PRIVATE HIGHER EDUCATIONAL INSTITUTION
"INTERNATIONAL ACADEMY OF ECOLOGY AND MEDICINE"
Department of internal medicine with a course in psychiatry and narcology

WORKING PROGRAM
EDUCATIONAL DISCIPLINE

" Emergency Medicine and Military Medical Training "

LEVEL OF HIGHER EDUCATION Second (master's) level
DEGREE OF HIGHER EDUCATION Master's degree
FIELD OF KNOWLEDGE 22 Heath care
SPECIALTY 222 Medicine

Reviewed and approved
at the meeting of the Academic Council
Protocol No. 1, dated August 31, 2018

Kyiv 2018

The work program in the discipline " Emergency Medicine and Military Medical Training " for the training of applicants of higher education of the second (master's) level of higher education in the specialty 222 Medicine.

Introduction

The program for the training discipline "Emergency Medicine and Military Medical Training " is compiled in accordance with the educational and professional program for the training of specialists of the second (master's) level of specialty 222 Medicine, fields of knowledge 22 Health care, the Law of Ukraine "On Higher Education" dated 07.01.2014. No. 1556- VII (Article 13, Clause 7), the provision "On the organization of the educational process at the International Academy of Ecology and Medicine" PVZ, methodological recommendations approved by the Central Methodical Office of Higher Medical Education of the Ministry of Health of Ukraine regarding the development of programs of educational disciplines in accordance with industry standards of higher education, in accordance with the requirements for the development of educational programs of educational disciplines (Order of the Ministry of Health of Ukraine No. 492 dated 12.10.2004 "On making changes and additions to the Recommendations on the development of educational programs of educational disciplines").

The discipline "Emergency Medicine and Military Medical Training " belongs to the Professional training section of the curriculum for training applicants of higher education of the second educational (master's) level. The discipline "Emergency Medicine and Military Medical Training " has the character of clinical classes.

Description of the academic discipline

<table>
<tr><td rowspan="2">Name
indicators</td><td rowspan="2">Field of knowledge, specialty.
level of higher education</td><td>Characteristics of the academic discipline</td></tr>
<tr><td>full-time education</td></tr>
<tr><td>The number of credits is 2.0</td><td>Branch of knowledge:
22 Health care</td><td></td></tr>
<tr><td>Sections - 1</td><td rowspan="6">Specialty:
222 Medicine</td><td>A year of training</td></tr>
<tr><td>Content sections - 1</td><td>6th</td></tr>
<tr><td rowspan="4">the total number of hours - 60</td><td>Semester</td></tr>
<tr><td>XI</td></tr>
<tr><td>Lectures</td></tr>
<tr><td>-</td></tr>
<tr><td rowspan="6"></td><td rowspan="6">Educational level: Master of Medicine</td><td>Practical training</td></tr>
<tr><td>50 h</td></tr>
<tr><td>Independent (individual) work</td></tr>
<tr><td>10 h</td></tr>
<tr><td>Type of control: current and final control</td></tr>
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The subject of study of the academic discipline is the etiology, pathogenesis, diagnosis and treatment of various types of combat injuries, as well as solving the problems of providing medical

aid to the wounded, sick, injured in the conditions of the enemy's use of modern weapons, as well as the organization of their treatment at the stages of medical evacuation.

1. The purpose and tasks of the educational discipline:

1.1. The purpose of teaching the educational discipline " Emergency Medicine and Military Medical Training ":

- formation of knowledge of the main features of the occurrence and course of combat surgical pathology in the professional activity of the future military doctor;
- have sufficient organizational and practical skills to provide first medical and pre-medical aid to the wounded and victims with surgical pathology on the battlefield (in the emergency zone), and first aid in the medical company of the mechanized brigade .
- knowledge about the organizational structure and tasks of emergency departments and trauma centers.
- acquaintance with work in emergency and trauma centers
- getting to know the patient's assessment according to the ABCDE scheme
- acquaintance with the initial treatment of a patient in a life-threatening condition
- acquaintance with the principles of managing a trauma team
- the role of a team leader and member.
- the part of consultants in the diagnostic process.
- familiarization with medical information in the system emergency medical services - mobile computing, teleinformatics and telemedicine, electronic medical records in emergency department

1.2. The main ones with allowances study disciplines "Emergency Medicine and Military Medical Training " is:

- to be able to diagnose, determine the tactics of treatment and provide first medical and paramedical aid to the wounded and sick of a surgical profile on the battlefield (in the emergency zone), and first medical aid in the medical company of the mechanized brigade;
- to organize the work of subordinates (medical staff, middle and junior medical personnel) to provide first medical and paramedical aid on the battlefield (in the emergency zone), and first medical medical aid in the medical company of the mechanized brigade

Know:

- types and structure of combat therapeutic pathology in the emergency medicine and Armed Forces of Ukraine;
- symptoms and course of diseases;
- the principles of the organization of medical care for the wounded and sick, injured and victims of a therapeutic profile and conducting medical evacuation measures at the stages of medical evacuation ;
- methods of diagnostic and therapeutic procedures appropriate for specific disease states;
- ethical, social and legal conditions for practicing the medical profession and the principles of health promotion, based on scientific evidence and accepted standards;
- the causes, symptoms, diagnostic and therapeutic management principles for the most common diseases requiring surgical intervention, taking into account the distinctness of childhood age, including in particular: 1) acute and chronic abdominal diseases, 2) thoracic diseases, 3) diseases of extremities and head, 4) fractures of bones and injuries to organs;
- rules of qualification for basic surgical procedures and invasive diagnostic and therapeutic procedures, rules of their performance and the most frequent complications;
- indications and rules for the use of intensive care;
- guidelines for cardiopulmonary resuscitation of newborns, children and adults
- principles of functioning of the integrated system Rescue Service;
- problems of modern imaging examinations, in particular: 1) radiological symptomatology of major diseases, 2) instrumental methods and imaging techniques used to perform therapeutic

procedures, 3) the indications, contraindications and preparation of the patient for particular types of imaging examination and contraindications for the use of contrast agents;

- procedure in accidental and posttraumatic hypothermia;
- causes, symptoms, principles of diagnosis and therapeutic management in case of the most frequent diseases of the central nervous system in the scope: 1) cerebral edema and its consequences, with particular reference to emergencies, 2) other forms of intracranial tightness with their consequences, 3) craniocerebral injuries, 4) vascular defects of the central nervous system, 5) neoplastic tumors of the central nervous system, 6) diseases of the vertebral column and spinal cord;
- types and structure of combat surgical pathology of Ukraine;
- the principles of organizing medical care for the wounded and sick of a surgical profile and carrying out medical evacuation measures at the stages of medical evacuation.

Be able to:

- to provide first medical and paramedical aid to the wounded and patients of a surgical profile on the battlefield (in the area of emergency situations), and first medical aid in the medical company of the mechanized brigade;
- to organize the work of subordinates (medical staff, middle and junior medical personnel) to provide first medical and paramedical aid on the battlefield (in the emergency zone), and emergency medical aid;
- identify medical problems and prioritize medical management;
- identify life-threatening conditions that require immediate medical intervention
- plan the diagnostic procedure and interpret its results;
- implement appropriate and safe therapeutic treatment and predict its effects
- plan own learning activities and constantly learn in order to update own knowledge;
- inspire the learning process of others;
- communicate with the patient and his family in an atmosphere of trust, taking into account the needs of the patient;
- communicate and share knowledge with colleagues in a team;
- critically evaluate the results of scientific research and adequately justify the position;
- adhere to the principles of asepsis and antisepsis;
- manage a simple wound, put on and change a sterile surgical dressing;
- make a peripheral puncture;
- examine breasts, lymph nodes, thyroid gland and abdominal cavity in terms of acute abdomen and perform digital rectal examination;
- evaluate the result of a radiological examination in the most common types of fractures, particularly long bone fractures;
- perform temporary immobilization of the limb, choose the type of immobilization necessary for use in typical clinical situations and control the correctness of blood supply to the limb after the insertion of the immobilizing dressing;
- manage external bleeding;
- perform basic resuscitation procedures using an automatic external defibrillator and other emergency procedures and first aid;
- operate according to the algorithm of advanced resuscitation activities;

- recognize subjective and physical symptoms indicating the abnormal course of pregnancy (abnormal bleeding, contractions of the uterus);
- evaluate the condition of the unconscious patient according to international scoring scales;
- recognise the symptoms of increasing intracranial pressure;
- can perform and interpret FAST ultrasound (Focused Assessment with Sonography for Trauma);
- to take the informed and legally effective consent: a) for high-risk diagnostic procedures (e.g. gastroscopy, colonoscopy), endoscopic retrograde cholangiopancreatography) b) for high-risk diagnostic procedures (transcutaneous biopsy under control) USG) c) surgery to remove the gallbladder;
- to pass on information about the death of a close friend and relative;
- provide family with information on the possibility of organ transplantation of the person who was diagnosed with brain death;
- identify and indicate methods of management of traumatic peripheral nerve damage;

is ready to :

- establish and maintain deep and respectful contact with patients and to show understanding for differences in world views and cultures;
- to be guided by the well-being of a patient;
- respect medical confidentiality and patients' rights;
- take actions towards the patient on the basis of ethical norms and principles, with an awareness of the social determinants and limitations of the disease;
- promote health-promoting behaviors;
- perceive and recognize own limitations and self-assessing educational deficits and needs;
- use objective sources of information;
- formulate conclusions from own measurements or observations;
- implement the principles of professional camaraderie and cooperation in a team of specialists, including representatives of other medical professions, also in a multicultural and multinational environment;
- formulate opinions on the various aspects of the professional activity;
- assume responsibility for decisions taken in the course of their professional activities, including in terms of the safety of oneself and others.

The results teaching (list of mandatory skills):

- ✓ Algorithm for providing PMD.
- ✓ Algorithm for providing DD.
- ✓ Algorithm for providing PLD.
- ✓ CPR.
- ✓ Using ultrasonography.
- ✓ Using AI.
- ✓ Methods and means of stopping external bleeding.
- ✓ Methods and means of resuscitation.

Information volume of the academic discipline.

60 hours 2 ECTS credits are allocated to the study of the academic discipline, incl. lectures 0 hours, practical 50 hours, independent work 10 hours. Practical classes will be held in a medical simulation center. Clinical classes will take place under conditions of real action in the emergency department. Normative discipline.

3. THE structure of the educational discipline

No s/p	Topic	Lecuers	Practical classes	SWS
1.	A gunshot wound and wound disease. Combined trauma in the conditions of modern wars	-	1	2
2.				
3.	TRAUMATIC shock as the first period of a traumatic illness	-	1	1
4.	Trauma and Resuscutation teams role. Non-technical skills in team training.	-	1	1
5.	The role of Emergency Department and Trauma Center in Emergency Medical System.	-	1	1
6.	Preparation of the patient for transport, transport, patient turn over in the ED, and communication with a specialist. Primary and secondary examination, medical documentation, Organization and management of patient conditions in the ED.	-	1	1
7.	Trauma team organization in practice.	-	1	1
8.	A gunshot wound and wound disease are involved . Combined trauma in the conditions of modern wars.	-	1	1
9.	Airway trauma and control. Shock. Head, spine, chest, abdomen, and extremities trauma. Assessment and treatment of the child with multiorgan injury.	-	1	1
10.	Cardiopulmonary resuscitation.	-	1	1
11.	Clinical classess	-	49	-
	Final modular control	0	2	-
	Hours together	0	60	10

A list of theoretical questions for preparing students for the final examination

1. The pathophysiology of traumatic shock involves systemic inflammation and impaired perfusion.

2. Differentiation between hemorrhagic shock and other shock types is crucial in trauma care.
3. Initial management of traumatic shock includes securing airway, breathing, and circulation.
4. Fluid resuscitation and blood transfusion are critical components in managing traumatic shock.
5. Monitoring and reassessing vital signs is essential to evaluate the response to treatment in traumatic shock.
6. Effective communication skills are vital for the functionality of trauma and resuscitation teams.
7. Leadership and decision-making are key non-technical skills for team members.
8. Regular training and drills enhance the team's performance in real-world scenarios.
9. Debriefing post-trauma care is important for learning and improvement.
10. Interdisciplinary collaboration improves patient outcomes in trauma cases.
11. The Emergency Department acts as the primary interface for trauma patients in the medical system.
12. Trauma Centers are specialized facilities with resources and expertise for severe trauma cases.
13. Triage systems in Emergency Departments prioritize patients based on the severity of their injuries.
14. The integration of pre-hospital and in-hospital care is crucial for effective trauma management.
15. Continuous quality improvement processes are essential in Trauma Centers.
16. Stabilizing the patient's condition before transport is crucial to prevent deterioration.
17. The use of standardized handover protocols ensures effective communication during patient turnover.
18. Coordination between transport teams and Emergency Department staff is vital for seamless patient transfer.
19. Documentation during transport includes vital signs, interventions, and patient response.
20. Safe transport methods are tailored to the patient's injuries and condition.
21. The primary examination in trauma focuses on identifying life-threatening conditions.
22. Secondary examination involves a thorough head-to-toe assessment.
23. Accurate and comprehensive medical documentation in trauma cases is essential for continuity of care.
24. Reevaluation of the patient's condition is a continuous process in trauma care.
25. The primary and secondary examinations guide the prioritization of treatment and further diagnostics.
26. Trauma teams are structured with clearly defined roles for each member to ensure efficient patient care.
27. Regular training and simulation exercises help maintain high skill levels and teamwork efficiency.
28. The team leader coordinates the overall response and decision-making during trauma management.
29. Rapid response capability and swift mobilization are key features of an effective trauma team.
30. Interdisciplinary collaboration within the trauma team is essential for comprehensive patient care.
31. Gunshot wounds in modern warfare often involve complex injuries due to high-velocity projectiles.
32. Wound disease encompasses infection and other complications arising from battlefield injuries.
33. Immediate wound care and infection control are critical in managing gunshot wounds.

34. The use of advanced imaging and surgical techniques has improved outcomes in gunshot wound management.
35. Understanding the ballistics and mechanics of injuries is essential for appropriate treatment.
36. Airway management is a top priority in trauma care, especially in cases of facial or neck injuries.
37. Endotracheal initiation and supraglottic airway devices.
38. Rapid assessment and control of the airway can be life-saving in severe trauma cases.
39. Shock management includes fluid resuscitation, blood transfusion, and controlling the source of bleeding.
40. Monitoring for signs of shock, like hypotension and tachycardia, is crucial in trauma assessment.
41. Integrating airway management with overall shock resuscitation strategies is essential for patient survival.
42. Head trauma management focuses on preventing secondary brain injury and managing intracranial pressure.
43. Spinal trauma requires immobilization and careful assessment to prevent further neurological damage.
44. Chest trauma management includes treating life-threatening conditions like pneumothorax and hemothorax.
45. Abdominal trauma assessment involves looking for signs of internal bleeding and organ damage.
46. Extremities trauma management includes fracture stabilization and assessing for vascular injuries.
47. Pediatric trauma care requires adjustments in assessment and treatment due to physiological differences.
48. Multiorgan injuries in children demand a careful, systematic approach and often rapid intervention.
49. Maintaining airway, breathing, and circulation is crucial in pediatric multiorgan trauma.
50. Children's psychological needs are an important consideration in trauma care.
51. Involving pediatric specialists early in the care of multiorgan injuries improves outcomes.
52. Cardiopulmonary resuscitation (CPR) in all groups of age.
53. Post-resuscitation care.

8. Teaching methods

1. **Verbal** (conversation, instruction);
2. **Visually** (observation , illustration , demonstration);
3. **Practical** (different species exercise , carrying out experiment , practice).

When conducting educational process also are used the following methods training :

- **explanatory and illustrative** or **information-receptive** , which provides presentation ready information teacher and her assimilation by students;
  - verbal methods: the source of knowledge is the spoken or printed word (story, conversation, instruction, etc.)
  - practical methods: students acquire knowledge and skills by performing practical actions (exercise, training, self-management).
- **reproductive** , (reproduction - reproduction) is the basis of which laid down implementation various tasks according to the sample ;

- **method of problem presentation ,** which was that _ the teacher poses the problem himself decides by demonstrating contradictions , which characterized by process knowledge , at the same time task students consists of in control sequence presentation material , materiality evidence , forecasting the following steps teacher ; this MN is implemented through training students with problems situations in order to be successful previous preparation for the future works in real conditions practical medical institutions ;
- **partially exploratory** or **heuristic** , aimed at mastery separate elements search engine activity , for example : teacher formulates a problem, students - a hypothesis ;
- **research**, essence whose consists in organization a teacher search engine creative activity students by posing new problems and problematic ones tasks.
- methods that _ provide **perception and assimilation** knowledge by students (lectures, independent work, instruction, consultation);
- **methods application knowledge and acquisition and consolidation abilities and skills** (practical classes , control tasks);
- methods **inspection and evaluation knowledge, abilities and skills** ;
- **visual methods:** the source of knowledge is observed objects, phenomena, visual examples
- **discussion methods** .

9. Control methods

9.1. Current control is carried out on the basis of theoretical control practical knowledge, skills and abilities classes. The student's independent work is evaluated on practical tests classes and is a component final student evaluation. Current control is carried out during the educational classes and aims check assimilation of educational material by students' material. Forms of current control are:

a) test tasks with the choice of one correct answer, with the definition of the correct sequence of actions, with the definition of correspondence;
b) individual orally survey, interview ;
c) solving typical situational problems;
d) control of practical skills.

9.2. The form of the summary control of learning success
is conducted at the last control session in the form of diff . assessment (test tasks on the computer)
.

Students who have attended all the classroom training sessions provided by the curriculum for the discipline and have scored at least the minimum number of points (**72 points**) are admitted to PC. A student who, for good or no good reasons, missed classes, is allowed to work off the academic debt by a certain specified period.
Forms of final control should be standardized and include control of theoretical and practical training.

10. Scheme of accrual and distribution of points received by students of higher education.

Evaluation of current educational activities . During the assessment of mastery of each topic for the current educational activity, the student is given grades on a 4-point (national) grading scale. At the same time, all types of work provided for by the discipline program are taken into account. The student must receive a grade in each topic. Estimates given on a traditional scale are converted into points. Summary and evaluation for the current one educational activity is recognized as the arithmetic mean (sum of marks for each occupation divided by the number of classes in the semester) and converted into points according to **Table 1.**

Table 1. Recalculation of the average grade for the current activity into a multi-point scale (for disciplines ending with a differential credit)

4-point scale	120-point scale	4-point scale	120-point scale	4-point scale	120-point scale	4-point scale	120-point scale
5	120	4.45	107	3.91	94	3.37	81
4.95	119	4.41	106	3.87	93	3.33	80
4.91	118	4.37	105	3.83	92	3.29	79
4.87	117	4.33	104	3.79	91	3.25	78
4.83	116	4.29	103	3.74	90	3.2	77
4.79	115	4.25	102	3.7	89	3.16	76
4.75	114	4.2	101	3.66	88	3.12	75
4.7	113	4.16	100	3.62	87	3.08	74
4.66	112	4.12	99	3.58	86	3.04	73
4.62	111	4.08	98	3.54	85	3	72
4.58	110	4.04	97	3.49	84	Less than 3	Not enough
4.54	109	3.99	96	3.45	83		
4.5	108	3.95	95	3.41	82		

Maximum quantity points as much as possible recruit a student for the current one educational activity for admission to the diff . credit is 120 points .

The minimum number of points that a student must score for the current educational activity for admission to the diff . the credit is 72 points. The calculation of the number of points is carried out on the basis of the grades received by the student on a 4-point (national) scale during the study of the discipline, by calculating the arithmetic mean (CA), rounded to two decimal places.

Assessment of individual student tasks . Points for individual tasks are awarded only under conditions of their successful completion and defense. The number of points awarded for different types of individual tasks depends on their volume and importance, but no more than 10-12 points. They are added to the sum of points scored by the student in classes during the current educational activity. In no case can the total amount for the current activity exceed 120 points.

Assessment of students' independent work . Students' independent work, which is provided for by the topic of the lesson along with classroom work, is evaluated during the current control of the topic in the corresponding lesson. The mastery of topics that are assigned only to independent work is checked during the final control .

The maximum number of points that a student can score while completing the diff . credit is **80 points.**

The evaluation of the final control is considered passed if the student scored at least 60% of the maximum number of points (for a 200-point scale – at least **50 points**).

Determining the number of points that the student scored in the discipline: the number of points that the student scored in the discipline is determined as the sum of points for the current educational activity and for the final control (dif . credit).

Conversion of the number of points from the discipline into grades on the ECTS scale and on the four-point (traditional) scale

Subject scores are independently converted to both the ECTS scale and the national grading scale, but not vice versa. **Table 2.**

Criteria installation evaluations according to the traditional 4-point and ECTS composition scale exam :

Score in points	Rating by national scale	Rating according to the ECTS scale
180-200	Perfectly	A

1 60 -179	Fine	B
1 5 0-15 9		C
1 30 -1 4 9	Satisfactorily	D
1 20 -1 29		E
50 - 119	Unsatisfactorily	FX
0-49		F

Criteria assessment .

During the evaluation of the mastery of each topic for the current educational activity, the higher education applicant is given grades according to the national (traditional) scale, taking into account the approved evaluation criteria:

- *grade "excellent" (5)* - the student flawlessly mastered the theoretical material of the topic of the lesson, demonstrates deep and comprehensive knowledge of the relevant topic, the main provisions of scientific primary sources and recommended literature, thinks logically and constructs an answer, freely uses the acquired theoretical knowledge when analyzing practical material, expresses his attitude to certain problems, demonstrates a high level of assimilation of practical skills;
- *grade "good" (4)* - the student has mastered the theoretical material of the lesson well, has the main aspects from primary sources and recommended literature, presents it with arguments; possesses practical skills, expresses his thoughts on certain problems, but certain inaccuracies and errors are assumed in the logic of the presentation of theoretical content or in the performance of practical skills;
- *rating "satisfactory" (3)* - the student has basically mastered the theoretical knowledge of the subject, orients himself in primary sources and recommended literature, but answers unconvincingly, confuses concepts, additional questions cause the student uncertainty or lack of stable knowledge; when answering questions of a practical nature, reveals inaccuracies in knowledge, does not know how to evaluate facts and phenomena, connect them with future activities, makes mistakes when performing practical skills;
- *rating "unsatisfactory" (2)* - the student has not mastered the educational material of the topic, does not know scientific facts, definitions, hardly orients himself in primary sources and recommended literature, lacks scientific thinking, practical skills are not formed.

11. Methodological support

1. Working curriculum in the discipline.
2. Calendar and thematic plans of lectures and practical classes.
3. Sample test tasks for classes.
4. Test tasks for credit.
5. Educational and visual aids, technical teaching aids, etc.
6. Outlines of lectures on the discipline.
7. Computer tests for each topic and on PMK to determine residual knowledge of the discipline.
8. Individual tasks for students within the curriculum.
9. Control questions for classes.
10. Questions to PMK.
11. Methodical materials that ensure independent work of students.
12. Computer slides by topic.
13. Other materials (posters, albums, etc.).

Individual tasks

1. Features of gunshot wounds.
2. Classification of gunshot wounds.
3. Wound ballistics, theories.
4. Pathomorphological characteristics of gunshot wounds.
5. Primary and secondary microbial contamination of wounds.
6. Primary surgical treatment (PHO of wounds).
7. Repeated surgical treatment of wounds.
8. Secondary surgical treatment (VHO) of wounds.
9. Early PHO wounds.
10. Postponed PHO early.
11. Late PHO wounds.
12. Applying primary sutures to the wound.
13. Primary delayed sutures.
14. Early secondary sutures.
15. Late secondary sutures.
16. First aid with gunshot wounds.
17. DD with gunshot wounds.
18. PLD in case of gunshot wounds.
19. KHD with gunshot wounds.
20. SHD with gunshot wounds.
21. The main mistakes in the provision of surgical care for PHO wounds.
22. Surgical treatment of patients with KRU who have wounds contaminated with RR.
23. Surgical treatment of patients with CKD who have wounds contaminated with OR.
24. General principles and methods of providing medical assistance to victims of CTMU.
25. Modern views on the etiology and pathogenesis of TS.
26. Traumatic shock as the first period of traumatic illness.
27. Methods of primary and secondary examination of the victim according to the AVPU algorithm.
28. Glasgow Com scale.
29. Concept of terminal states.
30. Signs of clinical death.
31. Signs of biological death.
32. Pathogenesis of STR.
33. Etiopathogenetic borderline states of the clinical course of STR.
34. The main sources of wound contamination with anaerobic pathogens.
35. Types and signs of local purulent infection.
36. Causative agents of anaerobic infection.
37. Etiology, pathogenesis, clinic of tetanus.
38. Etiology and pathogenesis of blood loss.
39. Classification of blood loss.
40. Determination of the amount of blood loss.
41. Burns of the respiratory tract (ODS).
42. Combined radiation and thermal lesions (CRTU).
43. Features of combined thermomechanical lesions (CTMU).
44. Features of burns caused by napalm.
45. "Trench foot".
46. Immersive foot.
47. Peculiarities of primary resuscitation of a victim of electric current.
48. First aid for various chemical burns.
49. Lightning strike clinic.
50. The SLMR technique, when resuscitation is performed by one person.
51. The SLMR technique, when resuscitation is performed by two people.

52. CPR technique when resuscitation is carried out by the team.

1 2 . Recommended reading

1. Basic literature

1. Military surgery with surgery of emergency situations.: Textbook for students of higher medical educational institutions of III-IV levels of accreditation / Edited by Dr. Med. Sciences, Prof. V.Ya. Bilyo - Ternopil: " Ukrmedknyga ", 2004.

2. Auxiliary literature

1. Military medical training. / Edited by M.I. Badyuk . - Kyiv: "MP Lesya", 2007. - P. 231-236.
2. Military field surgery. Guide to practical classes (sub editors Professor M.V. Lysenko , 2010).
3. M.I. Shved, A.A. Gudyma, S.M. Geryak et al. Emergency and urgent medical care: a textbook - Ternopil: TDMU " Ukrmedknyga ", 2016 - 447 p.
4. Safar P. Heart- pulmonary - cerebral resuscitation / Trans. with English - M.: Medicine, 2004.
5. Military field surgery. Textbook _ edited by Prof. A.N. Berkutov – Leningrad : VMA named after S.M. Kirova, 1973. – 568 p.
2. Emergency algorithm medical emergency aid _ pre -hospital conditions stage _ Luhansk , 2000.
3. Handbook of medical care at the pre-hospital stage (edited by I. S. Zozuli), Kyiv "Zdorovya", 2004.
4. Moskalenko V.F., Roschin H.G., Natsyuk M.V. and others. Standards for providing emergency medical care at the pre-hospital stage according to protocols. In the book: Problems of military health care. Kyiv, 2005, p. 293 – 297.
11. Namyatov O.V. Educational and methodological kit for the educational discipline "Medicine of emergency situations". Department of social and humanitarian disciplines. - K., 2017.

3. Informational resources :

1. Library of the Academy.
2. Internet.
3. Educational and methodical materials on the discipline at the department.
4. Consultations of the teacher regarding the use of educational and methodical materials and recommended literature.

Approved:

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