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## Module "Asepsis and antiseptic"

# Prevention of contact infection (sterilization of instruments), disinfection

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| 1 | THE ASEPTSIS IS:  1) complex of measures to prevent wound infiltration with pathogenic flora  2) complex of measures to control and fight infection within the human body and to prevent and reduce infections and inflammatory process  3) complex of measures to destroy pathogenic and semi-pathogenic flora at all surfaces indoors and also at medical stuff and instruments  4) complex of measures to destroy all forms of organic life, including infection agents (fungi, bacteria, spores, viruses) presented on surfaces and dissolved in liquids  5) complex of measures to destroy injects – infection carriers, by using special chemical, hot water and steam, or with biological agents |
| 2 | THE DISINFECTION IS:  1) complex of measures to prevent wound infiltration with pathogenic flora  2) complex of measures to control and fight infection within the human body and to prevent and reduce infections and inflammatory process  3) complex of measures to destroy pathogenic and semi-pathogenic flora at all surfaces indoors and also at medical stuff and instruments  4) complex of measures to destroy all forms of organic life, including infection agents (fungi, bacteria, spores, viruses) presented on surfaces and dissolved in liquids  5) complex of measures to destroy injects – infection carriers, by using special chemical, hot water and steam, or with biological agents |
| 3 | THE STERILIZATION IS:  1) complex of measures to prevent wound infiltration with pathogenic flora  2) complex of measures to control and fight infection within the human body and to prevent and reduce infections and inflammatory process  3) complex of measures to destroy pathogenic and semi-pathogenic flora at all surfaces indoors and also at medical stuff and instruments  4) complex of measures to destroy all forms of organic life, including infection agents (fungi, bacteria, spores, viruses) presented on surfaces and dissolved in liquids  5) complex of measures to destroy injects – infection carriers, by using special chemical, hot water and steam, or with biological agents |
| 4 | THE LOW LEVEL STERILIZATION destroys the following types of microorganisms:  1) the vegetative forms of most bacteria, fungi and spores  2) the vegetative forms of most bacteria, viruses and spores  3) the vegetative forms of most bacteria viruses, fungi and mycobacteria  4) the vegetative forms of most bacteria are viruses, fungi, spores and mycobacteria  5) The vegetative forms of most bacteria are viruses and fungi. |
| 5 | SPORNOUS BACTERIA ARE EFFECTIVELY DESTROYED UNDER THE NEXT MINIMUM TEMPERATURE:  1) 60 С  2) 80 С  3) 100 С  4) 120 С  5) 140 С |
| 6 | THE BASIC METHOD OF DISINFECTION OF METAL TOOLS NOWDAYS IS:  1) physical  2) chemical  3) mechanical  4) physical and mechanical  5) mechanical and boiling |
| 7 | DURING CHEMICAL DISINFECTION, TOOLS MUST COVERED WITH A DISINFECTANT:  1) 0.5 cm  2) Not less than 1 cm  3) At least 2 cm  4) Tools must be completely in solution. |
| 8 | NEXT TO THE STERILIZATION IN STERILIZATION BOXES (DRUMS) IMMEDIATELY EXECUTED:  1) sterility control  2) take the fixes out of the autoclave chamber  3) Labels bixy  4) close the curtains of the side holes of the beech  5) rubbing dry |
| 9 | CORRECT SEQUENCE OF TOOL TREATMENT AFTER USE:  1) washing under running water, disinfection, presterilizing cleaning, sterilization  2) disinfection, washing under running water, presterilizing cleaning, sterilization  3) soaking in detergent solution, disinfection, washing under running water, pre-sterilization cleaning, sterilization  4) disinfection, soaking in detergent solution, washing under running water, pre-sterilization cleaning, sterilization  5) disinfection, washing under running water, soaking in detergent solution, washing under running water, cleaning sterilization, sterilization |
| 10 | DURING THE STEAM STERILIZATION THE PRESSURE IN THE AUTOCLAVE IS:  1) 2 atm  2) 1.8 atm  3) 2.2 atm  4) 1.5 atm |
| 11 | DURING THE STEAM STERILIZATION THE TEMPERATURE IN THE AUTOCLAVE IS:  1) 1320С  2) 1200С  3) 1000С  4) 1540С  5) 1600С |
| 12 | DURING STERILIZING BY HOT AIR, THE FOLLOWING MODES ARE USED:  1) temperature 1800C time 20 minutes  2) temperature 1600С time 50 minutes  3) temperature 1800С time 60 minutes  4) temperature 1700С time 45 minutes  5) temperature 1800С time 120 minutes |
| 13 | COLD STERILIZATION METHODS ARE:  1) glossperline, chemical, radiation, ultrasonic  2) infrared, radiation, glasperlenovy, chemical  3) ultrasonic, chemical, steam, infrared  4) plasma, chemical, radiation, ultrasound  5) liquid, ultrasonic, gas, infrared |
| 14 | STERILIZATION OF TOOLS HAS THE FOLLOWING STEPS:  1) soaking instruments, washing instruments, disinfection, presterilizing cleaning, styling, sterilization  2) washing of tools, disinfection, pre-sterilization cleaning, laying, sterilization  3) disinfection, washing tools, laying, sterilization, storage  4) disinfection, soaking instruments, presterilizing cleaning, sterilization  5) pre-sterilization cleaning, disinfection, stowage, sterilization, storage |
| 15 | THE SEQUUENCE OF PRE-STERILIZED TOOL CLEANING IS:  1) washing the tool in the washing solution, soaking in the washing solution, rinsing with running water, drying  2) soaking in detergent solution, washing in detergent solution, rinsing under running water, rinsing with distilled water, drying  3) soaking in detergent solution, washing under running water, rinsing with distilled water, drying  4) washing under running water, soaking in a washing solution, rinsing under running water, rinsing with distilled water, drying  5) washing in a washing solution, rinsing under running water, rinsing with distilled water, drying |
| 16 | AFTER LOW-LEVEL DISINFECTION, SAVE THE VIABILITY:  1) mycobacteria  2) hepatitis virus  3) mushrooms  4) vegetative forms of bacteria  5) Epstein-Barr virus |
| 17 | OPTICAL INSTRUMENTATION IN SURGICAL DEPARTMENT USUALLY ARE STERILIZED BY:  1) chemical method  2) steam sterilizer  3) air sterilizer  4) radiation method |
| 18 | DIRECT METHODS OF CONTROL OF STERILITY ARE:  1) temperature control during sterilization  2) pressure control during sterilization  3) use of special strips of indicators  4) seeding from products after sterilization  5) control of temperature, pressure and sterilization time |
| 19 | THE SAMPLE FOR INSPECTION OF REMAINS OF DETERGENTS IS:  1) benzidine test  2) Azapiram test  3) formaldehyde test  4) phenolphthalein test  5) amidopyrine test |
| 20 | THE SAMPLE FOR INSPECTION OF REMAINS OF BLOOD ON TOOLS IS: 1) benzidine test  2) Azapiram test  3) formaldehyde test  4) phenolphthalein test  5) amidopyrine test |
| 21 | WHEN AZAPIRAM TEST IS POSITIVE THE COLORING GETS:  1) pink and lilac  2) blue-violet  3) bright purple  4) yellow-green  5) purple-red |
| 22 | WHEN BENZIDINE TEST IS POSITIVE THE COLORING GETS:  1) pink and lilac  2) blue-violet  3) bright purple  4) blue-green  5) purple-red |
| 23 | PHYSICAL STERILIZATION INCLUDES:  1) hot air  2) disinfectant solutions  3) roasting and plasma  4) boiling |
| 24 | WHAT IS USED FOR GAS STERILIZATION :  1) chloramine  2) mercuric chloride  3) hydrogen peroxide 3%  4) sodium bicarbonate  5) ethylene oxide |
| 25 | FOR STERILIZATION OF ENDOSCOPES WITH FIBER OPTICS, YOU CAN APPLY:  1) steam method  2) chlorhexidine digluconate  3) air sterilizer  4) 33% hydrogen peroxide  5) 5% tincture of iodine |
| 26 | FOR CHEMICAL STERILIZATION MAY BE APPLIED:  1) iodine tincture  2) chlorhexidine digluconate  3) brilliant green  4) hydrogen peroxide  5) chloramine |
| 27 | STERILIZATION TIME IN THE AIR STERILIZER IS:  1) 20 minutes  2) 50 minutes  3) 60 minutes  4) 45 minutes  5) 120 minutes |
| 28 | MEDICAL STAFF CONTROLS STERILITY IN AIR STERILIZER WITH:  1) microbiological indicators  2) thermometers  3) thermometers and manometers  4) psychrometers  5) colorimetric indicators |
| 29 | USED ​​PLASTIC SYRINGES SHOULD BE:  1) put in a disinfecting solution  2) rinse, place in a disinfecting solution  3) put into the washing solution  4) just throw in the bucket |
| 30 | STERILE AREA INCLUDES:  1) operating, preoperative, sterilization  2) sanitary inspection room, anesthesia equipment  3) air conditioning equipment, vacuum installations, substation for emergency lighting  4) the office of the head, senior nurse  5) autoclave |
| 31 | A TIGHT MODE INCLUDES:  1) operating, preoperative, sterilization  2) sanitary inspection room, anesthesia equipment  3) air conditioning equipment, vacuum installations, substation for emergency lighting  4) the office of the head, senior nurse  5) autoclave |
| 32 | LIMITED AREA INCLUDES:  1) operating, preoperative, sterilization  2) sanitary inspection room, anesthesia equipment  3) air conditioning equipment, vacuum installations, substation for emergency lighting  4) the office of the head, senior nurse  5) autoclave |
| 33 | GENERAL AREA INCLUDES:  1) operating, preoperative, sterilization  2) sanitary inspection room, anesthesia equipment  3) air conditioning equipment, vacuum installations, substation for emergency lighting  4) the office of the head, senior nurse  5) autoclave |
| 34 | STERILIZATION BOXES (DRUMS) FOR STERILIZATION WEARS NAME:  1) Koch  2) Schimmelbush  3) Pirogov  4) Buyalsky  5) Semmelweis |

# Prevention of implantation infection, treatment of the surgeon's hands and surgical field

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| 1 | THE MODERN HAND WASHING METHOD INCLUDES:  1) Alfeld method  2) Grossich-Filonchikov method  3) Furbringer method  4) use of the pervomur  5) Spasokukotsky-Kochergin method |
| 2 | FOR WASHING THE SURGEON'S HANDS YOU CAN USE:  1) hydrogen peroxide 3%  2) Alaminol  3) chloramine  4) chlorhexidine  5) sodium hydroxybutyrate |
| 3 | FOR PROCESSING OPERATING FIELD YOU CAN USE:  1) hydrogen peroxide 6%  2) 10% alcohol solution of iodine  3) iodopyrone  4) formaldehyde  5) ammonium |
| 4 | BASIC METHOD FOR PROCESSING OPERATING FIELD:  1) the Grossich-Filonchikov method  2) Spasokukotsky-Kochergin method  3) Furbringer method  4) Pirogov method  5) Vishnevsky method |
| 5 | HAND WASHING WITH CHLORGEXIDINE SOLUTION IS CARRIED OUT DURING:  1) 1 minute  2) 3 minutes  3) 4 minutes  45 minutes  5) 10 minutes |
| 6 | FOR HAND WASHING BY BRUNO METHOD IS USED:  1) ethyl alcohol 96%  2) ethyl alcohol 70%  3) 5% alcohol solution of iodine  4) jodonat  5) iodopyrone |
| 7 | HAND WASHING WITH A SOLUTION OF THE PERVOMUR IS CARRIED OUT DURING:  1) 1 minute  2) 3 minutes  3) 4 minutes  45 minutes  5) 10 minutes |
| 8 | HAND WASHING BY SPASOKUKOTSKY-KOCHERGIN METHOD IS CARRIED OUT WITH:  1) a solution of pervomur  2) ethyl alcohol 96%  3) ammonium solution 0.5%  4) iodonate solution  5) chlorhexidine solution 0.5% |
| 9 | HAND WASHING BY THE ALFELD METHOD INCLUDES:  1) Wiping hands with 96% ethyl alcohol for 10 minutes  2) Wiping hands with a solution of sublimate 1: 1000 for 1 minute  3) Washing the hands with two brushes for 10 minutes, followed by wiping the hands with 96% ethyl alcohol for 5 minutes  4) Washing hands in two basins using 0.5% ammonium solution  5) Rubbing the hands with a solution of pervomur for 1 minute |
| 10 | HLORGEXIDINE BIGLUCONATE FOR HAND WASHING IS:  1) water solution  2) alcohol solution  3) oil solution  4) detergent solution  5) solution in disaggregates |
| 11 | OPERATING FIELD PROCESSING BY THE METHOD OF GROSSIKH-FILONCHIKOV IS CARRIED OUT IN THE NEXT SEQUENCE:  1) after tidying up with sterile laundry; before the cut; before suturing the skin; after suturing the skin.  2) before putting on sterile laundry; after tidying up with sterile laundry; after suturing the skin  3) before tampering with sterile laundry; after tidying up with sterile laundry; before suturing the skin; after suturing  4) after tidying up with sterile laundry; before the cut; after the cut; after suturing the skin. |
| 12 | PERVOMUR IS A MIXTURE OF:  1) pyruvic acid and muramic acid  2) hydrogen peroxide and muramic acid  3) pyruvic acid and formic acid  4) hydrogen peroxide, muramic and formic acid  5) hydrogen peroxide and formic acid |
| 13 | FILM-FORMING PREPARATION FOR HANDLING IS:  1) lysol  2) jodonat  3) rokkal  4) cerigel  5) degamicide |
| 14 | THE CONCENTRATION OF CHLORGEXIDINE FOR HANDLING IS:  1) 0.1%  2) 0.5%  3) 1%  4) 5%  5) 20% |
| 15 | CHOOSE THE EXISTING TYPES OF STORAGE IN STERILIZATION BOXES:  1) species  2) instrumental  3) underwear  4) operating room  5) dressing |
| 16 | DURING UNIVERSAL STOWAGE IN STERILIZATION BOXES IS PLACED:  1) material intended for one small typical operation  2) material intended for cleaning the operating room  3) material of one specific type  4) material intended for dressing  5) material intended for a specific operation |
| 17 | DURING DEDICATED STOWAGE IN STERILIZATION BOXES IS PLACED:  1) material intended for one small typical operation  2) material intended for cleaning the operating room  3) material of one specific type  4) material intended for dressing  5) material intended for a specific operation |
| 18 | WHEN SPECIFIC STOWAGE IN BIKS IS PLACED:  1) material intended for one small typical operation  2) material intended for cleaning the operating room  3) material of one specific type  4) material intended for dressing  5) material intended for a specific operation |
| 19 | AFTER THE STEAM ATERILIZATION PRODUCTS KEEP THEIR STERILITY IN THE OPEN STERILIZATION BOXES DURING:  1) 1 day  2) 2 days  3) 3 days  4) 10 days  5) 30 days |
| 20 | SURGICAL LINEN AND TREATMENT MATERIAL USUALLY STERILIZED BY:  1) radiation method  2) liquid method  3) ultraviolet radiation  4) steam method  5) hot air |
| 21 | THE PRODUCTS STERILIZED IN GLUED KRAFT PACKAGES KEEP THEIR STERILITY DURING:  1) 3 days  2) 7 days  3) 10 days  4) 20 days  5) 6 months |
| 22 | ELECTIVE CLEANING IN THE HOSPITAL ROOMS IS IMPLEMENTED:  1) every morning  2) every evening  3) every morning and evening  4) once a week |
| 23 | GENERAL CLEANING IN THE OPERATING ROOM IS IMPLEMENTED:  1) once a week  2) 1 time in 10 days  3) 1 time in 2 weeks  4) once a month |
| 24 | BACTERIAL AIR POLLUTION IN OPERATING ROOM IN 1.5 HOURS OF OPERATION INCREASES ON:  1) by 30%  2) 50%  3) 70%  4) 90%  5) at 100% |
| 25 | PERVOMUR IS A MIXTURE OF:  1) pyruvic acid and muramic acid  2) hydrogen peroxide and muramic acid  3) pyruvic acid and formic acid  4) muramic and formic acid hydrogen peroxide  5) hydrogen peroxide and formic acid |
| 26 | FOR PROCESSING OF THE SURGICAL FIELD WITH THE BAKKALA METHOD IS USED:  1) chlorhexidine solution  2) brilliant green solution  3) Lugol solution  4) iodine alcohol solution  5) ethyl alcohol solution |
| 27 | PRE-STERILILIZED CLEANING OF SURGICAL LINEN IS CARRIED OUT BY THE METHOD:  1) soaking in disinfectant  2) wash  3) autoclaving  4) by air method  5) immersion in hydrogen peroxide |

# Antiseptic

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| 1 | THE ANTISEPTIC IS:  1) a set of events aims to preventing the entry of pathogens into the wound  2) a set of events aims to combating infection in the conditions of the human body, to prevent or eliminate the infectious inflammatory process  3) a set of events aims to the destruction of pathogenic and conditionally pathogenic microorganisms on all surfaces in premises and medical devices  4) a set of events aims to the destruction of all forms of life, including infectious agents (fungi, bacteria, spores, viruses) that are present on surfaces, contained in liquids  5) a set of events aims to the destruction of insects capable of transmitting various infections, using special chemicals, by exposure to hot water with steam or by using biological agents |
| 2 | MECHANICAL ANTISEPTIS INCLUDES:  1) the use of surgical treatment of wounds  2) the use of the laws of capillarity, diffusion, osmosis  3) use of antibacterial drugs to combat infection in the air  4) the use of antibiotics, proteolytic enzymes, enzyme preparations  5) the use of antibacterial drugs based on inorganic compounds to combat infection in the wound |
| 3 | PHYSICAL ANTISEPTICS INCLUDES:  1) the use of surgical treatment of wounds  2) the use of the laws of capillarity, diffusion, osmosis  3) use of antibacterial drugs to combat infection in the air  4) the use of antibiotics, proteolytic enzymes, enzyme preparations  5) the use of antibacterial drugs based on inorganic compounds to combat infection in the wound |
| 4 | CHEMICAL ANTISEPTICS INCLUDES:  1) the use of surgical treatment of wounds  2) the use of the laws of capillarity, diffusion, osmosis  3) use of antibacterial drugs to combat infection in the air  4) the use of antibiotics, proteolytic enzymes, enzyme preparations  5) the use of antibacterial drugs based on inorganic compounds to combat infection in the wound |
| 5 | BIOLOGICAL ANTISEPTICS INCLUDES:  1) the use of surgical treatment of wounds  2) the use of the laws of capillarity, diffusion, osmosis  3) use of antibacterial drugs to combat infection in the air  4) the use of antibiotics, proteolytic enzymes, enzyme preparations  5) the use of antibacterial drugs based on inorganic compounds to combat infection in the wound |
| 6 | DRAINING PROPERTIES OF SPRAY MANIFY DURING:  1) 8 hours  2) 16 hours  3) 24 hours  4) 48 hours  5) 72 hours |
| 7 | ACTIVE ASPIRATION FROM THE PREVENTION IS PROVIDED BY USING:  1) turunda with hypertonic solution  2) turunda with hydrophilic ointment  3) drainage  4) tampon Mikulich  5) rubber graduate |
| 8 | SOLUTION APPLICABLE FOR PASSIVE DRAINING OF Wounds IS:  1) hypertonic  2) isotonic  3) hypotonic  4) 5% glucose solution  5) 0.9% NaCl solution |
| 9 | THE ANTISEPTIC RELATED TO THE GROUP OXIDIZERS IS:  1) chlorhexidine  2) potassium permanganate  3) brilliant green  4) quinoxidin  5) furatsilin |
| 10 | ANTISEPTIC RELATED TO THE GROUP OF DETERGENTS IS:  1) chlorhexidine  2) dioxidine  3) brilliant green  4) quinoxidin  5) furatsilin |
| 11 | ANTISEPTIC, RELATED TO A GROUP OF 5-NITROIMIDAZOLE IS:  1) furatsilin  2) Lifusol  3) chlorhexidine  4) tinidazole  5) madribon |
| 12 | ANTISEPTIC RELATED TO SULPHANILAMIDE GROUP IS:  1) lapis  2) hydroponic  3) solafur  4) Biseptol  5) flagel |
| 13 | SHORT ACTING SULPHANYLAMIDE PREPARATION IS:  1) sulfadimethoxin  2) sulfadimezin  3) sulfalene  4) sulfapyridazine  5) baktrim |
| 14 | LONG ACTING SULPHANILAMIDE PREPARATION IS:  1) streptocid  2) sulfadimezin  3) etazol  4) sulfapyridazine  5) Urosulfan |
| 15 | THE PROTEOLYTIC ENZYME OF ANIMAL ORIGIN IS:  1) streptokinase  2) asperase  3) bromelain  4) Territorial  5) ribonuclease |
| 16 | THE PROTEOLYTIC ENZYME OF BACTERIAL ORIGIN IS:  1) chymotrypsin  2) Territorial  3) trypsin  4) collagenase  5) papain |
| 17 | THE PROTEOLYTIC PLANT-BASED ENZYME IS:  1) trypsin  2) asperase  3) papain  4) streptokinase  5) iruksol |
| 18 | DOSE OF PROTEOLYTIC ENZYMES AS ANTI-INFLAMMATORY AGENT FOR INTRAMUSCULAR INJECTIONS IS:  1) 0.01 mg / kg  2) 0.03 mg / kg  3) 0.07 mg / kg  4) 1.0 mg / kg  5) 5.0 mg / kg |
| 19 | PREPARATION, CAPABLE OF REPRODUCING IN BACTERIAL CELL AND CALLING OF ITS LISIS IS:  1) antibiotic  2) bacteriophage  3) proteolytic enzyme  4) toxoid  5) gamma globulin |
| 20 | PROPHYLACTIC DOSE OF ANTI-TETANUS SERUM IS:  1) 1000 IU  2) 1500 IU  3) 3000 IU  4) 4000 IU  5) 5000 IU |

## Module "Inoperative Surgical Technique"

# Soft bandages

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| 1 | DURING CIRCULAR BANDING:  1) bandage tours go in an oblique direction  2) each subsequent round overlaps the previous one by 2/3  3) each subsequent round completely covers the previous one.  4) tours of the bandage go spiral without contacting each other  5) bandage tours intersect with each other |
| 2 | DURING A SPIRAL BRAID  1) bandage tours completely overlap each other  2) each subsequent round overlaps the previous one by 2/3  3) bandage tours intersect  4) bandage tours are not in contact with each other  5) do not twist the bandage |
| 3 | ANY BANDAGE BEGINS WITH  1) creeping bandage  2) 8-shaped bandage  3) spiral bandage  4) circular dressing  5) cruciform bandage |
| 4 | REVERSED SPIRAL BANDAGE PUTS ON  1 offset to one side of the crossing tours by 2/3 of the width of the bandage  2 lack of displacement of bandage tours  3 absence of crossing bandage tours  4 using 2 bandages  5 offset to both sides of the crossing tours by 2/3 of the width of the bandage |
| 5 | ONE OF THE RULES OF BANDING IS  1) maximum limb flexion in the joint  2) giving the patient a forced position  3) position of the bandaging face to the patient  4) dressing from the center of the limb to the periphery  5) the maximum extension of the limb in the joint |
| 6 | DURING THE REVERSED SPIRAL BANDAGE FOR SHIN  1) make the bends of the bandage in order to more tight fit of the bandage to the limb  2) bandage tours must cross over  3) bandage tours should not be in contact with each other  4) the first round impose on the knee joint  5) circular tours should be placed on the thigh |
| 7 | RETURNING BANDAGE PUTS ON  1) on the occipital region  2) on the hip area  3) on the upper limb  4) on the nose  5) on the stump of a limb |
| 8 | TURTLE BANDING PUTS ON  1) on shin  2) on the chin  3) on the joint area  4) on the thigh  5) on the shoulder |
| 9 | DISPENSABLE TURTLE BANDAGE ON THE KNEE BEGINS WITH  1) creeping shin bandage  2) spiral bandage on the thigh  3) circular tours above the knee joint  4) circular rounds below the knee joint  5) circular tours through the joint |
| 10 | TURNING TURTLE BANDAGE ON THE ELBOW BEGIN WITH  1) 1 circular tour through the joint  2) 2 circular tours below the joint  3) 3 circular tours above the joint  4) 4 cross-bandages on the joint area  5) 5 spiral bandages on the forearm |
| 11 | THE BANDAGE FOR THE FIXING OF THE TENSING MATERIAL IN THE FIELD OF THE NOSE  1) circular bandage  2) 8-shaped bandage  3) sling bandage  4) T-bandage  5) cap |
| 12 | THE BANDAGE FOR FRACTURE OF THE CLAVICLE IS  1) a cross-shaped bandage on the chest  2) Deso dressing  3) spike dressing on the shoulder joint area  4) spiral bandage on the chest  5) trench collar |
| 13 | ONE OF THE RULES OF BANDAGIN ON THE LIMB IS  1) dressing from the periphery to the body  2) dressing from proximal to peripheral  3) applying a bandage on an unbent limb  4) anchoring the dressing in the wound area  5) dressing clothes |
| 14 | BANDAGE FOR THE WOUND IN THE TEMONAL AREA IS  1) cruciform bandage  2) spiral bandage  3) T-bandage  4) sling bandage  5) turtle dressing |
| 15 | DURING BANDING ON THE RIGHT EYE  1) the beginning of the bandage is in the right hand, the head in the left  2) the beginning of the bandage is in the left hand, the head in the right  3) should use two bandages  4) should use double-headed bandage  5) should use non-binding dressings |
| 16 | DURIND DEZO BANDAGE, THE FIRST TOUR SHOULD BE DIRECTED  1) from the healthy side to the patient  2) from the sick side to the healthy  3) vertically down the back of the shoulder  4) from the healthy axillary region to the opposite supraclavicular  5) through the sore forearm to the armpit on the healthy side |
| 17 | BANDAGE FOR TREATING THE CARBUNKULE OF THE BACK OF THE NECK SURFACE  1) 8-shaped  2) Neapolitan  3) Hippocrates cap  4) cap  5) spike-shaped |
| 18 | AFTER THE ADMINISTRATION OF A BARREL DISCUSSION CAN BE IMPOSED  1 Deso dressing  2 spike bandage on the shoulder joint area  3 recurring dressing  4 turtle bandage  5 eight-shaped bandage |
| 19 | BANDAGE FOR HANGING UPPER LIMB IS  1) returning  2) spiral  3) spike-shaped  4) kosynochnaya  5) T-shaped |
| 20 | BANDAGE FOR THE KNEE JOINT IS  1) spiral  2) turtle  3) spikey  4) returning  5) creeping |

# Transport immobilization

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| 1 | TRANSPORT IMMOBILIZATION IS:  1) Place the patient on a stretcher according to the nature of the injury or illness  2) Applying plaster cast to create a fixed body part  3) Acceleration of the time of delivery of the injured person from the place of injury to the hospital  4) Creating stillness and rest for the organ or part of the body for the period of transportation of the victim |
| 2 | THE PURPOSE OF TRANSPORT IMMOBILIZATION IS:  1) Preventing injury or illness complications  2) Prevention of infection in the affected area  3) Acceleration of the healing of injuries  4) Convenience of transportation of the patient |
| 3 | INDICATIONS FOR TRANSPORT IMMOBILIZATION IS:  1) Dislocations, deep circular burns of the limbs, extensive wounds  2) Chest injuries, open pneumothorax  3) Inflammatory processes of the abdominal cavity  4) Concussion, brain contusion, skull base fractures |
| 4 | TRANSPORT IMMOBILIZATION IS PREVENTION OF:  1) Pulmonary Thrombembolia  2) Secondary wound infection  3) Unreplaced fractures and false joints  4) Polyorgan pathology  5) Shock, fat embolism |
| 5 | TRANSPORT IMMOBILIZATION IS CARRIED OUT:  1) At the scene  2) In a place convenient for assistance  3) In the ambulance |
| 6 | TRANSPORT TIRE IMPOSE:  1) to naked body  2) After removing the outerwear and shoes  3) Without removing clothes and shoes |
| 7 | FOR CARRYING OUT TRANSPORT IMMOBILIZATION CAN BE USED:  1) Plaster dressings  2) Lipoplasty dressings  3) Bandage bandages, tires  4) Only standard solid tires |
| 8 | TYPES OF TRANSPORT TIRES:  1) Soft, semi-soft, hard  2) Universal, special  3) Wooden, metal, plastic, other  4) For fixation of dislocations, for fixation of fractures, universal fixation |
| 9 | CRAMER’S TIRE IS:  1) wooden  2) plywood  3) plastic  4) metal |
| 10 | DIETERICHS TIRE IS:  1) wooden  2) plywood  3) plastic  4) metal |
| 11 | THE FIRST POINT IN THE IMMOBILIZATION ALGORITHM AT AN OPEN FRACTURE IS:  1) Aseptic dressing  2) Temporary stop bleeding  3) Fixation of bone fragments  4) Washing the wound with an antiseptic solution |
| 12 | WHEN FIBER BREAKES, THE TIRE SHOULD BE TO BE LONG FROM THE FINGERS:  1) to the middle third of the leg  2) to the knee joint  3) to the upper third of the thigh  4) to the lumbar region  5) to the shoulder blade |
| 13 | WITH THE PURPOSE OF FIXING A HIP DIAFIZE FRACTURE SHOULD BE USED:  1) one  2) two  3) three  4) four  CRAMER TIRES |
| 14 | WHEN Fracturing Bones, Forearm The TIRE MUST BE LONG FROM THE FINGERS:  1) to the upper third of the shoulder  2) to the elbow joint  3) to the upper third of the forearm  4) to acromion  5) all the answers are wrong |
| 15 | IN THE FRACTURE OF THE SHOULDER BONE IT IS NECESSARY TO FIX:  1) one joint  2) two joints  3) three joints  4) four joints |
| 16 | FOR Fracture of a CLAVICLE, sufficient immobilization IS:  1) adhesive tape  2) bandage  3) Elansky bus  4) laying on the shield |
| 17 | IMMOBILIZATION OF THE CLAVICLE FRACTURE MAY BE IMPLEMENTED:  1) Diterhs TIRE  2) pneumatic tire  3) vacuum tire  4) Deso dressing  5) Velpo dressing |
| 18 | A SPECIAL TIRE FOR TRANSPORT IMMOBILIZATION OF CLAVICLE IS A TIRE OF:  1) Cramer  2) Elansky  3) Kuzminsky  4) Bogdanov |
| 19 | IN THE CASE OF A PELVIC Fracture  1) Cramer tires  2) Diterichs tires  3) on the shield, always on the stomach  4) on the shield in the “frog” position  5) using a circular compression pelvis dressing |
| 20 | FOR IMMOBILIZATION OF THE CERVICAL SPINE APPLY:  1) Cramer's tire  2) bridle bandage  3) Elansky-type tire  4) position on the shield with flexion of the head  5) position on the shield with extension of the head |
| 21 | A patient with spinal cord injury can be transported in the following position:  1) on the backboard  2) on the shield on the side  3) in vacuum stretchers on the side  4) in any of these provisions |

# Injection, puncture

|  |  |
| --- | --- |
| 1 | INDICATION FOR INTRACUTANEOUS INJECTIONS IS:  1) the need for slow reabsorption of the drug  2) an allergy test  3) the need for the introduction of small doses of the drug  4) reducing the risk of an allergic reaction with other routes of administration  5) desensitization |
| 2 | THE INDICATION FOR A SUBDERMAL INJECTION IS:  1) the introduction of hypertonic drugs  2) the need for the introduction of small doses of drugs  3) the introduction of salt solutions  4) reducing the risk of an allergic reaction with other routes of administration  5) the need for slow reabsorption of the drug |
| 3 | DURING INTRACUTANEOUS INJECTION NEEDLE GOES TO DEPTH:  1) 4 mm  2) 5 mm  3) 6 mm  4) 10 mm  5) to the depth of cut |
| 4 | DURING INTRACUTANEOUS INJECTION NEEDLE GOES UNDER ANGLE:  1) 5-10 degrees  2) 15 degrees  3) perpendicular to the skin  4) parallel to the skin  5) 45 degrees |
| 5 | DURING SUBDERMAL INJECTION THE NEEDLE GOES UNDER ANGLE:  1) 5-10 degrees  2) 15 degrees  3) perpendicular to the skin  4) parallel to the skin  5) 45 degrees |
| 6 | DURING INTRAMUSCULAR INJECTION NEEDLE GOES UNDER ANGLE:  1) 5-10 degrees  2) 15 degrees  3) perpendicular to the skin  4) parallel to the skin  5) 45 degrees |
| 7 | DURING INTRAVENOUS INJECTION NEEDLE GOES BY ANGLE:  1) 5-10 degrees  2) 15 degrees  3) perpendicular to the skin  4) parallel to the skin  5) 45 degrees |
| 8 | DURING A SUBCUTANEOUS INJECTION THE NEEDLE GOES TO THE DEPTH  1) to the depth of cut  2) 5-10 mm  3) 10-15 mm  4) 20-25 mm  5) the length of the needle |
| 9 | DURING INTRAVENOUS INJECTION NEEDLE GOES TO THE DEPTH  1) 10-20 mm  2) 20-30 mm  3) before cannula  4) to the cannula minus 3-5 mm  5) 50 mm |
| 10 | WHEN INTRAVENOUS NEEDLE INJECTION IS INTRODUCED INTO THE DEPTH:  1) 10-20 mm  2) 20-30 mm  3) 30-40 mm  4) to the feeling of falling into the void  5) until the appearance of blood in the syringe |
| 11 | THE INDICATION TO THE DIAGNOSTIC PUNCTURE OF THE ABDOMINAL CAVITY IS:  1) gastrointestinal bleeding  2) pneumoperitoneum  3) acute gastroenteritis  4) ascites  5) aortic aneurysm |
| 12 | ABDOMINAL PUNCTURE CALLED:  1) laparocentesis  2) peritoneocentesis  3) thoracentesis  4) ventrocentesis |
| 13 | THE MOST SECURE ACCESS TO REMOVE ASCITIS WITH LAPAROCENTHESIS IS THE POINT:  1) under the xiphoid process  2) 1-2 cm below the midline below the navel  3) in the midline at the edge of the pubis  4) in the right hypochondrium  5) in the left hypochondrium |
| 14 | TOOL FOR THE PROLAX OF THE ABDOMINAL WALL UNDER LAPAROCENTHESIS CALLED:  1) raspator  2) retractor  3) trocar  4) laparot  5) punch |
| 15 | THE INDICATION FOR THE PUNCTURE OF THE PLEURAL CAVITY IS:  1) pneumonia  2) obstructive lung atelectasis  3) pneumothorax  4) pericarditis  5) aortic aneurysm |
| 16 | PLEURAL CAVITY PUNCTURE CALLED:  1) thoracentesis  2) pleurocentesis  3) pneumocentesis  4) Pektocentesis |
| 17 | A TYPICAL POINT FOR THORACOCENTESIS IN THE FLUID EVACUATION IS:  1) 6 intercostal space on the scapular line  2) 9 intercostal space on the anterior axillary line  3) 4 intercostal space at the edge of the sternum  4) 2 intercostal space in the midclavicular line  5) 8 intercostal space on the posterior axillary line |
| 18 | A TYPICAL POINT FOR THORACOCENTESIS FOR AIR EVACUATION IS:  1) 6 intercostal space on the scapular line  2) 9 intercostal space on the anterior axillary line  3) 4 intercostal space at the edge of the sternum  4) 2 intercostal space in the midclavicular line  5) 8 intercostal space on the posterior axillary line |
| 19 | A NEEDLE AT A PLAEVAL PUNCTURE SHOULD BE DIRECTED BY:  1) bottom edge of the rib  2) the top edge of the rib  3) any edge of the rib |
| 20 | DURING THORACOCENTHESIS, IN EXCEPTION FROM LAPOROCENTASIS, IT IS NECESSARY TO INCLUDE IN THE SYSTEM FOR THE PUNCTURE  1) valve  2) active aspirator  3) pressure gauge  4) needle obturator |

## Module "Pain and Anesthesia"

# General anesthesia

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| 1 | ALL THESE SIGNS (select the correct one):  1) loss of consciousness, conditioned reflexes, motor activity;  2) loss of reaction of the vasomotor center, conditioned reflexes, reaction of the respiratory center;  3) loss of consciousness, conditioned reflexes, unconditioned reflexes;  4) loss of motor activity, sensitivity, electrical activity of the cerebral cortex,  ARE CHARACTERISTICS FOR GENERAL ANESTHESIA |
| 2 | FOR CARRYING NARCOSE BY FACE MASK AS A NARCOTIC CAN BE USED:  1) promedol  2) ditilin  3) halothane  4) ketamine (calypsol)  5) droperidol |
| 3 | PREPARATIONS FOR INTRAVENOUS NARCOSE ARE:  1) ketamine, hexenal  2) kefzol, claritin  3) analgin, nimesulide  4) lidocaine, kartikain |
| 4 | THE ADVANTAGE OF ENDOTRAHEAL NARCOSE TO THE MASK ONE IS:  1) no toxic effect of anesthetic  2) ease of managing anesthesia depth  3) prevention of cardiac arrest  4) prevention of aspiration  5) ease of implementation |
| 5 | MUSCLE RELAXERS ARE USED FOR:  1) create arterial hypotension  2) relaxation of skeletal muscles  3) smooth muscle relaxation  4) prevention of aspiration  5) prevention of respiratory failure |
| 6 | DITILIN RELATES TO THE GROUP:  1) sedative drugs  2) analgesics  3) antipsychotic drugs  4) antiadrenergic agents  5) muscle relaxants |
| 7 | MUSCLE RELAXANTS ARE:  1) Arduan, ditilin  2) halothane, methoxyflurane  3) sodium thiopental, sodium hydroxybutyrate  4) fentanyl  5) sombrevin |
| 8 | GAS ANESTHETICS ARE  1) ether  2) nitrous oxide  3) pentran (methoxyflurane)  4) halothane |
| 9 | BASIC NARCOSIS IS APPLIED FOR:  1) quick entry to anesthesia  2) eliminate emotional reactions before the operation  3) muscle relaxation  4) management of vital body functions during surgery  5) prevention of asphyxia |
| 10 | INTRODUCTION GENERAL ANAESTHESIA IS USED:  1) for muscle relaxation  2) to prevent hypotension  3) to enhance the action of supportive anesthesia  4) for the rapid sleep of the patient without arousal stage  5) for the prevention of paralysis of the respiratory center |
| 11 | THIS PREPARATION -  1) thiopental sodium  2) trichlorethylene  3) ether  4) fentanyl  5) atropine  IS USED FOR INTRODUCTORY GENERAL ANAESTHESIA |
| 12 | IF IN THE INHALATION GENERAL ANAESTHESIA INPUT A PATIENT IS SUBJECT TO THE APPARATUS, AND THE EXHAUST IS PARTIALLY IN THE ATMOSPHERE, PARTIALLY IN THE APPARATUS, THEN THE METHOD IS CALLED  1) open  2) half open  3) semi-closed  4) closed |
| 13 | WHEN PERFORMING AN ENDRAKHEAL NARCOSIS, THE FIRST ACTION FROM THE LISTED IS:  1) the introduction of muscle relaxants  2) induction anesthesia  3) use of ganglioblockers  4) use of supportive anesthesia  5) tracheal intubation |
| 14 | DURING CLOSED METHOD OF THE CIRCULATION OF THE RESPIRATORY MIXTURE, WE HAVE TO HAVE A DRUG CARRIAGE  1) air moisture absorber  2) volumetr  3) safety valve  4) pressure gauge  5) carbon dioxide absorber |
| 15 | Expansion of pupils, the increase in respiration, the increase in arterial pressure, the enhancement of muscle tone ARE characteristic of  1) first  2) the second  3) the third  4) fourth  STAGES OF ESSENTIAL NARCOSE |
| 16 | ANALGESIA FOR THE FIRST TIME IS MARKED IN  1) first  2) the second  3) the third  4) fourth  STAGES OF ESSENTIAL NARCOSE |
| 17 | ON LEVELS UNDERTAKEN  1) first  2) the second  3) third  4) fourth  ESSENTIAL NARCOSE STAGE |
| 18 | PROLONGED OPERATIONS SHOULD BE PERFORMED IN  1) first  2) the second  3) third, level 2  4) third, 4th level  5) fourth  STAGES OF ESSENTIAL NARCOSE |
| 19 | IN THE ENDOTRACHEAL GENERAL ANAESTHESIA, THE FOLLOWING COMPLICATIONS ARE POSSIBLE:  1) a sharp decrease in blood pressure, regurgitation  2) retraction of the tongue, vomiting with aspiration of vomitus  3) aspiration of foreign bodies, respiratory arrest |
| 20 | COMPLICATION IN THE form of vomit is characteristic for  1) stage 1  2) stage 2  3) 3 stages  STAGES OF ESSENTIAL NARCOSE. AND MAYBE FOR  4) all stages  5) none of the stages |
| 21 | THE METHOD OF COMBATING CLINICAL DEATH AS A COMPLICATION OF NARCOSIS IS:  1) the introduction of cardiac glycosides  2) steroid hormone administration  3) jet transfusion  4) heart massage |
| 22 | AIR DUCT DURING NARCOSIS IS USED FOR  1) prevention of aspiration of foreign bodies  2) prevention of laryngospasm  3) warnings of language decline  4) tracheal intubation  5) prevention of bronchospasm |
| 23 | DURING NEUROLEPTOANALGEZY IS USED A COMBINATION OF  1) droperidola with fentanyl  2) chlorpromazine with analginum  3) ditilina with Relanium  4) Fentanyl with promedol |
| 24 | ARTIFICIAL ARTERIAL HYPOTHONY IS USED FOR:  1) to increase the body's resistance to oxygen starvation  2) for the prevention of operational shock  3) to reduce blood loss  4) for muscle relaxation  5) for deepening anesthesia |

# Local anesthesia

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| --- | --- |
| 1 | NOVOCAINE CONCENTRATION FOR INFILTRATION ANESTHESIA IS:  1) 0.25%  2) 1%  3) 2%  4) 4%  5) 5% |
| 2 | NOVOCAINE CONCENTRATION FOR CONDUCTIVE ANESTHESIA IS  1) 0.25%  2) 0.5%  3) 2%  4) 3.5%  5) 5% |
| 3 | ANESTHESIA FOR OPERATION ON FINGERS IS  1) according to Brown  2) Vago-sympathetic blockade  3) according to Lukashevich-Oberst  4) according to Shkolnikov-Selivanov  5) according to Friedland |
| 4 | NECK VAGOSYMPATHIC BLOCKADE PERFORMED BY:  1) during operations on the upper limbs  2) with cardiogenic shock  3) during facial surgery  4) in the prevention of pleuropulmonary shock  5) for fractures of the upper limbs |
| 5 | The pelvic blockade according to Shkolnikov-Selivanov is CARRIED OUT:  1) during urinary tract surgery  2) during operations on the pelvic organs  3) for fractures of the pelvic bones  4) for fractures of the lower extremities  5) with paranephritis |
| 6 | THE BLOCKADE FOR KULPKAMPFU IS PERFORMED BY:  1) in operations on the upper limb  2) during chest surgery  3) during operations on the abdominal organs  4) with chest injuries  5) with cardiogenic shock |
| 7 | PARANEFRAL BLOCADE IS PERFORMED BY:  1) for fractures of the lower ribs  2) with blood transfusion shock  3) with cardiogenic shock  4) with anaphylactic shock  5) as an addition to spinal anesthesia |
| 8 | SURFACE KIND OF ANESTHESIA CONTAINS:  1) infiltration anesthesia  2) Lukashevich-Olbrest anesthesia  3) intravenous anesthesia  4) lubrication anesthesia  5) Kulenkampf anesthesia |
| 9 | INTRODUCTION ANESTHETICS IN ANESTHESIA ACCORDING TO FRIEDLAND IS MADE:  1) in the area of ​​rib fracture  2) shifted by 2 cm from the fracture to the side of the sternum along the upper edge of the rib  3) shifted by 2 cm from the place of the fracture towards the spine along the upper edge of the rib  4) shifted 2 cm from the fracture to the side of the sternum along the lower edge of the rib  5) shifted by 2 cm from the fracture to the side of the spine along the lower edge of the rib |
| 10 | ANESTHETICS CONCENTRATION FOR A BLOCADE IS:  1) 0.25%  2) 1%  3) 3%  4) 3.5%  5) 5% |
| 11 | HIPS BLOCADE COMPLETES:  1) in the distal third of the thigh  2) in the proximal third of the thigh  3) in the middle third of the thigh  4) lateral thigh  5) on the medial surface of the thigh |
| 12 | ANESTHETICS CONCENTRATION FOR THE VAGOSIMPATIC BLOCADE IS:  1) 0.25%  2) 1%  3) 3%  4) 3.5%  5) 5% |
| 13 | INTRAVENOUS ANESTHESIA IS USED:  1) during abdominal operations  2) in case of reduction of dislocations in the shoulder joint  3) for small operations on limbs  4) in case of reduction of dislocations in the hip joint  5) with intolerance to local anesthetics |
| 14 | CORRECT POSITION OF A PATIENT WHEN CARRYING OUT SPINAL ANESTHESIA WITH NOVAKAIN SOLUTION:  1) with raised upper half of the body  2) horizontal  3) to Trendelenburg position  4) in a sitting position  5) with raised lower half of the body |
| 15 | ANESTHETICS CONCENTRATION FOR INTERCOSTAL ANESTHESIA IS:  1) 0.25%  2) 10%  3) 3%  4) 3.5%  5) 5% |
| 16 | FOR EFFECT PROLONGATION FOR INFILTRATION ANESTHESIA IN ANESTHETIC 100 ML ADD:  1) a small amount of analgin  2) a small amount of ketorol  3) a small amount of promedol  4) a small amount of adrenaline  5) a small amount of atropine |
| 17 | BROWN METHOD OF ANESTHESIA IS USED:  1) during abdominal operations  2) in operations on the upper limb  3) with renal colic  4) for fractures of the lower extremities  5) during surgery on the pleural cavity |
| 18 | TYPES OF CONDUCTED ANESTHESIA ARE:  1) retromammary  2) case  3) intravenous  4) infiltration  5) intercostal |
| 19 | WHEN USING 0.25% NOVAKINA SOLUTION, THE USED SOLUTION VOLUME MUST NOT EXCEED:  1) 200 ml in 1 hour  2) 300 ml in 1 hour  3) 500 ml in 1 hour  4) 800 ml in 1 hour  5) 1200 ml in 1 hour |
| 20 | THE RIGHT IMPLEMENTATION OF THE VAGOSYMPATHIC BLOCADE CAN BE ESTIMATED BY:  1) lack of sensitivity on the upper limb  2) by the lack of sensitivity on the face  3) on skin hyperemia on the neck  4) to increase body temperature  5) to expand the pupil |
| 21 | IN THE BEGINNING OF INTRAVENOUS ANESTHESIA YOU SHOULD:  1) lift the limb up  2) put a harness on the limb  3) inject the anesthetic into the vein, then apply a tourniquet  4) put a tight bandage |
| 22 | DURING INTRACOLOGICAL ANESTHESIA AT THE LOWER LIMB, THE POINT OF NEEDLE INTRODUCTION IS:  1) thigh diaphysis  2) diaphysis of the leg  3) spina iliaca anterior superior  4) heel bone  5) patella |
| 23 | DURING INTRACOLOGICAL ANESTHESIA ON THE UPPER LIMB, THE POINT OF NEEDLE INTRODUCTION IS:  1) the head of the shoulder  2) shoulder diaphysis  3) internal epicondyle of the shoulder  4) radius head  5) radius metaphysis |
| 24 | DURING SPINAL ANESTHESIA THE POINT OF NEEDLE INTRODUCION IS  1) between the 12th thoracic and 1 lumbar vertebrae  2) between 2 and 3 lumbar vertebrae  3) between the 5th lumbar vertebra and the sacrum  4) between 11 and 12 thoracic vertebrae |
| 25 | DURING EPIDURAL ANESTHESIA NOVAKAIN IS INTRODUCED INTO SPACE  1) between the periosteum and the dura mater  2) between the dura mater and the arachnoid  3) between the arachnoid and pia mater  4) in the substance of the spinal |

## Module "General violations of the somatic status of the surgical patient"

# Bleeding and blood loss

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| 1 | INSIDE HIDDEN BLEEDING IS  1) profuse bleeding from gastric ulcers  2) total hemothorax in case of chest injury  3) bleeding from a varicose vein in a trophic ulcer  4) bleeding into the abdominal cavity during ectopic pregnancy  5) bleeding in the form of a pulsating jet of bright red color from a hip wound |
| 2 | RECURRENT BLEEDING IS  1) bleeding due to disintegration of the tumor  2) bleeding from a wound of the forearm after getting injured  3) bleeding from the wound 4 days after the opening of the abscess  4) vomiting blood clots twice in the past 10 days  5) bleeding from a wound in the upper third of the thigh, which developed 1 hour after injury |
| 3 | DETERMINATION OF DARK BLOOD FROM A PURULENT WOUND DURING A BANDAGE -  1) primary arterial bleeding  2) previously secondary venous bleeding  3) late secondary venous bleeding  4) early secondary arterial bleeding  5) late secondary arterial bleeding |
| 4 | THE CAUSE OF EARLY SECONDARY BLEEDING IS  1) arose of the vessel  2) adrenaline rush  3) old age of patients  4) the melting of blood clots pus  5) sliding of the ligature from the vessel |
| 5 | CAUSE OF LATE SECONDARY BLEEDING IS  1) vessel spasm  2) paresis of blood vessels  3) purulent fusion of a blood clot  4) sliding of the ligature from the vessel  5) release of a blood clot from a blood vessel |
| 6 | TERMS OF LATE SECONDARY BLEEDING AFTER THE OPERATION  1) 1-3 days  2) 3-5 days  3) 5-7 days  4) later than 7 days  5) not earlier than 14 days |
| 7 | LOCAL SIGNS OF INTRAPLEURAL BLEEDING ARE  1) tympanitis in the lower chest  2) bronchial respiration during auscultation  3) dry and wet rales on auscultation.  4) visible narrowing of the intercostal spaces  5) weakening of respiratory noise during auscultation |
| 8 | GENERAL BLEEDING SYMPTOMS ARE  1) leukopenia  2) rare pulse  3) high body temperature  4) pallor of the skin  5) increase in blood pressure |
| 9 | CLINICAL DISPLAYS OF ACUTE BLOOD LOSS ARISES IN BLOOD LOSS  1) over 250 ml  2) over 500 ml  3) over 1000 ml  4) over 1500 ml  5) over 2000 ml |
| 10 | MECHANISMS OF THE ADAPTATION OF THE ORGANISM TO THE BLOOD LOSS ARE  2) vasospasm  3) vasodilation  4) decrease in respiratory rate  5) the release of fluid from the blood in the depot |
| 11 | FACTORS DETERMINING THE EFFICIENCY OF THE MECHANISMS OF ADAPTATION OF THE ORGANISM TO THE BLOOD LOSS ARE  1) physical properties of blood  2) condition of the musculoskeletal system  3) condition of the vascular system of the digestive organs  4) the presence or absence of pathology of the limb vessels  5) the functional state of the cardiovascular system |
| 12 | MORE ADAPTED TO BLOOD LOSS THE BODY OF  1) children  2) men  3) women  4) teenagers  5) the elderly |
| 13 | SPONTANEOUS STOP OF THE BLEEDING IS SUPPORTED BY  1) blood coagulation  2) respiratory rhythm disturbance  3) blood hemoglobin fall  4) drop in blood pressure  5) contact of the vessel lumen with the external environment |
| 14 | METHODS OF TEMPORARY STOP OF BLEEDING ARE  1) tamponade wounds  2) vessel ligation  3) diathermocoagulation  4) embolization of the arterial vessel  5) the imposition of hemostatic sutures on the wound |
| 15 | COUNTER ARTERY FOR BLEEDING SHOULD BE PRESSED TO  1) head of the humerus  2) horizontal branch of the pubic bone  3) the inner surface of the humerus  4) the transverse process of the 6th cervical vertebra  5) 1st rib outside the site of attachment of the sternoclavicular-nipple muscle to the clavicle |
| 16 | MAXIMUM DURABILITY OF THE CIRCUIT SUPPLY CONSTITUTES  1) 30 minutes  2) 60 minutes  3) 90 minutes  4) 120 minutes  5) 180 minutes |
| 17 | BIOLOGICAL METHODS OF STOP BLEEDING ARE  1) ligation of the vessel in the wound  2) tamponade wound epiploon  3) clamping the vessel  4) the imposition of a harness on the limb  5) vascular suture on the arterial vessel |
| 18 | PHYSICAL METHODS OF STOP BLEEDING ARE  1) cryodestruction  2) vessel shunting  3) laser irradiation of blood  4) vessel ligation throughout  5) ultrasound scan of the spleen |
| 19 | THE CHEMICAL METHODS OF STOPPING THE BLEEDING ARE  1) infusion therapy  2) Intramuscular administration of Vicasol  3) intravenous administration of thrombosis  4) intra-arterial blood transfusion  5) ingestion of iron and folic acid |
| 20 | THROMBIN AS A STOP BLEEDING PREPARATION IS USED  1) locally  2) intravenously  3) intraarterially  4) intraperitoneally  5) for embolization of the vessel |

# Determination of blood type and Rh factor

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| 1 | BLOOD GROUP IS DETERMINED BY  1) agglutinogens in erythrocytes and agglutinins in plasma  2) plasma agglutinogens and agglutinins in erythrocytes  3) agglutinins in leukocytes and serum agglutinogens  4) plasma agglutinins and platelets agglutinogens  5) antigens in leukocytes and platelets, antibodies in serum |
| 2 | Blood agglutinogen is contained in  1) red blood cells  2) serum  3) plasma  4) platelets  5) monocytes |
| 3 | Blood agglutins are contained in  1) red blood cells  2) plasma  3) leukocytes  4) platelets  5) monocytes |
| 4 | In the ABO SYSTEM CONTAINS  1) 1  2) 2  3) 3  4) 4  ANTIGENS |
| 5 | RHESUS SYSTEM CONTAINS  2) 2  3) 3  4) 4  5) 5  ANTIGEN (ANTIGENS) |
| 6 | MARKER OF THE RHESUS AFFILATION IS AN ANTIGEN  1) rh ’(C)  2) Rh0 (D)  3) rh ’’ (E)  4) H-substance  5) Du |
| 7 | FOR BLOOD GROUP DETERMINATION YOU’LL NEED  1) standard serum  2) anti-D super tsiklon  3) anti-A, anti-B and anti-AB cyclones  4) serum of the 1st, 2nd and 3rd blood groups  5) serum 1 st, 2 nd, 3 rd and 4 th blood groups |
| 8 | RH FACTOR DETERMINATION YOU’LL NEED  1) Rh serum  2) anti-A colicone  3) anti-B Tsiklon  4) anti-AB Tsiklon  5) anti-D super cyclon |
| 9 | COLICLONES SHOULD BE KEPT  1) at room temperature  2) in the freezer  3) at a temperature of -25 gr.S  4) in a refrigerated special chamber  5) at a temperature of + 2- + 8 gr |
| 10 | DURING THE BLOOD GROUP DETERMINATION A DROP OF BLOOD MUST BE LESS THAN A DROP OF COLICLON  1) three times  2) five times  3) ten times  4) twenty times  5) five to ten times |
| 11 | IF ANTI-A, ANTI-B AND ANTI-AV COLICLONS HAVE NOT DECLINED THE AGGLUTINATION OF INVESTIGATED BLOOD, THE RESULT IS  1) About (i) group  2) A (II) group  3) In (III) group  4) AB (IV) group  5) wrong |
| 12 | IF AN AGGLUTINATION OF ERYTHROCYTES OF INVESTIGATED BLOOD HAS TAKEN ANTI-A AND ANTI-AB COLICLONES, THE RESULT IS  1) About (i) group  2) A (II) group  3) In (III) group  4) AB (IV) group  5) wrong |
| 13 | IF AN AGGLUTINATION OF ERYTHROCYTES OF RESEARCHED BLOOD WITH ANTI-B AND ANTI-AV HYBRIDES HAS TAKEN, THE RESULTS CAN BE EVALUATED AS  1) About (i) group  2) A (II) group  3) In (III) group  4) AB (IV) group  5) wrong |
| 14 | IF AN AGHLUTINATION OF ERYTHROCYTES OF INVESTIGATED BLOOD HAS TAKEN WITH ANTI-A, ANTI-B AND ANTI-AB, A RESULT IS  1) About (i) group  2) A (II) group  3) In (III) group  4) AB (IV) group  5) presumably AB (IV) group |
| 15 | IF AN AGHLUTINATION OF ERYTHROCYTES OF RESEARCHED BLOOD WITH ANTI-A, ANTI-B AND ANTI-AB HAS HAPPENED, THEN YOU SHOULD  1) replace the colyclones  2) add to the solution saline  3) to re-study  4) to test with fiziol. solution  5) evaluate the result as blood group AB (IV) |
| 16 | DETERMINATION OF THE BLOOD GROUP BY MEANS OF THE COLICLONS SHOULD BE CONDUCTED AT THE TEMPERATURE  1) 10-15 C  2) 15-20 C  3) 15-25 C  4) 20-30 C  5) 37-38 C |
| 17 | IF AN AGGLUTINATION OF ERYTHROCYTES OF INVESTIGATED BLOOD HAS BEEN HAPPENED WITH ALL COLICLONES, THEN CONDUCT THE SAMPLES WITH NORMAL SOLINE FOR  1) dilute the cyclones  2) eliminate pseudoagglutination  3) to conduct a control study  4) to clarify the Rhesus-affiliation of blood  5) exclude non-specific agglutination |
| 18 | WHEN DETERMINING THE BLOOD GROUP WITH THE HELP OF THE COLICLONES, THE RESULT IS  1) after 3 minutes  2) in 1 minute  3) in 5 minutes  4) in 7-10 minutes |
| 19 | WHEN DETERMINING THE BLOOD GROUP WITH THE HELP OF PHYSICAL COLICLONS NORMAL SALINE SHOULD BE  1 added immediately  2 added after a minute  3 added after 3 minutes  4 added in 3-5 minutes  5 never added |
| 20 | COLYCLONES ARE  1 antigens  2 serums  3 red blood cell clones  4 monoclonal antibodies  5 laboratory agglutinogens |
| 21 | FIRST GROUP OF BLOOD CHARACTERIZED BY  1 agglutinogenov A and B  2 agglutinins alpha and beta  3 agglutinogens A and agglutinin beta  4 agglutinogens B and agglutinin alpha  5 lack of agglutinins and agglutinogens |
| 22 | THE SECOND GROUP OF BLOOD IS CHARACTERIZED BY  1 agglutinogenov A and B  2 agglutinins alpha and beta  3 agglutinogens A and agglutinin beta  4 agglutinogens B and agglutinin alpha  5 lack of agglutinins and agglutinogens |
| 23 | THIRD GROUP OF BLOOD IS CHARACTERIZED BY  1 agglutinogenov A and B  2 agglutinins alpha and beta  3 agglutinogens A and agglutinin beta  4 agglutinogens B and agglutinin alpha  5 lack of agglutinins and agglutinogens |

# Blood transfusion

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| 1 | PERSONNEL DONORS ARE DONORS WHO:  1) regularly donating blood  2) donating blood when an institution needs  3) systematically participating in the donation for several years  4) having a rare blood group  5) donors immunized with a specific antigen |
| 2 | DONORS OF THE RESERVE ARE:  1) regularly donating blood  2) donating blood when an institution needs  3) systematically participating in the donation for several years  4) having a rare blood group  5) donors immunized with a specific antigen |
| 3 | THE RULE OF OTTENBERG IS:  1) a recipient can tolerate a transfusion of no more than 0.5 liters of inogroup compatible blood  2) possible transfusion of Rh + blood resus-negative recipients  3) rhesus conflict occurs during pregnancy, rhesus-mother rhesus + baby  4) the severity of the immune response is proportional to the concentration of IgM  5) when transfusing a certain volume of blood, only red blood cells of the transfused donor blood agglutinate |
| 4 | BEFORE PLASMA TRANSFUTION YOU SHOULD CONDUCT THE FOLLOWING TESTS FOR COMPATIBILITY:  1) group compatibility  2) Rh compatibility  3) biological  4) thermal sample  5) no samples are taken |
| 5 | COMPONENTS OF THE BLOOD ARE:  1) albumin  2) thrombin  3) protein  4) plasma  5) cryoprecipitate |
| 6 | BLOOD PRODUCTS ARE:  1) plasma  2) erythromass  3) thrombosis  4) leykomassa  5) prothrombin complex |
| 7 | THE LIFE OF STORAGE OF BLOOD WITH GLUGICIER IS:  1) 3 days  2) 5 days  3) 21 days  4) 35 days  5) 8-10 years |
| 8 | THE LIFE OF STORAGE OF BLOOD WITH HEPARIN IS:  1) 1 day  2) 5 days  3) 21 days  4) 35 days  5) 8-10 years |
| 9 | ERYTHROCITAR MASS IS STORED AT TEMPERATURE:  1) 4-5 C0  2) 0 С0  3) -5 С0  3) -20 C0  4) -80 С0 |
| 10 | FRESHLY FROZEN PLASMA STORED AT TEMPERATURE:  1) 4-5 C0  2) 0 С0  3) -5 С0  3) -20 C0  4) -80 С0 |
| 11 | FRESHLY FROZEN RED CELLS ARE STORED AT TEMPERATURE:  1) 4-5 C0  2) 0 С0  3) -5 С0  3) -20 C0  4) -80 С0 |
| 12 | BIOLOGICAL SAMPLE IS REQUIRED TO BE CARRIED OUT BEFORE INFUSION:  1) ringer's solution  2) reopolyglukine  3) autologous blood  4) dioxidine solution  5) saline solution |
| 13 | DURING THE INDIVIDUAL COMPABILITY TEST YOU SHOULD MIX  1) donor plasma and recipient's blood  2) the plasma of the recipient and blood donor  3) recipient serum and blood donor  3) donor serum and recipient's blood |
| 14 | ANTI-SHOCK PREPARATIONS ARE  1) gemodez  2) casein hydrolyzate  3) polyamine  4) ringer's solution  5) polyglukin |
| 15 | DISINTOXICATION PREPARATIONS ARE:  1) polyglukin  2) voluven  3) aminosol  4) polidez  5) ringer's solution |
| 16 | WATER-SALT BALANCE REGULATORS ARE:  1) ringer's solution  2) gemodez  3) gelatinol  4) reopoliglyukin  5) lipofundin |
| 17 | HEMOTRANSFUSION REACTIONS ARE:  1) blood transfusion shock  2) septic shock  3) thromboembolism  4) fever  5) homologous blood syndrome |
| 18 | THE HEMOTRANSFUSION COMPLICATIONS OF THE TECHNICAL CHARACTER ARE:  1) antigenic  2) citrate intoxication  3) acute expansion of the heart  4) massive transfusion syndrome  5) allergic |
| 19 | HEMODYLUTION IS:  1) direct blood transfusion method  2) blood dilution method  3) autoplasma transfusion  4) autohemotransfusion  5) exchange transfusion method |
| 20 | IN THE FIRST DAYS AFTER THE CORRECTLY PERFORMED HEMOTRANSFZUIA, THE FOLLOWING COMPLICATION MOST OFTEN HAPPENS:  1) pyrogenic reactions  2) thromboembolism  3) acute expansion of the heart  4) acute renal failure  5) acute cerebrovascular accident |

# Critical infringements of vital activity

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| 1 | TYPES OF TERMINAL CONDITIONS ARE (CHOOSE THE RIGHT ONE):  1) collapse, asphyxia, agony  2) pre-agonal state, clinical death  3) asphyxia, critical ischemia, clinical death |
| 2 | THE SIGN OF AGONAL CONDITION IS:  1) confused consciousness  2) low blood pressure (90–100 mmHg)  3) lack of pulse in peripheral arteries  4) lack of breathing  5) pathological breathing |
| 3 | THE DURATION OF THE STATE OF CLINICAL DEATH IS:  1) 1-2 minutes  2) 5–6 minutes  3) 8–9 minutes  4) 10–12 minutes  5) 13–15 minutes |
| 4 | ONE OF THE SIGNS OF THE CLINICAL DEATH IS:  1) lack of pulse on the radial artery  2) poor pupil reaction to light  3) respiratory arrhythmia  4) confused consciousness  5) lack of heart tones |
| 5 | THE ABSOLUTE SIGN OF CLINICAL DEATH IS:  1) threadlike pulse on the carotid artery  2) pallor of the skin  3) cyanosis of the skin  4) respiratory arrest  5) different pupil sizes with no response to light |
| 6 | REANIMATION IS  1) restoration and maintenance of cardiac activity and respiration  2) recovery of mental disorders  3) a set of measures aimed at restoring respiration and metabolism  4) a set of measures aimed at restoring sharply impaired or lost vital body functions  5) a set of measures for the loss of consciousness of patients |
| 7 | REANIMATION MEASURES SHOULD BEGIN WITH:  1) mechanical ventilation  2) blood pressure recovery  3) restoration of airway patency  4) heart massage  5) drug therapy |
| 8 | THE carrying out OF pulmonary cardiac resuscitation  1) for every 2 blows of air into the lungs there should be 30 pressure on the sternum  2) for each injection of air into the lungs should be 8 pressure on the sternum  3) for each air injection there should be 15 pressure on the sternum  4) for every 2 blows of air should be 15 pressure on the sternum  5) for every 4 air injections there should be 15 pressure on the sternum |
| 9 | ON THE EFFICIENCY OF REANIMATION SHIPPING:  1) the color of the skin  2) the appearance of the pulse in the radial arteries  3) by narrowing the pupil  4) the appearance of the reaction of the pupil to light  5) the appearance of the corneal reflex |
| 10 | OPEN MASSAGE OF THE HEART REALLY CAN BE APPLIED  1) during cardiac arrest during chest surgery  2) with multiple rib fractures  3) if pulmonary cardiac resuscitation is initiated later than 5 minutes after the onset of clinical death  4) in case of deformation in a patient's chest  5) with the ineffectiveness of indirect massage |
| 11 | FREQUENCY OF AIR INJECTION DURING ARTIFICIAL VENTILATION OF THE LUNG DURING DURING THE PULMONARY HEART REANIMATION SHOULD BE MADE:  1) 5–6 in 1 minute  2) 12-18 in 1 minute  3) 20–22 per 1 minute  4) 23–25 per 1 minute  5) 26–28 in 1 minute |
| 12 | MASSAGE OF THE HEART IN PULMONARY HEART REANIMATION IS CARRIED OUT WITH FREQUENCY:  1) 30 presses in 1 minute  2) 40 presses in 1 minute  3) 60 pressure in 1 minute  4) 80 pressure in 1 minute  5) 100 pressing in 1 minute |
| 13 | TYPES OF SHOCK :  1) neurological  2) pain  3) septic  4) vascular |
| 14 | CHARACTERISTIC FOR ALL KIND OF SHOCK:  a) hypervolemia  b) hypovolemia  c) loss of consciousness  d) prolonged erectile phase  e) agonal state |
| 15 | WHEN ESTABLISHING THE DEGREE OF A TRAUMATIC SHOCK SHOULD BE CONSIDERED  1) the color and temperature of the skin and mucous membranes  2) pulse rate  3) blood glucose level  4) leukocytosis |
| 16 | ALGOVER INDEX IS DETERMINED AS  1) the ratio of systolic and diastolic pressure  2) the ratio of heart rate and pulse rate  3) the ratio of heart rate and diastolic pressure  4) the ratio of heart rate and systolic pressure  5) the ratio of heart rate at rest and heart rate after exercise |
| 17 | IF THE ALGOVER INDEX IS 1, THIS IS THE CERTIFICATE  1) about the presence of patient respiratory failure  2) about the satisfactory condition of the patient  3) the patient has developed shock  4) the patient has metabolic acidosis  5) about the absence of a patient with severe intoxication |
| 18 | A FEATURE OF THE BURN SHOCK IS:  1) very short erectile phase  2) fever  3) short flow  4) relatively high blood pressure numbers  5) low hemoglobin and red blood cell count |
| 19 | SECOND STAGE OF SHOCK IS CALLED:  1) erectile  2) decompensated  3) compensated  4) torpid  5) reversible |
| 20 | THE BASIC DIRECTION OF ACTION OF A DOCTOR DURING TREATING A SHOCK IS:  1) elimination of the cause of the shock  2) restoration of consciousness  3) recovery of circulating blood volume  4) normal heart rhythm  5) elimination of metabolic disorders |

## Module "Basis of Damage Surgery"

# Closed soft tissue damage. Sprains

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| 1 | THE SYMPTOM OF BRUISE OF SCALP IS:  1) vomiting  2) loss of consciousness  3) amnesia  4) anisocoria  5) subcutaneous hematoma |
| 2 | SYMPTOMS OF BRUISE OF SOFT TISSUES ARE:  1) pathological mobility, edema, gross deformity  2) bruise, swelling  3) bleeding, crepitus, edema  4) subcutaneous emphysema  5) hyperemia, infiltration, fluctuation |
| 3 | HEMATROZ - THIS:  1) degenerative changes in articular surfaces  2) malformation of the joint  3) old dislocation  4) joint inflammation  5) accumulation of blood in the joint cavity |
| 4 | HYPOTHERMIA (BUBBLE WITH ICE) DURING BRUISE OF SOFT TISSUES AND EXTENSION OF THE BINES HAVE TO BE APPLIED IN:  1) the first 3-4 hours  2) the first 8-10 hours  3) the first 12-15 hours  4) the first two days  5) during the whole time of treatment |
| 5 | SIMPTOMS AFTER FALL IN THE AREA OF THE HIP ARE A MODERN PAIN IS OBSERVED, ESPECIALLY DURING WALKING, CONSCIOUSNESS, BLOODLINK. THE MOST PROBABLE DIAGNOSIS:  1) soft tissue injury  2) hip dislocation  3) hip ligament rupture  4) hip fracture  5) crush syndrome |
| 6 | CLINICAL MANIFESTATIONS OF SPRAIN OF LIGAMENTS ARE:  1) local pain, swelling, painful movements in the joint  2) crepitus, deformation  3) swelling, pathological deviation  4) tissue edema, fluctuation, hyperemia  5) painful movements in the joint, palpation of the ligament defect |
| 7 | CLINICAL MANIFESTATIONS OF TORN LIGAMENTS ARE:  1) pain, hemorrhage  2) change in the absolute length of the limb  3) change in the relative length of the limb  4) pain, crepitus of soft tissues  5) symptom of springy fixation |
| 8 | STRONG PAIN IN THE AREA OF THE JOINT, EXPRESSIVE DISTURBANCE OF HIS FUNCTION, BLOOD HARMFULNESS IN SOFT TISSUES, SWEETING, SIGNS OF LIQUID IN THE CAVITY OF THE JOINT (HEMARTROSIS) CHARACTERISTICS FOR:  1) bone diaphysis fracture  2) tendon rupture  3) joint sprain  4) rupture of the ligaments of the joint  5) rupture of muscles in the joint area |
| 9 | BANDAGE FOR SPRAIN OF ANKLE JOINT LIGAMENTS IS:  1) circular  2) spiral  3) eight-shaped  4) turtle  5) spikey |
| 10 | FOR THE TREATMENT OF BRUISE IS USED:  1) antibiotics  2) rest, immobilization  3) transfusions  4) pressure bandage  5) antiseptics |
| 11 | therapeutic procedures after sprain ligaments:  1) physical therapy from the second day after injury  2) pressure bandage with tamponade  3) immobilization by Ilizarov  4) cold during the first two days after injury  5) thermal procedures from the first day after injury |
| 12 | PATHOLOGICAL DEVIATION IN JOINT IS:  1) joint deformity due to dislocation  2) pathological segment deviation after a ligament rupture  3) fixation of the limb in the pathological position  4) restriction of movement in the joint  5) the same as joint contracture |
| 13 | THE SYMPTOM OF THE DRAWER IS:  1) dislocation of the upper limb  2) sprains  3) rupture of the collateral ligaments of the knee joint  4) rupture of the tendon of the long biceps head  5) rupture of the cruciate ligament of the knee joint |
| 14 | WHAT HAPPENS AFTER TORN COLLATERAL LIGAMENTS OF THE KNEE JOINT?:  1) diverting deviation  2) varus deviation  3) torsion deviation  4) back deviation  5) front deviation |
| 15 | THE SYMPTOM OF PILOTING OF THE ADJUSTABLE OBSERVED WITH:  1) sprains of the knee joint  2) rupture of quadriceps tendon  3) rupture of the knee ligaments  4) tearing off your own patellar ligament  5) fibula fracture |
| 16 | TREATMENT OF THE HEMARTHROSIS OF THE KNEE JOINT:  1) opening and drainage of the joint  2) joint puncture  3) trocar drainage of the joint  4) only conservative  5) patella resection |
| 17 | FIRST AID IN THE INJURY OF LIGAMENTS IS:  1) cold (hypothermia)  2) thermal procedures  3) pressure bandage  4) skeletal traction  5) cuff extension |
| 18 | THREE STAGES - EARLY, INTERMEDIATE AND LATER ISOLATED WITH NEXT PATHOLOGY:  1) burn disease  2) sepsis  3) liver failure  4) Prolonged Crush Syndrome (VTS)  5) peritonitis |
| 19 | IN THE DEVELOPMENT OF A SYNDROME OF LONG-TERM COMPRESSION, THE FOLLOWING PATHOGENETIC FACTORS PLAY THE ROLE:  1) pain irritation, traumatic toxemia  2) hypoxemia, acute respiratory failure  3) traumatic toxemia due to absorption of decay products of tissues  4) hypercapnia, hemoglobinemia  5) blood loss, hemoglobin fall, bone marrow dysfunction |
| 20 | CHARACTERISTICS OF A SYNDROME OF LONG-TERM COMPRESSION:  1) hemoglobinuria  2) glucosuria  3) hypokalemia  4) myoglobinuria  5) leukopenia |
| 21 | IN THE EARLY PERIOD OF A LONG-COMPRESSED SYNDROME, FIRST PLAN SYMPTOMS:  1) shock  2) paralytic intestinal obstruction  3) chronic renal failure  4) hypoxia of the brain  5) local changes |
| 22 | THE FULL NECROSION OF A MUSCLE WHILE A LONG-COMPRESSED SYNDROME APPEARS UNDER THE ACTION OF THE COMPRESSING FACTOR DURING:  1) 0.5–1 hour  2) 1.5–2 hours  3) 2-3 hours  4) 4–6 hours  5) time is not important, the weight of the squeezing factor is important |
| 23 | THE CAUSE OF ACUTE KIDNEY INSUFFICIENCY IN THE LONG-COMPRESSED SYNDROME IS:  1) hyperkalemia  2) metabolic alkalosis  3) myoglobinemia  4) hyperglycemia  5) hypoproteinemia |
| 24 | THE MAIN MANIFESTATION OF THE SYNDROME OF LONG-TERM PRESSURE IN THE INTERMEDIATE PHASE IS:  1) metabolic acidosis  2) renal failure  3) respiratory failure  4) cardiovascular insufficiency  5) liver failure |
| 25 | FIRST AID IN LONG-COMPRESSED SYNDROME HAS THE FOLLOWING ORDER:  1) the introduction of analgesics, bladder catheterization, immobilization  2) tight bandaging of the limb, warming the patient, heat on the affected limb  3) tight limb bandaging, gastric lavage, limb hypothermia  4) the introduction of analgesics, tight bandaging of the limb, transport immobilization |
| 26 | TREATMENT IN THE LATER PERIOD OF LONG-COMPRESSED SYNDROME:  1) wide dissection of damaged tissues, anti-shock therapy  2) detoxification therapy, antibacterial therapy  3) limb hypothermia. |
| 27 | WHEN SURGICAL HELP IS PROVIDED IN THE HOSPITAL ON THE LONG-COMPRESSED SYNDROME OF THE LOWER EXTREMITY WITH BREACH OF THE INTEGRATION OF THE SKIN, THE FOLLOWING:  1) ice cooling of the damaged part of the body  2) Vago-sympathetic Novocain blockade  3) the imposition of the primary suture on the skin defect  4) necrotomy |
| 28 | THE BASIC AND MOST EFFICIENT METHOD OF TREATING THE LONG-COMPRESSED SYNDROME THE INTERMEDIATE PERIOD IS:  1) hemodilution  2) forced diuresis  3) hemodialysis  4) peritoneal dialysis  5) plasma exchange |
| 29 | THE DISLOCATION IS:  1) displacement of bones in the joint with incomplete dissociation of the articular surfaces  2) the change in the shape of the articular surfaces due to injury  3) changes in the configuration of the joint due to rupture of ligaments  4) permanent displacement of bones jointed in a joint with complete separation of the articular surfaces |
| 30 | PATHOLOGICAL DISLOCATION IS:  1) with damage to the main nerve trunks  2) with damage to the great vessels  3) as a result of destructive joint diseases  4) with damage to the skin over the joint  5) repeated, occurring without injury |
| 31 | IF AFTER THE INJURY WAS 2 WEEKS, THIS DISLOCATION IS CALLED:  1) stale  2) old  3) pathological  4) complicated |
| 32 | ABSOLUTE DISLOPATION SYMPTOMS ARE:  1) joint pain, subcutaneous hematoma in the joint area  2) change the length of the limb, spring fixation  3) bone crepitus, pathological movements in the joint  4) deformation of bones, skin hyperemia, increase in skin temperature |
| 33 | FIRST AID IN DISLOCATION IS:  1) transport immobilization  2) reposition of dislocation by extremity  3) pressure bandage on the joint  4) heat on the injury area |
| 34 | REDUSING OF DISLOCATION IN A TREATMENT INSTITUTION SHOULD BE:  1) immediately after diagnosis  2) within two weeks after injury  3) at different times after the edema has subsided  4) in different periods depending on the nature of the dislocation |
| 35 | AFTER THE REDUCE OF DISLOCATION YOU SHOULD:  1) appoint physical therapy for the prevention of joint contracture  2) impose therapeutic immobilization for 2-4 weeks  3) apply immobilization for 1-2 days, followed by the development of movements in the joint  4) apply immobilization for 1-2 months |

# Wounds and wound process

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| 1 | WOUND IS (CHOOSE THE MOST ACCURATE REFLECTION):  1) tissue damage with destruction of blood vessels and nerve elements  2) soft tissue damage with piercing and cutting tools  3) open damage; violation of the integrity of the integument with possible damage to the deep-lying tissues (organs)  4) mechanical damage to the outer integument with possible damage to the deep-lying tissues  5) mechanical damage to the skin, deep tissues and organs |
| 2 | ALL FRESH WOUNDS ARE CHARACTERIZED BY  1) necrosis  2) hyperemia  3) gaping  4) proliferation  5) exudation |
| 3 | THE LATE COMPLICATIONS OF THE WOUND  1) shock  2) acute blood loss  3) scarring  4) secondary bleeding |
| 4 | MICROBIAL POLLUTED WOUND IS  1) any accidental injury  2) surgical wound  3) wound after opening an abscess  4) a wound with signs of inflammation without purulent discharge and necrosis  5) wound after incision due to carbuncle |
| 5 | Penetrating wound is:  1) the wound of the body with the penetration of its contents into the body cavity  2) through wound limb segment  3) a wound with foreign bodies penetrating into its cavity  4) a wound that creates a message through the wound channel of the body cavity with the external environment |
| 6 | THE WOUND WITH THREE ZONES OF DAMAGE IS  1) prick  2) firearms  3) hurt  4) torn  5) bitten |
| 7 | HEALING OF THE WOUND IS  1) primary, secondary  2) complete, incomplete  3) primary, primary delayed, provisional |
| 8 | THE FIRST STAGE (PHASE) OF THE WOUND PROCESS  1) inflammation  2) proliferation  3) necrosis  4) dehydration  5) hydration |
| 9 | SECOND STAGE (PHASE) OF THE WOUND PROCESS  1) inflammation  2) proliferation  3) regeneration  4) dehydration  5) hydration |
| 10 | CLEANING THE WOUNDS FROM NONCROTIC TISSUES HAPPENS BY  1) phagocytosis  2) absorption into the vascular system  3) enzymatic processes  4) tissue revascularization  5) organization, germination of connective tissue |
| 11 | GRANULATION TISSUE APPEARS IN TERMS:  1) from 3-4 days  2) from the 1st day  3) in 7–8 days  4) at the end of the 2nd week  5) no answer is correct |
| 12 | WHAT WOUND HEALS FASTER THAN OTHERS  1) on the head  2) on the shin  3) on the fingers  4) on the toes  5) on the thigh |
| 13 | FIRST AID MEASURES FOR WOUND  1) washing the wound with alcohol  2) final bleeding stop  3) wound revision, removal of foreign bodies  4) aseptic dressing  5) dressing with antiseptic ointments |
| 14 | PRIMARY SURGICAL TREATMENT OF WOUNDS - IS (CHOOSE THE MOST RIGHT AND FULL DEFINITION OF THE NOTION):  1) washing the wound with antiseptics and treating the wound edges with a scalpel or alcohol  2) revision of the wound with an instrument, washing and suturing it  3) suturing a gaping wound  4) the first wound surgery performed to prevent wound infections and create conditions for healing by first intention  5) an operation to prevent a wound infection, which consists in stopping bleeding, removing infected tissues, foreign bodies and microorganisms with mandatory wound closure |
| 15 | MAJOR RECEPTION OF PRIMARY SURGICAL TREATMENT OF WOUNDS TO ENSURE ITS MAIN OBJECTIVE (PREVENTION OF WOUND INFECTION):  1) stitching a wound  2) wound treatment with antiseptics and antibiotics  3) removal of non-viable tissues  4) wound cavity drainage  5) wound dissection |
| 16 | PRIMARY SURGICAL TREATMENT WILL BE CONSIDERED LATE ON TIME  1) from 6 to 12 hours  2) up to 24 hours  3) later than the first week  4) after 48 hours |
| 17 | IF AFTER WOUNDING 36 HOURS HAVE PASSED, PRIMARY SURGICAL TREATMENT WILL BE CALLED:  1) early  2) late  3) primary delayed  4) deferred  5) Delayed-early |
| 18 | PRIMARY SURGICAL TREATMENT OF WOUNDS IS CONTRAINDICATED IN CASE  1) shock  2) massive bleeding with the development of acute anemia  3) incised face wounds  4) puncture non-penetrating chest wounds  5) penetrating wounds of the skull |
| 19 | PRIMARY SUTURE IS  1) stitch over any wound for the first time  2) suture, applied immediately after primary surgical treatment  3) temporary seam  4) the first (outer) row of seams of a multi-row seam  5) a suture applied on a nonhealing wound |
| 20 | PRIMARY-DELAYED SUTURE PUTS IN TIME  1) 6–7 hours after the initial surgical treatment of a wound in the absence of inflammatory phenomena in the wound  2) no later than 1-2 days after injury  3) 2 weeks after injury  4) immediately after primary debridement  5) a few days after the initial surgical treatment of the wound before the development of granulations in it |
| 21 | EARLY SECONDARY SUTURE PUTS:  1) on the wound in the first 2-3 days  2) on granulating wound  3) purulent wound  4) on any wound if it is sutured |
| 22 | FOR LAYING LATE SECONDARY SUTURE IT IS NECESSARY:  1) the absence of purulent inflammatory process in the wound  2) the absence of granulation in the wound  3) up to 2 weeks after injury.  4) mobility of wound edges  5) the age of the patient is not older than 70 years |
| 23 | CUTTING THE BOTTOM AND THE WALLS OF THE WOUNDS AT THE LATE SECONDARY SUTURE IS MADE FOR :  1)removing necrotic tissue  2) activating the reparative process  3) removing granulations  4) cosmetic purposes  5) removing scar tissue |
| 24 | SECONDARY SURGICAL TREATMENT IS FOR  1) microbially contaminated  2) purulent  3) pure granulating  4) with the presence of a scar  5) any wound before applying a secondary suture |
| 25 | FOR SECONDARY SURGICAL TREATMENT OF WOUNDS IS EXECUTED  1) excision of the bottom and walls of the wound  2) excision of scar tissue  3) necrotomy  4) repair damaged nerves and tendons  5) the imposition of a secondary seam |
| 26 | SURGICAL TREATMENT OF PURULENT WRANE MUST BE FINISHED WITH  1) the imposition of the primary seam  2) the imposition of a primary-delayed seam  3) administration of antibiotics to the wound cavity  4) wound drainage  5) the imposition of a secondary seam |
| 27 | IN THE LOCAL TREATMENT OF PURULENT WOUNDS IN THE PHASE OF HYDRATION SHOULD BE USED:  1) fat-based ointments  2) ointments with steroid hormones  3) water soluble ointments  4) isotonic solution of sodium chloride  5) immunostimulants |
| 28 | FOR A MORE QUICK LISIS OF NONCROTIC TISSUES IN A PURULENT WOUND SHOULD BE USED:  1) trypsin  2) antibiotics  3) glucocorticoids  4) methyluracil  5) Trichopol |

# Bone fractures

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| 1 | THE RIGHT NAMES OF THE TYPES OF BONE FROM THE BONE FROM THE FRACTURES ARE:  1) axially, centered, helical  2) width, lengthwise  3) at an angle, rotationally, in length |
| 2 | TYPES OF TUBULAR BONE FRACTURES ON LOCALIZATION BEING:  1) middle  2) distal  3) proximal  4) regional  5) diaphyseal |
| 3 | DIAPHIZENIC CAN BE Fractured:  1) the spine  2) bones of the cranial vault  3) pelvic bones  4) femur  5) patella |
| 4 | TYPES OF FRACTURE DEPENDING ON THE Fracture Line:  1) transverse, longitudinal, oblique  2) rotational, helical, complicated  3) gear, smooth, uneven |
| 5 | BY ORIGIN, ACQUIRED FRACTURES MAY BE:  1) pathological, physiological  2) traumatic, pathological  3) direct hit, single, multiple  4) complicated, not complicated |
| 6 | COMPRESSION FRACTURE MEETS:  1) at fracture of ribs  2) at fracture of the pelvic bones  3) spinal fracture  4) at fracture of the bones of the skull  5) at fracture of the femur |
| 7 | FOR FLAT BONES CHARACTERISTIC FRACTURE:  1) impacted  2) compression  3) screw-shaped  4) comminuted  5) corner |
| 8 | ON THE CONDITION OF BLOOD TISSUES IN THE FRACTURE DIFFERENT FRACTURE:  1) simple, combined  2) complicated, uncomplicated  3) closed, open  4) combined, combined |
| 9 | FRACTURES AT WHICH FRAMEWORK ARE INTRODUCED FROM A FRIEND TO A FRIEND  1) spiral  2) comminuted  3) impacted  4) compression  5) depressed |
| 10 | ABSOLUTE SYMPTOMS FRACTURES ARE:  1) palpable tenderness, swelling  2) movement disturbances in the joint,  3) bone crepitus, pathological mobility. |
| 11 | WHEN TREATING FRACTURES BY SKELETTED EXTRACTION USES:  1) Ilizarov apparatus  2) plaster cast  3) Beler's tire  4) intramedullary osteosynthesis  5) Diterichs tire |
| 12 | OPERATIONAL METHOD OF TREATMENT OF FRACTURES HAS THE FOLLOWING DIGNITY:  1) the most accurate and reliable method of reposition and fixation of bone fragments  2) the possibility of active behavior of the patient without the load on the limb  3) ensuring the immobility of bone fragments while maintaining joint mobility and muscle function |
| 13 | THE TYPES OF FRACTURING CHARACTERISTIC FOR CHILDREN ARE:  1) fractures  2) subperiosteal fracture  3) tear-off fracture  4) pathological fracture  5) impacted fracture |
| 14 | REPOSITION IS:  1) fixation of a fracture with a plaster cast  2) surgical treatment  3) restoration of normal movements in the joint  4) juxtaposition of displaced fragments in the correct position  5) one of the types of osteosynthesis |
| 15 | BONE CORN IS IT  1) just a bone thickening at the site of a healed fracture  2) a layer of cartilage between the bone fragments  3) regenerate formed between fragments in the fracture zone and around them  4) bone marrow proliferation between bone fragments  5) growth of connective tissue around the bones after a fracture |
| 16 | TYPES OF BONE CORN DEPENDING ON THE SOURCE OF REGENERATION ARE:  1) periosteal, intermediate  2) myeloid, osteogenic  3) epithelioid, mesenchymal  4) osteoblastic, osteoclast |
| 17 | BONE RISING CAN BE:  1) physiological, pathological  2) explicit, hidden  3) persistent, unstable  4) primary, secondary |
| 18 | SUBMERSIBLE OSTEOSYNTHESIS IS  1) extramedullary  2) compression-distraction  3) osteosynthesis with Ilizarov apparatus |
| 19 | THE DIGNITY OF COMPRESSION-DISTRACTIONAL OSTEOSYNTHESIS IS:  1) ease of implementation  2) prevention of osteomyelitis  3) reducing the time of fixation  4) preservation of joint function |
| 20 | Fracture of the neck of the hip with the presence of tumor metastasis in it is called:  1) complicated  2) traumatic  3) pathological  4) oncology |

# Closed damage of the head, chest, abdomen

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| 1 | THE SYMPTOM OF CONCUSSION IS  1) mental disorder  2) headache  3) lowering blood pressure  4) anisocoria  5) respiratory arrhythmia |
| 2 | CONCUSSION CHARACTERISTICS ARE:  1) areflexia, loss of consciousness, "bright gap"  2) tachycardia, anisocoria, paresis  3) loss of consciousness, tachycardia, nausea, vomiting  4) increase in blood pressure, vomiting, coma |
| 3 | WHEN AN INTRACRICULAR HEMATOMY IS AVAILABLE CAN BE A SYMPTOM  1) Shchetkina-Blumberg  2) intermittent claudication  3) bone crepitus  4) "light gap"  5) "dark spot" |
| 4 | NECESSARY DIAGNOSTIC METHOD OF CONCUSSION  1) radiography of the skull  2) puncture of the epidural space  3) puncture of the subarachnoid space  4) computed tomography  5) carotid angiography |
| 5 | THE MAIN METHOD OF VISUALIZATION OF INTERNAL DAMAGES IS  1) radiography of the skull  2) Echoencephalography  3) electroencephalography  4) carotid angiography  5) magnetic resonance imaging |
| 6 | BASIS OF TREATMENT OF CONCUSSION IS  1) sedative therapy  2) bed rest  3) antibiotic therapy  4) detoxification therapy  5) infusion therapy |
| 7 | IN THE BRAIN INJURY, MEDIUM DEGREE OF CHARACTERISTIC LOSS OF CONSCIOUSNESS DURING  1) a few seconds  2) several hours  3) a few weeks  4) not more than a day  5) at least a week |
| 8 | FOR PREVENTION OF THE BRAIN SWALLING AFTER ITS CONTUSION, SHOULD BE APPLIED  1) 5% glucose solution  2) blood plasma  3) albumin  4) osmotic diuretics  5) aminocaproic acid |
| 9 | WHEN OPERATING TREATMENT WITH INTRA-CEREAL HEMATOMIS, THIS IS TO TAKE  1) osteoplastic trepanation  2) resection trepanation  3) trephination  4) hematoma puncture |
| 10 | SIGN OF CHEST BRUISE IS  1) swelling of the chest wall  2) bone crepitus  3) diffuse palpable tenderness  4) deformation  5) wheezing in the lung |
| 11 | SIGN OF RIB FRACTURE  1) swelling of the chest wall  2) bone crepitus  3) pathological mobility  4) subcutaneous emphysema  5) wheezing in the lung |
| 12 | Subcutaneous emphysema is  1) the presence of air in the pleural cavity  2) swelling of the lung as a result of its injury  3) air suction in the venous bed  4) the presence of air in the soft tissues of the chest wall |
| 13 | The presence of subcutaneous emphysema IS A SIGN OF  1) the presence of pneumothorax  2) the presence of hemothorax  3) damage to the lung  4) damage to the mediastinum |
| 14 | THE MOST DANGEROUS PNEVMOTORAX IS  1) open  2) closed  3) valve |
| 15 | SIGNIFICANT LUNG ERROR IN THE FIRST WATCH AFTER THE INJURY IS  1) severe chest pain  2) severe pain on palpation of the chest  3) medium bubbly moist rales  4) drop in body temperature  5) psychomotor agitation |
| 16 | CHARACTERISTICS OF PNEVMOTORAX ON THE CHEST X-RAY  1) homogeneous darkening in the lower sections  2) the absence of pulmonary drawing on the periphery  3) increased airiness of the lung tissue  4) areas of darkening and enlightenment, respectively, the collapse of segments  5) Blizzard Syndrome |
| 17 | CHARACTERISTICS OF HEMOTORAX ON THE CHEST X-RAY  1) homogeneous darkening in the lower sections  2) the absence of pulmonary drawing on the periphery  3) increased airiness of the lung tissue  4) areas of darkening and enlightenment, respectively, the collapse of segments  5) Blizzard Syndrome |
| 18 | A PATIENT WITH A VALVE PNEUMOTIC TREATED AT A PHYSICAL RESEARCH  1) bradypnea  2) box percussion sound on the affected side  3) hyperemia of the skin  4) bradycardia  5) retraction of intercostal spaces |
| 19 | THE SYNDROME OF “TRAUMATIC ASFIXIA” DEVELOPS WITH  1) with bruise of the chest  2) with closed rib fracture  3) at the turn of the sternum  4) with compression of the chest  5) in case of lung injury |
| 20 | Ballotting of the media occurs when  1) closed pneumothorax  2) valve pneumothorax  3) rib fracture  4) open pneumothorax  5) mediastinal injury |
| 21 | FIRST AID IN OPEN PNEUMATIC  1) to puncture the pleural cavity  2) put a scarf around the wound  3) put a bandage deso  4) put an occlusive dressing on the wound  5) impose tracheostomy |
| 22 | AT THE VALVE PNEUMOTORX, IT IS NECESSARY TO MAKE  1) microtracheostomy  2) tracheal intubation  3) rib immobilization  4) artificial respiration  5) puncture of the pleural cavity |
| 23 | TREATING CLOSED PNEUMOTIC REFRACTORY IS  1) emergency thoracotomy  2) emergency bronchoscopy  3) occlusive dressing  4) artificial lung ventilation  5) puncture of the pleural cavity |
| 24 | THE METHOD OF CHOICE IN THE TREATMENT OF HEMOTORAX IS  1) emergency thoracotomy  2) emergency bronchoscopy  3) occlusive dressing  4) artificial lung ventilation  5) drainage of the pleural cavity |
| 25 | WITH THE CLOSED INJURY OF THE CHEST CELL WITH THE INDICATION OF TORACOTOMY SERVES  1) small hemothorax  2) average hemothorax  3) continued intrapleural bleeding  4) hemopneumothorax  5) Subcutaneous Emphysema |
| 26 | FOR MASSIVE ABDOMINAL HEMORRHAGE SPECIFICALLY  1) vomit "coffee grounds"  2) black liquid stools  3) lack of peristalsis  4) cyanosis of the abdominal skin  5) shortening of percussion sound in sloping abdomen |
| 27 | DIAGNOSTIC OF ABDOMINAL HEMORRHAGE  1) abdominal radiography  2) ultrasound examination of the abdominal cavity  3) fibrogastroduodenoscopy  4) colonoscopy  5) thermography of the abdominal wall |
| 28 | DISAPPEARANCE OF THE HEPATIC ELIMINATION IN ABDOMINAL TRAUMA  1) liver rupture  2) rupture of the pancreas  3) sigmoid colon rupture  4) rupture of the mesentery of the small intestine  5) rupture of the gallbladder |
| 29 | IN THE DAMAGE OF THE FLAT BODY OF THE ABDOMINAL CAVITY, TRANSFORM WITH SYNDROME  1) peritonitis  2) intra-abdominal bleeding  3) respiratory failure  4) intestinal failure  5) renal and hepatic failure |
| 30 | DURING DIAGNOSTIC DIAGNOSIS OF THE ANIMAL SYSTEM, WHEN THE DIAGNOSE IS DETERMINED:  1) cold on the stomach, analgesics, surgeon's observation  2) a warm hot water bottle on the abdomen, intensive infusion hemostatic therapy  3) laparocentesis and installation of drainage tubes  4) emergency laparotomy  5) observation, conservative measures, operation - in case of deterioration |
| 31 | IN THE LAPARTOMY FOR DAMAGE TO THE ABDOMINAL ORGANS, THE OPERATIONAL ACCESS WILL BE USED.  1) middle  2) transverse  3) oblique along the subcostal |

# Burns

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| 1 | 10% BURNING AREA TAKES ALL SQUARE  1) upper limb  2) front surface of the body  3) head and upper limb  4) lower limb  5) hands, forearms and heads |
| 2 | THE METHOD FOR DETERMINING A BURN SQUARE GIVES THE LOWEST ERROR AT MEASUREMENT  1) tabular method  2) graphic method  3) palm rule  4) rule of nines |
| 3 | BURN AREA AT A CHILD OF 5 YEARS IS 5 PALMS. THIS MATCHES PERCENTURES  13%  2) 5%  3) 7%  4) 10%  5) no answer is correct |
| 4 | DURING A BURN OF I DEGREE OBSERVED  1) epidermal necrosis  2) necrosis of the papillary dermis  3) damage to the epidermis without necrosis  4) defeat of the epidermis with its detachment  5) necrosis of the epidermis and dermis |
| 5 | AT BURN IIIa DEGREE OBSERVED  1) defeat of the epidermis without necrosis  2) necrosis and detachment of the outer layers of the epidermis  3) necrosis of the epidermis and dermis  4) necrosis of the superficial layers of the skin with preservation of part of the papillary layer, sebaceous and sweat glands  5) necrosis of the skin and subcutaneous tissue |
| 6 | TO THE DEEP SITES BURNS  1) I degree, II degree, IIIa degree  2) IIIa degree, IIIb degree, IV degree  3) IIIb degree, IV degree |
| 7 | AVAILABILITY OF BUBBLES WITH TRANSPARENT YELLOW CONTENT AND HYPEREMIA OF THE SKIN CERTIFY BURN  1) I degree  2) II degree  3) IIIb degree  4) IV degree |
| 8 | INDEPENDENTLY WILL EPITELIZE AT AREA MORE THAN 3% BURNS  1) I degree  2) II degree  3) IIIa degree  4) IIIb degree |
| 9 | FROM THE LISTED EPITHELIZATION OF THE BURN, IT IS HAPPENING  1) the stratum corneum of the epidermis  2) sweat and sebaceous glands  3) dermal cells  4) cells of granulation tissue |
| 10 | SURFACE BURN FROM A DEEP DIFFERENTLY DIFFERENT  1) the degree of intoxication  2) lack of shock in superficial burns  3) the development of burn disease with deep burns  4) the possibility of spontaneous epithelial regeneration  5) severity of inflammation |
| 11 | SICK OF THE PATIENT has 15% DEEP BURN AND SURFACE 20%. FRENCH INDEX MAKES IN THIS EVENT  1) 65  2) 35  3) 70  4) 15 |
| 12 | THE RULE OF "HUNDREDS" SPEAKS ABOUT THAT  1) if the sum of the area of ​​superficial and deep burns is close to 100%, then it is necessary to carry out anti-shock therapy  2) burns less than 100 square meters. see no surgical treatment  3) the closer the patient's age to one hundred years, the harder the prognosis  4) the closer the sum of the burn area and the patient's age to 100, the heavier the prognosis  5) when the surface burn is more than 100 square meters. see you need to perform skin plastic |
| 13 | CRITERIA FOR WHICH BURNING SHOCK CLASSIFIED BY DEGREE  1) pulse rate and blood pressure level  2) burn area and depth  3) the nature of the traumatic agent, pulse rate and level  blood pressure  4) the depth of impaired consciousness, the area of ​​the burn, the level of blood pressure  5) by all listed criteria |
| 14 | THE MINIMUM AREA OF A DEEP BURN, WHICH IS POSSIBLE TO ASSUME DEVELOPMENT OF SHOCK AND BURN DISEASE IN ADULT IS  1) 1–2%  2) 50%  3) 20–30%  4) 10–15% |
| 15 | PECULIARITIES OF THE BURN SHOCK ARE  1) a very short phase of excitation, the duration of the shock is not more than 24 hours  2) prolonged excitation phase, shock duration up to 3 days  3) the absence of the excitation phase, the duration of the shock a few minutes |
| 16 | PECULIARITIES OF THE BURN SHOCK ARE  1) anemia, hemodilution  2) blood thickening  3) hypervolemia  4) thrombocytopenia |
| 17 | TOXEMIA PHASE LONGER  1) 7–8 days  2) 2-3 weeks  3) 1-2 months  4) 12–24 hours  5) there is no right answer |
| 18 | THE STAGE SEPTICOTOXEMIA BEGINS WITH  1) temperature increase  2) DIC syndrome  3) suppuration under scab  4) clinical manifestations of sepsis |
| 19 | STEP OF SEPTICOTOXOMY TO LONGER  1) until complete rejection of necrosis  2) until epithelialization of wounds  3) 2-3 months  4) until the disappearance of purulent discharge from the wound  5) 1-2 months |
| 20 | FOR SEPTICOTOXEMIA CHARACTERISTICS  1) increase the level of protein in the blood  2) metabolic acidosis  3) erythrocytosis  4) blood clots  5) hyperproteinemia |
| 21 | Epithelialization of Burns II Grade II Occurs  1) on the 3-4th week  2) on the 2-3rd day  3) on the 5-6th week  4) on the 7–12th day  5) on the 7-8th week |
| 22 | Epithelization of Burns of the IIIa Degree Occurs  1) on the 3-4th week  2) on the 2nd month  3) on the 5-6th week  4) on the 7–12th day  5) on the 7-8th week |
| 23 | FOR FIRST MEDICAL CARE FOR BURNS ARE APPLIED  1) ointment dressings  2) antiseptic dressings  3) dry sterile dressings  4) occlusive dressings  5) antibiotic dressings |
| 24 | THE ONLY FIRST AID METHOD THAT REDUCES THE DEPTH OF BURN IS  1) use of anti-burn antiseptic mixtures  2) burn surface hypothermia  3) the use of drugs that improve microcirculation  4) transport immobilization, fast transportation, full anti-shock therapy  5) thermal bandage |
| 25 | DO NOT WASH CHEMICAL BURNS CAUSED BY WATER  1) acetic acid  2) quicklime  3) alkalis  4) gasoline |
| 26 | WHEN PRIMARY TREATMENT OF A BURN OF II OF THE DEGREE IS PRODUCED  1) necrotomy  2) removal of bubbles  3) burn treatment with antibiotics  4) opening of bubbles  5) removal of necrotic tissue |
| 27 | FOR LOCAL TREATMENT, BURNS CAN BE USED  1) open  2) half open  3) half closed  4) valve |
| 28 | Necrosis shown  1) for any burn of IIIa – IIIb degree  2) only with IV degree burn  3) with deep circular burn  4) with extensive II degree burns  5) only with contact burns |
| 29 | FOR CHEMICAL NECRECTOMY USING BURNS USED  1) hydrogen peroxide  2) salicylic acid  3) potassium permanganate  4) chlorhexidine digluconate  5) a weak solution of hydrochloric acid |
| 30 | THE METHOD OF TREATMENT, LEADING TO FULL EPITELIZATION OF A DEEP BURN, IS  1) allodermoplasty  2) autodermoplasty  3) xenodermoplasty  4) explantation  5) wound healing drugs |
| 31 | FOR PLASTICS OF EXTENSIVE BURNING WALLS, IT IS NORMALLY TAKEN  1) full-thickness skin flap  2) split skin flap  3) skin and fat flap  4) skin flap on the leg  5) musculo-fascial flap |
| 32 | FOR THE TREATMENT OF DONOR WOUNDS WITH PLASTIC SPLITTED SKIN PATTERN IS APPLIED  1) wound closure  2) the closure of the skin  3) imposition of an aseptic dressing for self-healing under a scab  4) skin graft local tissue  5) auto skin closure |

# Frostbite

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| 1 | CAUSE OF TISSUES DAMAGE AT FROSTBITE IS  1) direct damaging effect of cold temperature on cells  2) the appearance in the body of cold antibodies that cause necrosis of chilled tissue  3) the occurrence of circulatory disorders with subsequent tissue necrosis  4) destruction of large nerve trunks with impaired innervation, then trophism and subsequent necrosis |
| 2 | MOST SPASMED VESSELS AT FROSTIBITE ARE  1) capillaries  2) arterioles  3) venules  4) large arteries  5) large veins |
| 3 | THE MAXIMUM TIME THROUGH WHICH HAPPENS RESTORATION OF THE SKIN ELEMENTS AT THE 2ND FROSTBITE DEGREE IS COMPLETED  1) about 2 days  2) about a month  3) about 2 months  4) about 3 weeks  5) about 10 days |
| 4 | TERMS AFTER INJURY IN WHICH IT IS POSSIBLE WITH A SUFFICIENT DEGREE OF CONFIDENCE TO DETERMINE THE DEGREE OF FROSTBITE  1) first day  2) in 2–3 days  3) in 4–5 days  4) immediately after warming the frostbitten segment |
| 5 | CLINICAL DISPLAYS OF 2 DEGREE FROSTBITE:  1) necrosis of all tissues of the affected segment  2) skin necrosis to fiber  3) the presence of epidermal blisters on the skin  4) pallor of the skin with bluish spots (marble color)  5) sluggish granulating deep ulcers |
| 6 | FIRST AID FOR FROSTBITE  1) the imposition of an immobilizing dressing  2) rubbing with snow  3) dressing with ointments  4) warming the affected segment in hot water  5) Elastic bandage bandaging |
| 7 | TREATING OF SUPERFICIAL FROSTBITE:  1) removal of areas of necrosis within healthy tissue.  2) gradual excision of areas of necrosis within dead skin tissue.  3) simultaneous excision of areas of necrosis within dead skin tissue.  4) opening of bubbles |
| 8 | THE PRINCIPLE OF 3 FORSTBITE DEGREE TREATMENT IS:  1) limb amputation  2) necrotomy, treatment of purulent wounds  3) opening of bubbles  4) exarticulation of limbs  5) conservative treatment under ointment dressings until complete epithelialization |
| 9 | THE CRITICAL TEMPERATURE OF THE BODY, WHICH RESTORATION OF LIFE ACTIVITY IS PROBLEMATIC (WITH GENERAL HYPOTHERMIA) IS  1) 35 °C  2) 24–25 °С  3) 18–19 °С  4) 10–11 °С |
| 10 | FOR DIAGNOSTIC HYPOTHERMAL DEGREES, BODY TEMPERATURE SHOULD BE MEASURED:  1) in the axillary fossa  2) in the mouth  3) in the rectum  4) in the groin area  5) it does not matter where |
| 11 | THE FIRST PERIOD IN THE DEVELOPMENT OF FROSTBITE IS  1) prodromal  2) preclinical  3) pre-reactive  4) necrotic |
| 12 | IF THE CONSEQUENCE OF FROSTBITE HAS APPEARED NECROSIS OF THE EPIDERMIS AND ITS DISAPPEARANCE WITH THE FOLLOWING EPITELIZATION, THIS IS:  1) 1st degree  2) 2nd degree  3) 3rd degree  4) 4th degree |
| 13 | THE CHARACTERISTIC SYMPTOMS FOR THE FIRST PERIOD OF FROSTBITE ARE:  1) hypeesthesia, redness of the skin  2) paresthesia, cyanosis of the skin  3) anesthesia, pallor of the skin |
| 14 | FROSTBITE 3TH DEGREE IS FORMED  1) necrosis of the skin and fiber with the formation of purulent granulating wounds  2) necrosis of the epidermis with its detachment  3) necrosis of the skin, muscles and bones  4) proliferative inflammation with the formation of granulomas and further scarring |
| 15 | CLINICAL DISPLAYS OF FROSTBITE THE 4TH DEGREE:  1) necrosis of all tissues of the affected segment  2) skin necrosis to fiber  3) the presence of epidermal blisters on the skin  4) pallor of the skin with bluish spots (marble color) |
| 16 | CLINICAL DISPLAYS OF FROSTBITE 3 DEGREE:  1) necrosis of all tissues of the affected segment  2) necrosis of the entire thickness of the skin  3) the presence of epidermal blisters on the skin  4) pallor of the skin with bluish spots (marble color) |
| 17 | FOR OPERATIVE TREATMENT OF FROSTBITE III DEGREE APPLICABLE:  1) amputation  2) extraarticulation  3) necrotomy  4) opening of bubbles |
| 18 | OPTIMUM VOLUME OF OPERATIONAL INTERVENTION WHEN THROUGH THE 2TH DEPENDENCE OF FROSTBITE:  1) necrotomy for 8–12 days  2) removal of bubbles with excision of their bottom  3) opening of blisters, excision of dead epithelium  4) necrotomy for days 16-21 |
| 19 | TREATMENT IN THE PREREACTIVE PERIOD  1) atropine, adrenaline  2) reopoliglyukin, papaverine  3) Butadion, antibiotics |
| 20 | SYMPTOMS OF COLD NEYROVASKULITIS ARE:  1) skin hyperemia, hypersensitivity, muscle paresis  2) tissue hypertrophy, intermittent claudication  3) pallor of skin, gpergidroz |
| 21 | WITH GENERAL COOLING OF THE ORGANISM, THE STAGE OF EXPRESSED HYPOTHERMIA STARTS AT TEMPERATURE:  1) below 35 °C  2) below 30 °С  3) below 15 °С |
| 22 | FOR DIAGNOSTICS OF THE DEGREE OF GENERAL COOLING THE FOLLOWING MEASUREMENT OF TEMPERATURE:  1) in the armpit  2) in the groin fold  3) in the mouth  4) in the rectum |

## Module "Basics of septic surgery"

# Purulent diseases of fiber and fiber spaces

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| 1 | ABSCESS IS  1) acute inflammation of the skin  2) acute purulent inflammation of finger tissue  3) acute purulent inflammation of the sweat gland  4) acute purulent inflammation of the hair follicle  5) limited accumulation of pus in tissues or organs |
| 2 | MOST COMMON ABSCESSES AND FLEGMON AGENTS ARE  1) gonococci  2) pneumococci  3) Staphylococcus  4) mycobacteria  5) pork wand |
| 3 | ABSCESSES CAN DEVELOP TO  1) tissues  2) organs  3) body cavities  4) all of the above |
| 4 | THE CAUSE OF ABSCESS  1) injury  2) inflammatory diseases  3) violation of the integrity of the epithelial tissues  4) all of the above factors |
| 5 | TYPE OF ABDOMINAL ABSCESSES DEPENDING ON THE LOCALIZATION  1) pelvic  2) inter-intestinal  3) subhepatic  4) the iliac fossa  5) subphrenic  6) all listed |
| 6 | CHARACTERISTICS OF SUPERFICIAL ABSCESSES  1) itching and cyanosis of the skin  2) pain, conical infiltration  3) severe skin hyperemia with clear boundaries  4) rounded wound defect with poor purulent discharge  5) pain, swelling, local hyperemia and hyperthermia, fluctuation |
| 7 | CHARACTERISTIC SIGNS OF INTERNAL ABSCESSES  1) abdominal pain, fever  2) cramping abdominal pain, "Medusa's head"  3) severe skin hyperemia with clear boundaries  4) rounded wound defect with poor purulent discharge  5) pain, swelling, local hyperemia and hyperthermia, fluctuation |
| 8 | MOST INFORMATIVE DIAGNOSTIC METHODS OF THE INTERNAL ABSCESSES  1) irrigoscopy, bacterioscopy  2) fibrogastroduodenoscopy, angiography  3) sigmoidoscopy, computed tomography (CT)  4) colonoscopy, cystoscopy, abdominal x-ray  5) abdominal ultrasound, computed tomography (CT), magnetic nuclear resonance imaging (MRI) |
| 9 | WITH CLINICAL ANALYSIS OF THE BLOOD CHARACTERISTIC IN ABSCESS (specify the correct version)  1) monocytosis, anemia, decreased ESR  2) leukocytosis, neutrophilia, thrombocytopenia  3) leukocytosis, leukocyte left shift, monocytosis  4) leukocytosis, leukocyte shift to the left, increased ESR |
| 10 | IN THE OPENING OF THE CAVITY OF THE ABCESSES, THE MANDATORY DIAGNOSTIC METHOD IS  1) thermography of the affected area  2) measurement of purulent cavity volume  3) bacterioscopic and cytological  4) bacteriological to determine the microflora and its sensitivity to antibiotics |
| 11 | SYSTEM THERAPY FOR ABSCESSES INCLUDES  1) transfusion of blood components  2) antiplatelet agents and anticoagulants  3) antibacterial and detoxification therapy  4) desensitization therapy and cardiac glycosides  5) non-steroidal anti-inflammatory and antiviral drugs |
| 12 | FLEGMONA IS  1) acute purulent inflammation of finger tissue  2) acute purulent inflammation of the sweat gland  3) acute purulent inflammation of the hair follicle  4) limited accumulation of pus in tissues or organs  5) acute diffuse inflammation of loose connective tissue |
| 13 | FLEGMON AGENTS  1) Proteus  2) E. coli  3) Pseudomonas aeruginosa  4) gram-positive cocci (staphylococcus)  5) all of the above microorganisms |
| 14 | FLAGMON CAUSES  1) all of the following  2) hematoma suppuration  3) perforation of the hollow organ in the fiber  4) violation of the integrity of the skin  5) the local spread of infection in acute inflammatory diseases  6) the spread of the infectious process in acute inflammatory diseases by hematogenous |
| 15 | FOR SUPERFICIAL FLHEGMONS, THE MOST CHARACTERISTIC LOCAL SIGNS ARE  1) itching, skin cyanosis, edema  2) pain, presence of a cone-shaped infiltrate with a necrotic core in the center  3) swelling and severe skin hyperemia with clear boundaries  4) large bubbles merging with each other with serous and hemorrhagic contents  5) pain, swelling, infiltration with softening in the center, local hyperemia and hyperthermia, fluctuation |
| 16 | CLINICAL ANALYSIS OF BLOOD CHARACTERISTIC IN FLEGMON (specify the correct version)  1) monocytosis, anemia, decreased ESR  2) leukocytosis, neutrophilia, thrombocytopenia  3) leukocytosis, leukocyte left shift, monocytosis  4) leukocytosis, leukocyte shift to the left, increased ESR |
| 17 | FLEGMONA IS AN PURPOSE OF THE OPERATION  1) planned  2) emergency |
| 18 | THE OPERATION ON FLEGMONAS IS EFFICIENTLY PERFORMED UNDER  1) general anesthesia  2) local anesthesia |
| 19 | ACTIVE SURGICAL METHOD FOR THE TREATMENT OF FLEGMON OR ABSCESSES IS  1) treatment with massive doses of broad-spectrum antibiotics  2) a combination of opening a purulent focus using extracorporeal detoxification methods  3) excision of non-viable tissues impregnated with pus, evacuation of pus contents, imposition of a primary suture followed by active aspiration or flow-through drainage  4) the imposition of secondary sutures on the wound, followed by drainage using tubular drains and tampons  5) treatment of open wounds using a wide range of bactericidal ointments |
| 20 | SYSTEM THERAPY FOR FLEGMONE INCLUDES  1) transfusion of blood components  2) antiplatelet agents and anticoagulants  3) antibacterial and detoxification therapy  4) desensitization therapy and cardiac glycosides  5) non-steroidal anti-inflammatory and antiviral drugs |

# Purulent skin diseases

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| 1 | FURUNCUL (BOIL) IS  1) acute inflammation of the skin  2) acute purulent inflammation of finger tissue  3) acute purulent inflammation of the sweat gland  4) acute purulent inflammation of the hair follicle  5) limited accumulation of pus in tissues or organs |
| 2 | THE MOST OFTEN FURUNCUL (BOIL) AGENT IS  1) gonococcus  2) mycobacteria  3) E. coli  4) Pseudomonas aeruginosa  5) Staphylococcus aureus |
| 3 | TYPICAL LOCALIZATION OF FURUNCUL (BOIL) IS  1) palm  2) mucous membranes  3) face, abdomen and limbs  4) soles and interdigital spaces  5) nail plate and periungual roller |
| 4 | FOR THE CLINICAL PICTURE OF FURUNCUL (BOIL) IN THE STAGE OF FORMATION AND REJECTION OF PURULENT-NECROTIC ROD CHARACTERISTICS  1) pronounced swelling without discoloration  2) a small area of ​​pain and hyperemia  3) bubbles with serous-hemorrhagic content  4) severe skin hyperemia with clear boundaries  5) conical infiltration with gray masses and hair in the center |
| 5 | LOCAL TREATMENT OF FURUNCUL (BOIL) IN THE STAGE OF INFILTRATION  1) cryosurgery  2) laser vaporization  3) physiotherapy and laser therapy  4) hydrophilic ointment  5) fatty (vaseline) based ointment |
| 6 | LOCAL TREATMENT OF A FURUNCUL (BOIL) IN THE STAGE OF A PURULENT-NECROTIC ROD SHOWN  1) half alcohol compresses  2) dry heat and physiotherapy (UHF-therapy)  3) core removal and primary suture overlay  4) opening of the center, removal of the rod, drainage  5) wide excision of the inflammatory focus to the fascia |
| 7 | LOCALIZATION OF THE BOIL ON THE FACE IS DANGEROUS BECAUSE OF  1) rhinitis and sinusitis  2) mumps and stomatitis  3) trigeminal neuralgia  4) cavernous sinus thrombosis and purulent meningitis  5) paresthesias on the affected side and cervical lymphadenitis |
| 8 | PATIENTS WITH LOCALIZATION OF FURUNCUL (BOIL) AT THE STAGE OF A PURULENT-NECROTIC ROD ON A FACE  1) be treated by a beautician  2) to be treated on an outpatient basis by a dermatologist  3) to be treated on an outpatient basis by a surgeon of a polyclinic  4) to be hospitalized in a surgical hospital  5) to be treated on an outpatient basis with a therapist (general practitioner) |
| 9 | FURUNCULOSIS IS  1) acute inflammation of the skin  2) sweat gland inflammation  3) multiple accumulations of pus under the epidermis  4) acute purulent-necrotic inflammation of several hair follicles in various areas of the body  5) acute purulent-necrotic inflammation of several hair follicles with the formation of a common infiltrate |
| 10 | THE DEVELOPMENT OF FURUNCULOSIS IN THE HIGHEST DEGREE  1) alcoholism and smoking  2) hypodynamia and high-calorie diet.  3) irregular diet, stress and exercise  4) skin contamination, microtrauma, weakening of the immune system  5) contact with sick pustular skin diseases |
| 11 | SYSTEMIC ETIOPATHOGENETIC THERAPY FOR FURUNCULOSIS INCLUDES  1) normalization of acid-base balance  2) normalization of water and electrolyte balance  3) infusion therapy and forced diuresis  4) antibacterial therapy and immunocorrection  5) hemostatic therapy and iron supplements |
| 12 | CARBUNCLE IS THIS  1) limited accumulation of pus  2) acute purulent inflammation of the sweat gland  3) acute purulent inflammation of the hair follicle  4) acute purulent-necrotic inflammation of several hair follicles in various areas of the body  5) acute purulent-necrotic inflammation of several hair follicles with the formation of a common infiltrate |
| 13 | THE MOST FREQUENTLY CARBUNCULE AGENT IS  1) gonococcus  2) mycobacteria  3) E. coli  4) Pseudomonas aeruginosa  5) Staphylococcus aureus |
| 14 | TYPICAL CARBUNKUL LOCALIZATION  1) on the neck  2) on the fingers  3) on the soles  4) on the soles  5) on mucous membranes |
| 15 | CHARACTERISTIC CLINICAL DISPLAYS OF CARBUNCUL IN THE STAGE OF PULMANT MELTING  1) conical infiltration with gray masses and hair in the center  2) large bubbles merging with each other with serous and hemorrhagic contents  3) painful cone-like infiltrate rising above the skin, discharge of pus  4) painful infiltration, necrosis in the center, discharge of pus in places of hair follicles within the infiltrate  5) multiple cone-shaped infiltrates in different parts of the body and limbs, some of which with gray masses and hair in the center |
| 16 | AT THE STAGE OF A FURIOUS MELTING BY THE BASIC METHOD OF CARBUNKUL TREATMENT IS  1) homeopathy  2) physiotherapy  3) surgical  4) puncture ulcer with the introduction of antibiotics  5) local application of absorbing agents |
| 17 | THE MOST ACCEPTABLE SECTION IN SURGICAL TREATMENT OF CARBUNCLE IS  1) linear  2) radial  3) U - shaped  4) V-shaped  5) cruciform |
| 18 | Hydradenite is  1) limited accumulation of pus  2) acute purulent inflammation of the sweat gland  3) acute purulent inflammation of the hair follicle  4) acute purulent-necrotic inflammation of several hair follicles in various areas of the body  5) acute purulent-necrotic inflammation of several hair follicles with the formation of a common infiltrate |
| 19 | THE MOST FREQUENTLY HYDRADENITIS AGENT IS  1) viruses  2) streptococcus  3) E. coli  4) Pseudomonas aeruginosa  5) Staphylococcus aureus |
| 20 | TYPICAL LOCALIZATION OF HYDRADENITIS  1) on the neck  2) on the face  3) on the back  4) on the hands  5) in the armpit |
| 21 | PREDICTING FACTORS OF DEVELOPMENT OF HYDRADENITIS ARE  1) frequent hypothermia  2) allergic dermatitis and eczema  3) burdened oncological history  4) sweating, personal hygiene failure  5) work related to the cutting of cattle meat |
| 22 | CHARACTERISTIC FOR CLINICAL PICTURE HYDRADENITIS  1) conical infiltration with gray masses and hair in the center  2) large bubbles merging with each other with serous and hemorrhagic contents  3) painful cone-like infiltrate rising above the skin, discharge of pus  4) painful infiltration, necrosis in the center, discharge of pus in places of hair follicles within the infiltrate  5) multiple cone-shaped infiltrates in different parts of the body and limbs, some of which with gray masses and hair in the center |
| 23 | IN THE STAGE OF THE PURULENT MELATION OF HYDRADENITIS SHOWED  1) massage and physical therapy  2) opening and drainage of the abscess  3) dry heat and physiotherapy (UHF-therapy)  4) puncture ulcer with the introduction of antibiotics  5) removal of the rod and the imposition of the primary seam |
| 24 | ERYSIPELATOUS INFLAMMATION IS  1) acute purulent inflammation of finger tissue  2) acute purulent inflammation of the sweat gland  3) acute purulent inflammation of the hair follicle  4) limited accumulation of pus in tissues or organs  5) an acute infectious disease characterized by inflammation of the skin and underlying tissues |
| 25 | ERYSIPELATOUS INFLAMMATION AGENTS  1) Proteus  2) bacteroids  3) pneumococcus  4) streptococcus  5) Candida mushrooms |
| 26 | ROUTE OF ERYSIPELATOUS INFLAMMATION INFECTION  1) contact  2) lymphogenous  3) hematogenous  4) alimentary  5) airborne |
| 27 | MOST OFTEN ERYSIPELATOUS INFLAMMATION LOCALIZATION  1) on mucous membranes  2) in the lumbar region  3) on the palms and soles  4) on the scalp  5) on the lower limbs and face |
| 28 | THE MOST CHARACTERISTIC SYMPTOM OF THE INITIAL PERIOD OF ERYSIPELATOUS INFLAMMATION IS  1) polyuria  2) hemiplegia  3) frequent loose stools  4) subfebrile temperature  5) increase in body temperature to 39-41 °C |
| 29 | CHARACTERISTIC OF ERITEMATOUS FORM OF ERYSIPELATOUS INFLAMMATION  1) all of the following  2) severe skin hyperemia with clear boundaries  3) pronounced edema, infiltration, hyperemia and fluctuation  4) bubbles with transparent yellow content on the background of erythema  5) extensive necrosis of the skin and underlying tissues, purulent discharge |
| 30 | CHARACTERISTIC OF BULLOUS FORM OF ERYSIPELATOUS INFLAMMATION  1) all of the following  2) severe skin hyperemia with clear boundaries  3) pronounced edema, infiltration, hyperemia and fluctuation  4) bubbles with transparent yellow content on the background of erythema  5) extensive necrosis of the skin and underlying tissues, purulent discharge |
| 31 | CHARACTERISTIC OF FLEGMONOSE FORM OF ERYSIPELATOUS INFLAMMATION  1) all of the following  2) severe skin hyperemia with clear boundaries  3) pronounced edema, infiltration, hyperemia and fluctuation  4) bubbles with transparent yellow content on the background of erythema  5) extensive necrosis of the skin and underlying tissues, purulent discharge |
| 32 | CHARACTERISTICS OF NECROTIC FORM OF ERYSIPELATOUS INFLAMMATION  1) all of the following  2) severe skin hyperemia with clear boundaries  3) pronounced edema, infiltration, hyperemia and fluctuation  4) bubbles with transparent yellow content on the background of erythema  5) extensive necrosis of the skin and underlying tissues, purulent discharge |
| 33 | FORMS OF ERYSIPELATOUS INFLAMMATION CLASSIFIED BY THE NATURE OF LOCAL MANIFESTATIONS  1) are not stages of a single process  2) are stages of one process, successively replacing one another |
| 34 | COMPLICATION OF ERYSIPELATOUS INFLAMMATION  1) lymphedema  2) lymphangitis  3) lymphadenitis  4) thrombophlebitis  5) all of the above |
| 35 | IN THE QUALITY OF LOCAL TREATMENT FOR ERYTHOMATIC FORM OF ERYSIPELATOUS INFLAMMATION SHOWN  1) opening of bubbles, bandages  2) opening and drainage of purulent cavities, dressings  3) necrotomy, in some cases amputation of limbs  4) 40% solution of dimexide with antibiotics, dressings with salicylic paste or antiseptic solutions, ultraviolet irradiation |
| 36 | IN THE QUALITY OF LOCAL TREATMENT FOR THE BULDOUS FORM OF THE ERYSIPELATOUS INFLAMMATION SHOWN  1) opening of bubbles, bandages  2) opening and drainage of purulent cavities, dressings  3) necrotomy, in some cases amputation of limbs  4) 40% solution of dimexide with antibiotics, dressings with salicylic paste or antiseptic solutions, ultraviolet irradiation |
| 37 | LOCAL TREATMENT FOR FLEGMONOSE FORM OF THE ERYSIPELATOUS INFLAMMATION  1) opening of bubbles, bandages  2) opening and drainage of purulent cavities, dressings  3) necrotomy, in some cases amputation of limbs  4) 40% solution of dimexide with antibiotics, dressings with salicylic paste or antiseptic solutions, ultraviolet irradiation |
| 38 | AS A LOCAL TREATMENT WITH NECROTIC FORM OF ERYSIPELATOUS INFLAMMATION SHOWED  1) opening of bubbles, bandages  2) opening and drainage of purulent cavities, dressings  3) necrotomy, in some cases amputation of limbs  4) 40% solution of dimexide with antibiotics, dressings with salicylic paste or antiseptic solutions, ultraviolet irradiation |
| 39 | SYSTEMIC THERAPY OF ERYSIPELATOUS INFLAMMATION IS  1) antiviral drugs  2) desensitization therapy and cardiac glycosides  3) diuretics and steroid anti-inflammatory drugs  4) antibacterial, detoxification, desensitization therapy |
| 40 | ERISIPELOID IS  1) acute inflammation of the skin  2) acute purulent inflammation of finger tissue  3) acute purulent inflammation of the sweat gland  4) acute purulent inflammation of the hair follicle  5) a specific infectious disease characterized by inflammation of all layers of the skin |
| 41 | RISK FACTOR (S) OF ERISIPELOID DISEASE  1) hypodynamia  2) work related to the preparation of meat  3) irregular and poor nutrition  4) chronic venous or arterial insufficiency  5) skin contamination, microtrauma, weakening of the immune system |
| 42 | MOST FREQUENT LOCALIZATION OF ERISIPELOID  1) face  2) fingers of hands  3) lower limbs  4) mucous membranes  5) scalp |
| 43 | CHARACTERISTIC LOCAL SIGNS OF ERISIPELOID  1) swelling, infiltration and fluctuation  2) necrosis with poor purulent discharge  3) slight hyperemia (pink), swelling, itching, pain  4) bubbles with transparent yellow content on the background of erythema  5) severe hyperemia with clear boundaries, local hyperthermia |
| 44 | DURING ERISIPELOID, DIFFERENTIAL DIAGNOSIS FOR THE FIRST TIME, CONDUCT WITH  1) boil  2) hydradenitis  3) 3-4 degree burns  4) bullous erysipelas  5) erythematous form of erysipelas |
| 45 | TREATMENT OF ERISIPELOID  1) antiplatelet agents, cardiac glycosides  2) anticoagulants, forced diuresis  3) antibiotics, ultraviolet radiation  4) ultraviolet irradiation, hydrophilic-based ointment  5) non-steroidal anti-inflammatory and antiviral drugs |

# Purulent diseases of the glandular organs

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| 1 | Purulent Parotitis IS  1) sweat gland inflammation  2) parotid gland inflammation  3) inflammation of the hair follicle  4) inflammation of the breast tissue  5) limited accumulation of pus in tissues or organs |
| 2 | MOST FREQUENTLY Purulent Parotitis AGENTS ARE  1) mycobacteria  2) staphylococcus  3) E. coli  4) Pseudomonas aeruginosa  5) mixed microflora |
| 3 | PURULENT PAROTITIS OFTEN DEVELOPS  1) after hypothermia  2) in practically healthy people  3) in patients undergoing extensive surgery  4) in the case of an active early postoperative period  5) after overeating and drinking large amounts of alcohol |
| 4 | PURULENT PAROTITIS OFTEN DEVELOPS  1) after hypothermia  2) in the case of prolonged bed rest  3) in dehydrated patients with infectious diseases  4) in patients who underwent outpatient surgery  5) after overeating and drinking large amounts of alcohol |
| 5 | THE DEVELOPMENT OF A PURULENT PARITITIS CONTRIBUTES  1) overweight  2) weakening the body's defenses  3) the presence in the history of gastric ulcer  4) Mumps transferred in the past  5) contact with a patient suffering from the same disease |
| 6 | LOCAL SYMPTOMS OF PURULENT PAROTITIS  1) difficulty chewing  2) fever  3) pain in the parotid gland  4) swelling in the area of ​​the parotid gland  5) all of the above is true |
| 7 | THE APPEARANCE OF THE SYMPTOM OF FLUCTUATION IN A PURULENT FOOT IS A SIGN OF  1) the destructive form of parotitis  2) development of vascular thrombosis of the gland  3) spreading the process to the tissues surrounding the gland  4) a significant increase in the gland due to the development of the inflammatory process  5) prevalence of proliferative processes during inflammation of the gland |
| 8 | MOST TYPICAL COMPLICATIONS FOR A PURULENT PAROTITIS ARE  1) anemia, agranulocytosis  2) purulent otitis media, thrombophlebitis  3) diffuse bleeding from internal organs  4) purulent meningitis, cavernous sinus thrombosis  5) development of phlegmon of the neck and pharyngeal space, purulent mediastinitis |
| 9 | WHICH COMPLICATIONS ARE MOST TYPICAL FOR A PURULENT PAROTITIS  1) purulent meningitis  2) paranephritis, paracolite  3) purulent otitis media, thrombophlebitis  4) diffuse bleeding from internal organs  5) bleeding from arrozirovanny vessels located in the parenchyma of the parotid gland |
| 10 | MOST TYPICAL COMPLICATIONS FOR A PURULENT PAROTITIS ARE  1) purulent meningitis  2) paranephritis, paracolite  3) facial nerve paresis, sepsis  4) purulent otitis media, thrombophlebitis  5) diffuse bleeding from internal organs |
| 11 | THE LARGEST INFORMATIVITY IN DIAGNOSTICS OF ACUTE PURULENT PAROTITIS  1) rhinoscopy  2) pharyngoscopy  3) otoscopy and thermography  4) gastroscopy and radiography  5) ultrasound and puncture |
| 12 | THE BASIC CONSERVATIVE MEASURE FOR TREATMENT OF PAROTITIS IS  1) hirudotherapy  2) antibiotic therapy  3) detoxification therapy  4) the appointment of painkillers  5) restriction of lower jaw movements |
| 13 | OBJECTIVES OF SURGICAL TREATMENT PURULENT PAROTITIS  1) diagnostic  2) reinnervation of the gland  3) improvement of local blood circulation  4) the opening of purulent foci and the creation of conditions for drainage  5) the elimination of violations of the outflow of saliva in the excretory duct of the gland |
| 14 | THE MAIN RISK DURING THE OPERATION PURULENT PAROTITIS  1) bleeding  2) damage to the lower jaw  3) violation of the innervation of the gland  4) malfunction of the gland  5) damage to the branches of the facial nerve |
| 15 | DURING A PURULENT PAROTITIS, MAKE CUTS  1) in the submandibular region  2) vertically anterior to the ear trestle  3) parallel to the branches of the facial nerve  4) perpendicular to the branches of the facial nerve  5) horizontally slightly below the auricle |
| 16 | TRUE TACTICS DURING DESTRUCTIVE PURULENT PAROTITIS  1) the use of physiotherapy  2) local hypothermia  3) puncture with the introduction of antibiotics  4) the imposition of a warming compress  5) opening of purulent foci in combination with antibiotic therapy |
| 17 | MASTIT IS  1) sweat gland inflammation  2) parotid gland inflammation  3) limited accumulation of pus in tissues or organs  4) inflammation of the breast tissue (parenchyma and interstitial tissue)  5) inflammatory inflammation of the skin or subcutaneous tissue in the female breast area |
| 18 | MASTITIS AGENTS  1) Proteus  2) pneumococcus  3) pork wand  4) Pseudomonas aeruginosa  5) monoculture of staphylococcus or in associations with Escherichia coli and streptococcus |
| 19 | MASTITIES MOST FREQUENTLY MEET  1) in newborns  2) in pregnant women  3) in non-nursing women  4) in adolescents in puberty  5) in lactating women in the postpartum period |
| 20 | PREDICTING FACTORS OF DEVELOPMENT OF MASTITIS  1) lactostasis  2) nipple cracks  3) non-compliance with hygiene rules  4) weakening of body resistance  5) All of the above are true |
| 21 | INCLUDING GATES FOR THE PENETRATION OF MICROORGANISMS IN THE MAMMARY GLAND CAN BE  1) microtraumas  2) nipple cracks  3) outer openings of the milky ducts  4) all of the above |
| 22 | CHOOSE FROM THE BELOW-LISTED COMBINATIONS OF MASTITIS THAT ARE CALCULATED AND CALLED ALL THE FORMS OF DISEASE ACCORDING TO THE INFLAMMATION NATURE  1) superficial mastitis, areolite, galactophoritis  2) lactation, non-lactation, mastitis of pregnant women, mastitis of newborns  3) intramammary, retromammary, intracanalicular, subareolar  4) serous, infiltrative, abscess, phlegmonous, gangrenous  5) erythematous, bullous, infiltrative, absenting, phlegmonous, gangrenous |
| 23 | WHAT DOES CONTRIBUTE TO THE LACTOSTASIS  1) improper nipple structure  2) insufficient development of the milky ducts (in primiparous)  3) improper breastfeeding of the child (lack of experience)  4) All of the above are true |
| 24 | CLINICAL DISPLAYS OF LACTOSTASIS  1) the increase and tension of the breast, a feeling of heaviness, symptoms of intoxication no  2) pain and swelling of the breast, local hyperemia and hyperthermia, without focal changes, symptoms of intoxication  3) pain and swelling of the breast, local hyperemia and hyperthermia, painful infiltration, fluctuation, symptoms of intoxication  4) the mammary gland is painful, sharply swollen, hyperemic, with a bluish tinge, infiltration without clear boundaries with softening and fluctuation, regional lymphadenitis, severe symptoms of intoxication  5) the mammary gland is sharply edematous, painful, pastous, purple-bluish in color, in some places with blisters and areas of necrosis, the regional lymph nodes are enlarged and painful, severe intoxication phenomena |
| 25 | CLINICAL DISPLAYS OF SERIOUS MASTITIS  1) the increase and tension of the breast, a feeling of heaviness, symptoms of intoxication no  2) pain and swelling of the breast, local hyperemia and hyperthermia, without focal changes, symptoms of intoxication  3) pain and swelling of the breast, local hyperemia and hyperthermia, painful infiltration, fluctuation, symptoms of intoxication  4) the mammary gland is painful, sharply swollen, hyperemic, with a bluish tinge, infiltration without clear boundaries with softening and fluctuation, regional lymphadenitis, severe symptoms of intoxication  5) the mammary gland is sharply edematous, painful, pastous, purple-bluish in color, in some places with blisters and areas of necrosis, the regional lymph nodes are enlarged and painful, severe intoxication phenomena |
| 26 | CLINICAL DISPLAYS OF AN ABSCESSING MASTITIS  1) the increase and tension of the breast, a feeling of heaviness, symptoms of intoxication no  2) pain and swelling of the breast, local hyperemia and hyperthermia, without focal changes, symptoms of intoxication  3) pain and swelling of the breast, local hyperemia and hyperthermia, painful infiltration, fluctuation, symptoms of intoxication  4) the mammary gland is painful, sharply swollen, hyperemic, with a bluish tinge, infiltration without clear boundaries with softening and fluctuation, regional lymphadenitis, severe symptoms of intoxication  5) the mammary gland is sharply edematous, painful, pastous, purple-bluish in color, in some places with blisters and areas of necrosis, the regional lymph nodes are enlarged and painful, severe intoxication phenomena |
| 27 | CLINICAL DISPLAYS OF PHLEMONOSIS MASTITIS  1) the magnification and tension of the breast, the feeling of heaviness, symptoms of intoxication no  2) pain and swelling of the breast, local hyperemia and hyperthermia, without focal changes, symptoms of intoxication  3) pain and swelling of the breast, local hyperemia and hyperthermia, painful infiltration, fluctuation, symptoms of intoxication  4) the mammary gland is painful, sharply swollen, hyperemic, with a bluish tinge, infiltration without clear boundaries with softening and fluctuation, regional lymphadenitis, severe symptoms of intoxication  5) the mammary gland is sharply edematous, painful, pastous, purple-bluish in color, in some places with blisters and areas of necrosis, the regional lymph nodes are enlarged and painful, severe intoxication phenomena |
| 28 | CLINICAL DISPLAYS OF GANGRENOUS MASTITIS  1) the increase and tension of the breast, a feeling of heaviness, symptoms of intoxication no  2) pain and swelling of the breast, local hyperemia and hyperthermia, without focal changes, symptoms of intoxication  3) pain and swelling of the breast, local hyperemia and hyperthermia, painful infiltration, fluctuation, symptoms of intoxication  4) the mammary gland is painful, sharply swollen, hyperemic, with a bluish tinge, infiltration without clear boundaries with softening and fluctuation, regional lymphadenitis, severe symptoms of intoxication  5) the mammary gland is sharply edematous, painful, pastous, purple-bluish in color, in some places with blisters and areas of necrosis, the regional lymph nodes are enlarged and painful, severe intoxication phenomena |
| 29 | DIAGNOSTIC MASTITIS HAS THE MOST INFORMATIVE INFORMATION  1) biochemical examination of blood and milk, mammography, measurement of the volume of the mammary glands  2) clinical analysis of blood, bacteriological examination of milk, ultrasound, diagnostic puncture  3) bacteriological examination of milk, mammography, bacterioscopic examination of material taken from the surface of the mammary gland  4) bacterioscopic examination of material taken from the surface of the mammary gland, measurement of the chest volume at the level of the mammary glands, complete blood count, urinalysis |
| 30 | CONSERVATIVE MEASURES USED FOR LACTOSTASIS  1) the elevated position of the mammary gland, the expression of milk, physiotherapy  2) continued breastfeeding, decanting milk, breast massage  3) continued breastfeeding, milk decanting, physiotherapy, systemic antibiotic therapy  4) elevated position of the mammary gland, physiotherapy, systemic antibiotic therapy, lactation regulation |
| 31 | CONSERVATIVE MEASURES APPLIED TO SEROUS MASTE AND PRESERVATION OF BREASTFEEDING  1) the elevated position of the mammary gland, the expression of milk, physiotherapy  2) continued breastfeeding, decanting milk, breast massage  3) continued breastfeeding, milk decanting, physiotherapy, systemic antibiotic therapy  4) elevated position of the mammary gland, physiotherapy, systemic antibiotic therapy, lactation regulation |
| 32 | CONSERVATIVE ACTIVITIES USED FOR SERIOUS OR INFILTRATIVE MASTITES AND DISCUSSION OF BREASTFEEDING  1) the elevated position of the mammary gland, the expression of milk, physiotherapy  2) continued breastfeeding, decanting milk, breast massage  3) continued breastfeeding, milk decanting, physiotherapy, systemic antibiotic therapy  4) elevated position of the mammary gland, physiotherapy, systemic antibiotic therapy, lactation regulation |
| 33 | WITH INTRAMAMM PURIFYING MASTE APPLY CUTS  1) horizontal below the areola  2) horizontal above the areola  3) radial (without reaching the areola)  4) vertical to the right or left of the areola  5) through the nipple and areola (longitudinal, transverse, cruciform) |
| 34 | IN THE OPENING OF A RETROMMMMARNARY EULUM, EXECUTE A CUT  1) circular around the areola  2) radial in the lower half of the gland  3) radial in the upper half of the gland  4) semi-oval along the upper edge of the gland  5) semi-oval with gland along transition fold |
| 35 | ARC SHELLED BY AREOL IS PRODUCED DURING OPENING  1) areolithic  2) superficial mastitis  3) subareolar mastitis  4) retromammary mastitis  5) intramammary mastitis |
| 36 | MAIN DIRECTIONS OF GENERAL TREATMENT FOR DESTRUCTIVE MASTITIS INCLUDE  1) lactation stimulation, antiplatelet and anticoagulant therapy  2) normalization of blood pressure, immunosuppression, cessation of lactation  3) continued breastfeeding, antibacterial therapy, immunocorrection  4) antibacterial and detoxification therapy, immunocorrection, cessation of lactation |

# Purulent diseases of serous cavities

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| 1 | PLEURISY IS  1) purulent inflammation of the parietal part of the pleura  2) the presence in the pleural cavity of purulent exudate and gas  3) purulent inflammation of the pleura, accompanied by the accumulation of pus in the pleural cavity  4) inflammation of the serous cover (parietal and visceral pleura) of the pleural cavity  5) acute inflammation of the peritoneum (visceral and parietal leaflets), accompanied by exudative reaction |
| 2 | PUSATIVE PLEURISY IN THE MAJORITY OF CASES IS DISEASE  1) primary  2) secondary  3) tertiary  4) all of the above is true |
| 3 | PURULENT PLEURISY MAY COMPLICATE BY  1) pneumonia  2) lung cancer  3) lung abscess  4) lung gangrene  5) cavernous tuberculosis  6) All of the above are true |
| 4 | MOST CHARACTERISTIC COMPLAINTS OF A PATIENT WITH PLEURITIS  1) chest pain, dry cough, shortness of breath, fever  2) back pain, irradiation of pain in the neck and shoulder joint, shortness of breath, wet cough  3) chest pain, lowering blood pressure, cough with sputum, bradycardia  4) chest pain, fever, weakness, frequent painful urination |
| 5 | When inspecting a patient with pleurisy, it is customary to identify  1) tachypnea  2) pale skin  3) forced posture  4) restriction of respiratory movements and lag when breathing the patient side  5) All of the above are true |
| 6 | IN THE SURVEY OF A PATIENT WITH A PLEURITIS, PALPATORY DETECTED  1) painless palpation and increased voice tremor  2) tenderness to palpation of the spinous vertebrae and in the paravertebral points  3) pain in the intercostal region and weakening of voice tremor on the affected side  4) pain in the intercostal region and increased voice tremor on the affected side |
| 7 | WHEN EXAMINING A PATIENT WITH A PLEURITIS IS PERCULATORALLY DETERMINED  1) clear lung sound over all lung fields  2) box percussion sound on the affected side  3) tympanic percussion sound on the affected side  4) shortening of percussion sound over the zone of exudate accumulation |
| 8 | WHEN EXAMINING A PATIENT WITH A PLEURITIS IS PERCULATORALLY DETERMINED  1) clear lung sound over all lung fields  2) box percussion sound on the affected side  3) tympanic percussion sound on the affected side  4) shortening of percussion sound over the zone of exudate accumulation |
| 9 | IN THE SURVEY OF A PATIENT WITH A PLEURITIS, AUCTIONALLY DETERMINE  1) wet rales are heard over all fields of the lungs  2) dry rales are heard in the projection of the exudate accumulation  3) a clear lung sound is heard over all fields of the lungs  4) wet rales are heard in the projection of the exudate accumulation  5) respiratory sounds are not heard in the projection of the exudate accumulation |
| 10 | WHEN SURVEYING A PATIENT WITH A INFORMATIVE PLEURITIS IS  1) laparocentesis, ultrasound  2) scintigraphy, biochemical analysis of blood  3) phlebography, determination of the level of C-reactive protein  4) overview radiograph of the chest organs |
| 11 | IN THE SURVEY OF A PATIENT WITH A PLEURISY FROM THE PROPOSED ADDITIONAL METHODS OF RESEARCH MOST INFORMATIVE ARE  1) laryngoscopy, blood count  2) examination of the respiratory function of the lungs, ultrasound  3) bronchoscopy, sputum analysis of microflora and its sensitivity to antibiotics  4) diagnostic puncture of the pleural cavity with its subsequent bacteriological and cytological examination |
| 12 | SYSTEM THERAPY FOR Purulent PLEURISY INCLUDES  1) immune drugs  2) painkillers  3) antibiotic therapy  4) detoxification therapy  5) anti-inflammatory drugs  6) All of the above are true |
| 13 | PERITONITIS IS  1) purulent inflammation of the parietal part of the pleura  2) the presence in the abdominal cavity of any liquid component  3) purulent inflammation of the pleura, accompanied by the accumulation of pus in the pleural cavity  4) inflammation of the serous cover (parietal and visceral pleura) of the pleural cavity  5) acute inflammation of the peritoneum (visceral and parietal leaflets), accompanied by exudative reaction |
| 14 | PERITONITIS AS A RULE IS  1) an autoimmune disease in combination with a chronic specific surgical infection  2) the primary disease resulting from the translocation of microflora through natural openings  3) a complication of inflammatory and destructive diseases or traumatic injuries of the abdominal organs  4) primary disease resulting from hematogenous infection from extraperitoneal sources |
| 15 | CHARACTERISTIC SYMPTOMS OF PERITONITIS  1) Upper abdominal pain, nausea, vomiting  2) cramping abdominal pain, bloating, no stool  3) do not disturb pains in a stomach, a liquid black chair, vomiting of "the coffee grounds"  4) pain in the upper abdomen, the abdomen is involved in the act of breathing, a symptom of Shchyotkin-Blumberg negative  5) pain on palpation of the abdomen, muscle tension of the anterior abdominal wall, a positive symptom of Shchyotkin-Blumberg |
| 16 | IN THE SURVEY OF A PATIENT WITH A PERITONITIS FROM ADDITIONAL METHODS OF RESEARCH THE MOST INFORMATIVE ARE  1) scintigraphy, thermography  2) arteriography, determining the level of C-reactive protein  3) biochemical blood analysis, esophagogastroduodenoscopy  4) clinical analysis of blood, a survey radiograph of the abdominal cavity |
| 17 | IN THE SURVEY OF A PATIENT WITH A PERITONITIS FROM ADDITIONAL METHODS OF RESEARCH THE MOST INFORMATIVE ARE  1) rectoscopy, colonoscopy  2) irrigoscopy, fecal occult blood test  3) esophagogastroduodenoscopy, blood count  4) abdominal ultrasound, laparoscopy |
| 18 | Purulent Peritonitis PURPOSE OF THE OPERATION  1) planned  2) emergency |
| 19 | OPTIMAL ACCESS WHEN OPERATING FOR DISTRIBUTED PERITONITIS IS  1) median laparotomy  2) laparotomy in the left hypochondrium  3) laparotomy in the right hypochondrium  4) laparotomy in the left iliac region  5) laparotomy in the right iliac region  6) access does not matter |
| 20 | DECOMPRESSION OF THE INTESTINE, AIMED AT PREVENTION AND TREATMENT OF POSTOPERATIVE Paresis, is carried out with the help of  1) Blackmore probe  2) vapor tube  3) nasogastric tube  4) endotracheal tube  5) nasogastrointestinal probe |
| 21 | OBJECTIVES OF SYSTEM THERAPY AFTER THE OPERATION ON PURULENT PERITONITIS  1) antibacterial therapy  2) detoxification therapy  3) pain relief  4) replenishment of fluid and electrolyte loss  5) restoration of motor-evacuation function of the intestine  6) All of the above are true |

# Sepsis

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| 1 | SEPSIS IS  1) dysfunction of organs in a patient in serious condition, in which the maintenance of homeostasis without appropriate intensive care is impossible  2) the extreme form of the manifestation of generalization of the systemic inflammatory response, manifested in instability of hemodynamics (hypotension), despite ongoing intensive therapy  3) universal generalized reaction of the organism, which develops in response to various extreme influences or diseases and is characterized by specific signs  4) secondary severe infectious polyetiological disease, manifested by a kind of systemic inflammatory response of the body with the same clinical picture, complicating the course of local inflammatory processes |
| 2 | THE ETIOLOGICAL FACTORS OF SEPSIS ARE  1) Proteus  2) streptococci  3) Staphylococcus  4) E. coli  5) Pseudomonas aeruginosa  6) all of the above microorganisms |
| 3 | BY TYPE OF AGENT, SESPIS CAN BE  1) anaerobic  2) pseudomuscular  3) pneumococcal  4) streptococcal  5) colibacillary  6) staphylococcal  7) mixed (mixt infection)  8) All of the above are true |
| 4 | DEPENDING ON THE SOURCE, SEPSIS MAY BE  1) wound  2) cryptogenic  3) inflammatory  4) postoperative  5) with internal diseases  6) All of the above are true |
| 5 | ON THE LOCALIZATION OF THE PRIMARY HEARTH SEPSIS MAY BE  1) otogenic  2) odontogenic  3) surgical  4) urological  5) gynecological  6) All of the above is true |
| 6 | ON CLINICAL PICTURE SEPSIS MAY BE  1) subacute  2) lightning fast  3) recurrent  4) acute and chronic  5) all of the above is true |
| 7 | ON THE TIME OF DEVELOPMENT, SEPSIS MAY BE  1) early and late  2) acute and chronic  3) primary and secondary  4) permanent and transient  5) All of the above are true |
| 8 | BY NATURE OF ORGANISM REACTIONS SEPSIS MAY BE  1) acute and chronic  2) recurrent and chronic  3) normostenic and asthenic  4) hyperergic, normergic, hypergetic  5) All of the above are true |
| 9 | IN THE CLINICAL COURSE OF SEPSIS SEPARATE PHASES  1) voltage  2) catabolic  3) anabolic  4) rehabilitation  5) All of the above are true |
| 10 | TYPICAL CLINICAL MANIFESTATIONS OF SEPSIS ARE  1) tachycardia  2) hemorrhagic rash  3) increase in body temperature  4) sunken, sallow face  5) pallor, yellowness of the skin  6) All of the above are true |
| 11 | BACTERIEMIA IS  1) the absence of microorganisms in the patient’s blood  2) the presence of bacterial toxins in the patient’s blood  3) the absence of saprophytic microorganisms in the patient's blood  4) the presence of viable microorganisms in the blood patient |
| 12 | BACTERIEMIA CAN BE  1) full and partial  2) virulent and saprophytic  3) lightning and gradual  4) transient, constant, intermittent  5) All of the above are true |
| 13 | THE FOLLOWING CHANGES IN CLINICAL ANALYSIS OF BLOOD CHARACTERISTICS FOR SEPSIS  1) anemia  2) leukocytosis  3) lymphopenia  4) leukocyte shift to the left  5) All of the above are true |
| 14 | SYSTEMIC INFLAMMATORY REACTION SYNDROME \- THIS IS  1) dysfunction of organs in a patient in serious condition, in which the maintenance of homeostasis without appropriate intensive care is impossible  2) the extreme form of the manifestation of generalization of the systemic inflammatory response, manifested in instability of hemodynamics (hypotension), despite ongoing intensive therapy  3) universal generalized reaction of the organism, which develops in response to various extreme influences or diseases and is characterized by specific signs  4) secondary severe infectious polyetiological disease, manifested by a kind of systemic inflammatory response of the body with the same clinical picture, complicating the course of local inflammatory processes |
| 15 | ONE OF THE FOUR DIAGNOSTIC SYMPTOMS OF THE SYSTEM INFLAMMATORY REACTION SYNDROME IS  1) bradycardia  2) respiratory rate more than 16-20 per minute  3) the number of leukocytes 6.0 - 9.0 x109 / l  4) body temperature more than 38ºС or less than 36ºС |
| 16 | ONE OF THE FOUR DIAGNOSTIC SYMPTOMS OF THE SYSTEM INFLAMMATORY REACTION SYNDROME IS  1) body temperature over 36.6ºС  2) tachycardia more than 90 per minute;  3) respiratory rate less than 20 per minute  4) the number of leukocytes is less than 9.0 x109 / l |
| 17 | ONE OF THE FOUR DIAGNOSTIC SYMPTOMS OF THE SYSTEM INFLAMMATORY REACTION SYNDROME IS  1) body temperature 37-38ºС  2) tachycardia more than 60 per minute  3) in the blood test more than 5% of stab neutrophils  4) respiratory rate more than 20 per minute or pCO2 32 mm Hg. Art. |
| 18 | ONE OF THE FOUR DIAGNOSTIC SYMPTOMS OF THE SYSTEM INFLAMMATORY REACTION SYNDROME IS  1) bradycardia  2) body temperature 37-38ºС  3) respiratory rate more than 16 per minute  4) the number of leukocytes more than 12.0 h109 / l, less than 4.0 h109 / l, or more than 10% of band neutrophils |
| 19 | SEPSIS SYNDROME (HEAVY SEPSIS) IS  1) dysfunction of organs in a patient in serious condition, in which the maintenance of homeostasis without appropriate intensive care is impossible  2) the extreme form of the manifestation of generalization of the systemic inflammatory response, manifested in instability of hemodynamics (hypotension), despite ongoing intensive therapy  3) universal generalized reaction of the organism, which develops in response to various extreme influences or diseases and is characterized by specific signs  4) a condition in which symptoms of organ dysfunction, hypoperfusion and / or arterial hypotension develop on the background of a local infectious process and clinical signs of a systemic inflammatory reaction |
| 20 | SEPSIS SYNDROME (HEAVY SEPSIS) IS  1) dysfunction of organs in a patient in serious condition, in which the maintenance of homeostasis without appropriate intensive care is impossible  2) the extreme form of the manifestation of generalization of the systemic inflammatory response, manifested in instability of hemodynamics (hypotension), despite ongoing intensive therapy  3) universal generalized reaction of the organism, which develops in response to various extreme influences or diseases and is characterized by specific signs  4) a condition in which symptoms of organ dysfunction, hypoperfusion and / or arterial hypotension develop on the background of a local infectious process and clinical signs of a systemic inflammatory reaction |
| 21 | SYNDROME OF POLY-ORGAN INSUFFICIENCY IS  1) dysfunction of organs in a patient in serious condition, in which the maintenance of homeostasis without appropriate intensive care is impossible  2) the extreme form of the manifestation of generalization of the systemic inflammatory response, manifested in instability of hemodynamics (hypotension), despite ongoing intensive therapy  3) universal generalized reaction of the organism, which develops in response to various extreme influences or diseases and is characterized by specific signs  4) the extreme form of the manifestation of generalization of the systemic inflammatory reaction, manifested in instability of hemodynamics (hypotension), despite ongoing intensive therapy |
| 22 | AS A LOCAL TREATMENT FOR SEPSIS TO THE GREATEST DEGREE  1) punctures of purulent cavities  2) limb immobilization  3) imposition of provisional seams  4) the imposition of wet-drying dressings  5) surgical treatment of purulent foci |
| 23 | IN THE POSTOPERATIVE PERIOD IN PATIENTS WITH SEPSIS SHOWN  1) hyperbaric oxygenation  2) ultrasonic cavitation of purulent wounds  3) wound treatment with a pulsating antiseptic jet  4) wound treatment with high-intensity laser radiation  5) all of the above |
| 24 | MAIN DIRECTIONS OF SYSTEM THERAPY FOR SEPSIS  1) immunosuppressive, rabies therapy  2) hemostatic, antimicrobial, nasointestinal intubation  3) antibacterial, detoxification, immunocorrective therapy  4) All of the above are true |
| 25 | MAIN DIRECTIONS OF SYSTEM THERAPY FOR SEPSIS  1) immunosuppressive, rabies therapy  2) hemostatic, antimicrobial, nasointestinal intubation  3) symptomatic therapy, parenteral nutrition, inhibition of inflammatory mediators  4) All of the above are true |

# Purulent diseases of the hand, veins, lymphatic vessels

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| 1 | PANARITION IS  1) purulent inflammation of finger tissue  2) inflammation of all layers of the vein wall  3) acute purulent inflammation of the lymph node  4) acute serous inflammation of the dermis  5) sweat gland inflammation with signs of tissue necrosis |
| 2 | THE MOST FREQUENT REASONS OF DEVELOPMENT PANARIATION ARE  1) microtrauma of fingers  2) lymphangitis of the hand  3) thrombophlebitis of the lower third of the forearm  4) foreign bodies brush  5) finger burns |
| 3 | THE DEVELOPMENT OF A TENDON PANARIATION MOST INCREASES  1) periostitis  2) purulent lymphadenitis  3) purulent arthritis of the wrist joint  4) insufficiently opened subcutaneous felon  5) spread of infection with phlegmon of the hand |
| 4 | THE MOST FREQUENT CAUSE OF BONE DEVELOPMENT PANARIATION IS  1) finger frostbite  2) purulent lymphangitis  3) the spread of infection from the joint cavity to the bone  4) purulent lymphadenitis  5) spreading infection with subcutaneous tissue of the finger |
| 5 | THE SUBCUTE PANARIATION OF THE NAIL SPRAY SHOULD BE OPENED  1) linear slit on the back surface of the finger  2) linear longitudinal incision on the palmar surface of the finger  3) arcuate incision on the palmar surface of the nail phalanx  4) club-shaped incision along the anterolateral surface of the nail phalanx of the finger  5) linear transverse incision on the palmar surface of the nail phalanx |
| 6 | Subglacial PANARIATION open  1) longitudinal section  2) cross section  3) by resection or removal of the nail plate  4) cruciform incision  5) blunt way |
| 7 | AT ARTICULAR PANARATION, THE FINGER TAKES A FORM  1) club  2) spindly  3) cone  4) rounded  5) trapezoid |
| 8 | PECULIARITIES OF THE STRUCTURE OF THE HAND, PROMOTING THE DISTRIBUTION OF INFECTION INTO THE DEPTH OF TISSUES IS  1) lymphostasis  2) weak venous outflow  3) thickening of the skin of the palmar surface of the hand  4) presence of connective tissue septa in the subcutaneous fat  5) the presence of tendon sheaths |
| 9 | IN PANARIATION, PURULUS INFECTION IS SPREAD ON THE BRUSH.  1) through the veins  2) for tendon sheaths  3) for arterial vessels  4) through the venous vessels  5) along the nerves |
| 10 | THE MOST FREQUENT CAUSE OF JOINT PANARIATION ARE  1) systemic connective tissue diseases  2) increased exercise on the fingers  3) supercooling brushes  4) penetrating injured joints  5) finger bruises |
| 11 | FLEGMONE OF HAND ARE MORE often distributed to the forearm  1) lymphogenous way  2) through the space of Pirogov  3) hematogenous way  4) subcutaneous tissue  5) along the nerve trunks |
| 12 | FOR FLEGMONAS OF THE MIDDLE PALM SPACE CHARACTERISTIC  1) accumulation of pus between the skin and palmar aponeurosis  2) purulent fusion of fiber of Pirogov’s space  3) purulent inflammation of fiber between the palmar aponeurosis and flexor tendons of the fingers  4) accumulation of pus in the elevation of 1 finger  5) inflammation of elevation 5 fingers brush |
| 13 | THE MOST HEAVY FORM OF PURULENT INFLAMMATION OF THE HAND IS  1) tenar phlegmon  2) subcutaneous phlegmon  3) over-sinew phlegmon  4) sweetened abscess  5) cross (U-shaped) phlegmon |
| 14 | THE GREATEST DANGER IN THE OPENING OF TENAR'S FLEGMONA REPRESENTS  1) damage to the median nerve  2) heavy bleeding  3) damage to the lymphatic vessels  4) tendon damage  5) damage to the capsule of the metacarpophalangeal joint |
| 15 | ENTRANCE GATES AT THE COMMISSIAL FLEGMON ARE  1) skin cracks in the area of ​​the periungual roller  2) damage to the nail plate  3) cracks of callous skin in the area of ​​the metacarpophalangeal joints of the palm  4) micro traumas rear brush  5) fingers frostbite |
| 16 | LYMPHANGITIS IS OFTEN  1) oncology  2) specific  3) productive  4) secondary  5) primary |
| 17 | THE MOST FREQUENT LYMPHANGIITIS AGENT IS  1) staphylococcus  2) streptococcus  3) E. coli  4) protei  5) pyocyanitis stick |
| 18 | TREATMENT OF LYMPHADENITIS AIMED AT  1) replenishment of protein deficiency in the body  2) detoxification of the body  3) immunity stimulation  4) rehabilitation of the primary focus  5) elimination of the secondary focus |
| 19 | THE OUTCOME OF THROMBOPLEBITIS IS MOST  1) limb cellulitis  2) veins sclerosis  3) formation of pseudoaneurysms  4) arteriovenous fistula formation  5) the formation of varicose veins |
| 20 | PURPOSE OF THE OPERATION OF THROMBOFLBITIS ARISE  1) for distal propagation process  2) with an increase in intoxication  3) with severe limb edema  4) always  5) the threat of transition to a deep vein process |

# Chronic specific surgical infection

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| 1 | ACTINOMYCOSIS IS:  1) parasitic disease  2) viral disease  3) bacterial disease  4) fungal disease  5) mixed pathology |
| 2 | THE MAIN EXTRAPULMONARY TUBERCULOSIS AGENT IS:  1) E.coli  2) C.hystoliticum  3) M.bovis  4) M.africanum  5) M.tuberculosis |
| 3 | MAIN WAYS OF THE DISTRIBUTION OF MYCOBACTERIA DURING THE DEVELOPMENT OF BONE-JUSTIC TUBERCULOSIS:  1) alimentary  2) airborne  3) transfusion  4) contact  5) hematogenous |
| 4 | BASIC WAY OF PENETRATION OF ACTINOMYCOSIS PATHOGEN:  1) airborne  2) odontogenic  3) alimentary  4) transfusion  5) contact |
| 5 | THE MOST FREQUENT FORM OF ACTINOMYCOSIS IS:  1) abdominal  2) neck and facial  3) pulmonary  4) urinary organs  5) mammary actinomycosis |
| 6 | IN THE PATHOGENESIS OF ACTINOMICOSIS DEVELOPMENT IMPORTANT ROLE PLAYS:  1) rural accommodation  2) reduced immunological reactivity  3) chronic colds  4) hyperimmune conditions  5) harmful chemical factors at work |
| 7 | CHARACTERISTIC SYMPTOM OF TUBERCULAR SPONDILITISE:  1) Murphy  2) Mendel  3) Alexandrova  4) Root  5) Koch |
| 8 | CHARACTEREN SYMPTOM OF TUBERCULAR GONITE:  1) Root  2) Resurrection  3) Mendel  4) Koch  5) Alexandrova |
| 9 | SYMPTOM OF PIANO KEY IS CHARACTERISTIC  1) for tuberculous coxitis  2) for tuberculous gonitis  3) for peritoneal tuberculosis  4) for tuberculous spondylitis  5) for tuberculosis wounds |
| 10 | IN THE ARTHRITIC PHASE ON X-RAY DETERMINATION:  1) primary tuberculosis focus in the bone  2) hyperostosis of the articular surfaces  3) fusion of the articular surfaces of the bone  4) hardening of the articular parts of the bone  5) destruction of articular surfaces |
| 11 | MOST FREQUENTLY AT BONE-JOINT TUBERCULOSIS suffers:  1) hip joint  2) knee joint  3) intervertebral joint  4) elbow joint  5) ankle joint |
| 12 | THE MAIN WAY OF THE PENETRATION OF THE PATHOGEN IN ABDOMINAL TUBERCULOSIS:  1) airborne  2) contact  3) hematogenous  4) implantation  5) alimentary |
| 13 | THE TUBERCULAR PROCESS IN BONES USUALLY BEGINS WITH:  1) apophysis  2) pineal gland  3) diaphysis  4) metaphysis |
| 14 | FOR CLINICAL ANALYSIS OF BLOOD IN TUBERCULOSIS CHARACTERISTICALLY:  1) neutrophilia  2) the shift of the leukocyte formula to the left  3) thrombocytopenia  4) basophilia  5) increase in erythrocyte sedimentation rate |
| 15 | TO RADICAL OPERATIONS AT BONE TUBERCULOSIS RELATES:  1) arthrodesis of the joint  2) synovectomy  3) fistulotomy  4) joint puncture  5) arthroscopy |
| 16 | DURING THE TUBERCULAR PROCESS OF THE SPINE DAMAGE:  1) vertebral bodies  2) arches  3) transverse processes  4) spinous processes  5) ligament apparatus |
| 17 | FOR THE PREARTHRITIC PHASE OF BONE TUBERCULOSIS CHARACTERISTALLY:  1) the presence of Natechnikov  2) joint deformity  3) forced limb position  4) narrowing of the joint space on radiographs  5) positive tuberculin test |
| 18 | TO THE SYMPTOMS OF CHRONIC TUBERCULAR INTOXICATION RELATES:  1) neutrophilia  2) frequent urge to urinate  3) constant temperature rise above 380C  4) weight loss  5) dyspeptic symptoms |
| 19 | THE MAIN CAUSE OF THE LATE DIAGNOSTICS OF BONE TUBERCULOSIS IS:  1) lack of alertness on the part of doctors  2) irregularly performed fluorography study  3) late appeal for medical care  4) difficulty of differential diagnosis with other diseases  5) low symptom course in the initial period |
| 20 | BONE-ORGANIZED TUBERCULOSIS IS CHARACTERISTIC FOR PATIENTS AGED:  1) up to 15 years  2) 16-20 years  3) 20-40 years  4) 40-60 years  5) over 60 years old |

# Anaerobic infection

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| 1 | NONCLOSTRIDIAL ANAEROBIC INFECTION AGENT IS  1) streptococcus  2) fusobacterium  3) Proteus  4) Klebsiella  5) E. coli |
| 2 | ANAEROBIC INFECTION AGENTS  1) Clostridia  2) peptokokkk  3) bacteroids  4) fusobacterium  5) all listed |
| 3 | THE PREFERRED LOCALIZATION OF THE PROCESS UNDER GAS GANGRENE IS:  1) head and neck  2) limbs  3) torso  4) the crotch  5) intestines |
| 4 | BY FLOW CHARACTER, GAS GANGRENE CAN BE:  1) lightning fast  2) subacute  3) chronic  4) recurrent |
| 5 | CHARACTERISTIC CLINICAL SIGNS OF ANAEROBIC INFECTION OF SOFT TISSUES ARE:  1) edema, marble skin pattern, gas formation  2) hyperemia of the skin with clear boundaries  3) phlegmon with yellowish pus  4) cold abscesses  5) muscle fibrillation in the area of ​​inflammation |
| 6 | OPTIMAL CONDITIONS FOR THE DEVELOPMENT OF GAS GANGRENE ARISING:  1) with closed fractures  2) with extensive wounds  3) with burns  4) frostbite  5) with insect bites |
| 7 | GAS GANGRENE TYPES ACCORDING TO CLINICAL AND MORPHOLOGICAL MANIFESTATIONS:  1) clostridial dermatitis  2) clostridial osteitis  3) Clostridial cellulite  4) Clostridial paronychia  5) all these forms can be |
| 8 | CHARACTERISTICS OF ANAEROBIC (CLOSTRIDIAL) INFECTION  1) severe skin hyperemia around the wound  2) fast growing edema, symptom of crepitus  3) discharge from a cream-like pus wound in large quantities  4) multiple infiltrates with hyperemia over them |
| 9 | SURGICAL TREATMENT OF CLOSTRIDIAL ANAEROBIC INFECTION:  1) primary surgical treatment of wounds  2) dissection of the skin over the sites of infiltration and fluctuation, fiber drainage  3) wide dissection of the soft tissues of the affected area with excision of areas of necrosis  4) dissection of the skin and subcutaneous tissue at the site of the greatest accumulation of gases  5) multiple incisions; skin notches |
| 10 | NON-SPECIFIC PREVENTION OF GAS GANGRENE INCLUDES:  1) primary surgical treatment of wounds  2) the introduction of anti-gangrenous serum  3) massive antibiotic therapy  4) injecting wounds with antibiotics  5) determination of pathogen sensitivity to antibiotics |
| 11 | MEDIUM MEDICAL DOSE POLYVELETIC ANTI-GRAVE SERUM CONTAINS  1) 30,000 anti-toxic units  2) 50,000 anti-toxic units  3) 150,000 anti-toxic units  4) 300,000 anti-toxic units |
| 12 | MEDIUM PREVENTIVE DOSE OF POLYVALENT ANTI-GRAVE SERUM CONTAINS  1) 10,000 anti-toxic units  2) 30,000 anti-toxic units  3) 50,000 anti-toxic units  4) 100,000 anti-toxic units  5) 150,000 anti-toxic units |
| 13 | LAMP CUTS OF THE LIMBS (WITH GAS GANGRENE) IS:  1) continuous skin incisions from the foot to the upper third of the thigh  2) cross sections in affected areas  3) longitudinal incisions to the muscles within the affected segments  4) short longitudinal incisions to the muscles within the affected segments |
| 14 | WOUNDS UNDER GAS GANGRENE RECOMMENDED TO TAMPON WITH NAPKINS WITH:  1) boric acid  2) furatsillinom  3) antibiotics  4) methyluracil  5) hydrogen peroxide |
| 15 | After amputation for gas gangrene, the wound  1) do not sew  2) sew tightly |
| 16 | tetanus causative agent is  1) Clost. oedomatiens  2) Clost. botulinum  3) Clost. perfringens  4) Clost. tetani  5) Clost. novi |
| 17 | According to the clinical course, there are forms of tetanus (choose the correct one):  1) acute, subacute, chronic  2) sharp, subacute, erased  3) acute, subacute, wavy |
| 18 | Tetanus strikes:  1) muscle  2) nervous system  3) myocardium  4) respiratory system |
| 19 | The main diagnostic sign of tetanus is:  1) skeletal muscle hypertonus  2) smooth muscle hyper tone  3) myocardial hypertonus  4) vascular hypertonia |
| 20 | The specific prevention of tetanus is  1) the introduction of tetanus vaccine  2) the introduction of hyper-immune plasma  3) administration of tetanus toxoid and serum  4) the introduction of bacteriophages |

# Purulent diseases of bones, joints and bags

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| 1 | OSTEOMYELITIS (SELECT EXACT DEFINITION) - THIS IS  1) inflammation of the bone marrow  2) inflammation of the compact part of the bone  3) an infectious disease characterized by inflammation of paraossal tissues with the involvement of the periosteum and the compact part of the bone  4) an infectious disease characterized by inflammation of the compact part of the bone and periosteum and often surrounding soft tissues  5) an infectious disease characterized by inflammation of the bone tissue with involvement in the process of the bone marrow, the compact part of the bone, the periosteum, and often paraossal tissue |
| 2 | THE SEQUENCE OF DEVELOPMENT OF PATHOLOGICAL CHANGES IN ACUTE HEMATOGENOUS OSTEOMYELITIS:  1) purulent inflammation in the metaphysis, subperiosteal abscess, paraomal phlegmon  2) purulent inflammation in the diaphysis, subperiosteal abscess, paraosseous phlegmon 3) subperiosteal abscess, paraosal phlegmon, purulent inflammation of the bone, purulent inflammation of the bone marrow  4) purulent inflammation of the bone, purulent inflammation of the yellow bone marrow, purulent inflammation of the red bone marrow, subperiosteal abscess, paraosal phlegmon |
| 3 | ACCORDING TO STATISTICS, ACUTE HEMATOGENOUS OSTEOMYELITIS MOST FREQUENTLY MEETS AT:  1) boys in adolescence  2) girls in adolescence  3) girls in early childhood  4) in adult women  5) in adult males |
| 4 | AN UNFITTED FACTOR THAT INFLUENCES THE DEVELOPMENT OF OSTEOMYELITIS IS  1) features of the blood coagulation system  2) heredity  3) sensitization of the body as a result of exposure to degradation products of proteins in the body and other antigens  4) anomalies of skeletal development  5) obesity |
| 5 | HEMATOGENOUS OSTEOMYELITIS TYPES (SELECT THE RIGHT CLASSIFICATION):  1) primary acute, secondary acute, chronic  2) acute, primary chronic, chronic  3) acute, primary subacute, secondary chronic, chronic |
| 6 | A FORM OF ACUTE HEMATOGENOUS OSTEOMYELITIS:  1) primary  2) secondary  3) pre-arthritic  4) sclerotic  5) local |
| 7 | AT THE EARLY STAGE OF DEVELOPMENT OF ACUTE HEMATOGENOUS OSTEOMYELITIS CHARACTERISTIC SYMPTOM IS  1) the forced (half-folded) position of the affected limb  2) infiltration and skin hyperemia  3) fistula formation with purulent discharge  4) cold abscess  5) symptom fluctuation |
| 8 | FIRST X-RAY SIGNS OF ACUTE HEMATOGENOUS OSTEOMYELITIS APPEAR ON THE REVIEW OF X-RAY  1) 2 day  2) 5–7 day  3) 2-3 weeks  4) 5 week  AFTER THE BEGINNING OF THE DISEASE |
| 9 | EARLY DIAGNOSTIC BONE DESTRUCTION IN ACUTE HEMATOGENOUS OSTEOMYELITIS  1) review radiography  2) angiography  3) lymphography  4) magnetic resonance imaging  5) arthroscopy |
| 10 | THE CORRECT TACTIC TREATMENT OF ACUTE HEMATOGENOUS OSTEOMYELITIS IS:  1) massive antibiotic therapy, with inefficiency - urgent surgery  2) intensive infusion therapy, antibiotic therapy, with inefficiency - emergency surgery  3) emergency operation  4) urgent operation |
| 11 | A TYPICAL OPERATION WITH ACUTE HEMATOGENOUS OSTEOMYELITIS IS:  1) resection of the affected bone  2) necrotomy and bone grafting  3) osteperforation and filling of the abscess cavity  4) osteoperforation and drainage of the abscess cavity |
| 12 | X-RAY CHARACTERISTIC OF CHRONIC OSTEOMYELITIS IS:  1) sequestration  2) osteoporosis  3) periostitis  4) epiphyseolysis  5) the presence of sequesters on the type of "melting sugar" |
| 13 | NONHEMATOGENOUS GENERAL OSTEOMYELITIS CAN BE AFFECTED BY:  1) furunculosis  2) a gunshot bone fracture  3) dislocation  4) superficial cellulitis of the limb  5) tonsillitis, complicated by paratonsillar abscess |
| 14 | The main link of the complex treatment of chronic osteomyelitis is:  1) treatment aimed at suppressing microflora in the lesion focus  2) blood transfusions, protein blood substitutes, electrolyte solutions  3) sequestrectomy surgery  4) surgical intervention in the form of opening paraosal phlegmon with subsequent dissection of the periosteum  5) therapeutic exercise |
| 15 | POSIBLE COMPLICATION OF ACUTE OSTEOMYELITIS IS  1) pathological fracture  2) gangrene of the limb  3) sepsis  4) subperiosteal abscess  5) intermuscular phlegmon |
| 16 | PURULENT ARTHRITIS FREQUENTLY AGENT IS:  1) staphylococcus  2) streptococcus  3) pneumococcus  4) enterobacteria  5) gonococcus |
| 17 | LATE COMPLICATION OF ARTHRITIS IS:  1) phlegmon  2) bursitis  3) joint ankylosis  4) sepsis  5) erysipelas |
| 18 | SURGICAL MANIPULATIONS FOR TREATING PURULENT ARTHRITIS  1) joint puncture  2) arthrotomy, drainage  3) joint resection  4) limb amputation |
| 19 | BURSIT IS  1) inflammation of arthritis of the joint  2) inflammation of the periarticular bags  3) inflammation of the synovial sheaths of the tendons  4) inflammation of all synovial joint structures |
| 20 | THE MOST FREQUENTLY MEETING ACUTE PURULENT BURSITES NEAR:  1) hip  2) wrist band  3) ankle  4) shoulder  5) knee  JOINTS |
| 21 | POSSIBLE METHODS OF TREATING PURULENT BURSITIS:  1) puncture of the bag with exudate suction  2) opening the bag and removing pus  3) removing the bag without opening its lumen  4) opening the bag, washing the wound, imposing a primary suture  5) bag opening in combination with arthrotomy |

## The module "Fundamentals of surgery for regional blood supply disorders. Basics of Oncology "

# Arterial and venous insufficiency

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| 1 | THROMBOPLEBITIS AFFECTS  1) vessels of the lower extremities;  2) vessels of the upper extremities;  3) pelvic vessels;  4) vessels of the abdominal cavity |
| 2 | CHARACTERISTIC FOR ACUTE THROMBOPHLEBITIS DEEP VEINS  1) intermittent claudication;  2) hectic body temperature;  3) swelling of the limb;  4) hyperemia and infiltration along the vein |
| 3 | CHARACTERISTICALLY FOR THROMBOPHLEBITIS SURFACE VEINS  1) severe throbbing pain;  2) very high body temperature;  3) swelling of the limb from the fingers to the groin;  4) hyperemia in the form of strips |
| 4 | THE SYMPTOMS OF THROMBOPHLEBITIS OF DEEP VEINS ARE ::  1) mild cyanosis of the skin, widespread edema of the limb, pain on palpation of the leg muscles;  2) bright hyperemia of the skin of the leg and thigh, the absence of pulsation of blood vessels, local edema of the foot;  3) intermittent claudication, pallor of the skin, trophic disorders;  4) hyperemia and infiltration along the veins |
| 5 | CAUSE THROMBOSIS OF DEEP VEINS CAN BE  1) excessive activity in the postoperative period;  2) strict bed rest;  3) intensive infusion therapy;  4) large doses of anticoagulants  5) decrease in the number of platelets |
| 6 | TREATMENT FOR THROMBOPHLEBITIS (THROMBOSIS) OF THE DEEP VEINS OF THE LOWER EXTREMITIES IS  1) operational on an emergency basis  2) operational routinely  3) conservative |
| 7 | IN THE PROGRESSIVE ASCENDING THROMBOPHLEBITIS OF SURFACE VEINS OF THE HIP, OPERATION IS APPLIED  1) ligation and dissection of the small saphenous vein  2) ligation and dissection of the great saphenous vein  3) radical removal of all superficial veins  4) femoral vein embolization |
| 8 | POST-THROMBOPHLEBITIC SYNDROME IS A RESULT OF THROMBOPLEBITIS  1) deep veins of the lower limb  2) superficial veins of the lower extremity  3) any types of veins |
| 9 | THE MOST DANGEROUS COMPLICATION OF THROMBOSIS IN DEEP VEINS IS:  1) trophic ulcers of the leg;  2) pulmonary embolism;  3) superficial vein thrombophlebitis;  4) deep vein obliteration;  5) elephantiasis |
| 10 | EFFECTIVE PREVENTION OF THROMBOPLEBITIS IN VARICOSE DISEASE IS:  1) elastic compression of the limb;  2) appropriate diet;  3) mostly bed rest;  4) antispasmodic therapy;  5) external use of gels (ointments) with vasoprotectors |
| 11 | SYMPTOM OF THE DEVELOPMENT OF ACUTE ARTERIAL ISCHEMIA OF THE LIMBS  1) pain at the site of blockage of the vessel;  2) reddening of the skin of the leg;  3) skin hypersensitivity;  4) skin cooling |
| 12 | THE SOURCE OF EMBOLIS OF THE ARTERIES OF THE LOWER EXTREMITIES IS  1) the veins of the lower extremities and pelvis  2) pulmonary veins  3) left atrium  4) right heart |
| 13 | SKIN COLORING IN ACUTE ARTERIAL ISCHEMIA  1) pink (weak hypermia)  2) bright red  3) uniformly cyanotic  4) marble |
| 14 | SIGN OF OBLITERATING ENDARTERIITIS IS:  1) the expansion of small skin vessels;  2) pale skin;  3) cyanosis of the skin;  4) skin flushing;  5) swelling |
| 15 | THE MAIN SUBJECTIVE SYMPTOM OF OBLITERATING ENDARTERIITIS IS:  1) aching in the limbs at night;  2) intermittent claudication;  3) acute leg pain when lifting weights  4) desensitization of the skin of the feet  5) pain in joints when walking |
| 16 | THE MAIN SUBJECTIVE SYMPTOM OF OBLITERATING ATHEROSCLEROSIS IS:  1) aching in the limbs at night;  2) intermittent claudication;  3) acute leg pain when lifting weights  4) desensitization of the skin of the feet  5) pain in joints when walking |
| 17 | The main clinical sign of obstructive disease of the lower extremities is:  1) weakening or absence of pulsation in the arteries;  2) discoloration of the skin;  3) change in skin temperature;  4) change in muscle tone |
| 18 | PAIN IN TIBIA APPEARS MORE THAN THROUGH 200 M (RELATED CHROMOTION), THIS IS  1) first  2) the second  3) third  STAGE OF OBLITERATING ATHEROSCLEROSIS ON CLASSIFICATION OF POKROVSKY |
| 19 | CONSERVATIVE TREATMENT OF THE OBJECTIVE DISEASES OF THE LOWER EXTREMITIES  1) sympathetic nervous system stimulants  2) muscle relaxants  3) antibiotics and chemotherapy drugs  4) antispasmodics and disaggregants  5) venotonic and elastic compression |
| 20 | PLANNED ENDOVASCULAR OPERATIONS WITH OBJECTIVE ATHEROSCLEROSIS ARE:  1) autoplasty and endoprosthetics  2) bypass and embolization  3) Sympathectomy and thrombinthimectomy  4) arteriovenous shunting  5) stenting and balloon dilatation |

# Oncology

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| 1 | ONCOLOGY IS  1) the section of medicine dealing with the study of the issues of the clinic of precancerous diseases and methods of their diagnosis and treatment  2) the section of medicine dealing with the study of the issues of surgical treatment and prevention of malignant neoplasms of the body  3) the section of medicine dealing with the study of the etiology, pathogenesis, clinic, diagnosis, treatment and prevention of malignant tumors of the internal organs  4) the section of medicine dealing with the study of the etiology, pathogenesis, clinic, diagnosis, treatment and prevention of pathological neoplasms of body tissues |
| 2 | TUMOR (GROWTH) IS  1) any pathological formation affecting the function of surrounding organs and tissues  2) pathological formation that develops in organs and tissues, without a tendency to autonomous growth, polymorphism or cell atypia  3) violation of fetal intrauterine development with a deviation in the structure of organs or tissues and change or exclusion of their functions  4) pathological formation, independently developing in organs and tissues, characterized by autonomous growth, polymorphism and atypia of cells  5) pathological formation that develops in organs and tissues and leads to external cosmetic defects or impaired function of the musculoskeletal system |
| 3 | AUTOMATION IS  1) morphological difference from the cells of the tissue from which the tumor has developed  2) uncontrolled, uncontrolled growth and proliferation of tumor cells  3) being in the structure of the tumor cells of different morphological features |
| 4 | Atypia is  1) morphological difference from the cells of the tissue from which the tumor has developed  2) uncontrolled, uncontrolled growth and proliferation of tumor cells  3) being in the structure of the tumor cells of different morphological features |
| 5 | POLYMORPHISM IS  1) morphological difference from the cells of the tissue from which the tumor has developed  2) uncontrolled, uncontrolled growth and proliferation of tumor cells  3) being in the structure of the tumor cells of different morphological features |
| 6 | PRECANCEROUS DISEASES ARE  1) chronic diseases, against the background of which the incidence of malignant tumors dramatically increases  2) any diseases leading to external cosmetic defects or dysfunction of the musculoskeletal system  3) pathological formations that develop in organs and tissues, without a tendency to autonomous growth, polymorphism or cell atypia  4) pathological formations independently developing in organs and tissues, differing by autonomous growth, polymorphism and atypia of cells |
| 7 | ABLASTICS IS  1) a set of measures for the destruction during the operation of individual tumor cells  2) a set of measures to prevent the spread of tumor cells during surgery  3) a set of measures aimed at preventing the entry of pathogens into the wound or the human body  4) a set of measures aimed at the destruction of infectious agents in a wound or a human body, the prevention or elimination of an infectious inflammatory process |
| 8 | ANTIBLASTICS IS  1) a set of measures for the destruction during the operation of individual tumor cells  2) a set of measures to prevent the spread of tumor cells during surgery  3) a set of measures aimed at preventing the entry of pathogens into the wound or the human body  4) a set of measures aimed at the destruction of infectious agents in a wound or a human body, the prevention or elimination of an infectious inflammatory process |
| 9 | THE MODERN POLYETHYOLOGICAL THEORY OF THE ORIGIN OF TUMORS TAKES INTO ACCOUNT THE INFLUENCE OF THE FOLLOWING FACTORS  1) genetic predisposition  2) chemical and physical carcinogens  3) mechanical factors and oncogenic viruses  4) the state of the immune and neuro-humoral system  5) All of the above are true |
| 10 | ABLASTICS INCLUDES THE FOLLOWING MEASURES  1) early ligation of the venous trunks and the lumen of the hollow organ  2) change (processing) of instruments, gloves and dressing after tumor removal  3) removal of the tumor as a single unit with fiber and regional lymph nodes  4) making incisions within healthy tissue and excluding mechanical injury to tumor tissue.  5) All of the above are true |
| 11 | PHYSICAL METHODS OF ANTI-BLASTICS ARE  1) cryodestruction  2) use of electrocautery  3) use of high-energy laser  4) tumor irradiation before surgery and in the early postoperative period  5) All of the above are true |
| 12 | CHEMICAL METHODS OF ANTI-BLASTICS ARE  1) treatment of the wound surface after removal of the tumor with 70 ° alcohol  2) regional perfusion of anticancer chemotherapeutic drugs  3) intravenous administration of anticancer chemotherapy drugs on the operating table  4) All of the above are true |
| 13 | ZONALITY IS  1) making incisions within healthy tissue  2) removal of the entire area in which individual cancer cells can be located  3) exclusion of mechanical injury of tumor tissues in the area of ​​operation  4) removal of the organ and the entire fiber of its fascial sheath along with the fascia |
| 14 | FUTLARITY IS  1) making incisions within healthy tissue  2) removal of the entire area in which individual cancer cells can be located  3) exclusion of mechanical injury of tumor tissues in the area of ​​operation  4) removal of the organ and the entire fiber of its fascial sheath along with the fascia |
| 15 | COMBINED TREATMENT IS  1) a combination of surgical treatment with ablastic and antiblastic  2) sequential administration of several chemotherapeutic drugs to one patient.  3) simultaneous administration of several chemotherapeutic drugs to one patient.  4) a combination of the main methods of treatment of malignant tumors in the process of treating a patient |

## Module "Stages of treatment of surgical patients"

# First aid

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| 1 | FIRST MEDICAL HELP IS  1) treatment of patients in the prehospital phase  2) urgent implementation of therapeutic measures  3) implementation of therapeutic and diagnostic measures for acute diseases  4) urgent implementation of therapeutic measures for various diseases, accidents in the home and at work  5) urgent diagnostic measures for sudden illness and accidents |
| 2 | FIRST AID TYPES DO NOT APPLY  1) first aid  2) first aid  3) first medical aid  4) specialized first aid  5) qualified medical assistance |
| 3 | FIRST MEDICAL AID IS PROVIDED BY  1) doctor  2) specialist doctor  3) highly qualified doctor  4) by a person without special medical education  5) medical assistant |
| 4 | FIRST HOME SUPPORT ASSISTANCE PROVIDES  1) person without special medical education  2) orderly  3) doctor  4) emergency doctor  5) paramedic or nurse |
| 5 | FIRST MEDICAL AID CAN BE PROVIDED  1) emergency doctor  2) surgeon in a multidisciplinary hospital  3) doctor in the oncology center  4) vascular surgeon in the regional hospital  5) obstetrician-gynecologist in a maternity hospital |
| 6 | FIRST MEDICAL ASSISTANCE INCLUDES  1) insulin administration for hypoglycemia  2) electrocardiogram removal  3) stop bleeding  4) casting  5) skin suture |
| 7 | PROVIDING OF FIRST MORTGAGE AID REQUIRES  1) administration of ketorol for pain relief  2) overlay skeletal traction  3) final stop bleeding  4) imposition of coxite dressing  5) suture tendon suture |
| 8 | PROVIDING OF FIRST MEDICAL AID IN THE HOSPITAL  1) closure of the heart wound  2) overlay hemostatic clamp  3) overlay vascular suture  4) osteosynthesis  5) nerve suture |
| 9 | QUALIFIED MEDICAL ASSISTANCE PROVIDES  1) heart transplant  2) repositioning shoulder dislocation  3) hemodialysis  4) overlaid arterial bundle  5) transportation of the victim to the hospital |
| 10 | FREQUENCY OF COMPRESSIONS FOR INDIRECT MASSAGE OF THE HEART IS MADE  1) 60 per minute  2) 60-80 per minute  3) 80-100 per minute  4) 100-120 per minute  5) at least 150 per minute |
| 11 | FIRST AID AT FAINT SHOULD BE CALLED  1) required  2) never  3) with a long absence of consciousness  4) in the absence of cardiac activity  5) in the absence of external respiration |
| 12 | FIRST AID AT SHOCK INCLUDES  1) skin rubbing  2) indirect heart massage  3) mechanical ventilation  4) heart defibrillation  5) horizontal position, raising the legs up |
| 13 | FIRST AID MEASURES FOR DEEP FROSTBITE INCLUDES  1) immersion victim in a hot bath  2) rubbing the skin with an alcohol solution  3) wrap the victim with a blanket  4) conducting anticonvulsant therapy  5) pressure bandaging |
| 14 | FIRST AID FOR THERMAL BURN ASSUMES  1) dressing with levomekol  2) cooling of the burned area with cold water  3) greasy skin cream  4) wound treatment with iodine solution  5) dressing with saline sodium chloride |
| 15 | FIRST AID FOR SLAKED LIME BURN ASSUMES  1) rinse immediately with running water  2) process the surface with 3% hydrogen peroxide solution  3) put on an aseptic dressing  4) remove lime particles mechanically  5) treat the skin with 70% ethyl alcohol solution |
| 16 | FIRST AID FOR ACID BURN ASSUMES  1) treatment of the affected surface with an alkaline solution  2) plentiful washing of the affected area with plenty of water  3) dressing with levomekol  4) treatment of the affected area with a 96% alcohol solution  5) dressing with 0.25% silver nitrate solution |
| 17 | WHEN CARRYING OUT REANIMATION MEASURES, THE RATIO OF THE NUMBER OF COMPRESSIONS OF THE HEART AND LUNG VENTILATION MUST BE MADE  1) 1: 5  2) 2:15  3) 4:15  4) 4:30  5) 2:30 |
| 18 | FIRST AID AT TICK BIT  1) remove it yourself  2) call an ambulance  3) go to the hospital  4) call the emergency room  5) immerse part of the body with a mite in the water |
| 19 | FIRST HELP WITH A BITE OF A SNAKE  1) removal of poison using an electric sucker  2) used to remove the sugar cube venom  3) immediate suction from the wounds of blood and spitting  4) application of arterial cord to the affected limb  5) venous harness application |
| 20 | FIRST AID TO A PATIENT WITH A FOREIGN BODY IN THE WOUND  1) remove it  2) wash the wound with 3% hydrogen peroxide solution  3) put pressure bandage  4) aseptic dressing  5) put on ointment dressing |

# Pre-operational period

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| 1 | PRE-OPERATIONAL PERIOD IS:  1) Time from diagnosis to surgery  2) The last day of active preparation on the eve of the operation  3) The time from the patient’s admission to the hospital before the start of the operation |
| 2 | TO THE BASIC TASKS OF THE PRE-OPERATIONAL PERIOD:  1) Establish a diagnosis, prepare the patient for surgery  2) Calculate the duration of the operation and the postoperative period  3) Conduct infusion therapy and prophylactic antibiotic therapy |
| 3 | DEPENDING ON THE TERMS OF CARRYING OUT A SURGICAL INTERVENTION, THE FOLLOWING REQUIREMENTS FOR THE OPERATION HAVE BEEN ASSOCIATED:  1) Emergency indications, planned indications  2) Obligatory indications, optional indications  3) Vital readings, absolute readings, relative readings |
| 4 | THE MAIN PURPOSE OF THE PRE-OPERATIONAL PERIOD IS:  1) Ensuring the sterility of instruments and material  2) Conduct all possible methods of examination  3) Prevention of blood viral infections  4) Minimizing the risk of the upcoming operation |
| 5 | ESTIMATION OF OPERATIONAL ANESTHESIOLOGICAL RISK IS CONDUCTED TAKING INTO ACCOUNT THE FOLLOWING FACTORS:  1) The conditions of life of the patient, the social status of the patient  2) The duration of the preoperative period, the duration of the disease  3) Type of anesthesia, general condition of the patient, volume and nature of the operation |
| 6 | THE OPERATION IS CONDUCTED BY LIFE INDICATIONS NONVENGING TO THE CONDITION OF THE PATIENT IF AVAILABLE:  1) Free hernia  2) Adherent abdominal disease  3) Malignant neoplasms  4) Internal bleeding |
| 7 | RELATIVE PURPOSE OF THE OPERATION ARE:  1) States that do not pose a threat to the life of the patient  2) Conditions in which the slightest delay in the operation threatens the life of the patient  3) Conditions in which a prolonged delay in the operation may lead to a life-threatening condition |
| 8 | ABSOLUTE PURPOSE OF THE OPERATION ARE:  1) States that do not pose a threat to the life of the patient  2) Conditions in which the slightest delay in the operation threatens the life of the patient  3) Conditions in which a prolonged delay in the operation may lead to a life-threatening condition |
| 9 | THE LIFE PURPOSE OF THE OPERATION ARE:  1) States that do not pose a threat to the life of the patient  2) Conditions in which the slightest delay in the operation threatens the life of the patient  3) States in which a prolonged postponement of the operation can lead to a threat to life |
| 10 | ABSOLUTE PURPOSE OF THE OPERATION IS :  1) emergency  2) urgent  3) planned |
| 11 | THESE RESEARCH METHODS (choose the correct list):  1) Tomography, echocardiography, ECG, ultrasound  2) Spirometry, chest and abdomen radiography, blood test  3) Rheovasography of the lower limbs, Doppler of the veins of the lower extremities, abdominal ultrasound  4) ECG, urinalysis, blood count, blood glucose  ARE OBLIGATORY TO OPERATIONAL INTERVENTION |
| 12 | MEASURES TO REDUCE THE RISK OF INFECTION OF OPERATING WOUND IS:  1) Cleaning the intestines with antibiotics and enemas  2) Preoperative prophylactic antibiotic therapy  3) Preparation of the surgical field  4) Rehabilitation of foci of chronic infection  5) All of the above is true |
| 13 | PREVENTION OF THROMBOEMBOLIC COMPLICATIONS AFTER THE OPERATION IN THE PRE-OPERATIONAL PERIOD:  1) Antispasmodics, disaggregants  2) Fibrinolytics  3) Massive infusion therapy  4) Elastic compression of the lower extremities |
| 14 | CONTRAINDICATIONS FOR THE URGENT OPERATION ARE:  1) HIV infection, hepatitis B, hepatitis C  2) Stroke, severe anemia, myocardial infarction  3) Mechanical jaundice, kidney disease, cirrhosis  4) There are no contraindications among those listed |
| 15 | A MANDATORY MEASURES BEFORE AN EMERGENCY OPERATION (FOR PREPARATION OF THE GASTRIC TREATMENT) ARE:  1) Use of laxatives  2) Siphon enema  3) Cleansing enema  4) Evacuation of the contents of the stomach probe  5) Fibrogastroscopy with the evacuation of stomach contents |
| 16 | PRE-OPERATIONAL PREPARATIONS FOR PATIENTS WITH DIABETES:  1) Appointment of a zero diet 2 days before surgery  2) Correction of overweight  3) Careful correction of fat metabolism  4) Administration of insulin instead of tablets for hypoglycemic drugs |
| 17 | PRE-OPERATIONAL PREPARATION OF THE INTESTINAL:  1) Antispasmodics, laxatives  2) Probe feeding, colon lavage with a colonoscope  3) Cleansing enemas  4) Antibiotics and sulfonamides per os |
| 18 | TYPES OF PRE-OPERATIONAL PREPARATION:  1) Focused  2) Special  3) Polyorgan  4) Specific |
| 19 | OPERATING FIELD SHAVING SHOULD BE DONE:  1) on the morning of surgery  2) on the evening before the operation  3) on the operating table  4) 2-3 days before surgery |
| 20 | CORRECTION OF HEAVY ANEMIA IN THE PRE-OPERATIONAL PERIOD:  1) prescription of iron, vitamin B12, folic acid  2) transfusion of blood, plasma, proteins  3) erythrocyte mass transfusion, erythrocyte suspension  4) transfusion of blood substitutes: hemodynamic and carrier |

# Operation

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| 1 | SURGICAL OPERATION IS:  1) Cutting the tissues of a living organism with a laser  2) Dissection of tissues of a living organism with a scalpel  3) Exposure of the nidus by dissecting tissue  4) Performing special mechanical effects on organs or tissues for therapeutic or diagnostic purposes |
| 2 | TYPES OF OPERATIONS BY URGENT PERFORMANCE:  1) short, long  2) Planned, emergency  3) Radical, palliative |
| 3 | TERMS OF EMERGENCY OPERATIONS:  1) In the coming days after receipt  2) The deadlines for their implementation are not limited.  3) Immediately or in the coming hours after receipt |
| 4 | TERMS OF URGENT OPERATIONS:  1) In the coming days after receipt  2) The deadlines for their implementation are not limited.  3) Immediately or in the coming hours after receipt |
| 5 | TERMS OF PLANNED OPERATIONS:  1) In the coming days after receipt  2) The deadlines for their implementation are not limited.  3) Immediately or in the coming hours after receipt |
| 6 | SEQUENCE OF STEPS IN THE SURGICAL OPERATION:  1) Wound closure, operative reception, surgical access  2) Surgical admission, surgical access  3) Surgical access, prompt reception  4) Surgical admission, stop bleeding, wound closure |
| 7 | TYPES OF SURGERY DEPENDING ON THE VOLUME:  1) Typical operations  2) Atypical operations  3) Palliative surgery  4) Simultaneous operations |
| 8 | TYPES OF SURGERY DEPENDING ON THE STEPS OF THE OPERATION:  1) Radical operations  2) Simultaneous operations  3) Palliative surgery  4) one-time operations |
| 9 | SIMUTAL OPERATION IS:  1) Closed intravascular surgery  2) Operations using endoscopic devices  3) Simultaneous execution of two or more operations in a patient |
| 10 | SPECIAL OPERATIONS ARE:  1) Endoscopic  2) Diagnostic  3) Simultaneous  4) Neurosurgical  5) Radical |
| 11 | DISEASES REQUIRING EMERGENCY OPERATIONS ARE:  1) Stomach cancer, shoulder lipoma  2) Injured inguinal hernia, perforated gastric ulcer  3) Malignant brain tumor  4) Hydrothorax |
| 12 | MANIPULATION, WHICH CAN BE RELATED TO MEDICAL SURGERY:  1) Laryngoscopy  2) Gastroscopy  3) Trial laparotomy  4) Reduction of shoulder dislocation  5) Finger rectal examination |
| 13 | MANIPULATION, WHICH CAN BE RELATED TO DIAGNOSTIC OPERATIONS:  1) Laryngoscopy  2) Appendectomy  3) Trial laparotomy  4) Reduction of shoulder dislocation  5) Finger rectal examination |
| 14 | OPERATIONAL ACCESS STEPS:  1) skin dissection  2) Stitching the skin  3) Removal of the affected organ  4) Skin treatment according to Filonchikov-Grossich |
| 15 | BLOODLESS OPERATIONS ARE:  1) Laparotomy, thoracotomy  2) Reduction of dislocation, reposition of bone fragments  3) Trial laparotomy  4) Lymph node biopsy  5) Endoscopic cholecystectomy |
| 16 | OPERATIONAL ACCEPTANCE IS:  1) skin dissection  2) Stitching the skin  3) Removal of the affected organ |
| 17 | ENDOSCOPIC OPERATIONS ARE:  1) Microscope operations  2) Operations performed under x-ray control  3) Operations, after which endoscopic control is necessary  4) Operations performed using endoscopic devices |
| 18 | ENDOVASCULAR OPERATIONS ARE:  1) Microscope operations  2) Operations performed on the main vessels  3) Intravascular operations performed under x-ray control  4) Operations performed using endoscopic devices |
| 19 | REQUIREMENTS FOR SURGICAL ACCESS:  1) Minimal trauma  2) The length of the skin incision should not exceed 20 cm  3) The distance from the surface of the body to the exposed organ should be minimal.  4) Access must ensure wide exposure of the nidus |

# Postoperational period

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| 1 | POSTOPERATIVE PERIOD IS:  1) The first day after surgery  2) Prevention of postoperative complications  3) The time from the patient’s admission to the hospital before the start of the operation  4) The time interval from the end of the operation until recovery |
| 2 | EARLY POSTOPERATIVE PERIOD IS:  1) The first day after surgery  2) The first 3 - 5 days after surgery  3) The first 10 - 12 days after surgery  4) Time from the completion of the operation to the discharge of the patient  5) The time from the patient’s admission to the hospital before the start of the operation |
| 3 | LATE POST-OPERATING PERIOD IS:  1) The first day after surgery  2) The time from the moment of discharge of the patient to his recovery  3) The time interval from the end of the operation until recovery  4) The time from the patient’s admission to the hospital before the start of the operation |
| 4 | PHASES OF POSTOPERATIVE PERIOD:  1) Torpid phase, erectile phase  2) Anabolic phase, catabolic phase, reverse development phase |
| 5 | DURATION OF THE CATABOLIC PHASE IN THE POSTOPERATIVE PERIOD:  1) 1 - 2 days  2) 3 - 7 days \*  3) 1 - 2 months  4) 15 - 20 days |
| 6 | THE SIGNS OF THE CATABOLIC PHASE OF THE POSTOPERATIVE PERIOD ARE:  1) The disappearance of pain, increased appetite, oliguria  2) paleness of the skin, restless behavior, shallow breathing  3) Increased diuresis, slow breathing, reduced lung capacity |
| 7 | CHANGES FROM THE RESPIRATORY SYSTEM AT CATABOLIC PHASE OF THE POSTOPERATIVE PERIOD:  1) Increased breathing, reducing the depth of breathing, reducing lung capacity by 30-50%  2) The appearance of bronchial respiration, dullness of percussion sound over the lungs  3) Reducing the frequency of respiratory movements, the appearance of a boxed sound above the lungs |
| 8 | DISTURBANCES FROM LIVER AND KIDNEYS AT THE CATABOLIC PHASE OF THE POSTOPERATIVE PERIOD:  1) Increased diuresis, increased enzyme synthesis  2) The appearance of hematuria, the appearance of nocturia, the increase of acute renal  3) Decrease in diuresis, increase in dysproteinamia, decrease in enzyme synthesis |
| 9 | CHANGES FROM THE CARDIOVASCULAR SYSTEM AT THE CATABOLIC PHASE OF THE POSTOPERATIVE PERIOD:  1) A moderate increase in blood pressure, increased heart rate by 30 - 50%  2) Hyperemia of the skin, reducing heart rate  3) Reduction of blood pressure, bradycardia, the appearance of arrhythmia, the appearance of extrasystole |
| 10 | THE DURATION OF THE POSTOPERATIVE PERIOD REVERSE DEVELOPMEN PHASE IS:  1) 1 - 2 days  2) 4 - 6 days  3) 15 - 20 days |
| 11 | CHARACTERISTICS OF ANABOLIC PHASE OF POSTOPERATIVE PERIOD:  1) Oliguria, poor sleep  2) hyperemia of the skin, reduced appetite  3) Increased appetite, daily independent stool |
| 12 | DURATION OF THE ANABOLIC PHASE OF THE POSTOPERATIVE PERIOD -:  1) 1 - 2 days  2) 2 - 5 weeks  3) 15 - 20 days |
| 13 | CHARACTERISTICS OF CATABOLIC PHASE OF POSTOPERATIVE PERIOD:  1) Increased lung capacity, increased diuresis, decreased blood glucose  2) Decreased diuresis, increased protein breakdown, activation of the sympathetic-adrenal system |
| 14 | MOST PROBABLE EARLY COMPLICATIONS IN THE FIRST DAYS AFTER THE OPERATION IS:  1) Pneumonia  2) Bleeding  3) Suppuration of the wound  4) Acute renal failure |
| 15 | EARLY COMPLICATION IN THE POSTOPERATIVE WOUND ARE:  1) Postoperative hernia, pressure sores  2) Hematoma, suppuration, bleeding  3) Ligature fistula, keloid scar |
| 16 | EARLY POSTOPERATIVE COMPLICATIONS RELATED TO PATHOLOGICAL PROCESSES:  1) One month after surgery  2) Within a year after surgery  3) After 2 - 3 weeks after surgery  4) In the first hours and days after surgery |
| 17 | CLINICAL SIGNS of WATER-ELECTROLYTE BALANCE DISTURBANCE IN THE POSTOPERATIVE PERIOD ARE:  1) Thirst, dry skin \*  2) Dry rales in the lungs, dullness of percussion sound  3) Lack of intestinal noise, lack of peristalsis  4) Edema, ascites, hydrothorax |
| 18 | AFTER PROLONGED AND TRAUMATIC INTERVENTIONS ON THE ORGANS OF THE ABDOMINAL CAVITY IN THE POST-OPERATIVE PERIOD, THE TYPICAL COMPLICATION IS:  1) Oliguria or anuria  2) Peritonitis  3) Aspiration pneumonia  4) Thromboembolism of the mesenteric vessels  5) Paresis of the gastrointestinal tract |
| 19 | PREVENTION OF POSTOPERATIVE PNEUMONIA:  1) Early activation of the patient, respiratory gymnastics  2) Strict bed rest, elastic chest compression  3) Extended ventilation  4) Inhaled antibiotics, rehabilitation bronchoscopy |
| 20 | LONG BED REST IN THE POSTOPERATIVE PERIOD MAY RESULT IN THE FOLLOWING COMPLICATIONS:  1) Pneumonia, venous thrombosis of the lower extremities  2) Ligature fistula, seroma, wound suppuration  3) Acute respiratory failure, cardiac arrhythmias  4) Edema of the lower extremities, ascites, hydrothorax |
| 21 | ISHURIA IS THE CONDITION WITH WHICH:  1) the patient does not urinate, there is no urine in the urinary bladder  2) the patient does not urinate, there is urine in the bladder  3) the patient urinates, but part of the urine remains in the bladder |
| 22 | FOR THE CONTROL OF THE HOURLY DIURESIS, IT IS NECESSARY TO INTRODUCE IN THE URINARY BUBBLE:  1) Petzer's catheter  2) Nelaton catheter  3) Fogarty catheter  4) Foley catheter |
| 23 | THE MAIN SOURCE OF PULMONARY ARTERY EMBOLES IS:  1) deep veins of the upper limbs  2) superficial veins of the lower extremities  3) deep veins of the lower extremities  4) mesenteric veins  5) vena cava |
| 24 | PREVENTION PARESIS OF THE GASTROINTESTINAL TRACT:  1) Antispasmodics, analgesics  2) Anticholinesterase agents, anti-jaundice probe  3) Muscle relaxants, CNS stimulants  4) Laxatives, digestive enzymes |

## Module "examination of surgical patients"

# The method of examination of the patient

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| 1 | COMPLAINTS  1) are crucial  2) are not critical  3) are a guideline for determining the direction of the survey.  4) don't matter  5) underestimation of complaints may lead to a diagnostic error  FOR DIAGNOSIS |
| 2 | AGRAVATION IS  1) refusal of the patient to contact the doctor  2) deliberately minimizing patients their complaints  3) deliberate exaggeration by the patient of their complaints  4) invention to patients of non-existent complaints  5) layering of complaints due to concomitant disease to complaints of the underlying disease |
| 3 | THE CORRECT POSITION OF A DOCTOR DURING A STOMACH PALPTION IS  1) sitting to the right of the patient  2) sitting to the left of the patient  3) standing to the left of the patient  4) standing to the right of the patient  5) combination of different positions |
| 4 | DEEP PALPTION OF THE STOMACH IS DIRECTED FOR IDENTIFICATION  1) degree of involvement of the abdominal wall in breathing  2) discrepancies of abdominal muscles  3) local tension of the muscles of the abdominal wall  4) diffuse tension of the abdominal wall  5) availability, consistency and degree of dislocation of education in the abdominal cavity |
| 5 | AT PERCUSSION IT IS POSSIBLE TO FIND OUT  1) free gas in the lungs  2) foreign bodies in the pleural cavity  3) fluids in the pleural cavity  4) tumors in the abdominal cavity  5) free fluid in the joint cavity |
| 6 | RELATIVE TOP LIMB LENGTH - DISTANCE  1) from the head of the shoulder to the tip of the 3rd finger  2) from acromion to styloid process  3) from the joint space of the shoulder joint to the tip of the 3rd finger  4) from the big knob of the head of the shoulder to the tip of the 3rd finger  5) from the humeral head to the styloid process |
| 7 | THE MOST RIGHT SURVEY OF THE PLACE OF DISEASE IS CONDUCTED  1) lying down  2) in a standing position  3) lying and standing  4) with inspection of symmetrical sections of the healthy side  5) without inspection of symmetrical areas of the healthy side |
| 8 | IMPORTANT AUSCULTIVE SIGN OF PERITONITIS IS  1) crepitus peritoneum  2) muscle tension of the abdominal wall  3) free gas in the abdominal cavity  4) swollen lymph nodes  5) lack of peristaltic noise |
| 9 | MAIN SIGN OF AN EXPRESSED RESPIRATORY INSUFFICIENCY  1) shortness of breath  2) sweating  3) face cyanosis, acrocyanosis  4) increase in diuresis  5) constriction of the pupils |
| 10 | INSTRUMENTAL SURVEY METHODS ARE  1) blood count  2) chest fluoroscopy  3) visual examination of the chest  4) determination of embryonic antigen  5) stool test for hidden blood |
| 11 | DIAGNOSTICS OF HEMOPERITONEUM:  1) review fluoroscopy of the abdominal cavity  2) colonoscopy  3) esophagogastroscopy  4) laparocentesis  5) sigmoidoscopy |
| 12 | DIAGNOSTIC OF THE BLUNT ABDOMINAL TRAUMA:  1) thermography  2) computed tomography  3) review radiography of the chest organs  4) ultrasound examination of the pelvic organs  5) laparoscopy |
| 13 | X-RAY SIGNS OF THE VALVE PNEUMOTHORAX  1) the displacement of the mediastinum in the patient side  2) deformation of the pulmonary pattern on the healthy side  3) lung collapse on the affected side  4) compaction of the root of the lung on the healthy side  5) narrowing of the pulmonary field on the affected side |
| 14 | THE MOST INFORMATIVE RESEARCH METHOD OF ESOPHAGUS  1) phonocardiography  2) ultrasound examination of the mediastinum  3) review chest radiography  4) contrast x-ray examination of the esophagus  5) mediastinal puncture |
| 15 | X-RAY METHODS OF EXAMINATION  1) colonoscopy  2) fluorography  3) spirography  4) phonography  5) duodenoscopy |
| 16 | COMPUTER TOMOGRAPHY RELATED TO RESEARCH METHODS  1) ultrasound  2) endoscopic  3) electrophysiological  4) radioisotope  5) radiological |
| 17 | PERFORM DIFFERENTIAL DIAGNOSTICS OF ABSCESS AND INFLAMMATORY INFLUETT OF SOFT TISSUES IN A NON-INVASIVE METHOD WILL ALLOW  1) ultrasound  2) puncture  3) percussion  4) endoscopy  5) angiography |
| 18 | TO THE FUNCTIONAL RESEARCH METHODS ARE  1) spirography  2) colonoscopy  3) ultrasound scan  4) computed tomography  5) nuclear magnetic resonance imaging |
| 19 | AVAILABLE METHOD OF COLON TUMOR DIAGNOSTICS  1) ultrasound  2) SCT  3) MRI  4) colonoscopy  5) finger study |
| 20 | PERCUTION AT THE PNEUMOTORX  1) lag in the act of breathing the injured half of the chest  2) box sound on the affected side  3) decrease in respiratory rate  4) shift the boundaries of cardiac dullness to the sick side  5) bradycardia |

**Patient history**

|  |  |
| --- | --- |
| 1 | ADDITIONAL PATIENT COMPLAINTS ARE CONDITIONED  1) change in patient's health  2) increased pain syndrome  3) concomitant pathology  4) major diseases  5) complications of the underlying disease |
| 2 | PATIENT'S COMPLAINT FOR PAIN DURING DISCUSSION OF THE SHOULDER IS  1) main  2) minor  3) additional  4) main  5) primary |
| 3 | BODY TEMPERATURE IMPROVEMENT DURING ACUTE APPENDICITIS IS  1) additional  2) main  3) main  4) minor  5) total  COMPLAINT |
| 4 | EXAMINATION OF PATIENTS BEGIN WITH  1) external examination  2) clarify complaints  3) clarify the history of the disease  4) life stories  5) objective research |
| 5 | DATA OF PREVIOUS ADDITIONAL RESEARCH METHODS ARE DESCRIBED IN THE SECTION OF THE PATIENT HISTORY  1) general information about the patient  2) life story  3) history of the development of this disease  4) general objective research  5) results of additional research methods |
| 6 | ALLERGOLOGICAL ANAMNESIS IS REFLECTED IN THE SECTION OF THE PATIENT HISTORY  1) complaint  2) life story  3) history of the disease  4) additional examination  5) general objective research |
| 7 | HOW TO DESCRIBE INSURANCE ANAMNES IN THE PATIENT HISTORY?  1) list the insurance companies in which the patient was insured  2) indicate annual insurance deductions from wages  3) indicate the amount of the maximum insurance payment  4) indicate the place of work and the presence (absence) of the sheet of disability on the hands  5) indicate the total insurance premium of the patient for all time |
| 8 | WHAT OBJECTIVES ARE THE CURATOR EXPLAINING, LEARNING THE PATIENT'S UMBULATOR CARD?  1) to clarify previous treatment  2) find out the results of additional research  3) to clarify previous complaints of the patient  4) for writing the history of the present disease  5) to study the history of the disease |
| 9 | DESCRIPTION OF THE LOCAL STATUS OF A PATIENT WITH AN ACUTE APPENDICITISE IS  1) detailed description of the results of an objective study of the entire digestive system  2) description of the specific symptoms of acute appendicitis  3) detailed description of the patient's complaints  4) description of the development of the disease in chronological order  5) detailed description of the results of additional research methods |
| 10 | CLINICAL DIAGNOSIS IN EMERGENCY PATIENTS SHOULD BE FORMED  1) immediately upon receipt  2) over the next 6 hours  3) within 12 hours  4) during the first day  5) after 3 days |
| 11 | INFORMATION ABOUT THE REASON FOR THE PRESENT HOSPITALIZATION OF A PATIENT IS DESCRIBED IN THE SECTION OF THE PATIENT HISTORY  1) complaint  2) history of the development of this disease  3) life story  4) local status  5) additional examination results |
| 12 | INFORMATION ABOUT MOVED PREVIOUS DISEASES AND INJURIES ARE DESCRIBED IN THE SECTION OF THE PATIENT HISTORY  1) complaint  2) history of the disease  3) life story  4) examination of the disease site  5) additional examination |
| 13 | HERITAGE INFORMATION SHOULD BE REFLECTED IN THE DIVISION OF THE PATIENT HISTORY  1) complaint  2) history of the development of this disease  3) life story  4) local status  5) additional examination results |
| 14 | THE PHYSICAL METHODS OF THE EXAMINATION DOES NOT APPLY  1) endoscopy  2) auscultophritis  3) palpation  4) percussion  5) auscultation |
| 15 | TO ADDITIONAL METHODS OF THE EXAMINATION  1) percussion  2) auscultation  3) palpation  4) computed tomography  5) definition of the apical impulse |
| 16 | INVASIVE SURVEY METHOD IS  1) patient safe method  2) method associated with the risk of infection of the doctor as a result of his contact with the patient  3) method associated with the risk of the doctor receiving any harm as a result of contact with the patient  4) method, safe for both patient and physician  5) method, using which occurs violation of the integrity of the epithelial tissues and, accordingly, the possibility of complications such as bleeding, surgical infection, damage to internal organs |
| 17 | THE MAIN DIFFERENCE OF THE SURGICAL HISTORY OF THE DISEASE FROM THERAPEUTIC ONE  1) shorter and more specific statement of complaints  2) setting the time of onset of the disease to the minute  3) presence of the section "local status"  4) more detailed description of the musculoskeletal system  5) compulsory entry in the history of the disease information about previous surgical interventions performed by the patient |
| 18 | SEQUENCE OF EXAMINATION OF PATIENTS IS NEXT  1) auscultation, percussion, palpation, inspection  2) inspection, palpation, percussion, auscultation  3) inspection, percussion, palpation, auscultation  4) auscultation, examination, percussion, palpation  5) palpation, inspection, percussion, auscultation |
| 19 | PURPOSES FOR THE OPERATION SHOULD BE DESCRIBED IN THE SECTION OF THE PATIENT HISTORY  1) complaint  2) general objective examination  3) local objective research  4) operation protocol  5) preoperative epicrisis |
| 20 | INFORMATION FOR THE DESCRIPTION OF THE OPERATION IN THE PATIENT HISTORY  1) degree of participation of each surgeon in the operation  2) access used, cut length  3) description of the pathological changes detected during the operation, description of the progress of the operation, its completion  4) details of the amount of suture and other consumables spent  5) description of the remote macropreparation |

## ANSWERS TO TESTS

**Prevention of contact infection (sterilization of instruments), disinfection**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | **32** | **33** | **34** |
| 1 | 4 | 1 | 5 | 2 | 4 | 3 | 5 | 1 | 1 | 2 | 3 | 4 | 2 |

**Prevention of implantation infection, treatment of the surgeon's hands, surgical field**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** |
| 4 | 1 | 4 | 4 | 1 | 1 | 5 |

**Antiseptic**

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

**Soft bandages**

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

**Transport immobilization**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** |
| 4 | 1 | 1 | 5 | 1 | 3 | 3 | 2 | 4 | 1 | 2 | 3 | 3 | 2 | 3 | 2 | 4 | 3 | 4 | 3 | 1 |

**Injection, puncture**

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

**General anesthesia**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **21** | **22** | **23** | **24** |
| 4 | 3 | 1 | 3 |

**Local anesthesia**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** |
| 1 | 4 | 5 | 2 | 1 |

**Bleeding and blood loss**

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

**Blood transfusion and blood substitutes**

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

**Blood type determination**

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

|  |  |  |
| --- | --- | --- |
| **21** | **22** | **23** |
| 2 | 3 | 4 |

**Critical impairment**

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

**Closed soft tissue damage. Dislocation**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | **32** | **33** | **34** | **35** |
| 1 | 4 | 3 | 2 | 4 | 2 | 4 | 3 | 4 | 3 | 1 | 2 | 1 | 1 | 2 |

**Wounds and wound healing**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** |
| 2 | 1 | 5 | 2 | 3 | 4 | 3 | 1 |

**Bone fractures**

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

**Closed abdominal head chest injuries**

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| 4 | 5 | 5 | 5 | 3 | 5 | 2 | 3 | 1 | 4 | 1 |

**Burns**

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | **32** |
| 4 | 1 | 3 | 2 | 2 | 4 | 1 | 3 | 2 | 2 | 2 | 3 |

**Frostbite**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| 3 | 2 | 5 | 3 | 3 | 4 | 4 | 2 | 2 | 3 | 3 | 2 | 2 | 1 | 1 | 2 | 3 | 3 | 2 | 2 | 2 | 4 |

**Purulent diseases of fiber and fiber spaces**

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

**Purulent skin diseases**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | **32** | **33** | **34** | **35** | **36** | **37** | **38** | **39** | **40** |
| 4 | 3 | 2 | 5 | 4 | 1 | 5 | 5 | 2 | 4 | 3 | 5 | 1 | 5 | 4 | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **41** | **42** | **43** | **44** | **45** |
| 2 | 2 | 3 | 5 | 3 |

**Purulent diseases of the glandular organs**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | **32** | **33** | **34** | **35** | **36** |
| 4 | 4 | 4 | 1 | 2 | 3 | 4 | 5 | 2 | 2 | 1 | 4 | 3 | 5 | 3 | 4 |

**Purulent diseases of serous cavities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** |
| 4 | 2 | 6 | 1 | 5 | 3 | 4 | 4 | 5 | 4 | 4 | 6 | 5 | 3 | 5 | 4 | 4 | 2 | 1 | 5 | 6 |

**Sepsis**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** |
| 4 | 6 | 8 | 6 | 6 | 5 | 1 | 4 | 5 | 6 | 4 | 4 | 5 | 3 | 4 | 2 | 4 | 4 | 4 | 4 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| **22** | **23** | **24** | **25** |
| 5 | 5 | 3 | 3 |

**Purulent diseases of the hand, veins, lymphatic vessels**

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

**Chronic specific surgical infection**

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

**Anaerobic infection**

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

**Purulent diseases of bones, joints and bags**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** |
| 5 | 4 | 1 | 3 | 2 | 5 | 1 | 3 | 4 | 4 | 4 | 1 | 2 | 3 | 3 | 1 | 3 | 1 | 2 | 5 | 2 |

**Arterial and venous insufficiency**

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

**Oncology**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** |
| 4 | 4 | 2 | 1 | 3 | 1 | 2 | 1 | 5 | 5 | 5 | 4 | 2 | 4 | 4 |

**First aid**

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

**Preoperative period**

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

**Operation**

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

**Postoperative period**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **21** | **22** | **23** | **24** |
| 2 | 4 | 3 | 2 |

**The method of examination of the patient**

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

**Medical history**

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