

TERMINAL CASES LUNG AND HEART RESUSCITATION TRANSFER PRINCIPLES

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ABSTRACT

This article provides detailed information on providing resuscitation care to patients with heart and lung diseases. In addition, brief information about resuscitation was given.

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All resuscitation measures are subject to one principle: it is necessary to strive to prolong life, not to prolong death. The sooner the first aid is started, the higher the chances of the victim. Help at the scene It is difficult for any inexperienced person to determine the severity of the condition of a patient or an injured person, to determine the agonal state. How to determine clinical death at the scene? Simple signs of the deceased: at the scene; during transportation; specialized resuscitation or resuscitation, the person is unconscious, does not answer questions; if you cannot feel the pulse of the wrist and carotid artery, you should try to undress the victim and put the ear to the left side of the sternum to try to hear the heartbeat; lack of breath is checked by hairs extending to the nose or mouth. It is better not to navigate the chest on the move. You need to remember the limited time. Pupils dilate 40 seconds after cardiac arrest. What should be done first? Before the arrival of a specialized emergency team, if you really

want to help, do not overestimate your strength and capabilities: call for help; look at the clock and pay attention to the time. The algorithm of further actions is based on the following diagram: cleaning airways; artificial respiration; indirect heart massage.

Full cardiopulmonary resuscitation is impossible for one person. Cleaning is best done with a finger wrapped in cloth. Turn the victim's face to the side. You can turn the patient on his side and give several blows between the shoulder blades to improve the airway. For artificial respiration, pull the lower jaw as far forward as possible. This rule does not allow the tongue to get stuck. Breathing person should stand behind the victim's head, slightly thrown back and strong thumbs to stretch the jaw. Take a deep breath and exhale into the patient's mouth, pressing the lips tightly. Exhaled air contains up to 18% oxygen, which is enough for the victim. The patient's nose should be pinched with the fingers of one hand so that the air does not come out. If you find a tissue or a thin tissue, you can put it in the patient's mouth and breathe through the tissue. An indicator of good breathing is the expansion of the victim's chest. Breathing rate should be 16 per minute. Restorative breathing exercises stimulate the brain and activate the rest of the body's functions.

This work requires physical effort, after a few minutes it is necessary to replace it. In the first twenty minutes after stopping, the heart still retains the properties of automatism. In order to conduct indirect heart massage, the patient should be on a hard surface (floor, board, road surface). The technique of the procedure consists of squeezing the lower part of the sternum with the palms of both hands. In this case, the heart is located between the sternum and the spine. The pulling power should be average. The frequency is about 60 per minute. Massage should be done before the arrival of specialists. It has been shown that the general circulation helps maintain proper cardiac massage at 30% of normal, and the brain at only 5%. The best option is when one person performs artificial respiration and the other performs heart massage, they coordinate their actions so that air movement does not create pressure on the sternum. If there is no one to help and one person has to do the main exercises, it should be alternated: three massages for each breath. Open heart massage is performed only when it is stopped during the operation. The surgeon opens the heart membranes and performs compression movements with his hand. Indications for direct massage are very limited: a lot of damage to the ribs and sternum; cardiac tamponade (blood fills the heart bag and prevents its contraction); pulmonary embolism that occurred during surgery; cardiac arrest with pneumothorax (air gets between the layers of the pleura and puts pressure on the lung tissue). The criteria for effective resuscitation are the following characteristics: the appearance of a weak pulse; independent breathing movements; narrowing of pupils and their reaction to light. . .

Resuscitation measures during transportation This step should continue first aid ... It is carried out by qualified specialists. Basic cardiopulmonary resuscitation is provided with medical devices and equipment. The procedure of resuscitation of the victim does not change: airways are checked and cleaned, artificial respiration and chest compressions are continued. Of course, the technique of performing all techniques is much better than that of non-professionals. One of the tasks of the ambulance is to quickly transport the victim to the hospital. Check and clean the oral cavity and upper respiratory tract with the help of a laryngoscope. When the airway is blocked, a tracheotomy is performed (a tube is inserted through the opening between the cartilages of the larynx). A curved rubber channel is used to prevent tongue retraction. A mask

is used for artificial respiration or the patient is intubated (a sterile plastic tube is placed in the trachea and connected to the apparatus). The most commonly used bag is an Ambu bag, followed by manual compression to ensure air flow. Modern specialized machines have more advanced methods of artificial respiration. Taking into account the measures initiated at the previous stage, adult patients are defibrillated using a special device. With repeated defibrillation, adrenaline solution can be injected into the heart. If a weak pulsation appears, heart sounds are heard, then drugs and a solution that normalizes blood properties are introduced through the catheter into the subclavian vein. An electrocardiogram can be performed in the ambulance and confirm the effectiveness of the measures taken.

Activities in the specialized department Task intensive care units hospitals: to ensure round-the-clock readiness to receive suffering victims and to provide the entire complex medical care ... Patients come from the street, in an ambulance or in another part of the hospital it is transported from place to place on a gurney. Employees of the department have special training and experience not only physical but also psychological stress. As a rule, the duty group includes doctors, nurses and a nurse.

The dying patient is immediately connected to a voice monitor to monitor heart activity. In the absence of self-breathing, intubation and connection to the device are performed. The provided breathing mixture should contain sufficient oxygen concentration to combat organ hypoxia. The solutions are injected intravenously, which has an alkaline effect and normalizes the blood level. Medicines are immediately added to raise blood pressure, stimulate the contractile activity of the heart, protect and restore brain activity. The head is covered with ice. Resuscitation of children: The basic principles are the same as for adults, but the child's body has its own characteristics, so the methods of resuscitation may differ. The most common cause of terminal cases in children is not illness, as in adults, but wounded and poisoned. To clean the upper respiratory tract, you can put the baby on his lap with his stomach and hit his chest. Heart massage is performed with one hand, and for a newborn, with the first finger. . When small patients are hospitalized, because it is impossible to waste time searching for veins, intracranial injection of solutions and drugs is more often used. The vessels are also close to the bone marrow and they do not collapse in severe cases. . Defibrillation is rarely used in the intensive care unit of children, because the main cause of death in children is asphyxia. All tools have a special children's size. The algorithm of the doctor's actions depends on spontaneous breathing, listening to the heartbeat and the color of the child's skin. Even if they breathe themselves, resuscitation. they start measures.

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