

**MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY**

Faculty Medical №1

Department of simulation medical technologies

CONFIRMED by

Vice-rector for scientific and pedagogical work

Eduard BURYACHKIVSKY

September 1, 2023

METHODICAL RECOMENDATION

**FOR INDIVIDUAL WORK OF HIGHER EDUCATION ACQUISITIONS IN THE
PRACTICE**

«SIMULATION MEDICINE (PATIENT CARE)»

Faculty, course: International, 2 year

Practice: Simulation medicine (patient care)

Approved:

Department meeting Simulation medical technologies
Odesa National Medical Univeristy

Protocol № 1 of 28.08.2023 y.

Head of the department


(signature)

(Olexander ROGACHEVSKYI)

Developers:

head of the department Oleksandr ROGACHEVSKYI

assistant of professor Olha YEHOENKO

associate professor, PhD Mykhailo PERVAK

associate professor, PhD Vasyl GLADCHUK

associate professor, PhD Yuriy PETROVSKIY

assistant of professor Viacheslav ONYSHCHENKO

assistant of professor Dmytro KARAKONSTANTYN

assistant of professor Svitlana TRISHCHENKO

assistant of professor Hennadii CHEREMNYKH

assistant of professor Andrii DOBROVOLSKYI

Practical lesson No. 1

SUBJECT: PERSONAL HYGIENE OF THE PATIENT. SIMULATION LEARNING.

Purpose: Mastering the basic practical skills in providing assistance to seriously ill patients in the performance of hygienic procedures.

A student of higher education must:

- to know: methods of caring for the hair, eyes, ears, nasal passages, oral cavity and genitals of a seriously ill patient.

- to be able to: wash, wipe lying patients. Wash, comb, cut and shave hair. Treat the eyes, ears, nasal passages, oral cavity, teeth and genitals.

Basic concepts: washing, treatment with disinfectant solutions.

Plan:

1. Organizational measures: greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic.

2. Control of the reference level of knowledge: a frontal survey of applicants for higher education with the aim of determining the level of theoretical readiness of applicants to perform practical classes:

- washing and wiping;

- hair care;

- eye care;

- ear care;

- nasal passages care;

- care of the oral cavity and teeth;

- genital care.

3. Formation of professional skills.

Content of tasks:

Mastering the skills of washing and wiping lying patients.

Recommendations (instructions) for performing tasks.

Before starting hygienic procedures, it is necessary to establish contact with the patient. Explain exactly what manipulations will be performed. It is necessary to respect the wishes and habits of a sick person. Carry out procedures behind a screen, protecting from outsiders. All manipulations should be carried out in disposable rubber gloves.

Patients who do not have contraindications can take a bath or shower daily or 2-3 times a week under the supervision of medical personnel. Bedridden patients should be washed at least 2 times a day. The skin is wiped with a towel or cotton swab or a soft sponge dipped in warm water. Then wipe with a dry towel.

The patient's hands are washed at least 3 times a day, possibly more often.

To wash the feet, it is necessary to put a bowl or a special inflatable bath in which the patient's feet are placed. Feet, interdigital spaces and shins are thoroughly soaped. Then rinse thoroughly with warm water and dry with a towel.

Hair of the lying patient is combed every day. With the consent of the patient, in the case of long-term bed rest, the hair can be cut short. Also, with the consent of the patient, the face must be carefully shaved.

Hair is washed 1-2 times a week. To do this, a roll of a towel is placed under the neck, the head end of the bed is covered with oilcloth, the hair is washed and thoroughly dried with a hair dryer or towel. It is more convenient to use inflatable rubber baths.

Eye hygiene is performed every morning. For this, you need: a sterile tray, a disinfectant solution and cotton swabs. The area of the eyelids is treated with tampons soaked in a disinfectant solution, moving from the outer corner of the eye to the inner corner.

Nasal passages are freed from crusts and secretions with the help of cotton turunds during the morning toilet.

Ear care is necessary 1-2 times a week. The head is turned to the side. The auricle is pulled up and back. Cotton turunds are used to clean the ear from sulfur secretions.

Care of the oral cavity and teeth. If possible, the patient takes a sitting position, brushes his teeth and rinses his mouth. In the case when the patient is unconscious, the teeth and oral cavity are treated with a wet tampon on a clamp. Splicing is carried out with a warm solution using a rubber balloon or syringe.

Care of the genitals. The patient is placed on his back, legs bent at the knees and spread apart. It is necessary to place oilcloth under the patient and place the vessel. Warm water is slowly poured over the treatment area. With a cotton swab on a clamp, the genitals are treated sequentially, then the inguinal folds and lastly the perineum and anus. In the same sequence, dry with a dry tampon or napkin.

Questions for current control:

1. Methods of washing a seriously ill patient.
2. Hair care.
3. Eye care.
4. Ear care.
5. Care of the nasal passages.
6. Care of the oral cavity.
7. Care of the genitals.

4. Summary:

Current evaluation criteria in practical training

Rating	Evaluation criteria
Perfectly "5"	The applicant is fluent in the material, takes an active part in discussing and solving the situational clinical problem, confidently demonstrates practical skills during the examination of the patient simulator. Expresses his opinion on the topic of the lesson, demonstrates clinical thinking.
Fine "4"	The winner has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates practical skills during the examination of a patient simulator with some errors, expresses his opinion on the subject of the lesson, demonstrates clinical thinking.
Satisfactorily "3"	The acquirer does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of the situational clinical problem, demonstrates practical skills during the examination of the patient simulator with significant errors.
Unsatisfactorily "2"	The acquirer does not possess the material, does not participate in the discussion and solution of the situational clinical problem, does not demonstrate practical skills during the examination of the patient simulator.

Recommended literature

Main:

1. Patient care and nursing: study guide / O.O. Yakymenko; edited by Yakymenko O.O., 2021 – 178 p.
2. Patient care and medical manipulation techniques: study guide / L.S. Savka, L.I. Razinkova, O.I. Kotsar, L.M. Kovalchuk, O.V. Kononov. — 4th edition // K.: VSV "Medicine", 2018. - 900 p.
3. Kasevich N.M. General patient care and medical manipulations on equipment: tutorial. for students higher honey. education closing I-III levels of accreditation / edited by V.I. Lytvynenko - 7th ed., corr. - K.: Medicine, 2017. - 424 p.

Additional:

1. Netyazhenko V.Z., Shchulipenko I.M., Didkivska L.A. Patient care (general and special with the basics of nursing technique): tutor. for students higher honey. education closing IV level of accreditation. - K.: Health, 2013. - 591 p.
2. Kovalova O.M., Lisovyi V.M., Shevchenko S.I., Frolova T.I. Patient care (practice): tutor. for students higher honey. closing of education of III-IV levels of accreditation. – Type 3, corr. - K.: Medicine, 2015. - 488 p.
3. Tyazhka O.V., Antoshkina A.M., Vasyukova M.M., Kazakova L.M., Lutai T.I. etc. Basics of childcare. Technique of medical procedures and manipulations: training. manual for honey Higher education institution III-IV r.a. - 2nd edition. / edited by O.V. Heavy - K.: Medicine, 2014. - 152 p.
4. Order of the Ministry of Health of Ukraine No. 460 dated 01.06.13 On the approval of protocols of a nurse (paramedic, midwife) for patient care and the performance of basic medical procedures and manipulations. [electronic resource] – Access mode: <http://mozdocs.kiev.ua>
5. Order of the Ministry of Health No. 149 of March 20, 2008 "On approval of the clinical protocol for medical care of a healthy child under the age of 3" [electronic resource] - Access mode: <http://mozdocs.kiev.ua>
6. Order of the Ministry of Health of Ukraine No. 152 dated 04/04/2005 "On approval of the Protocol of medical care for a healthy newborn child". [electronic resource] – Access mode: <http://mozdocs.kiev.ua>
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8. Order of the Ministry of Health of Ukraine No. 110 dated 14.02.2012 On the approval of the forms of primary accounting documentation and instructions for filling them out, which are used in health care institutions regardless of the form of ownership and subordination [electronic resource]. – Access mode: <http://medsoft.ucoz.ua>

9. Order of the Ministry of Health of Ukraine No. 223 of 10/22/1993 On the collection, disinfection and delivery of used single-use medical products made of plastic materials [electronic resource]. – Access mode: <http://medsoft.ucoz.ua>

13. Electronic information resources

1. <http://moz.gov.ua> – Ministry of Health of Ukraine 2. <http://www.nbuv.gov.ua/> - National Library of Ukraine 3. www.who.int - World Health Organization 4. <https://gmka.org/uk/category/dlya-medykiv/nevidkladna-hirugiya/> - Global Alliance for Medical Knowledge

Practical lesson No. 2

SUBJECT: TRANSPORTATION AND TRANSFER OF THE PATIENT. SIMULATION LEARNING

Purpose: Mastering the basic practical skills for transferring and transporting patients with various types of injuries and varying degrees of severity.

A student of higher education must:

- to know: the technique of using a functional bed, ways to change it underwear and bedding, Fowler and Sims position, the technique of transporting and transferring the patient.
- be able to:
- transport victims with various types of injuries;
- use a functional bed;
- change underwear and bedclothes;
- place the patient in the Fowler and Sims position.

Basic concepts: transportation, position.

Plan:

1. Organizational measures: greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic.
2. Control of the reference level of knowledge: a frontal survey of applicants for higher education with the aim of determining the level of theoretical readiness of applicants to perform practical classes:
 - transportation and transfer of the patient;
 - arrangement of the patient's bed;
 - change of underwear and bed linen;
 - placement of the patient in the Fowler and Sims position.

1. Formation of professional skills and abilities.

Content of tasks:

- Transportation and transfer of the patient; helping a lying patient when changing underwear and bedclothes; placement of the patient in intermediate positions.

Recommendations (instructions) for performing tasks.

Staying in bed for a seriously ill person should be as comfortable as possible. There are special functional beds with adjustable height, with lower and upper parts that move and side walls. Next to the patient should be things necessary for him and things necessary for his care. Bed linen should be made only of natural materials and be perfectly flat. Wrinkles and lumps on the bed can lead to bedsores. The use of special anti-bedsores mattresses is recommended.

The position of the patient in bed is extremely important, especially for a person who cannot move on his own.

Position on the back

This pose is performed if the patient is completely passive. The position of the patient in bed on his back is formed as follows:

The patient is placed on his back on a horizontal surface. A roller is placed under the sacrum, pillows under the head and shoulders, but in such a way that there is no tension in the lumbar region. Pads are placed near the outer side of the thighs to avoid such a phenomenon as turning outwards. Rollers are placed in the lower part of the leg, which should ensure the absence of bedsores. Implement a perpendicular stop of the feet to prevent turns and sagging. The hands are placed with the palms down, putting the rollers in the palm, and also fixing them in order to avoid turning.

Fowler's position

This is a certain position in the patient's bed, which is characterized as a half-sitting position. This position is formed when the patient is placed on the surface of the bed with the top raised at an angle of 45 to 60 degrees. The patient's body is also fixed with rollers, according to correct biomechanics, the feet are given a perpendicular support. In this position, the patient, who is in a clear consciousness, will be comfortable to communicate with people, take food and carry out other procedures.

Position on the stomach

This position is recommended for the patient if he already has a risk of pressure ulcers.

To implement this condition, the patient is carefully placed on a horizontal surface without pillows. The head is turned to the side and a narrow, small roller is placed under it to avoid excessive load on the vertebrae. Below the level of the diaphragm, a pillow is placed under the stomach, which reduces pressure on the spine. Hands must be raised and bent so that the hands are at the level of the head. The legs are also fixed with rollers, pillows are placed under the lower part.

Side position

This type of position of the patient in bed is recommended to prevent the formation of bedsores.

The pose is fully realized on a horizontal surface. The patient is placed on his side, bending his upper leg and placing the lower leg under it. The head and shoulders are placed on a pillow. Also, special rollers placed near the back fix the patient in a lateral position. A pillow is placed under the legs, the hands are bent, placing one next to them head, the other on a pillow at shoulder level. Emphasis is arranged for the feet, as in all other positions.

Sims' position

This is a certain position of the patient in bed, when his body is in a position adjacent to "lying on his side" and "lying on his stomach". To implement it, the patient is placed on his side on a horizontal surface, placing a pillow under his head. One hand is placed on the pillow at head level, the other is taken down to maintain correct biomechanics. A pillow is placed under the upper leg, bent so that it is at the level of the lower third of the thigh. The feet are given the right emphasis. Also, for the prevention of bedsores, it is recommended to change the bed position of a seriously ill person more often, taking into account his condition.

Bed linen can be changed in 3 ways:

1. It is necessary to prepare a clean sheet, folded in half lengthwise with a roller. Having slightly raised the head of the patient, remove the pillow. The patient himself (or with the help of caregivers), turning on his side, moves to the edge of the bed. The part of the sheet that has become free is rolled with a roller along the length of the bed, and a clean one is spread in its place, so that its free edge hangs slightly from the bed. After that, the patient turns on his back, and then on the other side and occupies the part of the bed covered with a clean sheet. The soiled sheet is taken away and a clean one is spread. The edges of the sheet are folded under the mattress. A pillow is placed under the patient's head.

2. In cases where the patient cannot turn on his side, the sheets are changed across the bed. For this, a clean sheet is rolled up in width. Having slightly raised the upper half of the patient's body, they take away the pillow and roll up the dirty sheet from under the head and back. A prepared clean

sheet is rolled out in its place. A pillow is placed on a clean sheet and the patient's head is lowered onto it. Lifting alternately the pelvis, and then the hips and lower legs of the patient, roll up the dirty sheet with a roller and then roll out the roller of the clean one. After that, the edges of the sheet are turned over the mattress pad.

3. A clean sheet is folded from both sides widthwise with a roller to the middle. The pillow is removed from under the patient's head. The dirty sheet is folded with two rollers from the head and from the feet to the middle of the bed and carefully removed. In its place, a freshly prepared sheet is placed under the patient's pelvis and spread in the direction of the head and feet. The edges of the sheet are folded under the mattress. A pillow is placed under the head. After that, raising the patient's hands, they drop the shirt over the head, and then successively release the hands. The shirt is put on in the reverse order: first on the arms, then over the head, then with light, careful movements, it is pulled on the back and chest and carefully straightened.

Change of underwear

If the patient has a diseased arm, the sleeve is removed first from the healthy arm, and then from the diseased arm, and put on in the reverse order, starting with the diseased limb. If the patient needs complete rest, they use a shirt that has a cut along the entire back. They put it on only the hands, and the edges are tucked under the back and straightened.

In intensive care units, it is more expedient in the first hours and days to keep patients naked under a sheet so that there is free access to all parts of the body, as well as to make partial skin treatment more convenient and more frequent.

The method of transporting the patient from the reception to the treatment department is determined by the doctor. The patient in a satisfactory condition and in the absence of contraindications goes to the ward on his own accompanied by a nurse or orderly. If indicated, the patient is transported on a wheelchair, stretcher or stretcher.

Transporting the patient using a wheelchair

1. Tilt the wheelchair forward by stepping on the footrest.
2. Offer the patient to stand on a footrest, help him sit in a chair.
3. Put the wheelchair in its original position. By changing the position of the back of the chair and the footrest with the help of the frame, the patient can be given a sitting, semi-lying, or lying position.
4. Make sure that the patient's hands do not fall off the armrests of the wheelchair during transportation.
5. Carefully transport the patient when ascending and descending the wheelchair on an inclined path, at this moment support the patient.
6. Disinfect the wheelchair after use.

Transporting the patient using a stretcher

1. Cover the litter with a blanket, and if necessary, with a sheet.
2. Put the pillow.
3. Transfer the patient from the couch to the gurney.
4. Give the patient a comfortable position depending on the nature of the disease or injury.
5. Cover the patient with another blanket.
6. Move the gurney with the head end forward, if necessary, bring it into the elevator cabin and raise or lower the patient to the required floor.
7. Transfer the patient from the gurney to the bed.
8. Disinfect the gurney after use. Change the bedding.

Transporting the patient using a stretcher

1. Cover the litter box with a blanket, then a sheet.
2. Transfer the patient from the couch to the stretcher.
3. Cover the patient with a blanket.
4. The patient can be carried on a stretcher by two or four people. Carry the patient on a flat surface with the head forward, not the leg.
5. When lifting the patient up the stairs, carry his head forward, at the same time lower the head end and raise the leg end accordingly.

6. When lowering the patient down the stairs, carry him with his legs forward, raising the leg end of the stretcher.

7. Transfer the patient from the stretcher to the bed.

8. Disinfect stretchers after use.

Transferring the patient from the couch to the gurney and from the gurney to the bed

1. Rationally place the gurney relative to the couch or bed.

2. Place the gurney perpendicular to the couch so that its head end is located near the foot end of the couch.

3. The three of you stand next to the patient on one side: the first puts his hands under the patient's head and shoulder blades, the second - under the lumbar region and pelvis, the third - under the hips and lower legs.

4. Lift the patient, turn with him 90° towards the gurney, put the patient on the gurney and transport him to the hospital ward.

5. In the compartment, place the head end of the gurney perpendicular to the foot end of the bed.

6. Lift the patient and transfer him to the bed.

Peculiarities of transporting patients with some diseases of internal organs and injuries 1. In case of acute myocardial infarction, the patient must be carefully transported on a stretcher or gurney.

2. A seriously ill patient with decompensated cardiovascular insufficiency with severe shortness of breath should be transported on a stretcher or gurney in a semi-sitting position. For this, 2-3 pillows or a blanket folded in several layers are placed under the head and back. In the case of a relatively satisfactory condition, the patient can be transported in a wheelchair.

3. In case of collapse and other types of acute vascular insufficiency, the patient should be transported on a gurney or stretcher in a horizontal position with the head end lowered. For this, 1-2 pillows or a roller from a blanket or mattress are placed under the feet. The patient is warmed with the help of warm heaters and a blanket.

4. The patient in an unconscious state, in case of danger of vomiting, should be transported on a stretcher or gurney in a horizontal position on the back with the head turned to the side. A oilcloth and a diaper are placed under the head. A kidney-shaped tray, a gauze napkin and a clamp should be ready.

5. A patient with gastrointestinal bleeding should be transported on his back without a pillow. Put an ice pack on the epigastric area.

6. A patient with a spinal cord injury should be transported on a wooden board.

Questions about current control.

1. The technique of using a functional bed.

2. Arrangement of the patient's bed.

3. Position of the patient on the bed.

4. Change of bed linen.

5. Change of underwear.

6. Technique of patient transportation and transfer.

4. Summary:

Current evaluation criteria in practical training

Rating	Evaluation criteria
Perfectly "5"	The applicant is fluent in the material, actively participates in the discussion and solution of the situational clinical problem, confidently demonstrates practical skills during the examination of the patient simulator. Expresses his opinion on the topic of the lesson, demonstrates clinical thinking.
Fine "4"	The winner has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates

	practical skills during the examination of a patient simulator with some errors, expresses his opinion on the subject of the lesson, demonstrates clinical thinking.
Satisfactorily "3"	The acquirer does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of the situational clinical problem, demonstrates practical skills during the examination of the patient simulator with significant errors.
Unsatisfactorily "2"	The acquirer does not possess the material, does not participate in the discussion and solution of the situational clinical problem, does not demonstrate practical skills during the examination of the patient simulator.

Recommended literature

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1. Patient care and nursing: study guide / O.O. Yakymenko; edited by Yakymenko O.O., 2021 – 178 p.
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3. Tyazhka O.V., Antoshkina A.M., Vasyukova M.M., Kazakova L.M., Lutai T.I. etc. Basics of childcare. Technique of medical procedures and manipulations: training. manual for honey Higher education institution III-IV r.a. - 2nd edition. / edited by O.V. Heavy - K.: Medicine, 2014. - 152 p.
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Practical lesson No. 3

SUBJECT: BULBS: THE MAIN CAUSES AND RISK FACTORS OF THEIR OCCURENCE. SIMULATION LEARNING.

Purpose: Mastering the basic practical skills for caring for the patient's skin in order to prevent bedsores.

A student of higher education must:

- know: Symptoms and stages of bed sore formation

- be able to:

Determine the patient's condition using the Norton, Waterloo and Braden scales. Draw up a patient care schedule.

Basic concepts: bedsores, scale of Norton, Waterloo, Braden...

Plan:

1. Organizational measures: greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic.

2. Control of the reference level of knowledge: a frontal survey of higher education graduates before the implementation of practical classes:

- assessment of the patient's condition according to the Norton scale;
- assessment of the patient's condition according to the Waterlow scale;
- assessment of the patient's condition according to the Braden scale;
- drawing up a patient care schedule.

3. Formation of professional skills and abilities.

Content of tasks:

Assessment of the patient's condition and prevention of bedsores.

Recommendations (instructions) for performing tasks.

Bedsores are deep damage and deformation of the skin and soft tissues, followed by inflammation up to their death. Bedsores occur under the action of direct pressure with a violation of tissue nutrition.

The main reasons for the formation of bedsores:

Pressure. Under the influence of the body's own weight, tissues are compressed relative to the surface on which a person rests. The diameter of blood vessels decreases, tissue starvation occurs as a result of ischemia. During full compression, necrosis is formed within two hours. The pressure on the affected tissues increases under the influence of heavy bedding, tight bandages, and clothes.
Bias. The destruction and mechanical damage of tissues under the influence of indirect pressure is caused by the displacement of tissues relative to the supporting surface. Microcirculation in the underlying tissues is disturbed, as a result of which it dies from oxygen deficiency. Displacement of tissues can occur when the patient "rolls" down the bed or pulls up to its headboard

Friction. Causes exfoliation of the stratum corneum of the skin and leads to ulcers on its surface. Friction increases during skin hydration. The most prone to this effect are patients with urinary incontinence, increased sweating, wearing wet underwear or underwear that does not absorb moisture, and also if the patient lies on a surface that does not absorb moisture (lining oilcloth, plastic surface). A sign of the beginning of bedsores is hyperemia. She indicates that it is worth paying attention to damaged areas of the skin, where blood circulation has already begun.

Places of formation of bedsores:

In the position of the patient on his back: sacrum, heels, shoulder blades, back of head and elbows.

In the prone position: ribs, knees, toes on the back side and wings of the iliac bones.

Sitting: buttocks, feet and shoulder blades

There are 4 main stages of the formation of bedsores, they are determined by the depth of damage in the tissues:

Stage 1.

Redness fades and disappears completely when squeezing stops;
the skin is not broken.

Stage 2

Redness does not fade, does not go away when squeezing is stopped;
Growths and ulcers on the surface of the skin, painful lesions of the epidermis.

Stage 3

The skin is deeply affected up to the subcutaneous tissue layers;
deep skin damage, swelling, erythema are visible.

Stage 4

The damage reaches the bone tissue, the initial stages of necrosis.
The condition is extremely severe, necrosis spreads to the muscles, sepsis may begin.

Diagnosis of bedsores

For the correct assessment of the risk of pressure ulcers and their timely diagnosis, scientists have developed special methods: Norton (1962), Waterlow (1985) and Braden (1987).

The Norton scale is quite simple, quickly filled out, but at the same time covers a wide range of risk factors. Evaluation in this scale is based on a descending principle: the lower the patient's score, the greater the risk of pressure ulcers.

Norton scale Number of points

Physical condition

- good 4
- within the norm 3
- below norm 2
- significantly below norm 1

Consciousness

- gums 4
- indifferent 3
- confused 2
- stupor 1

Activity

- moves without help 4
- moves with the help of 3

- in a wheelchair 2
- does not move 1

Mobility

- full 4
- partially limited 3
- significantly limited 2
- there is no 1

Incontinence

- absent 4
- partial 3
- urine 2
- urine and feces 1

Results Total points

A significant risk of pressure ulcers is 12 or less

There is a risk of bedsores 12-14

The danger is little more than 14

Waterlow Scale (Waterlow Scale)

Effective for assessing the stage and risk of pressure ulcers. Gives the most accurate description of the patient's condition at the time of examination. The Waterlow scale is applied to all categories of patients and, unlike Norton's, is calculated by growth: the higher the result, the more likely the appearance of bedsores.

Waterlow scale Number of points

Sex

- male 1
- female 2

Age

- 14 – 49 1
- 50 – 64 2
- 65 – 74 3
- 75-80 4
- 81+ 5

Body mass index (BMI = m/h^2 , m - body weight in kilograms, h - height in meters)

- normal (BMI 20-24.9) 0
- above the norm (BMI 25-29.9) 1
- obesity (BMI more than 30) 2
- below normal (BMI below 20) 3

Incontinence

- there is no 0
- urine 1
- feces 2
- feces and urine 3

Skin

- healthy 0
- thin and fragile 1
- dry 1
- swollen 1
- moisture 1
- pale with bruises 2
- with injuries (ulcers, wounds) 3

Mobility

- full 0

- moves reluctantly 1
- partially limited 2
- limited 3
- lying position 4
- wheelchair (does not move without assistance) 5

Food

- a decrease in body weight up to 5% over the last 3–6 months 0
- decrease in body weight by 5–10% 1
- decrease in body weight by more than 10% 2
- no food intake for more than 5 days 2

Tissue disorders

- violation or failure of one organ (heart, kidneys, lungs) 5
- disturbances in peripheral vessels 5
- multiple injuries of internal organs / multiple organ failure / terminal cachexia 8

Neurological disorders

- diabetes / multiple sclerosis / impaired cerebral circulation / motor / sensory / paraplegia 4-6

Surgical operations

- more than 6 hours on the operating table 8
- orthopedic / below the waist / on the spine 5
- less than 2 hours on the operating table 5

Taking medicines

- cytostatics, anti-inflammatory, long-term / high doses of steroid use 4

Other risks

- smoking 1
- anemia 2

Results Total points

There is a risk of bedsores of 10-14 points

The risk is high 15-19 points

The risk is very high 20 or more points

Braden Scale (Braden Scale)

The Braden scale was developed in 1987. by Barbara Braden and Nancy Bergstrom for predicting pressure ulcers in intensive care and less intensive care neurology patients.

Braden scale Number of points

Tactile sensitivity

- normal 4
- partially broken 3
- substantially violated 2
- completely missing 1

Skin moisture

- the skin is in normal condition 4
- the skin is partially moisturized 3
- substantially hydrated 2
- moisture 1

Level of physical activity

- full-fledged (walks) 4
- moves partially 3
- wheelchair 2

in the lying position 1

Mobility (change in body position)

- full (without assistance) 4
- partially mobile 3
- rarely moves 2
- does not move 1

Food

- normal 4
- permissible 3
- reduced 2
- greatly reduced 1

Skin resistance to friction

- full 3
- slightly reduced: when moving, the patient needs minimal assistance 2
- significantly reduced: the patient needs help when moving 1

Results Total points

Very high risk 9 or less

Big risk 10-12

Significant risk 13-14

Small risk 15-18

There is no risk 19-23" To prevent bedsores, it is necessary to change the patient's position every 2 hours (the choice of position and their rotation may change depending on the disease and the patient's condition):

Example:

8:00—10:00 — Fowler's position

10:00—12:00 — position on the left side

12:00—14:00 — position on the right side

14:00—16:00 — Fowler's position

16:00—18:00 — Sims position

18:00—20:00 — Fowler's position

20:00—22:00 — position on the right side

22:00—24:00 — position on the left side

0:00—2:00 — Sims position

2:00—4:00 — position on the right side

4:00—6:00 — position on the left side

6:00—8:00 — Sims position

Wash the areas every morning at the specified time

Check the condition of the bed when changing the position (every 2 hours or other time interval)

Encourage the patient to change positions in bed (pressure points) with the help of bars, handrails and other devices

Teach the patient and his relatives/relatives proper care techniques.

Determine the amount of food consumed

Ensure the consumption of a sufficient amount of liquid per day

Questions for current control.

1. Bedsores are.
2. Classification of bedsores.
3. Norton scale
4. Waterloo scale.
5. Braden's scale

1. Summary:

Current evaluation criteria in practical training

Rating	Evaluation criteria
Perfectly "5"	The applicant is fluent in the material, actively participates in the discussion and solution of the situational clinical problem, confidently

	demonstrates practical skills during the examination of the patient simulator. Expresses his opinion on the topic of the lesson, demonstrates clinical thinking.
Fine "4"	The winner has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates practical skills during the examination of a patient simulator with some errors, expresses his opinion on the subject of the lesson, demonstrates clinical thinking.
Satisfactorily "3"	The acquirer does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of the situational clinical problem, demonstrates practical skills during the examination of the patient simulator with significant errors.
Unsatisfactorily "2"	The acquirer does not possess the material, does not participate in the discussion and solution of the situational clinical problem, does not demonstrate practical skills during the examination of the patient simulator.

Recommended literature

Main:

1. Patient care and nursing: study guide / O.O. Yakymenko; edited by Yakymenko O.O., 2021 – 178 p.
2. Patient care and medical manipulation techniques: study guide / L.S. Savka, L.I. Razinkova, O.I. Kotsar, L.M. Kovalchuk, O.V. Kononov. — 4th edition // K.: VSV "Medicine", 2018. - 900 p.
3. Kasevich N.M. General patient care and medical manipulations on equipment: tutorial. for students higher honey. education closing I-III levels of accreditation / edited by V.I.

Lytvynenko - 7th ed., corr. - K.: Medicine, 2017. - 424 p.

Additional:

1. Netyazhenko V.Z., Shchulipenko I.M., Didkivska L.A. Patient care (general and special with the basics of nursing technique): tutor. for students higher honey. education closing IV level of accreditation. - K.: Health, 2013. - 591 p.
2. Kovalova O.M., Lisovyi V.M., Shevchenko S.I., Frolova T.I. Patient care (practice): tutor. for students higher honey. closing of education of III-IV levels of accreditation. – Type 3, corr. - K.: Medicine, 2015. - 488 p.
3. Tyazhka O.V., Antoshkina A.M., Vasyukova M.M., Kazakova L.M., Lutai T.I. etc. Basics of childcare. Technique of medical procedures and manipulations: training. manual for honey Higher education institution III-IV r.a. - 2nd edition. / edited by O.V. Heavy - K.: Medicine, 2014. - 152 p.
4. Order of the Ministry of Health of Ukraine No. 460 dated 01.06.13 On the approval of protocols of a nurse (paramedic, midwife) for patient care and the performance of basic medical procedures and manipulations. [electronic resource] – Access mode: <http://mozdocs.kiev.ua>

5. Order of the Ministry of Health No. 149 of March 20, 2008 "On approval of the clinical protocol for medical care of a healthy child under the age of 3" [electronic resource] - Access mode: <http://mozdocs.kiev.ua>

6. Order of the Ministry of Health of Ukraine No. 152 dated 04/04/2005 "On approval of the Protocol of medical care for a healthy newborn child". [electronic resource] – Access mode: <http://mozdocs.kiev.ua>

7. Order of the Ministry of Health of Ukraine No. 798 dated 21.09.2010 On approval of methodological recommendations "Surgical and hygienic treatment of hands of medical personnel" [electronic resource]. – Access mode: <http://medsoft.ucoz.ua>

8. Order of the Ministry of Health of Ukraine No. 110 dated 14.02.2012 On the approval of the forms of primary accounting documentation and instructions for filling them out, which are used in health care institutions regardless of the form of ownership and subordination [electronic resource]. – Access mode: <http://medsoft.ucoz.ua>

9. Order of the Ministry of Health of Ukraine No. 223 of 10/22/1993 On the collection, disinfection and delivery of used single-use medical products made of plastic materials [electronic resource]. – Access mode: <http://medsoft.ucoz.ua>

13. Electronic information resources

1. <http://moz.gov.ua> – Ministry of Health of Ukraine 2. <http://www.nbuv.gov.ua/> - National Library of Ukraine 3. www.who.int - World Health Organization 4. <https://gmka.org/uk/category/dlya-medykiv/nevidkladna-hirugiya/> - Global Alliance for Medical Knowledge

Practical lesson No. 4

TOPIC: METHODS OF FEEDING PATIENTS. SIMULATION LEARNING

Purpose: Mastering the basic practical skills of feeding patients.

A student of higher education must:

- know: the main types of feeding.
- be able to:
- feed the patient depending on the age and state of health.

Basic concepts: feeding

Plan:

1. Organizational activities: greetings, verification of those present, announcements topics, goals of the lesson, motivation of higher education students regarding the study of the topic.
2. Control of the reference level of knowledge: frontal survey of applicants of higher education in order to determine the level of theoretical readiness of applicants before practical classes:
 - - feeding a sick child;
 - - feeding a seriously ill adult.
 -
- 3. Formation of professional skills.

Content of tasks:

- - feeding the patient.

4. Summary:

Current evaluation criteria in practical training

Rating	Evaluation criteria
Perfectly "5"	The applicant is fluent in the material, actively participates in the discussion and solution of the situational clinical problem, confidently demonstrates practical skills during the examination of the patient simulator. Expresses his opinion on the topic of the lesson, demonstrates clinical thinking.
Fine "4"	The winner has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates practical skills during the examination of a patient simulator with some errors, expresses his opinion on the subject of the lesson, demonstrates clinical thinking.
Satisfactorily "3"	The acquirer does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of the situational clinical problem, demonstrates practical skills during the examination of the patient simulator with significant errors.
Unsatisfactorily "2"	The acquirer does not possess the material, does not participate in the discussion and solution of the situational clinical problem, does not demonstrate practical skills during the examination of the patient simulator.

Recommended literature

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