

# EMERGENCY CARE ORGANIZATION

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## Abstract

The organization of emergency medical care is a key aspect of ensuring public health in emergency situations. An effective ambulance system can reduce mortality and disability from acute diseases, injuries, accidents, and disasters. One of the areas of healthcare development today is the improvement of the ambulance system. The problems of organizing and improving emergency medical care do not lose their relevance in the modern world and require further study. The need to optimize emergency care in family medicine centers has been identified in order to relieve the burden on the emergency medical care service.

**Keywords:** organization, emergency medical care, doctor, nurse, morbidity.

## Introduction

Emergency medical care in our country has developed as a system of medical care for health and life-threatening conditions - accidents and sudden acute diseases. Today it is a powerful unified system with an extensive network of emergency stations and hospitals, air ambulance and research institutes.

The first ambulance station was created in Vienna in 1881. The reason for this was a fire in the Bolshoi Theater, during which there were a lot of victims who were left without any help. On the initiative of the Viennese doctor Jaroslav Mundi, an ambulance station was soon organized. In accordance with the project of J. Mundi, the task of this institution included providing first aid to victims and transporting them either to a medical facility or home. This ambulance station did not have its own staff. It existed on a charitable basis and used the help of volunteers - doctors and medical students. Soon similar stations were created in Berlin, Warsaw, Kyiv, Odessa, etc. In May 1887 (the second in Europe) the Budapest Voluntary Ambulance Society was created. From the very beginning, the Hungarian ambulance service has adhered to the principle that its primary task is not transport, but medical observation and assistance to the sick (injured) until he is taken to hospital.

The main principle of the ambulance service is the immediate transportation of the victim to the hospital to provide him with qualified medical care. Fire brigades were recognized as the most



suitable for performing the functions of the transport service, given the speed of movement. A characteristic feature of the ambulance service in this country is the multidisciplinary nature of its operation, which serves a large number of “non-emergency” patients (transportation of planned patients).

At the same time, according to the type and urgency of the call, they are divided into: emergency, requiring immediate assistance; urgent, allowing some delay in service and scheduled transportation. National standards require a vehicle to leave the scene of an emergency within 3 minutes of receiving a call and arrive at the scene within 7 minutes. The first ambulance stations in Russia opened in 1898 in Moscow on the initiative of A.I. Kuznetsova with funds from the Russian Red Cross Society. At each station there was a horse-drawn carriage, dressings, a stretcher, some instruments and medicines. A year later, in 1899, 5 such stations were opened in St. Petersburg. Until 1912, only horse-drawn transport was used to provide emergency care. Only in the second decade of the 20th century did the first ambulances appear. After the October Revolution of 1917, emergency medical care in Russia received further development, since the organization of the first emergency hospital in 1918. In a big city, issues of organization and tactics of emergency care for acute diseases and injuries at the prehospital stage and during the first period of treatment in a hospital. According to the literature, three models for organizing emergency medical care have historically developed: American, Franco-German and Russian, depending on the division of medical care into pre- and hospital stages with the main emphasis on diagnostic and therapeutic measures at the hospital stage.

The American (also called Anglo-American) model of emergency medical care involves the work of purely paramedical teams at the prehospital stage. At the same time, paramedics are equipped with equipment to provide resuscitation measures and transport patients. An ambulance call is made by calling 911, which allows the caller to access the unified public safety dispatch center (PSAP). The primary goal of the paramedic team is to transport the patient to the emergency department immediately. Paramedics are also responsible for assessing the severity of a patient's condition.

The Franco-German model (also called the “European emergency medical care model”) involves the work of both medical and paramedical teams at the prehospital stage. In this case, the dispatcher, after receiving a call, decides which emergency team to send in each specific case. The researchers also claim that there are significantly more paramedical teams than medical ones, and their arrival speed is higher than that of medical teams. Their main goal, as in the American model, is to quickly deliver the patient to the hospital, and the tasks of the medical team include providing emergency care on site and during transport to the hospital.

In this case, one of the doctors may be excluded from accompanying victims to the hospital. Remaining on the scene, he organizes the process at the disaster site, interacting with firefighters, police and other services. At the hospital stage, emergency care is provided in emergency departments located in hospital inpatient units.

V. A. Mitin argues that the Russian model of emergency medical care has undergone a number of changes in a short period of time. “Ambulance” is an emergency medical response service that goes to those whose lives and health are at risk, and “ambulance” is a service that provides assistance to patients who, for health reasons, cannot independently go to the clinic, but at the same time their lives are in jeopardy not threatening.



**Conclusion:**

A well-organized emergency medical care system helps reduce the level of mortality and disability as a result of emergency situations, and ensures the efficiency and availability of medical care. This is achieved through qualified personnel, the use of modern technology, integration with other emergency services, training the population in basic first aid, as well as adequate funding and logistics.

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