


<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of «Emergency medicine and nursing» Control and measuring means</p>		<p>57/11 () P 1 of 8</p>

CONTROL AND MEASURING MEANS

Questions of the program for midterm control 1

Name of the discipline: «Emergency medical care-2»

Discipline code: EMC-5302-2

Name of EP: 6B10101«General medicine»

Number of academic hours (credits): 120 hours (4credits)


Course and semester: 5 course, 10 semester

Compiled by: assistant of the department Yerimbet B. M.

Protocol № 11 from "20" 06 2025 y.

Head of Department, candidate of medical sciences, docent:  Seidakhmetova A.A.

Shymkent, 2025y.

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Program questions for midterm exam 1

1. The main stages of trauma care at the pre-hospital stage.
2. ONMC. Classification. Clinic. The tactics of an ambulance doctor.
3. Algorithm of emergency care for acute cerebrovascular accident at the prehospital stage.
4. Botulism. Clinic. Diagnostics. The tactics of an ambulance doctor.
5. The clinical picture of traumatic shock (by stages), diagnosis, shock index, tactics of the ambulance doctor;
6. Algorithm of cardiopulmonary resuscitation in newborns.
7. Acute respiratory viral infections, clinic, diagnosis, complications, prehospital care.
8. Convulsive syndrome. Clinic. Diagnostics. The tactics of an ambulance doctor.
9. Clinic of ectopic pregnancy, differential diagnosis with other acute diseases of the abdominal cavity, emergency room doctor's tactics.
10. Food poisoning, clinic, diagnosis. The tactics of an ambulance doctor.

Situational tasks:


1. Patient T., 20 years old, received a strong blow to the right chest cavity from the partition of the concrete walls during construction. Complaints: sharp pain, feeling of lack of air. Marked cyanosis. Shallow breathing 36 times min. Pulse is 110 beats per minute, rhythmic, blood pressure = 140/100. In percussion, the box sound is on the right. Breathing abruptly weakened. During auscultation, a "snow creak" is heard, upon palpation, the consistency of the chest wall is dough-like, and gas crepitation is detected in the soft tissues. When breathing between the anterior and posterior axillary lines in the intercostal spaces 3 and 4, the penetration of the chest wall inside is observed.

Determine the patient's emergency condition.

Create an algorithm for emergency care and justify each stage.

2. The diver hit his head on the ground in shallow water. I am worried about pain in the cervical spine. Objectively: the head is in a forced position. Palpation of the spinous processes of the V and VI cervical vertebrae is painful. There is a deformation in the form of a noticeable protrusion of the spinous processes of these vertebrae. The patient's attempts to move his head are almost impossible, very painful and significantly limited. The sensitivity and motor function of the upper and lower extremities are fully preserved. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

3. The patient received a gunshot wound to the chest on the right. There was a significant cough with bloody sputum, increasing shortness of breath. The skin is cyanotic. Cold sweat. Breathing is significantly difficult. The pulse rate is 120 per minute. At the level of the 3rd rib on the right along the middle clavicular line there is a wound measuring 1x1 cm, at the lower corner of the right shoulder blade there is a second wound measuring 2.5 x 2.0 cm. Subcutaneous emphysema spreads to the neck, face, and abdomen. He can't open his eyes because of eyelid emphysema.

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Percussive cardiac dullness is significantly shifted to the left. Uncomplicated compression fracture of the 5th cervical vertebra. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

4. Patient M. was hit on the head with a hard object. He lost consciousness for a short time. Experiences moderate nausea. There is extensive bruising and abrasions in the frontal-parietal region on the right. Sluggish, sluggish. Complaints of severe headache; pulse 60 beats per minute, tense. Repeated vomiting. Anisocoria, the right pupil is wider. Tendon reflexes on the right are reduced. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

5. A young man, defending himself from a blow with a stick, raised his left arm above his head, bent at the elbow joint. The blow landed on the upper third of the forearm. Severe pain appeared at the injury site. The forearm is bent at the elbow joint, deformed in the upper third, there is a depression on the side of the ulna and a protrusion along the front surface of the forearm. An external examination of the left elbow joint reveals the head of the radius. Palpation of the deformed area is sharply painful. The injured forearm is somewhat shortened. Active and passive forearm movements are severely limited and painful. The sensitivity of the hand and forearm is not impaired. Your diagnosis and emergency care.

6. Calling an ambulance team to a 7-year-old boy who was taken out of a burning apartment by a rescuer. On examination: general condition is severe, unconscious. The Glasgow coma score is 8 points. Erythema of the skin, cherry coloration of the mucous membranes. Superficial burns of the skin of the face, burnt eyebrows and eyelashes. Shortness of breath of a mixed nature: with the predominance of difficulty in inhaling, a weakening of respiratory noises over the lungs is detected, dry wheezing is heard. There is a spasm of the masticatory muscles. The heart tones are rhythmic, accelerated to 140 in 1 minute. Blood pressure is 80/40 mmHg. The abdomen is soft and painless. The liver is at the edge of the costal arch. The spleen is not palpable. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

7. Calling the intensive care unit of the ambulance service for a traffic accident. A 10-year-old boy was hit by a car while crossing the street. On examination: the general condition is extremely serious. Slowed down. The Glasgow score is 12 points. Heavy nosebleeds. Extensive abrasion in the area of the left zygomatic bone, hematoma in the area of the left temporal bone. Pronounced deformity of the 6-7-8 ribs on the left and a hematoma in this area. Deformity and extensive hematoma in the middle third of the thigh on the right. The skin is pale, acrocyanosis. Shallow breathing with a frequency of 44 per 1 minute. When listening to the lungs, breathing on the left is not performed. The heart tones are muted, rhythmic. The percussive boundaries of absolute cardiac dullness are shifted to the right. The pulse is 140 in 1 minute, weak filling. Blood pressure is 70/20 mmHg. The abdomen is somewhat tense, there is pronounced pain in the liver and in the right iliac region. The urine is stained with blood. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.


8. An 8-year-old boy was kicked in the stomach at school. The ambulance crew arrived 20 minutes after the injury. The child's general condition is severe. Conscious, but inhibited. The skin is pale. Breathing is accelerated to 44 per minute. The pulse rate is 140 per minute. BP is 70/20 mmHg. Auscultation symptoms without features. The abdomen is somewhat tense on

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palpation, and there is pronounced soreness in the right hypochondrium. The urine is light. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

9. Patient U., 68 years old, complained of convulsive pain in the lower abdomen, radiation to the sacral bone, bloating, and lack of copious bowel movements from 3 days. The disease progressed gradually, has been suffering from constipation for several years, it has been repeated several times over the past year, but subsided after a cleansing enema. The general condition of the patient is satisfactory, the body temperature is normal, the pulse is 68 times / min, the tongue is covered with a white coating. The abdomen is dry and painful on palpation. There is a high tympanum in percussion. During rectal examination, the ampoule of the rectum is empty, the sphincters are relaxed. During a siphon enema, after the injection of 350 ml of liquid, the liquid flows back. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

10. The patient is 63 years old, suffers from cholelithiasis, sudden pain in the upper abdomen due to treatment disorders, spreads to the back, vomiting with copious bile secretion, hyperthermia up to 37.6, chills. After taking No-shpa, the pain subsided. After a day, yellowing of the skin appears, abdominal pain persists. Objectively: the condition is of moderate severity. The skin and sclera of the eyes turn yellow. Pulse rate is 90 times per minute. Blood pressure is 120-80 mmHg. The tongue is moist, covered with a white coating. The abdomen is soft, tense, pain in the epigastric region. There are no peritoneal symptoms. The gallbladder is not palpable. Leukocytes $10.2 \cdot 10^9 / l$, blood bilirubin 60 mmol / l. Urine diastasis is 1024 units/l. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

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CONTROL AND MEASURING MEANS

Questions of the program for midterm control 2

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Program questions for midterm exam 2

1. Infectious and toxic shock: classification, clinic, diagnosis. The tactics of an ambulance doctor.
2. The main stages of injury care.
3. Medical care for limb fractures. Methods of immobilization.
4. Types of bleeding, clinic. Methods for determining the volume of blood loss. The tactics of an ambulance doctor.
5. Emergency care for hypovolemic shock.
6. Ectopic pregnancy: clinic, diagnosis. The tactics of an ambulance doctor.
7. Gastric bleeding: clinic, diagnosis. The tactics of an ambulance doctor.
8. Alcohol poisoning: clinic, diagnosis. The tactics of an ambulance doctor.
9. Carbon monoxide poisoning: clinic, diagnosis. The tactics of an ambulance doctor.
10. Acute appendicitis: clinic, diagnosis. The tactics of an ambulance doctor.

Situational tasks:

1. The patient is 48 years old, 4 hours after his illness he was hospitalized. The disease started acutely, acute pain in the epigastric region, a single vomiting, there was no copious bowel movement. From the moment of the attack, the bloating does not go away. On examination, pain in the right side of the abdomen, mainly in the right iliac region. On physical examination, tension in the abdomen, a symptom of irritation is positive in the right iliac region. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.
2. An ambulance crew was called to a pregnant woman, 30 years old, due to loss of consciousness. Pregnancy is 32 weeks. A survey of relatives showed that before the arrival of the ambulance, there was an attack of seizures. He suffers from chronic pyelonephritis and arterial hypertension. On examination: is unconscious. Blood pressure is 180/100 mmHg, pulse is 100 beats per minute, the number of respiratory movements is 30 per 1 minute. Pronounced swelling of the lower extremities and the anterior abdominal wall. The uterus is hypertonic. Spotting from the genital tract in a volume of 50 ml. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each step.
3. A 35-year-old woman called the NSR with complaints of an increase in body temperature to 39°C, severe abdominal pain, bloating, gas and stool retention, nausea and vomiting. From anamnesis: sex life since the age of 22, married. 3 pregnancies, a week ago she had a criminal abortion by injecting a chemical substance into the uterine cavity. Objectively: the condition is of moderate severity, pulse is 100 beats per minute, blood pressure is 120/80 mmHg. T- 39°C. the tongue is dry, the abdomen is sharply painful in the lower parts. The Shchetkin-Blumberg symptom is positive. The shaking symptom is negative, the pregnancy test is negative. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

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4. Patient M., 46 years old, was taken to the emergency department with the following complaints: severe pain in the head, paresthesia in the area of lips and tongue, inability to speak. In the anamnesis: has been suffering from hypertension for many years, does not use antihypertensive drugs daily. Objectively: the condition is serious. The patient does not answer questions; pronounced asymmetry of facial muscles is revealed, pupil volume differs; alignment of the naso-oral fold on the left, lowering of the left corner of the mouth, left-sided paraplegia. The boundaries of the heart are shifted to the left; the work of the heart is rhythmic, with a second-tone accent in the aorta. Heart rate 99 times/min, blood pressure 190/110 mmHg, vesicular respiration in the lungs, no wheezing. BH 22 times/min. The belly is soft, painless. The liver and spleen are not enlarged. ECG: an increase in the amplitude of the R wave in V5-6 and an increase in the amplitude of the S wave in V1-2, R1=25 mm, in leads V5-6, I, aVL, the RS-T segment is shifted below the isoline, in V5-6, I, aVL, the T wave is two-phase. Determine the patient's emergency condition. Create an algorithm for emergency care and justify each stage.

5. 10 minutes after giving birth, the woman in labor had severe abdominal pain. There was bleeding in the amount of 300 ml, the bottom of the uterus was deflected to the right, above the navel. When pressed by the edge of the palm in the lower abdomen, the umbilical cord is pulled inwards. The bleeding continues. Determine the patient's emergency condition.

6. A young man, defending himself from a blow with a stick, raised his left arm above his head, bent at the elbow joint. The blow landed on the upper third of the forearm. Severe pain appeared at the injury site. The forearm is bent at the elbow joint, deformed in the upper third, there is a depression on the side of the ulna and a protrusion along the front surface of the forearm. An external examination of the left elbow joint reveals the head of the radius. Palpation of the deformed area is sharply painful. The injured forearm is somewhat shortened. Active and passive forearm movements are severely limited and painful. The sensitivity of the hand and forearm is not impaired. Your diagnosis and emergency care.


7. A call to the patient K. 15 years old. Complaints of general weakness, dizziness, feeling of lack of air. From anamnesis: I took 10 tablets of no-shpa after a quarrel with my father. Objectively: conscious, condition of moderate severity. The skin is pale and moist. Breathing is weakened in the lungs, BPD is 29 per minute, heart tones are muffled, blood pressure is 90/40 mmHg. Determine the patient's emergency condition.

Create an algorithm for emergency care and justify each stage.

8. An 8-year-old boy was kicked in the stomach at school. The ambulance crew arrived 20 minutes after the injury. The child's general condition is severe. Conscious, but inhibited. The skin is pale. Breathing is accelerated to 44 per minute. The pulse rate is 140 per minute. BP is 70/20 mmHg. Auscultation symptoms without features. The abdomen is somewhat tense on palpation, and there is pronounced soreness in the right hypochondrium. The urine is light. Determine the patient's emergency condition.

Create an algorithm for emergency care and justify each stage.

9. The patient received a gunshot wound to the chest on the right. There was a significant cough with bloody sputum, increasing shortness of breath. The skin is cyanotic. Cold sweat. Breathing is significantly difficult. The pulse rate is 120 per minute. At the level of the 3rd rib on the right

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along the middle clavicular line there is a wound measuring 1x1 cm, at the lower corner of the right shoulder blade there is a second wound measuring 2.5 x 2.0 cm. Subcutaneous emphysema spreads to the neck, face, and abdomen. He can't open his eyes because of eyelid emphysema. Percussive cardiac dullness is significantly shifted to the left. Uncomplicated compression fracture of the 5th cervical vertebra.

Determine the patient's emergency condition.

Create an algorithm for emergency care and justify each stage.

10. Patient M. was hit on the head with a hard object. He lost consciousness for a short time. Experiences moderate nausea. There is extensive bruising and abrasions in the frontal-parietal region on the right. Sluggish, sluggish. Complaints of severe headache; pulse 60 beats. I mean, I'm tense. Repeated vomiting. Anisocoria, the right pupil is wider. Tendon reflexes on the right are reduced.

Determine the patient's emergency condition.

Create an algorithm for emergency care and justify each stage.