and amorphous phosphates. Urine sediment with a" creamy", green color is determined by a large amount of pus, reddish - blood, jelly – mucus. Smell. Usually, urine has an indistinct specific odor that varies depending on the

specific situation. Thus, with bacterial decomposition in the urinary tract or air, urine can smell like ammonia (severe cystitis, a cancerous tumor that breaks down); in a diabetic coma, a fruity ("fruity", "apple") smell of urine appears, depending on the presence of ketone bodies; urine becomes purple when poisoned with turpentine; when garlic is rubbed or the smell of asparagus becomes sharp, unpleasant. Transparency. Urine is usually transparent.Its turbidity can be due to the presence of a large amount of salts, cellular elements, bacteria, mucus, fat drops. When determining the transparency of urine, there are the following gradations: transparency is complete, incomplete, cloudy, cloudy. During urination, urine becomes cloudy with pyelonephritis, infections of the lower urinary tract, the release of salts. Cracks and threads in the urine also appear in pyelonephritis and lower urinary tract infections.

Symptoms of pathology of the urinary system/

Diurez's transformation

This is one of the most common symptoms of kidney and urinary tract diseases. Polyuria (Greek.polys-a lot, igop-urine) - more than 2000 ml of the daily amount of urine. it is recorded in the following cases. Under physiological conditions-improved drinking regime, pregnancy, emotional stress, etc. During resorption of tumors, transudates, exudates. For chronic nephritis and pyelonephritis. With diabetes.

With CPN et al. Polyuria is often combined with increased thirst and increased fluid intake.

Oliguria (Greek.olygos-small, igop-urine) - reduce the amount of urine excreted per day to 500 ml or less. It is used in the following cases.Physiological oliguria in fluid restriction, high sweating, exercise, acute and chronic nephritis.

Heart failure.

Burn disease (shock stage).

Toxic kidney.

A shot of any etiology.

Abdominal and pelvic tumors are caused by the pressure of the urinary tract or their germination by tumor tissue, etc. Anuria (Greek prefix denoting an-absence,igop-urine) is the non-penetration of the bladder,which can be the result of stopping its excretion (up to 200 ml per day or a complete lack of urine).

Anuria can develop with renal failure (true, renal anuria), decreased blood pressure (extrarenal anuria), obstruction of urine output (e.g., tumor compression of the urinary tract). Ishuria (Greek.ischo-retention, prevention, igop-urine) - the impossibility of emptying the bladder (urinary retention), despite the fact that it is overflowing with urine.

Ishuria can occur with a constant narrowing of the urethra or atony of the bladder. Emergency care for the patient during urinary retention consists in the rapid removal of urine from the bladder. Naktoria. Normal kidney function is characterized by a significant advantage of diuresis during the day over nocturnal diuresis (in a healthy person, the ratio of diuresis during the day to diuresis at night is about 4:1).

Nicturia (Greek. nyktos-tun, igop-urine) is a change in the ratio in favor of night diuresis ("night urine", where most urine is excreted during the day, at night). Nicturia is observed in various kidney diseases, hypertrophy of the prostate gland, diabetes insipidus. Nicturia is one of the first signs of kidney pathology, especially in older people.

Enuresis. Most often, in elderly and elderly patients, nocturia is associated with urinary incontinence-enuresis (Greek. epigeo-urination). In older men, enuresis is often develops with prostate adenoma. Pollakiuria. The frequency of urination is usually 3-4 times a day.Pollakiuria (Greek. pollakis-many times, most often, igop-urine) - frequent urination (more than 6-7 times in stki). It is observed in diseases accompanied by a large amount of fluid, inflammation of the urinary tract, severe adenoma of the prostate gland, as well as polyuria.

Dizuria (Greek.dys-difficulty,dysfunction, igop - urinationprefix) is a common name for urinary disorders, pain, frequent and / or difficulty urinating from the bladder. Dysuria is a frequent symptom in various inflammatory diseases of the genitourinary system (cystitis, urethritis, pyelonephritis, renal tuberculosis, etc.), when the stone passes through the urethra.

Stranguria (unon.strangos-something compressed, drops, igop-urine) – painful urination without other disorders. Edema occurs in kidney and urinary tract diseases (often parorbital edema on the face in the morning), and in severe edema syndrome-in the lower extremities. Sometimes the swelling can be very noticeable, the development of anasarka 8, which spreads to the face, upper and lower limbs, perineum.

When observing a patient with edema, it is necessary to determine not only the Daily diuresis, but also the patient's body weight. With positive diuresis, as a rule, body weight decreases. If this does not happen, the amount of fluid that the patient drinks should be pedantic controlled.

In kidney and urinary tract diseases, pain in the lumbar region can be associated with stretching of the kidney capsule (for example, with an inflammatory process in the kidneys - nephritis with swelling of the kidney capsule) or obstruction of the urinary tract (stone, blood clot). With acute glomerulonephritis, severe pain lasting in the lumbar region and acute, often one - sided non-intensive pain with previous urinary disorders-pyelonephritis is noted. Severe cramping in the lumbar region, spreading to the perineum, one-sided pain-renal colic for urolithiasis-x-racterna. A sharp violation of the flow of urine in renal colic leads to an increase in pressure in the renal pelvis, stretching of the renal capsule and the appearance of a pain attack. Acute pain is localized in the lower back, spreading along the urethra to the inguinal region and genitals. First aid for byrach's colic consists of applying heat (a heating pad in the lumbar region or a hot tub with a water temperature of 38-39 °c, duration 10-20 minutes). In addition, as directed by the doctor, the patient is prescribed antispasmodic and analgesic drugs.

Arterial hypertension

A frequent symptom of kidney disease is symptomatic (renal) arterial hypertension due to kidney pathology. Renal arterialn hypertension can be almost

asymptomatic and is usually difficult to treat. If arterial hypertension is detected, systemic blood pressure should be controlled - blood pressure should be measured 2-3 times a day and more.

As directed by the doctor, the patient is given antihyper-tensiv therapy. Acute kidney failure (O'BY) is caused by poisoning with nephrotoxic poisons, impaired urine flow from the kidney, and shock. OBE manifests itself in a severe general condition of a patient with impaired consciousness, signs of cardiovascular failure, vomiting, oliguria.

In some cases, opn leads to the death of the patient. According to the doctor's instructions, hemodialysis, gastric lavage, anti-shock measures are used in the treatment of acute kidney failure.

Chronic kidney failure

CRF occurs as a result of prolonged chronic kidney disease and is characterized by a gradual decrease in the concentration and later excretory function of the kidneys. The patient is prescribed a strict diet in which the amount of protein in the diet is up to 30-40 g per day (in severe cases - up to 20-25 g per day), and table salt-up to 2-3 g per day. In the terminal stage of chronic kidney failure, the patient develops uremic damage to the gastrointestinal tract, which is clinically manifested by nausea, vomiting, abdominal pain, anorexia, etc.in this case, the patient is prescribed repeated gastric lavage (if the patient's condition allows) and cleansing enemas with a 2% sodium bicarbonate solution. A radical method of treatment is kidney transplant.

Care for patients with kidney and urinary tract diseases

Patients should control the amount of fluid consumed and the amount of urine excreted. The patient must independently or with the help of medical personnel determine the Daily urination, the nurse - must record the amount of urine in milliliters and set it on the temperature sheet. When calculating the volume of fluid ingested, not only soup, tea, juices are taken into account, but also fluid received by the patient with medication, as well as parenteral administration. All urine excreted by the patient is poured into the measuring cup and its amount is added at the end of the day. Separately, the amount of fluid ingested is calculated and then compared with the indicators of diuresis. When the amount of fluid ingested exceeds the amount of urine excreted, diuresis is called negative. If the amount of urine excreted is equal to or greater than the amount of fluid ingested, diuresis is called positive. Patients with urinary disorders require a lot of attention. The room in which the patient is located should be well heated-during cooling, especially the legs, urination is more common. The patient with enuresis should cover the bed with an oil cloth, spread a sheet over it. With frequent urination, the patient should be given diapers to lay the perineum; at present, special diapers for adults are used for this purpose. The patient's skin should be carefully washed with baby soap; the skin on the hands, feet and physiological folds should be lubricated with baby cream every day.

If urine does not drain, each time after recovery, the patient should be washed to prevent the development of bed sores and prevent skin infections.

Theoretical questions:
1. The main symptoms of kidney and urinary tract diseases.
2. Patient care for renal colic.
3. Ishuria concept and ishuria aid
4. Indicators and techniques of bladder catheterization.
5. Urine collection method for general analysis, research on Nechiporenko, Test on zimnitsky.
6. What is diuresis? How to measure daily diuresis.
7. What is anuria?
8. What is polyuria?
9. What is oliguria

Practical conics

Methods for determining body temperature, blood pressure, breathing and them.

Purpose of the lesson: thermometer, phonendoscope and tanometer to students

teaching methods of working with. Counting breathing movements, increasing body temperature

teaching methods for measuring, measuring blood pressure.

Necessary equipment: thermometer, phonendoscope, tanometer, cotton, alcohol,

syringes, ampoules, tablets, stopwatch.

Methods used in teaching: work in small groups, argument

discussion, demonstration, execution***;***

Training equipment: cotton, bandage, spatula, latok, toothbrush.

Brief description of the topic: the temperature is mainly from the armpits, less often

in cases, the trough is measured from the fold. Where temperature measures

there should be no slit process (redness of the skin, a slight swelling) ,

because where there is an inflammatory process, the temperature will be high. Temperature before measuring, the armpit area or trough fold is wiped dry because when wet, the temperature indicators turn out to be low. Dysinfection

made thermometer shake Mercury scale column down scale

after making sure it has fallen, the thermometer is fed into a Mercury reservoir

armpits with the lower end so that the skin is in contact from all sides

put in the field. The patient brings the thermometer closer to the chest with his hand

clenched in the armpit. When measuring temperature, the patient does not move

must sit or lie down, measure temperature in a sleeping patient

impossible , because the thermometer will slip and the patient will overtake it

can.

In the field of armpits and chows, the temperature measurement period is 10 mitutes, and the measurement period from cavities is 5 minutes.

Temperature in the hospital in all patients from 7 to 9 am,

it is measured in the evening from 17 to 19. Disease the information received

the history is recorded in the diary. Also clearly visible

so that the temperature is special, which is added to the history of the disease

the sheet of paper is also graphically typed.

Day and day clock on the temperature sheet horizontally, vertical

on the other hand, the thermometer scale is released. Each measurement

horizontal long thermometer showing temperature measurement time

placed at the intersection with the vertical line, corresponding to the indicator

described in Point View. These points are formed when they are adjacent

a broken line is called a temperature curve**.** A 38-degree higher increase in body temperature is called hyperthermia.

In diseases of the upper respiratory organs: measles, scarlet fever, pyelonephritis, nephritis

rheumatism et al. If the body temperature is not much higher, and the child

analgin, amiddoprin, aspirin to drink if the condition is not severe

tablets can be used.

Body temperature can be maintained using physical methods. Skin

wipe until redness with an alcohol solution, to the area of large blood vessels, neck

to the area of the trough , put ice bags or bubbles, through the ventelyator

give cold, with cold water compared to body temperature +20 00 C stomach

washing and cleansing the intestines, administering those poured from medicinal substances

can.

1. 50% analgin, 0.1 ml of each age to send between the muscles.

2. 4% amidoprine 0.2 ml per kg of administration between muscles..

3.lithic mixtures e.g. analgin 50% 1,0 demedrol 1% 1ml novocaine

0.5% - administration of 2 ml drugs. From 0.1 ml per kg, depending on the patient's weight

between the muscles.

4. dibazole or 24 with papaverine to relieve blood tomite spasm %

perednisolone 1 If body temperature does not drop with li eufilin mg 10 ml physical solution

- 2 mg hydrocartisone 3 / 5 mg is administered. Together with this, geperkapnia,

tuberculosis is fought.giving babies 140 / 150 ml of liquid

sent.

Pulse-a contraction of the heart as a result of relaxation of the blood vessels will be based on rhythmic oscillation.

Where the pulse is located on the surface to the artery and it is convenient to decline
it is possible to determine from the arteries of the wrist, chakka, thigh, sleep. Pulse tapping
it is performed on the forearm artery at the base of the first finger of the forearm. The patient so that the tension of the muscles and groin does not cause palpation the hand should be placed in an empty position. Ten arms of the examining man's paw
with the Examiner's heart is placed at the level. In this he elbow his finger on the side, Fingers 4-5 and 2 are placed on the forearm artery. Normada a soft gentle smooth and boiling tube is felt, which pulsates under the finger. The fourth finger of the examiner should be raised opposite the fifth finger of the patient. When checking for a stroke, the patient should not be excited, otherwise the result will turn out to be incorrect.

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