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NURSING IN INTENSIVE CARE PATIENTS

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Abstract
Intensive care nurses are a new stage in the healthcare system today, playing an important role in improving the quality of primary health care. Their professional training, level of qualification and ability to work independently directly affect the quality of medical care. This article analyzes the extensive work and advanced experience in this area, and once again emphasizes that the clinical training of nurses, their theoretical and practical skills, compliance with sanitary and safety rules, and their communicative and psychological training are essential for this field to open the door to practical and theoretical knowledge in order to provide adequate assistance to the lifestyle and health of the population.

Keywords: Resuscitation, shock, hemorrhagic shock, resuscitation, anaphylactic shock, coma.

Introduction

In resuscitation, various means are used, including electronic devices (defibrillators, electrostimulators, etc.) and other devices, surgical methods (tracheostomy, puncture, catheter insertion into large vessels), medications, as well as direct (that is, without opening the chest) massage of the heart, artificial respiration without apparatus, etc. Resuscitation is performed by doctors, nurses, as well as people in other fields who have undergone special training, ambulance workers provide qualified resuscitation care. A full range of resuscitation measures is carried out in special intensive care and intensive care departments, which are formed in neurological, cardiology, surgery and other centers, and on this basis are divided into sectors (cardiology, toxicological, etc.). Established in large provincial or city hospitals. There will be a lot of intensive care centers.

Intensive care units (hospitals) are one of the special departments of hospitals. They provide intensive care (treatment and monitoring) to people who are seriously ill or in an unstable condition. A person in an ICU needs ongoing medical care and support to keep their body functioning, and they may not be able to breathe on their own and may experience multiple organ failure. Medical devices take the place of these functions, and when a person recovers, the patient can take care of his/her needs independently, and there is no need for medical equipment. The intensive care and intensive care unit consists of a shock hall, intensive care and dynamic observation wards, an isolation room, where employees carry out laboratory examinations not only of the department, but also of the clinic at night and at night. After the patient is admitted to the intensive care unit, the nurse first draws up the order of work to be done. Artificial respiration pays special attention to patients standing in a working apparatus. The nurse on duty checks all the instruments in the room, from medication to medicine, and documents. verifies. In the intensive care ward: availability of equipment, comfortable lighting of the ward, presence of an oxygen cushion in front of each patient, appropriate apparatus and masks for oxygen delivery, catheters, an artificial respiration machine, an intensive care table or wardrobe,

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a refrigerator for storing medicines or certain drugs, a refrigerator for storing blood and plasma, a set of instruments for venapunct venacisis, prepared without sterility, a writing table, chairs, communication system, Each patient should have functional beds to occupy the position they want.

Nurses in the intensive care unit must first be well aware of the state of shock . Shock is an acutely developing, life-threatening pathological process observed by a disruption of the activity of vital systems such as the central nervous system, circulatory system, respiratory system and metabolism. Regardless of how the shock originated, we can observe its clinical development in the form of the following phases.

- Early (compensation) phase. -Tachycardia, A/B overflow, pulse acceleration, swelling, skin bruising, peripheral areas cold, diuresis, bruising of nails, fainting, psychomotor anxiety are observed.
- Clear (advanced) phase-In it, tachycardia, AB fall, pulse ipsimon, tahypnoe, clear discharge and bruises, oliguria, anesthesia are observed in the skin membranes and peripheral areas.
- Late (decompensation) phase - low surface of 60 mm of systolic A/B, cyanosis spread in the skin and mucous membranes, anuria, indetection of pulses and respiratory movements, unconsciousness, agonal state is observed.

Types of shocks: (main multi-pilots)

1. Gemorragik shok
2. Burn shock
3. Shock anaphylactic
4. Cardiogenic shok
5. Travmatik shok
6. Shock toxic infection
7. Angidremik shok

Now let's take a look at some of the cases of shock and what to do in the process.

1. Hemorrhagic shock- It is caused by the loss of 1/4-1/3 of the total blood volume. Anxiety, discoloration of the patient, pulse's accelerated 82-92 times per minute, blood pressure80/40mm. wire. top. and even lower, oligourian, anuria, stupor state. Intensive care: Patient is laid in a position with legs 15-200 raised, Cessation of bleeding (binding, pressing, and x, k); Transfusion of blood and fluids. (rheopolygluquin, polygluquin 200- 300 ml/intravenous dripping) ; Oxygen therapy 15-20 minutes.; Hormones. (Hydrocortisone 3-5 ml between muscles) ; Generic Booster Drugs. (Ascorbic acid 5%-3-6 ml. a. Sodium hydrocarbonate 4%-150 ml b. Glucose 5%-300ml+ 12 TB insulin c. Calcium chloride 10%-10ml d. Vikasol 1%-2ml e. Rutin tablet); There is a constant and strong control; When treatments do not help, pulmonary-cardiac resuscitation is performed.

2. Burn shock- caused by burns of more than 5% of the skin surface. Severe aching, blisters appear, skin peeling, in severe cases muscle burns, severe pain and pallor. Resuscitation Care : Painkiller medications. (anal 50% -baralgin, dimedrol, promedol); Fluids. (Polygluquin 200-400 ml intravenously, Sodium chloride - 0.9% -20-300 ml, Hydrocartisone 2-4ml intermuscularly) ; At the burn place is placed treatment (1: 5000 furacillin, 3% hydrogen peroxide, potassium permanganate) and an aseptic dressing is placed

3. Anaphylactic shock- occurs as a result of the triggering of an allergic reaction of allergens. Anxiety, itching, redness, blisters, rashes, palpitations, increased pulses (80-90 times per minute), heart pain, insufficiency, swelling of the lips and eyelids, convulsions, increased blood pressure, (above 130/90)

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are observed. Intensive care: Stopping the entry of allergens into the body (all drugs are prohibited; A jgut is placed above the area where the drug is injected and 0.1%-1-2 ml of adrenaline is injected into the area where the drug is injected; Flushing medications. (Glucose 40%- 300ml + adrenaline0, 1%-1-2 ml Cordiamine 2ml, Eufillin2, 4%- 10 ml, Suprastin2%-2ml, hydrocortisone 3-5 ml intravenously; Intubation tube (in shortness of breath, suffocation) ; Oxygen therapy for 20–25 minutes; Hot baths are placed on the feet.

4.Cardiogenic shock- caused by heart disease (myocardial infarction, myocarditis, poisoning, traumatic heart injury). In the initial period, there is paleness, cold sweat pressure, cyanosis, puffing of the veins, lethargy, decreased blood pressure (up to 60/20 mm wire), severe pain in the heart area. Resuscitation : Painkillers. (Promedol 1%-1ml mesatone, morphine); Treatment with oxygen. (for 30-45 minutes) ; Glycosides. (nitroglycerin + sodium chloride) ; Antiarrhythmic. (Lidocaine 2%-10ml + sodium chloride 0.85%- 100ml); Vein Narrowers. (0.2%-1-2ml + sodium chloride 0.85%-200ml)

Also, the most difficult case for nurses in intensive care units is a coma state. Coma is a inhibition of the activity of the central nervous system, characterized by a violation of the function of all analyzers. Coma is a Greek word that means going into a deep sleep. Sound sleep can be awakened by some impression. A person in a coma can not be awakened by external influence. In some patients or illnesses, pre-coma conditions may take the form of the following.

There are the following degrees of coma:

- the first level — the patient's consciousness or movements, some reflexes are intensified, there is no reaction to all external influences, it is difficult to swallow, the vital functions of the body are stable, but there is no control over the work of the sphincters;
- second degree — in addition to the above conditions, hypertonic crises, muscle hypotonia, decreased reflexes, impaired functioning of the cardiovascular and respiratory systems, edema; On the second level, too, the condition becomes so severe that the work of the systems necessary for life becomes more severe;
- It is impossible to pull extremely severe patients out of a coma.

In all comas, of course, brain tumors, swollen and intracranial hypothermia occur. The manner in which these pathological processes manifest itself depends on the etiology of the coma. In the brain, arterial spasm, venous stasis, enlargement of the perivascular cavities, punctuated hemorrhages, chromatosis, acidosis, vacuolization and atrophy of neurons are observed. Due to the excitation of choroidal chimneys, liquor begins to be produced in large quantities. Brain tumors, swollen, intracranial hypothermia, and voluminous processes cause displacement of surrounding brain tissue, compression of blood vessels, and blockage of the fluid ducts. As a result of this, intracranial pressure increases further, blood supply to the brain and fluid circulation are disrupted, tissue hypoxia develops, neurophysiological processes are disrupted. The neurons that are the first to be intolerant of hypoxia begin to die. As you know, the neurons that are intolerant to hypoxia are the cortex neurons.

Conclusion

It requires more urgency and attention from the nurses of my intensive care unit than any other department. Nursing care in intensive care patients includes providing emergency intensive care,

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monitoring, and vital function support to patients in extreme conditions (shock, coma, respiratory failure/heart failure). This includes prompt medication administration, hardware assistance (defibrillator, respirator) and special procedures (catheterization, tracheostomy). Nurses in intensive care units must be highly qualified and have skills to make quick decisions and work with equipment.

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