

MINISTRY OF PUBLIC HEALTH OF UKRAINE
ZAPOROZHYE STATE MEDICAL UNIVERSITY
DEPARTMENT OF GENERAL PRACTICE – FAMILY MEDICINE

THE PRACTICAL WORK BOOK
DISCIPLINE «GENERAL PRACTICE - FAMILY MEDICINE»
FOR 6-th YEAR STUDENTS OF INTERNATIONAL FACULTY

CONTENT MODULE 3

Zaporozhye - 2017

Approved by the Central Methodical Council of Zaporozhye State Medical University as a practical work book for the practical classes and individual work for students of higher medical educational institutions of III-IV accreditation levels for academic discipline «General practice – family medicine» speciality 7.12010001 «Medicine» (protocol № 3 dated 02.02.2017.)

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The practical work book for academic discipline «General practice – family medicine» for content module 3 for students of 6th studying year, international faculty is according to the educational program of academic discipline «General practice – family medicine», speciality 7.12010001 «Medicine».

The practical work book includes situational tasks, questions, tests for current control, the patient record protocol for general practitioner (was developed by department of General practice – family medicine). Materials appearing in practical work book covered the theoretical knowledge and practical skills for students of 6th studying year international faculty.

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PREFACE

Primary healthcare is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community. The ultimate goal of primary healthcare is the attainment of better health services for all. Five key elements to achieving this goal are reducing exclusion and social disparities in health; organizing health services around people's needs and expectations; integrating health into all sectors; pursuing collaborative models of policy dialogue; and increasing stakeholder participation.

The primary health care approach has seen significant gains in health. The studying the basic of family medicine is a deal of great importance.

The practical work book was composed according to the program of academic discipline «General practice – family medicine», speciality 7.12010001 «Medicine» and includes content module 3 «Emergency in the practice of family doctor».

The practical work book includes many tests and tasks, the patient record protocol for general practitioner (was developed by department of General practice – family medicine), which helps to prescribe diagnostics and treatment plan for patient. These educational materials will be used for self-control of theoretical knowledge and practical skills by students. The practical work book is designed to provide a rapid but thoughtful initial approach to basis of general practice - family medicine for students of 6th studying year international faculty.

THE THEMATIC PLAN OF PRACTICAL CLASSES

Module 1: “The organizational aspects of the system of the primary health care in Ukraine, its role in the development and reforming of the Public health.”

№	Topic	hours
Content module 1. Modern approaches to the medico-social and organizational basis of a primary health care		
1.	1.1 The place of the family medicine in the structure of a healthcare system and the principles of the family service. The organization of the FD’s work. The basis recording documentation of FD in medical institution.	4
	1.2 The role of information system in FD practice. The basis of information processing of out-patient clinic*	3
Content module 2. Medico-social aspects of population’s health - the basis of the preventive and curing medicine. The organization of out-of-hospital care (pre-hospital and hospital stages)		
2.	2.1 Medico-social aspects of the population’s health. Medical insurance structure and family doctor activity. The models of medical insurance in the world.	4
	2.2 The medical examination of the population, and rehabilitation in the family doctor’s practice*	3
3.	3.1. The assessment of the risk factors of the main chronic non-epidemic diseases and the preventive measures on the basis of syndrome approach. The national program for prevention, diagnostics and treatment of most widespread diseases. A role of family doctor in popularization of healthy life style and prophylaxis. The dietotherapy. “The health school”.	4
	3.2. The prophylaxis of AIDS*	3
4.	4.1. The organization of out-of-hospital therapeutic help in case of the most wide-spread diseases. The principles of medico-social expertise. The organization of the day hospital and home care.	4
	4.2. The consultation in the context of HIV-infectious, voluntary testing, before- and after-testing consultation*	1,5
	4.3. The consultation in the context of incurable disease and imminent death. The organization of medical care for non-curable patients. The principle of multidisciplinary approach to medical care of non-curable patients and their relatives. Nursing, the methods of palliative care of symptoms and syndromes*	1,5
Content module 3. The emergency in the family doctor’s practice		
5.	5.1 The emergency at the pre-hospital stage in the case of cardiac arrest, acute coronary syndrome, respiratory standstill, arrhythmias, hypertensive crisis, bronchoobstructive syndrome	4
	5.2 Writing the algorithm of the emergency measures at the pre-hospital stage in the case of cardiac arrest, acute coronary syndrome, respiratory standstill, arrhythmias, hypertensive crisis, bronchoobstructive syndrome: filling the practicum*	3
6.	6.1. The emergency in the practice of family doctor in the case of pain syndrome. The clinical classification of pain.	4
	6.2. The mechanism of pain in incurable patient. The principles of treatment of chronic pain syndrome. The emergency in context of incurable diseases and imminent death*	3
7.	7.1 The emergency in the practice of family doctor in the case of seizure, syncope, coma in case of diabetes, acute hepatic failure, alcohol intoxication, renal insufficiency, narcotic abuse.	4
	7.2 Writing the algorithm of the emergency measures in the practice of family doctor in the case of seizure, syncope, coma in case of diabetes, acute hepatic failure, alcohol intoxication, renal insufficiency, narcotic abuse: filling the practicum*	3
8.	8.1 The emergency in the practice of family doctor in the case of bite, sting, electrical injury, drowning, frostbite and thermal injury.	4
	8.2 Writing the algorithm of the emergency measures in the practice of family doctor in the case of bite, sting, electrical injury, drowning, frostbite and thermal injury: filling the practicum*	3
Final module control		2
Total		32/ 24*

Note - * marked the theme of individual work performed by students under the teacher’s supervision.

THE THEMATIC PLAN OF INDEPENDENT WORK OF STUDENT

<i>N^o</i>	<i>Topic</i>	<i>hours</i>
1	Preparation for practical classes	18
	The psychological, spiritual and social aspects of palliative care of non-curable patients and their relatives.	4
	The palliative and end-of-life care: the notion, ethical principles.	4
	The organization of medical care for non-curable patients. The methods of palliative care of main symptoms and syndromes	4
	The principle of multidisciplinary approach to medical care of non-curable patients and their relatives. Bad news report The notion about emotional burnout syndrome, its prevention.	2
	The organization of medical care for HIV-infected. The care and psychological support of HIV-infected. The symptomatic treatment of patient in terminal state.	2
	The primary prevention of HIV infections. The preventive HIV-program for different age groups of population.	2
2.	Practical skills	12
	To fill recording documentations of family doctor	4
	To prepare and fill the management plan for out-patient in the case of most widespread disease.	4
	To create an algorithm of emergency in out-of-hospital stage in the practice of family doctor	4
3.	The preparation for final module control	4
	Total	34

CONTENT MODULE 3

THE EMERGENCY IN THE FAMILY DOCTOR'S PRACTICE

**THE EMERGENCY IN THE PRE-HOSPITAL STAGE IN THE CASE OF
CARDIAC ARREST, ACUTE CORONARY SYNDROME, RESPIRATORY
STANDSTILL, ARRHYTHMIAS, HYPERTENSIVE CRISIS,
BRONCHOOBSTRUCTIVE SYNDROME**

I level. Answer the questions:

The main ECG signs of acute coronary syndrome:

The algorithm of emergency help on the pre-hospital stage in the case of acute coronary syndrome:

The types of arrhythmias, which take the emergency:

The algorithm of emergency help in the case of paroxysmal supraventricular tachicardia:

The algorithm of emergency help in the case of paroxysmal atrial fibrillation:

The main criterions of hypertensive crisis:

The main types of hypertensive crisis:

The emergency in the practice of family doctor in the case of non-complicated hypertensive crisis:

The pre-hospital emergency in the practice of family doctor in the case of hypertensive crisis with pulmonary edema:

The pre-hospital emergency in the practice of family doctor in the case of hypertensive crisis with acute hypertensive encephalopathy:

Which medications you can prescribe in the case of hypertensive crisis for pregnant:

The curing of the patients with bronchoobstractive syndrome:

The disaeses which usually are comlicated by suden cardiac death:

The features of cardiopulmonary resuscitation:

II level. Answer the tests:

1. First-line measure in the case of electromechanical dissociation of myocard:

- A. Adrenalin
- B. Electrical defibrillation
- C. Lidocaine
- D. calcium chloride
- E. NaHCO_3

2. The main sign of cardiac arrest:

- A. seizure, unconsciousness
- B. lack of spontaneous breathing
- C. myosis
- D. lack of carotid pulsation
- E. mydriasis

3. Which position is optimal before cardiopulmonary resuscitation starting?

- A. Back supine
- B. Back supine with elevated head
- C. Back supine with tilted back head and elevated lower body

- D. Back supine with roller between shoulders and elevated upper body
- E. Different positions

4. Most effective medication for restoration of cardiac activity:

- A. Atropine
- B. Adrenalin
- C. Noradrenalin
- D. calcium chloride
- E. NaHCO_3

5. Sudden death occurs often due to:

- A. atrial fibrillation
- B. ventricular tachicardia
- C. electromechanical dyssociation
- D. asystole
- E. atrio-ventricular block

6. Contrindication for calcium chloride in the case cardiopulmonairy resuscitation:

- A. hypercalcemia
- B. hypocalcemia
- C. overdose of calcium channel blocker
- D. overdose of cardiac glycosides
- E. hypermagnesemia

7. In impossibility of intravenous access in the case cardiopulmonairy resuscitation, adrenaline often is injected:

- A. endotracheal
- B. intracardiac
- C. intraosseous

- D. Intramuscular
- E. Subcutaneous

8. Sufficient force which is applied to depress the sternum in the case cardiopulmonary resuscitation for children:

- A. 1/4 of sagittal diameter of the chest
- B. 1/3 of sagittal diameter of the chest
- C. 1/2 of sagittal diameter of the chest
- D. 3-4 cm
- E. 5-6 cm

9. The recommended sequences of defibrillation by 3 impulses:

- A. 100 J - 200 J - 300 J
- B. 200 J - 300 J - 360 J
- C. 200 J - 200 J - 360 J
- D. 200 J - 360 J - 200 J
- E. 300 J - 300 J - 360 J

10. The main sign of starting resuscitation?

- A. lack of spontaneous breathing
- B. skin color changing
- C. unconsciousness
- D. mydriasis
- E. lack of carotid pulsation

11. The rhythm of pressing during closed-chest massage for adult is:

- A. 100 per min
- B. 80 per min
- C. 60 per min
- D. 40 per min

E. 120 per min

12. When you will use NaHCO_3 in the case of cardiac arrest:

- A. Routine using in all case
- B. Using in th case of hypokalemia
- C. Using in th case of hyperkalemia
- D. Using in th case of overdose of glycosides
- E. Using in th case of long duration of resuscitation

13. For effective closed-chest massage among adult patients the sternum will move toward the spine for:

- A. 1 – 2 sm
- B. 5 – 6 sm
- C. 7 – 8 sm
- D. 4 – 5 sm
- E. 8 – 9 sm

14. On the 1st stage of treatment of hypertensive crisis you will lower blood pressure:

- A. for 50%.
- B. for 40%.
- C. for 30-35%.
- D. for 20-25%.
- E. no recommendation

15. The patient became sudden pale, fainted. The skin was cuanotic, no light reaction of pupils, no carotid pulsation. ECG – asystole. Which will be the first step of emergency?

- A. precordial blow
- B. Mouth-to-mouth respiration

- C. closed-chest massage
- D. Droperodolum injection
- E. Prednisolonum injection

16. You start pre-admission resuscitation (closed-chest massage, mouth-to-mouth respiration). Whichh is the duration of such activities?

- A. 45 min
- B. Till emergency team arrival
- C. 60 min
- D. 30 min
- E. 15 min

17. The 50-years old patient is admitted to the hospital because of arterial hypertension, ischemic heart diseaase. sudden he became unconscious. The cardiac arrest was diagnosed. The resuscitation was started. The patient had removable dentures. Which will be the action of doctor?

- A. intracardiac adrenaline injection
- B. intracardiac atropine injection
- C. closed-chest massage
- D. mouth-to-mouth respiration
- E. head tilted back and chin lifted, fixed tongue

18. For old patient the resuscitation was uneffective: no caropid pulsation, the sternum was depressed for 2 to 3 cm, the chest was rigid. What is necessairy for succesful chest massage?

- A. Increase chest movement to 4-5 sm during massage
- B. To start open-chest massage
- C. To press on left side parasternal area of chest
- D. IV 10 ml. 10% CaCl
- E. Increase chest movement to 6-7 sm during massage

19. For effective closed-chest massage the chest compression rate has to be:

- A. More than 60 per min
- B. More than 100 per min
- C. 120 per min
- D. More than 80 per min
- E. 80 per min.

20. Which are the places of defibrillator's electrodes during cardioversion?

- A. 1st - in left subclavian area, 2nd – in VIII left intercostal space by median axillary line
- B. 1st - in left subclavian area, 2nd – in VIII right intercostal space by median axillary line
- C. 1st – under jugular notch, 2nd – in epigastric area
- D. 1st - in right subclavian area, 2nd - in VIII left intercostal space by median axillary line
- E. 1st - in VIII left intercostal space by median axillary line, 2nd – in VIII right intercostal space by median axillary line

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

III level. Fill (written) the answers for the tasks:

Task 1. The 64-years old woman with unstable angine pectoris was fallen when walking. The family doctor examined unconsciousness, absence of carotid pulsation and heart tone; miosis and rare breathing rate. Which will be the first reanimation measure?

Task 2. The patient H. was fainted. The physical examination: cyanotic skin, no pulsation, blood pressure 95/70 mmHg, weak heart tones, vesicular breathing, no swelling. ECG: complete dissociation of P wave and QRS complex, heart rate 30 per min. Which is the management plan?

Task 3. The 71-years old patient has sudden chest pain, dry cough, dizziness. After some minutes he had inspiratory dyspnea and cyanosis of pale skin. The physical examination: pathological pulsation in epigastric area, enlarged of right heart board, II tone accent and split tone under pulmonary artery. Which is the emergency?

Task 4. The 58-years old patient is a head engineer in the factory. He has severe occipital pulsative headache, with nausea, once vomiting, dizziness, blurred vision.

Before he had morning and tension headache. He did not appeal to doctor. Last episode of headache was sudden, on the background of health. Day before he was on travel, he worked a lot. The physical examination: general appearance normal, emotional instability, frightened, wet skin, red face and neck, normal breathing, pulse - 92 bpm, BP right hand – 195/100 mmHg, left hand – 200/100 mmHg; left heart border was out of left mid-clavicular line by 1,5 cm; rhythmic heart sounds, accent of II tone under aorta; heart rate - 92 bpm; abdomen, liver without pathology; negative Pasternak symptom; no swelling. Urinalysis: specific weight – 1018, negative protein, glucose, leucocytes 1-3 in sight, left ventricular hypertrophy, hyperkinetic hemodynamic. GBC: Hb – 132 g/l, erythrocyte – $4,5 \times 10^{12}/l$, leucocytes – $6,0 \times 10^9/l$, eosinophil 1, stab leukocyte 4, segmented cell 66, lymphocyte 24, monocyte 5, SR 6 mm/h. glucose 4,5 mmol/l. Which is the preliminary diagnosis and emergency?

Task 5. Abrupt in the train the patient fell ill. He had the retrosternal pain, which irradiated to the left hand, neck, breathlessness, dizziness, general weakness. The physical examination: pale face, frightened; weak pulse bpm, increased breathing rate. Which is the preliminary diagnosis and emergency?

Task 6. The 58-years old patient had sudden severe chest pain 20-25 min ago, breathlessness, dizziness, in the right rib, abdominal bloating, vomiting, weakness. The physical examination: poor general appearance, cyanotic skin of upper body, distended veins, epigastric pulsation, leg swelling; rare arrhythmic breathing, weak at right side; muffled heart tones, II tone accent and the systolic bruit under pulmonary artery. Low BP, tachycardia; distended abdomen, pain in the right rib, enlarged liver for 4 cm. Which medicine you'll prescribe in this situation?

Task 7. Sudden the boy of 1 year old felt. There were respiratory standstill, cardiac arrest, involuntary movement with urinary incontinence and defecation. The physical examination: unconsciousness, lack of heart beating and spontaneous breathing, no photoreaction, absence of corneal and conjunctival reflexes. Which is the preliminary diagnosis and emergency?

Task 8. The emergency team came in 15 min after call. Two persons are performing the resuscitation: conventional ventilation techniques and closed-chest massage. The physical examination: moderate mydriasis, lack of carotid pulsation and spontaneous breath; ECG – atrial fibrillation. Which is the emergency?

Task 9. The 48-years old patient was in intensive care unit during 2 days because of front-septal myocardial infarction. Abrupt the patient was snoring, with once muscle contraction, mydriasis, lack of carotid pulsation. Which is the first emergency?

IV level. To fill the patient record protocol:

Name

Date of birth

Work place

Complain

Medical history

Life history, family history

Physical examination

Laboratory and instrumental examination

Syndromes

Modifiable risk factors

Non-modifiable risk factors

Diagnosis:

Rehabilitation program:

1) In-hospital treatment

2) Resort treatment

3) Dispanserization:

a) preventive measure, life style modification

b) check-up rate

c) check-up examination

Date _____

Signature _____

THE EMERGENCY IN THE PRACTICE OF FAMILY DOCTOR IN THE CASE OF PAIN SYNDROME. THE CLINICAL CLASSIFICATION OF PAIN. THE MECHANISM OF PAIN AMONG INCURABLE PATIENT. THE PRINCIPLES OF TREATMENT OF CHRONIC PAIN SYNDROME. THE EMERGENCY IN CONTEXT OF INCURABLE DISEASES AND IMMINENT DEATH

I level. Answer the questions:

Differential diagnoses of acute and chronic pain:

The differential diagnoses of somatic and psychosomatic disorders:

The characteristics of extremities' pain:

The clinical presentation of arteries and veins involvement:

The main clinical presentation of diseases with chest pain syndrome:

The main clinical presentation of diseases with abdominal pain:

The differential diagnoses of acute chest and abdominal pain:

The management plan of patient with arterial occlusion of different localization:

The classification of abdominal pain:

The step treatment of oncological patients (1-4 levels):

II level. Answer the tests:

1. 5 hours ago the patient felt pain in the left upper abdomen, weakness, vomiting, dizziness. The physical examination: arterial hypotension, tachicardia.

Medical history: 10 days ago blunt abdominal trauma. What is the preliminary diagnosis?

- A. Two-stage spleen rupture
- B. Liver rupture
- C. Intestine rupture
- D. Peritonitis
- E. The penetration of gastric ulcer

2. 2 days ago the patient had the acute pain in the right upper abdomen which was radiated to the right shoulder. Next day he had vomiting. The tonic reflex spasm of the right abdominal muscles, positive Ortner, Mussi symptoms. What is the preliminary diagnosis?

- A. Acute pancreatitis
- B. The thrombosis of the mesenteric artery
- C. Acute intestinal obstruction
- D. Hepatic colic
- E. Acute cholecystitis

3. The pain, which is typical for the angina pectoris:

- A. Pressing, squeezing, retrosternal
- B. Burning pain in the heart area
- C. Stabbing pain in the heart area, which was precipitated by motion and breathing
- D. The left chest discomfort which was associated with physical and emotional exertion
- E. The sensation of foreign body in the chest

4. The patient of 21 years old was admitted to the hospital with lower abdomen pain, which was radiated to the anus, severe weakness on the 12 day of menstrual cycle. BP 70/40 mmHg, HR 120 bpm. What is the preliminary diagnosis?

- A. Ectopic pregnancy
- B. Torsion ovarian cyst
- C. Acute appendicitis
- D. Acute pelvioperitonitis
- E. Ovarian apoplexy

5. The patient of 43 years old had low back pain which was radiated to the low abdomen. She was not quiet, moaned. HR 100 bpm, BP 130/70 mmHg. Tonic reflex spasm of the right low abdominal musculature; negative right side Lasègue, Ortner, Schetkin symptoms. Positive right side Pasternatskiy symptom. What is the preliminary diagnosis?

- A. Perforation of duodenum ulcer
- B. Renal colic
- C. Radiculopathy
- D. Acute appendicitis
- E. Acute cholecystitis

6. After 1.5 week of flu onset the patient of 30 years old felt the left chest pain, breathlessness, palpitations, and change in the heart's rhythm. The physical examination: acrocyanosis, BP 90/70 mmHg, HR 96 bpm, muffled heart tones, systolic sound under apex. ECG: decreased voltage, complete left bundle block, some ventricular extrasystoles. General count: eosinophilia. What is the preliminary diagnosis?

- A. Rheumocarditis
- B. pericarditis
- C. Cardiomyopathy
- D. myocarditis
- E. Infectious endocarditis

7. The patient L. of 55 years old had severe paroxysmal pain in the jaw for 1,5 weeks. Each paroxysm lasted near 5-10 min. The paroxysm rate was 10 times a day. The painkiller and spasmolytics were ineffective. After 3 tablets of nitroglycerine pain was relieved. What is the preliminary diagnosis?

- A. Periodontitis
- B. Myocardial infarction
- C. Pericarditis
- D. Trigeminal neuralgia
- E. Angina pectoris

8. The patient with burning girdle right chest pain had vesicular chain-like rash in this area. What is the preliminary diagnosis?

- A. Neuromusculoskeletal chest pain
- B. Sciatica
- C. Herpetic chest ganglionitis
- D. Intercostal muscle cramps
- E. myalgia

9. The patient of 82 years old had been admitted to the cardiologic intensive care unit. She had acute chest pain, breathlessness, weakness. The X-Ray of chest: enlarged transverse heart size, triangle heart shadow. Heart rate was arrhythmic, low amplitude. This radiological sign is typical for such disease:

- A. Exudative pericarditis
- B. Aortic stenosis
- C. Fallo Triage
- D. Dilatated cardiomyopathy
- E. Myocarditis

10. During sports activity the patient of 20 years old had sudden breathlessness, severe sharp chest pain, cough. The physical examination: patient was sitting, with

pale skin; symmetrical chest, with reduced right chest motion, BR 22 per min; chest percussion rightside - tympanic, left side – normal; auscultation right side – weak vesicular breathing; severe weakened voice trembling. Chest X-ray: right side – lung's field without pulmonary pattern, diminished right lung, was closer to the root, mediastinal organs shifted to the left. What is the preliminary diagnosis?

- A. Acute pneumonia
- B. Spontaneous pneumothorax
- C. Pulmonary infarction
- D. Intercostal muscle cramps
- E. Thromboembolism of pulmonary arteries

11. The patient of 54 years old was admitted to the surgery department with severe girdle pain. The preliminary diagnosis was pancreatitis. General blood count: leucocytes $16 \times 10^9/l$, amylase – 180 U/l, lactate dehydrogenase – 24 $\mu\text{mol/l}$, glucose – 6,44 mmol/l . What is the meaning of these changes?

- A. Pancreonecrosis
- B. Severe acute pancreatitis
- C. Moderate acute pancreatitis
- D. Light acute pancreatitis
- E. biliary pancreatitis

12. The patient of 45 years old had burning occipital ache with dizziness, tinnitus, blurred vision. Sometime she was unconsciousness for some seconds. The precipitating factors were brisk neck motion, head position changing. The physical examination: painfulness of eyes movement, normal muscles tonus and strength, normal reflexes, negative pyramidal signs, normal sensation; mild instability in Romberg test, painful palpation of the spinous processes and paravertebral points in the neck. X-ray: osteochondrosis of C_{IV}-C_{VII} with instability. EEG: mild diffuse changes of electrical activity without paroxysmal activity and focal changes. What is the preliminary diagnosis?

- A. Vertebral artery syndrom
- B. Seizure
- C. Cerebellar pathology
- D. Meniere disease
- E. Pathological climax

13. The patient of 25 years old had frontal headache, vomiting, hypertermia. Normal conscious, body temperature 38,9⁰C. Severe meningeal symptoms. Diminished reflexes. Weak cutaneous reflexes. Normal cranial nerves function. Cerebrospinal fluid: high lymphocytes What is the preliminary diagnosis?

- A. Aute virus meningitis
- B. Meningism
- C. Subarachnoid hemorrhage
- D. Meningococcal meningitis
- E. Tuberculosis meningitis

14. The patient of 25 years old had concussion. He complains of pressing headache with nausea, vomiting after changes of body position (from supine to standing) and during exercise. The headache was alleviated in supine position, with lowered head, after drinking water. The precipitating factor was dehydrating medicines intake. Such type of headache is typical for next syndrom:

- A. Hydrocephalic
- B. CSF hypotension
- C. Normotensive
- D. Vestibular
- E. Asthenic

15. The patient of 30 years old had right low back pain. Pain was severe darting, precipitated by exercise, alleviated in supine position. The ache was caused by exercise 5 days ago. The physical examination: painful palpation of paravertebral points,

reduced leaning backward and to the right, localized right side muscle spasm, posture with right body decline. X-ray: L_{IV}-L_V, L_V-S₁ osteochondrosis. MRI: L_V-S₁ disk protrusion for 2 mm. What is the preliminary diagnosis?

- A. Neuromusculoskeletal right side low back pain
- B. L_V - radiculopathy
- C. Extramedullar tumor of spinal cord
- D. spastic paraplegia Shtryumpel
- E. cauda equine syndrome

16. The patient of 30 years old had severe right headache lasted for 10 h. she was ill for 14 years. During headache she had photophobia, phonophobia, vomiting, nausea. Ache was exacerbated after head motion. What is the preliminary diagnosis?

- A. migraine
- B. tension headache
- C. subarachnoid hemorrhage
- D. Temporal arteriitis
- E. Rebound headache

17. The man of 40 years old felt ill. He had severe low back pain with radiation to the genitalia, thigh, frequent urination, fever, nausea, vomiting. блювання. The physical examination: positive Pasternatzkiy sign. Urinalysis: erythrocytes, leucocytes for all field, increased protein. What is the preliminary diagnosis?

- A. Kidney infarction
- B. intestinal obstruction
- C. Kidney colic
- D. Radiculopathy
- E. biliary colic

18. The woman of 50 years old was admitted to the hospital with acute abdominal pain, unconsciousness, pale skin. Medical history: cholecystitis. The

physical examination: increased breathing rate, signs of shock, BP 98/50 mmHg, HR 124 bpm, signs of ascites. Blood test: Na⁺ 134 mmol/l, K⁺ 7,1 mmol/l, urea 18,2 mmol/l, creatinine 255 mmol/l, amilase 320 g/(l, h), glucose 9,8 mmol/l. What is the preliminary diagnosis?

- A. Acute pancreatitis, kidney failure
- B. Chronic pancreatitis
- C. Diabetes mellitus
- D. Acute kidney failure
- E. Shock

19. The man of 50 years old was appointed to the doctor. During 4 days he had chest pain and weakness. Blood test: creatinkynase 0,33 mmol/l, AAT 8,6 mmol/l, LDH 6,7 mmol/l. What is the preliminary diagnosis?

- A. Myocardial infarction
- B. Recurrent myocardial infarction
- C. Angina pectoris
- D. Unstable angina pectoris
- E. myositis

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

III level. Fill (written) the answers for the tasks:

Task 1. The man of 30 years old had severe low back pain with radiation to the genitalia, right thigh. He had frequent urination, painfull, by small portions. Urine was red. The physical examination: the patient was agitated, restlessness, positive

Pasternatzkiy sign, HR 100 bpm, BP 150/80 mmHg. What is the preliminary diagnosis? Which is emergency alhorhutm?

Task 2. The children of 9 years old had acute moderate right iliac pain during 8 hours. The pain was aggravated. The physical examination: body temperature 37,8°C, vomiting, constipation, normal urination, dry tongue, active abdomen in breathing, in right iliac area painfull palpation and spasm of the abdominal musculature, positive Schetkine-Blumberg sign. General blood count: leukocytes $17,2 \times 10^9/l$. What is the preliminary diagnosis? Which is management plan?

Task 3. The goalkeeper of 18 years old had severe kick the ball in epigastric area. After one hour he was admitted to out-patient clinic. He had epigastric pain that became more apparent. The pain was transformed to lancinating type with breathlessness. The patient's condition progressively worsened: pale, severe acrocyanosis, sticky sweat, weak pulse, 140 bpm, distention of abdomen, abdominal muscle spasm in epigastric area, light Schetkin-Blumberg symptom, hepatic dullness, no fluid in the abdomen, erythrocytes $4,5 \times 10^{12}$, Hb 140 g/l. What is the preliminary diagnosis? Which is emergency alhorhutm?

Task 4. The children of 7 years old had severe paroxysmal abdominal pain, vomiting with bile. The constipation during 2 days. Medical history – appendectomy aged 3 years. What is the preliminary diagnosis? Which is emergency alhorhutm?

Task 5. During 4 weeks the patient had claudication, gradually exaggerated right knee pain, mostly at night. The physical examination: tumor of distal femur, stable, moderate painfull, excess circle of right thigh for 3 sm, normal body temperature. General blood count: HB 96 g/l, leukocytes $6,5 \times 10^9/l$, SR 56 mm/h. What is the preliminary diagnosis? Which is management plan?

Task 6. The patient of 5 years old was admitted to the hospital after one day of disease. The patient's condition was severe, with headache, multiple vomiting, photophobia. Body temperature 39,2 °C, seizure, hypersensitivity, weakness, apathy, positive meningeal signs. What is the preliminary diagnosis? Which is emergency algorithm?

IV level. To fill the patient record protocol:

Name

Date of birth

Work place

Complain

Medical history

Life history, family history

Physical examination

Laboratory and instrumental examination

Syndromes

Modifiable risk factors

Non-modifiable risk factors

Diagnosis:

Rehabilitation program:

1) In-hospital treatment

2) Resort treatment

3) Dispanserization:

a) preventive measure, life style modification

b) check-up rate

c) check-up examination

Date _____

Signature _____

**THE EMERGENCY IN THE PRACTICE OF FAMILY DOCTOR IN THE
CASE OF SEIZURE, SYNCOPE, COMA IN CASE OF DIABETES, ACUTE
HEPATIC FAILURE, ALCOHOL INTOXICATION, RENAL
INSUFFICIENCY, NARCOTIC ABUSE**

I level. Answer the questions:

What is the seizure?

Which are the reasons of seizure in newborns:

The alhorythm of emergency in the case of febril seizure (pre-hospital stage):

Which are the reasons of seizure in adults:

What is the epileptic seizure?

The precipitating factors for the epileptic seizure:

The mechanism of crampy:

Which are the reasons of cardiogenic syncopes?

The alhorythm of physical examination of unconcious patient at pre-hospital stage:

Which are the reasons of unconciousness in the case of endocrinological diseases:

The algorithm of emergency in the case of hypoglycemic state:

The diagnostic criterion of alcohol coma:

The medical care in the case of hepatic coma:

II level. Answer the tests:

1. The patient of 58 years old with diabetes mellitus 2 type was unconscious. The general practitioner knew that the patient intook a lot of diuretics. The physical examination: severe state, no odor of acetone, dry skin, HR 120 bpm, BP 80/40 mmHg, glucose 52 mmol/l, acetone in urinalysis + , pH 7,30; creatinin 230 mcmol/l. Which type of coma was diagnosed?

- A. hyperosmolar coma
- B. ketoacidosis coma
- C. hypoglycemic coma
- D. lactic coma
- E. uremic coma

2. The walking women of 64 years old was felt. She had unstable angina pectoris. The general practitioner diagnosed unconsciousness, no carotid pulsation, myosis, rare, shallow breathing. Which will be emergency?

- A. transoesophageal cardiostimulation
- B. IV adrenaline
- C. IV atropine
- D. Precordial thump
- E. Intubation and mechanical ventilation

3. After emotional stress the women of 30 years old had tonic-clonic seizure, loss of conscious, foam from the mouth, urinary incontinence. No neurological symptoms. BP 120/60 mmHg. Which is preliminary diagnosis?

- A. Epilepsy
- B. Hysterical coma
- C. eclampsia
- D. unconsciousness
- E. Stroke

4. In the botanical garden the man of 28 years old was pale and lost of consciousness after orchid smell. HR 115 bpm. BP 50/0 mmHg. Which medicine you will prescribe for this patient?

- A. meztalon
- B. cordiamin
- C. strophanthin
- D. prednisolone
- E. dimedrol

5. The walking woman of 64 years old felt. She had unstable angina pectoris. The general practitioner diagnosed unconsciousness, no carotid pulsation, myosis, rare, shallow breathing. Which is preliminary diagnosis

- A. unconsciousness
- B. asphyxia
- C. cardiac arrest
- D. collapse
- E. Stroke

6. During ultrasound examination of carotid arteries the patient of 35 years old had faintness, weakness, nausea, breathlessness, unconsciousness near 20 seconds. The physical examination: pale skin, BP 90/60 mmHg, HR 96 bpm, weak photoreaction, no neurological signs. Normal EEG. Which is preliminary diagnosis?

- A. minor stroke
- B. seizure
- C. syncope
- D. TIA
- E. vagoinular crisis

7. In summer the person of 50-55 years old was found unconscious outdoors. No medical history. Patient was unresponsive. The physical examination: body

temperature 42°C, dry skin, hyperemia, severe tissue dehydration, mydriasis, no pupillary reaction, BR 24 per min, muffled heart sounds, HR 160 bpm, BP 90/60 mmHg. In which unit you will admit this patient?

- A. neurosurgical
- B. intensive care
- C. cardiological
- D. polytrauma
- E. therapeutical

8. The patient of 27 years old was in coma state. During 2 months the patient had weakness, thirst, lost 8 kg. The deterioration was within two days. The physical examination: unconscious, dry pale skin, low skin turgor, areflexia, Kussmaul breathing, acetone odor; BP 90/60 mmHg, pulse 92 bpm, weak; abdomen distention, the abdominal muscles spasm; glucose 24,9 mmol/l, urinalysis - glucosuria, acetone, ketone 12 mmol/l. Which is preliminary diagnosis?

- A. ketoacidic coma
- B. uremic coma
- C. hypothyroid coma
- D. hyperthyroid coma
- E. hepatic coma

9. The patient of 26 years old was psychomotor agitated. Medical history: diabetes mellitus I type within 4 years, insulin daily dose 54 U. The physical examination: cold, wet skin, normal turgor, hyperreflexia, mydriasis, BP 140/90 mmHg, HR 88 bpm, glucemia 2,3 mmol/l, aglucosuria. Which is preliminary diagnosis?

- A. autonomic crisis
- B. ketoacidic coma
- C. Addison crises
- D. thyrotoxic coma

E. hypoglycemic coma

10. The patient of 20 years old was unconscious. Wet skin, low eyes tonus. There were the signs of injection on the hands. Shallowing breathing, BR 20 per min. Increased muscles tonus, exaggerated reflexes, and jerks. BP 110/70 mmHg, blood glucose 2,2 mmol/l, no acetone in the urinalysis. Calcium 2,25 mmol/l. How do you manage this patient?

- A. 40% glucose
- B. Insulin
- C. Calcium
- D. Detoxification
- E. Prolonged insulin

11. The patient was in sopor, with anasarca, breathlessness, BP 200/120 mmHg. Blood test: creatinin 0,96 mmol/l, urea 38,5 mmol/l. Urinalysis: protein 3,3 g/l, leucocytes 5-15, leached erythrocytes 3-4, granular cylinders 12-15, waxed 2-4 in the sight. What is the likely diagnosis?

- A. Cerebral coma
- B. hypothyroid coma
- C. Diabetic coma
- D. Hepatic coma
- E. Uremic coma

12. The patient of 32 years old presents with severe diabetes mellitus 1 type. She lost of conscious, Kussmaul breathing, pale skin, hypothermia, hypotension, acetone odor, anuria, blood glucose 19 mmol/l. What is the likely diagnosis?

- A. Stroke
- B. Eclampsia
- C. ketoacidic coma
- D. Amniotic fluid embolism

E. Air embolism

13. In stuffy room the woman of 30 years old lost consciousness. After that during 1 hour she had 3 tonic-clonic seizures. The physical examination: hyperaemic face, no photoreaction, BP 180/90 mmHg, HR 122 bpm. What is the likely diagnosis?

- A. Seizure
- B. autonomic dysfunction
- C. epileptic status
- D. hypertensive crisis
- E. hysterical attack

14. The patient presents with alcohol abuse. The problems started 15 years previously. He was treated many times. Last episode was during 2 months. During 3 days no alcohol intake. He became agitated, psychomotor impairment, did not sleep in the night. The physical examination: wet skin, hyperaemic face, severe tremor; looked around, he saw the spiders and rats, tried to catch them. He was disoriented in time. The first line medicine is:

- A. Vitamin C
- B. Analgin
- C. Aspirine
- D. Seduxen
- E. carbamazepin

15. After first cardiac arrest the consciousness disappears after:

- A. 10-15 s
- B. 2 min
- C. 15-20 s
- D. 1 min
- E. 30 s

16. The state of reduced alertness and lessened responsiveness, impaired language comprehension, loss of memory, or lack of appreciation of space, asthenia, drowsiness:

- A. Wakefulness
- B. Drowsiness
- C. Sopor
- D. Coma
- E. Syncope

17. The state of reduced psychical activity, patient can be awakened only by vigorous stimuli, and an effort to avoid uncomfortable or aggravating stimulation is displayed

- A. Wakefulness
- B. Drowsiness
- C. Sopor
- D. Coma
- E. Syncope

18. The state from which the patient cannot be aroused by stimulation and no purposeful attempt is made to avoid painful stimuli:

- A. Wakefulness
- B. Drowsiness
- C. Sopor
- D. Coma
- E. Syncope

19. One of the significant sign of coma severity:

- A. Complete unarousability
- B. cannot be aroused by stimulation
- C. mydriasis

- D. areflexia
- E. low muscle tonus

20. The state of transient loss of consciousness and freezing?

- A. Absence
- B. Syncope
- C. Atonic seizure
- D. Myoclonic seizure
- E. Focal seizure

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

III level. Fill (written) the answers for the tasks:

Task 1. The man in the bus felt with involuntary muscles jerking of face and extremities. The seizure was accompanied by the head turning, foam in the mouth. The cyanotic swelling face, noisy forced breathing. The seizure was stopped after 2-3 min, the normal breathing. What is the likely diagnosis? Which complication can occur in this state? Which is emergency?

Task 2. The patient of 43 years old was aggitated and moaned because of acute severe low back pain 2 hour previously. The pain was radiated to the left tigh and scrotum. He had frequent urination and red urine. The same episodeoccued one year ago. What is the likely diagnosis? What is the management plan?

Task 3. During physical work the man had sudden headache, tinnitus, womiting. The patient lost consciousness. He had generalised tonic-clonic seizure with tongue biting, unvoluntary urination. The seizure was repeated after 15 min. Medical history: arterial hypertension during 8 years .

The physical exam: severe general condition, aggitated, disoriented in time, tossedabout. Hypereamic skin, no peripheral lymphadenopathy, HR 20 per min, vesicular breathing, muffled rhythmic heart tones, HR 52 bpm, tight pulse, BP 180/110 mmHg. Wet tongue, with white, coated with white bloom. The symmetric abdomen involved in breathing, painless palpation. The liver size (by Kurlov) 9 x 8 x 7 am, negative effleurage symptom.

The neurologic exam: photophobia, general hyperesthesia, occipital rigidity, , Kernig sign, right ptosis, right pupillary enlargement, poorly reactive right pupil, an adducted right eye at rest, arm and leg movements occurring spontaneously. Torpid reflexes. Bilateral Babinskiy sign.

What is the likely diagnosis? What is the management plan?

Task 4. The patient of 23 years old was consulted by general practitioner because of deterioration. He complained of severe headache, abdominal ache, once diarrhea, knee articulations pain. He requested for a prescription for painkiller. The physical exam: agitated, irritable, HR 104 bpm, BP 160/95 mmHg, pylomotor reaction, hyperhidrosis, nasal congestion and rhinorrhea; symmetrically enlarged, poorly reactive pupils. A lot of scars and drug ingestion's signs under subcutaneous veins. What is the likely diagnosis? What is the emergency?

Task 5. The patient of 25 years old called family doctor because of alcohol overdose. The physical exam: patient in supine position, inattention, short time eyes opening to the sensory stimulation (needle's sting) and weak purposeful arm movements; the pale cyanotic skin, HR 60 bpm, rhythmic, BP 90/60 mmHg, BR 10-12 per min, unregularly breathing with apnoe (snoring); no neurological and meningeal signs; diffuse decreasing of muscle tonus. During 1 h he drank 1 l of vodka (history from friend) and became drowsiness. What is the likely diagnosis? What is the emergency?

Task 6. After alcohol intake the elderly man had vomiting and lost the consciousness. The physical exam: dilated pupils, rare breathing, no peripheral and carotid pulsation. What is the likely diagnosis? What is the emergency?

Task 7. At home the patient of 40 years old was consulted by doctor because of BP increasing. During many years he abused alcohol, with many abuses. This deterioration was due to 3-day alcohol abuse (1 l per day, drank in the morning for improvement of general condition). He had severe anxiety, irritability, headache, heart beating, insomnia, BP 180/110 mmHg. The physical exam: anxiety, agitation, hands and body tremor, tachicardia, hyperemic face, hyperhidrosis. Last alcohol intake was 3 h ago. What is the likely diagnosis? What is the emergency?

Task 8. The young man was found unconscious in the entrance. The physical exam: coma, pinpoint unreactive pupils, pale cyanotic skin, rhythmic weak pulse 98 bpm, BP 90/60 mmHg, slow breathing 8-10 per min, the evidence of drug ingestions . There was the used syringe near patient. What is the likely diagnosis? What is the emergency?

IV level. To fill the patient record protocol:

Name

Date of birth

Work place

Complain

Medical history

Life history, family history

Physical examination

Laboratory and instrumental examination

Syndromes

Modifiable risk factors

Non-modifiable risk factors

Diagnosis:

Rehabilitation program:

1) In-hospital treatment

2) Resort treatment

3) Dispanserization:

a) preventive measure, life style modification

b) check-up rate

c) check-up examination

Date _____

Signature _____

**THE EMERGENCY IN THE PRACTICE OF FAMILY DOCTOR IN THE
CASE OF BITE, STING, ELECTRICAL INJURY, DROWNING, FROSTBITE
AND THERMAL INJURY**

I level. Answer the questions::

Give the classification of systemic allergic reactions:

The emergency in the case of anaphylaxis after sting:

The pre-hospital care in the case of sting:

The possible reaction on the antotoxin:

The algorithm of emergency in the case of snake bites:

The symptoms of rabies:

The emergency in the case of animal bites:

The emergency in the case of electrical injury:

The types of drowning:

The emergency in the case of drowning:

The sign of III degree burn:

The possible complication of electrical injury:

II level. Answer the tests:

1. The mechanism of toxic effect of snake venoms in Ukraine:

- A. hemorrhagic
- B. neurotoxic
- C. hemorrhagic and neurotoxic
- D. allergic
- E. neurotoxic and allergic

2. The man was bitten by dog. The wound of leg was minor, without bleeding.

Which is emergency?

- A. Immobilization of leg
- B. pain killer
- C. Wash the wound thoroughly with soap and water, and apply a sterile bandage
- D. Wash the wound thoroughly with soap and water, apply a sterile bandage and seek emergency medical assistance
- E. hospitalization in surgical departement

3. The electrical injury has different effects:

- A. central nervous system
- B. cardiac shock
- C. myocardial dystrophy
- D. ventricular fibrillation
- E. peripheral nervous system

4. The victim with burns was admitted to the hospital from the catastrophe area.

Which are diagnostic criteria for burning shock?

- A. breathlessness, tachicardia
- B. cyanosis, breathlessness
- C. the amount of tissue destruction
- D. Thirst, muscle remor
- E. agitation, pale skin surrounding the burn

5. In winter the man of 24 years old was admitted to the hospital after walking 12 h outside. The physical exam: asleep, «gooseskin», light cyanosis, hypertonus of muscles of extremities and body. Which is the state of patient?

- A. acute respiratory infection
- B. chill
- C. hypothermia
- D. pneumonia
- E. asthenia

6. The unconscious man of 23 years old was admitted to the hospital from the sea side. The physical exam: pale cyanotic skin, mouth foam, pulmonary auscultation - many wheezing, respiratory rate of 32, BP 100/70 mmHg, HR 104 bpm, central venous pressure 160 mmHg. Which was the reason of such condition?

- A. cervical vertebrae fracture
- B. acute heart failure

- C. Cardiogenic shock
- D. sea water drowning
- E. pulmonairy embolism

7. The girl of 19 years old was bitten by bee. 30 min later she was admitted to the hospital with general weakness, sensation of heat in the body, chest compression, tinnitus. The bee sting was eliminated. The doctor diagnosed the anaphylactic shock, moderate degree. Which will be the first step drug ?

- A. CaCl
- B. adrenalin
- C. prednisolone
- D. tavegil
- E. cordiamin

8. The man of 54 years old was admitted to the emergency room. He was lying in the snow; air temperature was -10°C . The physical exam: smells of alcohol, decreased level of conscious, amimia, pale cold cyanotic skin, HR 50 bpm, BP 80/40 mmHg, body temperature 32°C . What is the likely diagnosis?

- A. severe alcohol intoxication
- B. acute pancreatitis
- C. concussion
- D. hypothermia
- E. alcohol abuse

9. The man was admitted to the emergency room with the signs of hypothermia. The physical exam: retarded, shivering, body temperature 33°C , BP 110/60 mmHg, HR 96 bpm, normal breathing, the sign of II-III degree freezing in the skin of hands and legs. Which measure is contraindicated for patient?

- A. active external rewarming
- B. per os 30% alcohol

- C. IV warm solution
- D. apply bandage on the hands and legs
- E. warm drinking

10. After bee sting the boy of 10 years old had paraorbital face swelling with hyperhemia and itching. The physical exam: HR 94 bpm, BP 100/60 mmHg. What is the likely diagnosis?

- A. Anaphylactic shock
- B. urticarial
- C. Swelling of angioedema
- D. Atopic dermatitis
- E. Nephrotic syndrom

11. Which action is contraindicated for treatment of overheating in children?

- A. Cold wraps
- B. Cardiac glycoside
- C. Ice on the head and inguinal area
- D. antipyretic drugs
- E. lazix

12. Where will be admitted the victim with electrical injury in rural area?

- A. Intensive care hospital
- B. Near hospital or medical setting
- C. Traumatologic departement of regional hospital
- D. Burning regional departement
- E. Daily departement of rural hospital

13. Did you prescribe the spasmolitic for patient with freezing?

- A. For all patients
- B. For patients with I degree freezing

- C. For patients with II-III degree freezing
- D. For patients with leg freezing
- E. No

14. The effective resuscitation is possible if in the case drowning the victim was under water less than:

- A. 1-2 min
- B. 3-5 min
- C. 5-8 min
- D. 8-10 min
- E. 12-15 min

15. The effective resuscitation is possible if in the case syncopal drowning the victim was under water less than:

- A. 1-2 min
- B. 3-6 min
- C. 12-15 min
- D. 18-20 min
- E. 24-26 min

16. The sign of IV degree freezing is:

- A. Cyanotic skin
- B. The papules of skin
- C. Necrosis of skin
- D. Necrosis of soft tissue
- E. Necrosis of all tissue

17. For venomous snakes bites is not typical:

- A. Petechial and spotted hemorrhage
- B. Pale skin, faintness

- C. Nausea, vomiting, tachycardia, hypotension
- D. Acute failure of parenchymal organs
- E. hypersalivation, brachiorrhea, photophobia

18. Which is emergency in the case of venomous snake's bites?

- A. Long time supine position
- B. Excessive drinking
- C. The pressure and opening of wound, mouth suction
- D. cauterization of wounds and the band allowing
- E. immobilization of bitten extremity

19. The woman of 32 years old used by faulty appliance. Suddenly she felt unconscious, the seizure was observed. Which arrhythmia is typical for such case?

- A. Paroxysmal tachycardia
- B. Asystole
- C. Mechanical ventricular electrodisociation
- D. Atrioventricular block
- E. Atrial fibrillation

20. The patient of 32 years old was admitted to the emergency room after electrical injury. The physical exam: arousal, rose wet skin, the burn of the right palm, BP 110/70 mmHg, pulse 82 bpm, BR 16 per min. In which department the patient should be admitted in the department?

- A. cardiological
- B. intensive care
- C. burn
- D. neurological
- E. Can stay home

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

III level. Fill (written) the answers for the tasks:

Task 1. Ahead of you the person felt with continuous seizure. The exam: in his hand the naked electric wire from the electric pole. Which is management first-aid?

Task 2. The victim was retrieved from the water, no vital signs. No pulsation and breathing. Which is first aid alhorhytm?

Task 3. One hot summer day on the beach the person felt faintness, headache, womiting, breathlessness, tinnitus. The physical exam: weak pulse of 120, shallow breathing of 40, slurred speech. What is the likely diagnosis? Which is emergency?

Task 4. Longtime the man was sedentary on the street in the cold tight shoose; temperature -10-15⁰C. In the warm room he had hyperthermia, chills, foot pain. The physical exam: the cyanotic purple foot, swelling foot and shins; on the foot – vesicle with white fluid, no pain sensation, painfull palpation. What is the likely diagnosis? Which is emergency?

Task 5. After strays dog bite the woman had a lot of wounds with moderate bleeding. Which is the emergency? What is the schedule of antirabic vaccination?

Task 6. After careless movement the women had burn of hand and forearm by hot milk. The physical exam: the red skin with several vesicles with fluid, severe pain. Which is emergency? How can you decrease pain?

Task 7. Near the apiary the child was stinged by some bees in different parts of body. Which is the possible reaction of organism? Which is emergency?

Task 8. The worker of steel plant had symptoms of overheating: hyperthermia 41°C , seizure, decreasing of consciousness. Which is the first step drug that have to be used before physical methods of cooling?

Task 9. The turist was bitten by tarantula. He had local severe ache, hyperemic skin, swelling and parestesia. Which is emergency?

Task 10. The cock turned on itself the hot gruel. He was crying, agitated. On the legs, foot, hands and left forearm there was gruel, hyperemic and swelling skin, the vesicles with fluid; the floor of disclosed vesicles was red, painful, in some place – dry, with white splash, BP 110/75 mmHg, rythmic pulse of 86. Which is the degree of termal burn?

IV level. To fill the patient record protocol:

Name

Date of birth

Work place

Complain

Medical history

Life history, family history

Physical examination

Laboratory and instrumental examination

Syndromes

Modifiable risk factors

Non-modifiable risk factors

Diagnosis:

Rehabilitation program:

1) In-hospital treatment

2) Resort treatment

3) Dispanserization:

a) preventive measure, life style modification

b) check-up rate

c) check-up examination

Date _____

Signature _____

The questions for final module control for students of 6th studying year of international faculty, discipline «General practice – family medicine»

1. The subject and tasks of family medicine; the main development perspectives.
2. The structure of primary health care.
3. The scope of practice of family doctor.
4. The principles of work of family doctor.
5. The recording documents of family doctor.
6. The organization of work of family doctor.
7. The functions of family doctor.
8. The deontology and ethics in the practice of family doctor.
9. The medico-social problems of family.
10. The models of insurance medicine.
11. The informatics support of work of family doctor.
12. The telemedicine in the practice of family doctor.
13. The principles of evidence based medicine.
14. The notion of health, disease.
15. The clinical symptoms in the practice of family doctor.
16. The principles of life style.
17. The classification of risk factors.
18. The prevention, dispensarization.
19. The recommendations and contraindications for out-patient treatment.
20. The principles of daily hospital.
21. The recommendations for home treatments.
22. The medico-social expertise in the practice of family doctor.
23. The construction of “Genealogical trees” of family.
24. The preventive program for family.
25. The pre-hospital emergency in the practice of family doctor.
26. The reasons of heart arrest and respiratory standstill.
27. The pre-hospital emergency in the case of heart arrest.
28. The pre-hospital emergency in the case of respiratory standstill.

29. The types of arrhythmias, the emergency.
30. The types of hypertensive crisis, the emergency.
31. The pre-hospital emergency in the case of acute coronary syndrome.
32. The classification of seizure.
33. The emergency in the case of generalized and focal seizure.
34. The reasons of loss of consciousness, the emergency.
36. The pre-hospital emergency in the case of bronchoobstructive syndrome.
37. The emergency in the case of insect stings and animal bites.
38. The emergency in the case of electrical injury.
39. The emergency in the case of drowning.
40. The emergency in the case of overheating and hypothermia.
41. The principles of “The health school”.
42. The principles of diet therapy.
43. The principles of rehabilitation; medical rehabilitation, types and stages.
44. The classification of medical resort settings, recommendations for treatment.

**The list of practical skills for students of 6th studying year,
discipline «General practice – family medicine»**

1. The assessment of health, the early diagnostics of diseases.
2. The skill of treatment of patients in out-patients settings.
3. The diagnostics of symptoms and syndromes during first contact with patient.
4. The skill of medical, epidemiological, life and insurance history description.
5. The workup: overview, palpation, percussion, auscultation.
6. The differential diagnosis.
7. The laboratory, instrumental examinations. The rules of examinations. The interpretation blood tests, urinalysis, feces, sputum, cerebrospinal fluid, acid-base balance, functional tests of cardiovascular, pulmonary, digestive systems, liver, kidney, x-ray and ultrasound examination.
8. The clinical diagnosis formulation, management plan.
9. The treatment of patient: medicine, surgical. The indication for hospital admission. The organization of home treatment. The organization of rehabilitation.
10. The preventive work, analysis of effectiveness of dispensarization.
11. The hygienical education, the healthy life style.
12. The vaccination.
13. The recording documents of family doctor.
14. The communication with patient and his family.
15. The analysis of dispensarization.
16. The analysis of telemetric observation by functional tests of cardiovascular system (arrhythmias, ischemic heart disease, arterial hypertension).
17. The out-patient management plan in the case of widespread cardiovascular diseases.
18. The out-patient management plan in the case of widespread pulmonary diseases.
19. The out-patient management plan in the case of widespread gastrointestinal diseases.
20. The out-patient management plan in the case of widespread urinary diseases.

21. The out-patient management plan in the case of widespread musculoskeletal diseases.
22. The out-patient management plan in the case of widespread diseases of blood.
23. The interrelation with secondary and tertiary health care.
24. The expertise of disability.
25. The plan of preventive measure for patient and family.
26. The healthy life style, health school.
27. The emergency in the case of some syndromes in the practice of family doctor.

RECOMMENDED LITERATURE

Basic

1. Mykhailovska N.S., Gritsay G.V. Principles of family medicine. Content module 1, 2. The textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine»), approved by the Scientific Council of Zaporozhye State Medical University (prot. № 4 dated February 26th, 2015). - Zaporozhye.- 2015.-138p.

2. Mykhailovska N.S., Gritsay G.V. Emergency in the practice of family doctor. Content module 3. The textbook for the practical classes and individual work for 6th-years students of international faculty (speciality «General medicine»), approved by the Scientific Council of Zaporozhye State Medical University (prot. № 4 dated February 26th, 2015). - Zaporozhye.- 2015.-164p.

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