PATIENT TO THE POINTS PREPARATION.

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ANNOTATION: *This article discusses the modern nurse's ability to conduct various examinations for early detection of diseases and In addition to knowing the techniques of performing medical procedures, the emphasis is on helping the patient identify psychological and social problems that have arisen and may arise due to the disease.*

Key words: *Puncture, pleural puncture, sternal puncture, abdominal puncture, Kassirsky needle, anesthesia.*

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Puncture is the piercing of a cavity, organ, or tissue with a hollow needle (or trocar) for diagnostic and therapeutic purposes. The nurse must know the puncture method to be performed, prepare the necessary instruments, dressings , and medications for each specific situation, and actively assist the doctor during its execution.

Pleural puncture.

When fluid accumulates in the pleural cavity , it is necessary to perform a pleural puncture (Fig. 116). A doctor performs a pleural puncture. The nurse's role is to prepare the instruments and the patient, and to assist the doctor during the procedure. For diagnostic purposes, a puncture is usually performed 20 A syringe with a g-type needle is used, which is connected to a needle (needle length 7–10 cm, diameter 1–1.2 mm, tip beveled at an angle of 45°) through a rubber tube 10–11 cm long, the diameter of which is suitable for the needle coupling. A cannula is placed on both ends of the connecting rubber tube to

connect it to the needle and the syringe cone. If If it does not fit well , the thick thread is wrapped around it several times and secured. A clamp is put on the connecting tube to prevent air from entering the pleural cavity during puncture. Before use, the needle is checked for patency and the instrument is sterilized, and after use, it is disassembled, washed, and dried . Local For anesthesia, several syringes of 2–5 g and 4–5 ml of 0.5 % novocaine should be prepared. In addition, small open glasses are taken with alcohol and iodine in alcohol, a vial with collodion and wax, sterile cotton balls, sterile swabs and a sterile box with tweezers. Usually, the doctor is assisted by one nurse, and if the patient is without medication , another assistant is needed to hold him while he is being transferred.

The patient is brought into the dressing room and turned upside down on a chair. (Fig. 117) and to widen the intercostal space on the side to be pierced, the patient is asked to bend towards the side to be pierced. If the patient is unable to sit on a chair , an assistant holds him: the patient rests his hands and head on the shoulders of the assistant. The puncture site is marked with an alcohol solution of iodine, and the hands are sterilized as if preparing for surgery. Then on the skin, skin under, rib to the pleura novocaine send way with local anesthesia will be done. This for the purpose chloroethyl application, only skin pain After anesthesia, the piercing begins . Figure 117. Pleural puncture. While pulling the skin down slightly, the second finger of the left hand is placed perpendicular to the chest at the upper edge of the rib and the needle is inserted through this finger. The rubber tube attached to the needle is clamped with a clamp . The purpose of pulling it down is to prevent air from entering the pleural cavity through the hole formed after the puncture. The puncture is made along the upper edge of the rib , since the vessels and nerves are located along the lower edge. The depth of the puncture depends on the thickness of the chest wall. As the needle enters the pleural cavity, a sudden decrease in resistance is felt. After the needle is inserted, a deflated syringe is

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connected to the tube and held with the left hand at its junction with the cannula. Only then can the clamp be released and the syringe piston is pulled back slightly, allowing fluid to flow into it. you can be sure. Into the syringe If the liquid does not come out, you need to close the tube with a clamp and remove it from the syringe, change the position of the needle, increase or decrease the depth of insertion slightly. The resulting liquid should be poured from a syringe into test tubes and microscopy smears are made for.

Diagnostic puncture is also used to inject antibiotics into the pleural cavity for therapeutic purposes . To do this, after the fluid is aspirated, the clamp is placed close to the needle hub and the syringe is released. Rubber The tube is pierced with a syringe filled with antibiotic solution between the needle coupling and the clamp. An antibiotic is injected from this site. After the puncture is complete, the needle is quickly removed, soaked in collodion, and held in the hand. A sterile cotton ball is immediately pressed into the hole.

the pleural cavity , the pleura is punctured for therapeutic purposes. The fluid in the pleural cavity displaces the organs of the chest cavity and causes dysfunction. The person's heart beats, shortness of breath, the body turns blue , and swelling appears on the face and neck. In this case, the patient may die suddenly. Gradually removing part of the accumulated fluid (no more than 0.3–1.5 l) will somewhat alleviate the patient's condition. If the fluid is removed quickly and in large quantities, a slight change in intrathoracic pressure will cause the patient to collapse, his limbs dry up, and his skin turns pale. He breaks out in a cold sweat, his limbs freeze, he breathes quickly and superficially, his blood pressure drops, and his pulse becomes rapid and barely perceptible.

To aspirate the fluid, a Poten apparatus - pleuroaspirator is used. The pleuroaspirator is a 500 ml glass container with graduated levels, the stopper of which is the same as that of the Bobrov apparatus. A long glass tube with a needle at the end is connected to a rubber tube. The short tube is also connected to a rubber tube with a pump at its end. The rubber tubes have clamps where

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they connect to the glass tubes . After using all parts of the apparatus (Poten apparatus), they are disassembled, washed , and stored dry. The liquid is drawn off by sucking the air out of the container. This is done by removing the tap on the short tube . and to the needle connected long in the tube the crane closed put, pump is performed with. After the air is withdrawn, the tap on the tube connected to the pump is closed. The puncture is performed as described above and the tap is opened by connecting the container with the needle. Due to the pressure difference, the fluid flows from the pleural cavity into the container. After the container is full, it is necessary to close the hole in the tube connected to the needle, remove the stopper from the container and drain the fluid . Then, reinstall the stopper, and repeat the air suction and fluid withdrawal 2–3 times.

Abdominal punksiya.

Abdominal puncture is a puncture of the abdominal cavity (abdominis) for therapeutic and diagnostic purposes. For the procedure, the nurse will: Prepares: a trocar with a thick, sharp-tipped mandrel with a diameter of 3–4 cm, a rubber tube for drainage, clamps, syringes, iodine solution or chlorethyl, test tubes for ascitic fluid (for sending to the laboratory), sterile bandage, sterile wipes, adhesive plaster, cotton wool, a towel and a basin for ascitic fluid. Puncture is performed in a dressing room or treatment room. The day before the procedure, the patient is given a cleansing enema: the patient empties his bladder before the procedure. 20 minutes before the puncture, 1 ml of 1% promedol and 0.5 ml of 0.1% atropine are injected subcutaneously. The patient sits leaning on a chair with a basin between his legs. The doctor performs the puncture, while the nurse holds the patient by the shoulders and monitors their general condition. After the puncture, the patient is wheeled back to his ward.

Lyumbal punksiya.

Lumbar puncture – a procedure to remove spinal fluid for treatment and diagnosis The procedure is performed by the attending physician, the nurse prepares the necessary instruments and the patient

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and directly participates in the procedure. For the procedure, a specially prepared needle with a mandrel, cut at a 45° angle, syringes, 0.5 % novocaine solution for local anesthesia, iodine, alcohol, test tubes for fluid collection are prepared. The patient should not eat before the examination and should have emptied his bladder. The patient is placed on his left side, with his legs bent at the knees, pulled to his stomach, and his head maximally tilted to his chest .

The spinal fluid is collected in test tubes (1.5–2 ml), as well as in one sterile test tube for culture. The latter is immediately delivered to the bacteriological laboratory and placed in a thermostat. If the journey to the laboratory is too long , the test tube with the spinal fluid is placed in a bag with heaters and sent warm. After the puncture, the patient is taken to the place on a wheelchair and placed on his stomach. The patient is required to maintain a strict bed rest for the next two to three days . Spinal puncture must be performed in compliance with all the rules of asepsis, as with surgical procedures.

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Sternal puncture.

and properly treat various blood diseases . Before the procedure, the nurse prepares and sterilizes a 10 or 20 ml syringe and a Kassirsky needle. Directly from treatment before doctor needle 70% yes ethyl alcohol with washed and dried with ether. In another syringe, a 0.5–1 % solution of novocaine is taken for anesthesia . The patient lies on his back and the doctor performs the procedure. Given that red blood cells clot quickly, the laboratory technician should be ready during the puncture. After the puncture, the Kassirsky needle is removed from the sternum and a sterile bandage is applied.

Questions

1. Poten of the apparatus main parts how flute with connected?
2. Negative for what based on liquid Poten to the device absorbed?
3. Abdominal and pleural in the puncture patient how in the situation will it be?
4. Abdominal puncture to the hole what glued?

5. Lumbar puncture for with mandrel what used?
6. Most in punctures anesthesia for used medicine substance.
7. Your stomach himself out of sight forgiveness tool.
8. Pleural puncture to do necessity how is determined?
9. Diagnostic pleural puncture for necessary tools count.
10. Healer pleural puncture how will be held. Nurse's tasks?
11. Abdominal puncture for necessary tools counting give .
12. How is an abdominal puncture performed and what does the nurse do? tasks What does it consist of?
13. Lumbar puncture for necessary tools prepare.
14. Lumbar puncture in transfer nurse's tasks saying give .
15. Sternal puncture for necessary tools counting give .
16. Sternal puncture where and what for the purpose done increased?

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