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Grishina I.F., Teplyakova O.V., Brodovskaya T.O., Nikolaenko O.V.
Poletaeva N.B.

Principles of organization and structure of district medical services. General medical examination of the population.

Textbook

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This tutorial presents the methodology of organizing medical and preventive care to the population in a polyclinic setting, features of the organization and scope of work of the district doctor, including assessment of natural and medical-social environmental factors in development diseases in the adult population, their correction, implementation preventive measures to prevent infectious diseases, parasitic and non-infectious diseases, methods of selecting patients for Sanatorium-resort treatment, the main stages and methods of rehabilitation patients were covered the main issues of organizing and conducting general medical examination of the population, including skills for determining health groups, conducting brief and in-depth preventive counseling.
The sections of the manual have a uniform structure. The list of references contains links to modern regulatory documents.

The manual is intended for students of medical universities.

Reviewer:

Deputy Director General for Medical Affairs of the Ministry of Defense "New Hospital", candidate of medical sciences **Petrova E. M.**

Content

List of abbreviations

AG – arterial hypertension

BP – arterial pressure

VK – medical commission

WHO – World Health Organization

GB – hypertension

DPC – duodenum

ZHOZH – healthy lifestyle

IHD – ischemic heart disease

ICT – Tobacco Smoking Index

BMI – body mass index

LFK – therapeutic physical training

MSE – medical and social examination

OCMV – acute cerebrovascular accident

PMS – primary medical and social care

DM – diabetes mellitus

SKL – spa treatment

SKO - health resort organization

CVD – cardiovascular diseases

CVR - cardiovascular risk

UZDG – ultrasound Dopplerography

FR – risk factor

NCD – chronic non-communicable disease

HR – heart rate

ECG – electrocardiography

Introduction

This textbook is intended for students who are mastering educational program in the specialty "General Medicine" within the framework of studying the discipline "Outpatient therapy".

In the current conditions of development of Russian healthcare Reforms that make medical care accessible are becoming increasingly important to the population, improving the system of medical care, including measures for prevention, diagnosis, and treatment diseases and conditions, medical rehabilitation, monitoring the course of pregnancy, the formation of a healthy lifestyle and sanitary and hygienic education of the population.

Outpatient and polyclinic institutions are the leading link in primary health care (PHC) organization system.

Outpatient and polyclinic care includes preventive, treatment, diagnostic and rehabilitation measures aimed at to reduce morbidity, disability, and mortality. For this type assistance is characterized by specialization and a multi-level system of provision.

The objectives of the manual are:

1) Increasing the volume of theoretical knowledge on issues organization of medical and preventive care for the bulk of the population in in the conditions of the clinic.

2) Increasing the volume of theoretical knowledge on issues features of the organization and scope of work of a district physician.

3) Increasing the volume of theoretical knowledge on issues implementation of preventive measures to prevent occurrence most often encountered diseases non-infectious nature.

4) Development of practical skills necessary for
independent work in a clinic setting: assessment of natural and
medical and social environmental factors in the development of diseases in adults
population, carrying out their correction, implementing preventive measures
measures to prevent infectious, parasitic and
non-communicable diseases, conducting health education work
on hygiene issues, proper skills for competent selection
spa treatment, determination of indications and contraindications for
SKL, determine the patient's health group, identify indications for
referrals to the 2nd stage of medical examination, conduct brief and in-depth
preventive counseling.

5) Development of clinical thinking skills for diagnostics in
in outpatient and polyclinic settings the most common
therapeutic diseases, assessment of the characteristics of their course, determination
indications and types of medical rehabilitation.

6) Teaching students modern approaches to issues
rehabilitation of patients, knowledge of the main stages and methods of rehabilitation
patients

The sections of this textbook are structured and
characterize the conceptual apparatus, structure and features of the organization
various aspects of the work of a district therapist. The manual contains
assessment tools that include test questions for
self-study, test assignments and clinical case studies.
The list of references contains a list of basic and additional
sources for preparation and includes both regulatory and legal acts and
original articles and reviews in periodicals.

The teaching aid is aimed at developing new skills in the student
knowledge, skills, abilities and competencies, as well as motivation for in-depth
studying the discipline "outpatient therapy".

Relevance

Outpatient medical care (Latin: *ambulatorius)*
- mobile, walking; Greek *polis* - city, *klinike* - the art of healing)
is carried out outside of a hospital setting.

For the first time, outpatient care for patients in Russia began to be used in
11th century. In 1089, in Kievan Rus, “free healing” was provided to those who came
patients were charged with the responsibility of "hospitals located at
churches." Outpatient "reception" of patients was also carried out by healers, both male and female, to
to which ordinary people turned for help. Up until the 16th century.
Medical affairs were not subject to state intervention.

In 1620, the first secular outpatient clinics appeared, where reception was conducted
Doctors. The organization of outpatient care was accelerated by severe epidemics.
smallpox, plague, cholera.

Peter the Great's reforms gave rise to the reorganization of the entire medical
affairs: instead of the boyar order system, a state one was created
administration, including the Medical Chancellery. In 1738, under
The main pharmacy of St. Petersburg established the position of a doctor for the poor, this
was the first free outpatient clinic in Europe.

In 1804, for the first time in the history of Russia, outpatient practice was
introduced into the teaching program at medical faculties
universities. As a rule, outpatient care in cities was provided
at hospitals. Independent institutions of this type began to develop
only in the 80s of the XIX century, which was facilitated by the development of the zemstvo and factory
medicine.

The Zemstvo reform created a system of medical care, including
includes district service, mobile medical assistance,
provision of paramedics.

Intensified development of outpatient and polyclinic services in our country received assistance from the 20s of the 20th century, i.e. during the years of the formation of the domestic healthcare system. In the Soviet Union, prevention was the direction of the health care system's activities began to take priority position. An important method of prevention was declared medical examination, which at that time, due to many objective reasons was reduced to the registration of diseases and medical examinations. The system of protection of mothers and children was improved significantly The network of children's clinics and women's clinics has expanded. On the eve wars, despite the mistakes and miscalculations, repressions that took thousands of lives health care professionals, a state system was built healthcare, which assumed a preventive focus, planning, accessibility, etc. By 1950, even taking into account the enormous damage, inflicted on the national economy of the country during the war (40 were destroyed 000 hospitals and clinics), the number of medical institutions is not only reached the pre-war level, but also increased. In the USSR, in outpatient In outpatient care, much attention was paid to medical examinations.

In modern Russian history since 2002, the main emphasis has been on providing medical care is done to organize outpatient outpatient care to the population. Order on permanent improvement this directions published by the Ministry of the Russian Federation (No. 350). A project is being implemented to implement it. of national importance "Health". The role of leading structures is assigned outpatient and polyclinic services, where about 80% of the population undergoes a full course of treatment - from the first visit to discharge, without need for hospitalization.

Outpatient and polyclinic care is the most accessible and widespread a type of medical care. About 80% of all patients receive it annually.

On average, every resident of the country visits 9 times a year
a clinic or calls a doctor to the house.

This type of medical care is characterized by the following
features:

- Most of the outpatient clinics
provides primary medical and social care and ensures
medical care primarily at the place of residence, taking into account
interests of insured citizens;
- Solving public health problems (treatment, prevention and
etc.) is carried out either on the basis of its institutions or is provided
home help;
- This is the cheapest form of medical care compared to
others (inpatient, sanatorium-resort);
- Outpatient and polyclinic care is guaranteed
The Constitution of the Russian Federation, laws and many legislative acts.

The importance of a polyclinic is determined by its proximity to
population, as well as opportunities for optimal participation in medical
providing for the overwhelming majority of the population.

These institutions occupy a leading position in preventive work.
health care systems, their workers identify risk factors among
relevant contingents, infectious and socially significant
diseases.

The work of polyclinics significantly affects the activities of others
healthcare institutions - hospitals, ambulance services. In addition
Moreover, the effective work of this healthcare sector largely depends on
depends on the level and duration of temporary disability,
frequency of complications of diseases and the consequences of their course, level
hospitalization, duration of stay of patients in hospitals and

generally rational use of beds, and also to a large extent
public assessment of the activities of the entire healthcare system.

Medical examination as a right of Russian citizens to regular
free medical examination for the purpose of timely detection
diseases that are the main causes of death and
disability, was introduced in 2013 as part of the program
"Health", adopted by the Government in 2006.

A lot of work demonstrates the high efficiency of the conducted
during medical examinations. In addition, over the years, population coverage
is growing, and the system is being improved. Thus, the number of adults examined in
within the framework of medical examinations increased twofold from 2013 to 2015 (from 15,824 thousand.
up to 33,663.7 thousand people, which is on average 92% of the population,
subject to medical examination - according to Rosstat data).

The clinic provides rehabilitation for patients and
recovering. The system is most often involved in its implementation
Primary health care.

The effectiveness of rehabilitation largely depends on the comprehensive
approach to its implementation. Various departments and agencies participate in it.
services (legislative, administrative, educational,
trade unions), but healthcare institutions hold the leading position
role.

Among the contingents requiring medical rehabilitation, the first
the place is taken by patients with temporary loss of ability to work (more than 60
%). Permanent disability - 22.2%. Patients with severe
diseases requiring service - 5.3%. Contingents requiring
disability group revision - more than 6%. About half of the

patients requiring medical rehabilitation are sick
therapeutic profile.

During the period of reform of the healthcare system, work
the clinic should be aimed at significantly increasing the quality
treatment of the population, a full comprehensive examination of its social and
significant groups, full rehabilitation.

All these measures will contribute to reducing the current
a fairly high level of hospitalization and will ensure the referral of patients
for inpatient treatment in cases of extreme necessity.

I. Principles of organization and structure of the district medical service.

Primary health care is the foundation of the system provision of medical care in the Russian Federation and includes measures to prevention, diagnosis, treatment of diseases and conditions, medical rehabilitation, monitoring the course of pregnancy, formation healthy lifestyle, including reducing the level of risk factors diseases, and sanitary and hygienic education.

Primary health care is provided on a planned and emergency forms.

Primary health care is provided:

1) outpatient, including:

- in a medical organization providing primary health care sanitary assistance, or its division at the place of residence (stay) of the patient - in case of acute diseases, exacerbations of chronic diseases in the event of a call to a medical worker or when visiting him patient in order to monitor his condition, the course of the disease and timely appointment (correction) of the necessary examination and (or) treatment (active visiting), with patronage of certain groups of the population upon detection or threat of occurrence of an infectious disease epidemic diseases, patients with infectious diseases, and persons in contact with them and persons suspected of having an infectious disease, including by house-to-house (apartment) visits, inspections of workers and students;
- at the place of departure of the mobile medical team, including to provide medical care to residents of populated areas with predominantly inhabited by persons of retirement age, or located at a significant distance from the medical

organizations and (or) having poor transport accessibility, taking into account climatic and geographical conditions;

2) in a day hospital setting, including home hospitalization.

Organization of primary health care
citizens in order to get closer to their place of residence, place of work or training is carried out on a territorial-district basis,
providing for the formation of groups of the population served by
place of residence, place of work or study in certain organizations, with taking into account the provisions of Article 21 Federal Law of November 21 2011 N 323-FZ "On the Fundamentals of Health Protection of Citizens in the Russian Federation".

Territorial-district principle of organizing the provision of
primary health care consists of forming groups
served contingent based on residence (stay) on
a certain territory or on the basis of work (training) in
certain organizations and (or) their divisions.

The distribution of the population among the areas is carried out by the leaders medical organizations providing primary health care
assistance, depending on the specific conditions of provision of primary health care sanitary assistance to the population in order to ensure its maximum accessibility and observance of other rights of citizens.

In order to ensure the right of citizens to choose a doctor and medical organizations are allowed to attach citizens living or
working outside the service area of a medical organization, to doctors-
to district therapists, general practitioners (family doctors) for
medical supervision and treatment taking into account the recommended number attached citizens, established by the “Regulations on the organization

provision of primary health care to the adult population"

(Order of the Ministry of Health and Social Development of Russia dated 15.05.2012 N 543n).

In medical organizations, sections can be organized:

- paramedic;
- therapeutic (including workshop);
- general practitioner (family doctor);
- complex (the site is formed from the population of the site medical organization with insufficient number of attached personnel population (small area) or population served by a general practitioner of a medical outpatient clinic and the population served feldsher-midwife stations (feldsher health centers);
- obstetric;
- registered.

Services to the population at the sites are provided by:

- paramedic of a paramedic health center, paramedic-obstetric center;
- local general practitioner, local general practitioner workshop medical station, district nurse at therapeutic (including workshop) area;
- general practitioner (family doctor), physician assistant general practitioner, general practitioner's nurse at the site general practitioner (family doctor).

Recommended number of assigned population for medical areas in accordance with the standard staffing levels

medical personnel consists of:

- at the feldsher station - 1300 people of the adult population in aged 18 years and older;
- in the therapeutic area - 1700 people of the adult population aged 18 years and older (for a therapeutic area located in rural areas - 1,300 adult population);
- at the general practitioner's site - 1200 adults population aged 18 years and older;
- in the family doctor's area - 1,500 adults and children population;
- in a complex area - 2000 or more adults and child population.

In the regions of the Far North and equivalent localities, high-mountain, desert, waterless and other areas (localities) with severe climatic conditions, with long-term seasonal isolation, and also in areas with low population density, plots can be formed with a smaller number of attached population, with maintaining the full-time positions of district general practitioners, doctors-district pediatricians, general practitioners (family doctors), district nurses, general practitioner nurses, paramedics (obstetricians) in full.

The clinic is an independent medical organization or a structural division of a medical organization (its structural unit) providing primary health care assistance, and is organized to provide primary pre-medical medical care sanitary care, primary medical and sanitary care, primary specialized health care, as well as palliative medical care to the population.

The structure of the clinic and the staffing level are established the chief physician of the clinic or the head of a medical organization (its structural division), into the structure of which it is included, based on the volume of treatment and diagnostic work carried out, taking into account recommended staffing standards established by Appendix No. 2 to Regulations on the organization of primary health care adult population, the level and structure of morbidity and mortality, age and sex composition of the population, its density, as well as other indicators characterizing the health of the population.

To organize the work of the clinic in its structure The following divisions are envisaged:

- registry;
- pre-medical care department (office);
- Department of General Medical (Family) Practice;
- department (office) of primary specialized medical care sanitary assistance;
- departments of primary specialized health care assistance (traumatological and orthopedic, surgical, therapeutic, otolaryngological, ophthalmological, neurological, etc.);
- offices of specialist doctors;
- emergency medical care department (office);
- department (office) of functional diagnostics;
- dental department (office);
- treatment room;
- examination room;
- fluorography room;
- trust office;

- crisis management and medical-psychological office unloading;
- medical assistance office for smoking cessation;
- department (office) of radiation diagnostics;
- clinical laboratory;
- biochemical laboratory;
- microbiological laboratory;
- department (office) of medical prevention;
- health center;
- premises (classrooms, auditoriums) for conducting group prevention (health schools);
- day hospital;
- information and analytical department or office medical statistics;
- organizational and methodological office (department);
- administrative and economic units.

The equipment of departments and offices is carried out in accordance with established procedures for the provision of certain types (by profile) medical care. The clinic's work is organized on a shift basis. schedule that ensures the provision of medical care throughout the entire day, and also provides for the provision of emergency medical care in weekends and holidays.

The main objectives of the clinic are:

1) provision of primary (pre-medical, medical, specialized) care medical and sanitary care, including emergency care patients living in the service area and (or) assigned for service, in case of acute illnesses, injuries, poisoning and other emergency conditions;

2) implementation of preventive measures to prevent and reduction of morbidity, detection of early and latent forms diseases, socially significant diseases and risk factors;

3) conducting medical examinations of the population;

4) diagnosis and treatment of various diseases and conditions;

5) restorative treatment and rehabilitation;

6) clinical expert activities to assess quality and effectiveness treatment and diagnostic measures, including examination temporary disability and referral of citizens for medical treatment social expertise;

7) dispensary monitoring of the health status of persons suffering from chronic diseases, including certain categories citizens entitled to receive a set of social services, functional disorders, other conditions for the purpose of timely detection (prevention) of complications and exacerbations diseases, other pathological conditions, their prevention and implementation of medical rehabilitation;

8) organization of additional free medical care, including including essential medicines, individual categories of citizens;

9) establishing medical indications and referral to medical organizations for obtaining specialized types of medical care help;

10) organization and provision of palliative care to patients, including cancer patients in need narcotic and potent drugs in in accordance with the recommendations of medical specialists;

11) conducting all types of medical examinations (preventive, preliminary, periodic);

12) establishing medical indications for spa treatment
treatment, including in relation to certain categories of citizens,
entitled to receive a set of social services;
13) implementation of anti-epidemic measures, including
vaccinations, in accordance with the national calendar
preventive vaccinations and for epidemiological indications,
identification of patients with infectious diseases, dynamic
monitoring of persons in contact with patients
infectious diseases at the place of residence, study, work and
for convalescents, as well as transfer in accordance with the established procedure
information on identified cases of infectious diseases;
14) provision of medical consultations;
15) provision of medical support for the preparation of young men for
military service;
16) examination of temporary disability, issuance and extension
sick leave certificates;
17) organizing and conducting events to promote healthy living
lifestyle, including issues of rational nutrition, increasing
motor activities, warnings consumption
psychoactive substances, including alcohol, tobacco, narcotics
substances;
18) identification of smokers and excessive alcohol consumption, and
also individuals at high risk of developing smoking-related diseases,
alcohol and poisoning with alcohol substitutes;
19) provision of medical assistance for smoking cessation and
alcohol abuse, including referral for counseling and
treatment in specialized medical organizations;
20) organizing public awareness about the need and
the ability to identify risk factors and assess the degree of risk
development of chronic non-communicable diseases, their

drug and non-drug correction and prevention, and
also consulting on healthy lifestyle issues
in medical prevention departments (offices) and centers
health;

21) implementation of health-improving measures, medication and
non-drug correction of risk factors, provision
memos, dispensary observation of individuals at high risk
development of chronic non-communicable disease and its
complications, referral of high-risk individuals if necessary
development of chronic non-communicable disease
consultation with a specialist doctor;

22) advanced training of doctors and workers with secondary
medical education;

23) maintaining medical records in accordance with the established procedure and
reporting;

24) interaction with medical organizations,
Rospotrebnadzor, Roszdravnadzor, and other organizations
issues of providing primary health care and palliative care
medical care.

The district physician carries out his activities according to
provision of primary health care to the population in medical
organizations, primarily in the municipal healthcare system:

- polyclinics;
- outpatient clinics;
- inpatient and outpatient institutions of the municipality
healthcare systems;
- other medical and preventive institutions providing
primary health care to the population.

The main tasks of a local general practitioner are:

2) formation of a medical (therapeutic) area from
population attached to it;

3) implementation sanitary and hygienic education,
consulting on issues of healthy lifestyle development;

4) implementation preventive events By
prevention and reduction of morbidity, detection of early and hidden
forms of diseases, socially significant diseases and risk factors,
organization and management of a health school;

5) study of the needs of the population it serves
health-improving activities and development of programs for these
events;

6) implementation of dispensary observation of patients, including
among those entitled to receive a set of social services, in
in the established manner;

7) organization and implementation of diagnostics and treatment of various
diseases and conditions, including restorative treatment of patients
in outpatient settings, day hospital and home hospital;

8) providing emergency medical care to patients
acute diseases, injuries, poisoning and other emergencies
conditions in outpatient settings, day hospital and inpatient
home;

9) referring patients for consultations with specialists, including
including for inpatient and rehabilitation treatment for medical reasons
indications;

10) organization and implementation of anti-epidemic measures and
immunoprophylaxis in accordance with the established procedure;

11) conducting an examination of temporary disability in
in the established order and preparation of documents for referral to
medical and social examination;

12) issuing a conclusion on the need to refer patients
medical indications for spa treatment;

13) interaction with medical organizations
state, municipal and private healthcare systems,
medical insurance companies and other organizations;

14) organization jointly with social protection authorities
medical and social assistance to certain categories of citizens: single people,
the elderly, disabled, chronically ill, and those in need of care;

15) management of the activities of mid-level medical personnel,
providing primary health care;

16) maintaining medical records in accordance with the established procedure,
analysis of the health status of the assigned population and activities
medical district.

Criteria for assessing the effectiveness of a general practitioner
district police officer.

The main purpose of introducing performance evaluation criteria
The activity of the district physician-therapist is an operational analysis
inside the medical and preventive institution of diagnostic, treatment and
preventive and organizational work in the therapeutic area
to improve the quality of medical care and monitoring
health status of the assigned population.

When assessing the performance of district general practitioners
The following criteria for the activities of a general practitioner are used
district police officer:

1) stabilization or reduction of hospitalization rates
attached population;

2) reducing the frequency of calls to emergency medical care
attached population;

3) an increase in the number of visits by the assigned population
preventive purposes;

4) complete coverage of medical and preventive care for individuals,
under dispensary observation;

5) completeness of coverage of the attached person with preventive vaccinations
population:

- against diphtheria - at least 90% in each age group;
- against hepatitis B - at least 90% of persons under 35 years of age;
- against rubella - at least 90% of women under 25 years of age;
- implementation of the plan for preventive vaccinations against influenza;

6) stabilization or reduction of the mortality rate of the population
home: for cardiovascular diseases; for tuberculosis; for
diabetes mellitus;

7) a reduction in the number of people who died at home from diseases of the system
circulation at the age of up to 60 years and not observed for
last year of life;

8) stabilization of the incidence rate of social diseases
character:

tuberculosis:

- number of newly diagnosed patients;
- the completeness of coverage of fluorographic examination of individuals, more than
than 90% of the number of subjects;

- the completeness of coverage of bacterioscopic examination of individuals, more than than 90% of the number of subjects;
- absence of recurrent cases in contacts in the outbreaks active tuberculosis;
- absence of advanced cases of tuberculosis;

arterial hypertension:

- the number of newly diagnosed patients with arterial hypertension;
- reduction in the incidence of primary ischemic heart disease heart disease;
- reduction in disability as a result of myocardial infarction and stroke;
- reduction in mortality from heart attacks in the attached population myocardial and strokes;

diabetes mellitus:

- the number of newly diagnosed patients with diabetes;
- the number of patients with compensated diabetes mellitus status of more than 50% of all registered persons;
- reduction in the number of complications of diabetes;

oncological diseases:

- absence of cases of visible oncological diseases localizations identified in the 3rd - 4th clinical stages;

9) full coverage of dynamic activities medical monitoring of the health status of certain categories citizens entitled to receive a set of social services, including

number medicinal provision, sanatorium-resort And
restorative treatment;

10) the justification for the prescription of drugs and compliance
issuing prescriptions to patients, including those entitled to receive
set of social services.

Specific indicators of performance evaluation criteria
the activities of the district general practitioner are determined by the manager
healthcare institutions taking into account the number, density, age-
sex composition of the population, incidence rate, geographic and other features.

If necessary, by decision of the head of the institution
additional evaluation criteria may be used in healthcare
the effectiveness of the activities of the local general practitioner.

II. The regulatory framework governing the activities outpatient service

1. Federal Law of November 21, 2011 N 323-FZ "On the Fundamentals protection of public health in the Russian Federation"

2. Federal Law of 29.11.2010 N 326-FZ "On Compulsory health insurance in the Russian Federation"

3. Federal Law of March 30, 1999 N 52-FZ "On Sanitary and epidemiological well-being of the population"

4. Federal Law of September 17, 1998 N 157-FZ "On immunoprophylaxis of infectious diseases"

5. Federal Law of June 18, 2001 N 77-FZ "On preventing the spread of tuberculosis in the Russian Federation"

6. Federal Law of April 12, 2010 N 61-FZ "On the appeal medicines"

7. Order of the Ministry of Health and Social Development of Russia dated 28.02.2011 N 158n “On approval of the Rules of Compulsory Medical Insurance"

8. Order of the Ministry of Health and Social Development RF dated April 26, 2012 N 406n "On approval of the selection procedure a citizen of a medical organization when providing him with medical care assistance within the framework of the state guarantees program for free providing medical care to citizens"

9. Order of the Ministry of Health and Social Development of Russia dated 15.05.2012 N 543n "On approval of the Regulation on the organization of the provision of primary health care sanitary assistance to the adult population"

10. Order of the Ministry of Health and Social Development RF dated December 7, 2005 N 765 "On the organization of the activities of a general practitioner district police officer"

11. Order of the Ministry of Health and Social Development RF dated April 19, 2007 N 282 "On approval of evaluation criteria the effectiveness of the activities of the district general practitioner"

12. Order of the Ministry of Health and Social Development RF dated June 21, 2006 N 490 "On the organization of medical activities district police nurses"

13. Order of the Ministry of Health and Social Development of Russia dated 12.04.2011 N 302n "On approval of lists of harmful and (or) hazardous production factors and works, during the performance of which mandatory preliminary and periodic medical examinations (surveys), and the Procedure conducting mandatory preliminary and periodic medical examinations examinations (surveys) of workers engaged in heavy work and work with harmful and (or) hazardous working conditions"

14. Order of the Ministry of Health and Social Development of Russia dated June 29, 2011 N 624n "On approval of the Procedure for issuing sick leave certificates"

15. Order of the Ministry of Health of the Russian Federation dated December 21, 2012 No. 1344n "On approval of the procedure for conducting dispensary observation"

16. Order of the Ministry of Health of Russia dated 03.12.2012 N 1006n "On approval of the procedure for conducting medical examinations of certain groups adult population"

17. Order of the Ministry of Health of the Russian Federation dated December 6, 2012. N1011ÿ “On approval of the procedure for conducting preventive medical examination"

18. Order of the Ministry of Health of Russia dated March 21, 2014 N 125n "On approval national calendar of preventive vaccinations and calendar preventive vaccinations for epidemiological indications"

19. Order of the Ministry of Health and Social Development RF dated February 12, 2007 N 110 "On the procedure for appointment and discharge medicines, medical devices and specialized therapeutic nutrition products"

20. Order of the Ministry of Health and Social Development RF dated November 22, 2004 N 255 "On the procedure for providing primary medical care-sanitary assistance to citizens entitled to receive a set social services"

21. Order of the Ministry of Health of the Russian Federation dated March 6, 2015 No. 87n "On unified form of medical documentation and form statistical reporting used during medical examinations certain groups of the adult population and preventive medical inspections, procedures for their completion"

22. Order of the Ministry of Health and Social Development of the Russian Federation dated May 11, 2007 No. 324 "On approval criteria for assessing the effectiveness of a nurse's activities district police officer at the therapeutic area"

23. Order of the Ministry of Health and Social Development RF dated May 11, 2007 N 325 "On approval of evaluation criteria..."

24. Order of the Ministry of Health and Social Development RF dated April 23, 2012 N 390n "On approval of the list of certain types of medical interventions for which citizens give

informed voluntary consent when choosing a doctor and medical care
organizations for receiving primary health care"

25. Order of the Ministry of Health of the Russian Federation of December 20, 2012 N 1177n "On approval of the procedure for giving informed voluntary consent to medical intervention and refusal of medical interventions in relation to certain types of medical interventions, forms of informed voluntary consent medical intervention and forms of refusal of medical intervention"

26. Resolution of the Chief State Sanitary Doctor Russian Federation dated May 18, 2010 N 58 On approval of SANPIN 2.1.3.2630-10 "Sanitary and epidemiological requirements for organizations, carrying out medical activities"

27. Resolution of the Chief State Sanitary Doctor Russian Federation dated May 18, 2010 N 58 On approval of SP 3.1.5.2826-10 "HIV infection prevention"

28. Resolution of the Chief State Sanitary Doctor Russian Federation dated May 18, 2010 N 58 On approval of SANPIN 2.1.7.2790-10 "Sanitary and epidemiological requirements for handling medical waste"

III. Medical documentation of the outpatient department.

List of medical documentation of the outpatient department approved by the Order of the Ministry of Health of the Russian Federation dated December 15 2014 N 834n "On approval of unified forms of medical documentation used in medical organizations providing medical care in outpatient settings, and procedures for their filling" (as amended and supplemented on January 9, 2018. Order Ministry of Health of Russia No. 2n) and includes the following forms:

• Form No. 025/u "Medical record of a patient receiving outpatient medical care"

• Form No. 025-1/u "Patient coupon for receiving medical care" outpatient care"

• Form N 030/ÿ "Control card of dispensary observation"

• Form No. 030-13/u “Passport of the medical district of citizens, entitled to receive a set of social services"

• Form No. 070/u “Certificate for obtaining a voucher for a sanatorium-spa treatment"

• Form No. 072/u "Sanatorium-resort card"

• Form No. 057/u-04 "Referral for hospitalization, examination, consultation"

• Form No. 030-ÿ/ÿ "Information on medicinal products, issued and released to citizens entitled to receive the kit social services (in accordance with the Federal Law of 22.08.2004 N 122)"

• Form No. 086/u "Medical certificate (medical professional advisory opinion)"

• form No. 088/u “Referral for medical and social examination” medical organization

• Form “Special prescription form for narcotic drugs” drug and psychotropic substance"

• Form N 148-1/ÿ-88 “Prescription form”

• Form N 107-1/ÿ “Prescription form”

• Form N 148-1/ÿ-04 (l)

• Form No. 148-1/u-06 (l)

IV. Methods of preventive work of a district therapist with the population.

Disease prevention is a system of medical and non-medical nature, aimed at preventing, reducing the risk of developing health problems and diseases, preventing or slowing down their progression, reducing them adverse effects.

Medical prevention is a system of preventive measures, implemented through the healthcare system.

Medical prevention in relation to the population is defined as:

- individual – preventive measures carried out with by individual individuals.

- group – preventive measures carried out with groups of people with similar symptoms and risk factors (target groups);

- population (mass) – preventive measures, covering large groups of the population (population) or the entire population in in general. The population level of prevention is generally not limited to medical activities - these are local programs prevention or mass campaigns aimed at strengthening health and disease prevention.

Subjects of application of preventive measures and impacts there are different stages of development of the disease, including various preclinical conditions, and the objects are individuals, groups of people, individual populations and the population as a whole.

In cases where preventive measures are aimed at elimination of the cause (root cause, etiological factor, etiology

diseases) and/or weakening of the action of pathogenetic risk factors development of a disease that has not yet arisen (chain of epidemiological causes of the disease), they talk about **primary prevention.** In modern In epidemiology, primary prevention is divided into primordial prevention and primary specific.

Primordial prevention is a set of measures aimed at to prevent risk factors for the development of diseases associated with unfavorable living conditions, environmental and production environment, lifestyle.

Primary prevention is a complex of medical and non-medical measures measures aimed at preventing the development of deviations in state of health and diseases, elimination of their causes, common to all population, its individual groups and individuals.

The goal of primary prevention is to reduce the frequency of new cases (incidence) of any disease by monitoring for its causes, epidemiological conditions, risk factors.

Primary prevention includes:

1) Conducting environmental and sanitary-hygienic screening and taking measures to reduce the impact of harmful factors on human body (improving the quality of atmospheric air, drinking water water, structure and quality of food, working conditions, living conditions and rest, level psychosocial stress and other factors affecting quality of life).

2) Formation of a healthy lifestyle, including:

- Creation constantly current informational propaganda system aimed at raising the level of knowledge of all categories of the population about the influence of negative factors and the possibilities of its decreases;

- hygiene education;
- reduction in the prevalence of smoking and tobacco consumption products, reduction of alcohol consumption, prevention of consumption drugs and narcotic substances;
- attracting the population to physical education, tourism and sports, increasing the availability of these types of health improvement.

3) Measures to prevent the development of somatic and mental diseases and injuries, including occupationally related ones, accidents, disability and mortality from unnatural causes, road traffic injuries, etc.

4) Carrying out medical screening to reduce the influence of risk factors and early detection and prevention of diseases various target groups of the population through preventive measures medical examinations:

- preliminary - when applying for a job or entering a university educational institution;
- upon registration and conscription for military service;
- periodic - for examination of admission to a profession related with exposure to harmful and hazardous production factors, or with increased danger to others;
- inspections of decreed contingents (workers public catering, trade, children's institutions, etc.) for the purpose of preventing the spread of a number of diseases.

5) Conducting immunoprophylaxis of various population groups.

6) Medical examination of the population to identify the risks of development chronic somatic diseases and health improvement of individuals and groups population exposed to unfavorable factors, with application of medical and non-medical measures.

Basic principles of primary prevention:

1) continuity of preventive measures (throughout the entire life, starting in the antenatal period);

2) differentiated nature of preventive measures;

3) mass prevention;

4) scientific nature of prevention;

5) comprehensiveness of preventive measures (participation in prevention medical institutions, government agencies, public organizations, population).

Primary prevention depending on the nature of the object also provides for two strategies: population and individual (for high-risk groups), which often complement each other.

With a population strategy, the goal of prevention is achieved solving the problem of reducing the average risk of developing the disease (hypercholesterolemia or blood pressure level, etc.) by holding events that cover the entire population or a large part of it.

The individual strategy solves another problem – reducing high risk in individuals classified as “risk groups” for one reason or another epidemiological characteristics (gender, age, exposure to any specific factor, etc.).

Secondary prevention is a complex of medical, social, sanitary, hygienic, psychological and other measures aimed at early detection and prevention of exacerbations, complications and chronicity diseases, limitations of life activity, causing maladaptation sick people in society, decreased ability to work, including disability and premature mortality.

Secondary prevention is applicable only to those diseases that can be identified and treated early in development, which helps prevent the disease from progressing to a more dangerous stage. By early detection of patients based on screening tests (mammography, electrocardiogram, Pap smear, etc.) and their treatment achieves the main goal of secondary prevention – prevention of adverse disease outcomes (death, disability, chronicity, transition of cancer to the invasive stage).

Secondary prevention includes:

1) Targeted sanitary and hygienic education, including individual and group counseling, patient education and members of their families with knowledge and skills related to a specific disease or a group of diseases.

2) Conducting medical examinations for the purpose of assessment of the dynamics of health status, development of diseases to determine and the implementation of appropriate health and treatment measures.

3) Conducting courses of preventive treatment and targeted health improvement, including therapeutic nutrition, therapeutic exercise, medical massage and other therapeutic and preventive methods health improvement, spa treatment.

4) Conducting medical and psychological adaptation to change health situations, formation of correct perception and attitudes towards the changed capabilities and needs of the body.

5) Conducting events of state, economic, medical and social nature, aimed at reducing the level of influence modifiable risk factors, preservation of residual working capacity and opportunities for adaptation in the social environment, creating conditions for optimal provision of life support for patients.

The effectiveness of secondary prevention is determined by a number of factors circumstances:

1) How often does the disease occur in the preclinical stage?
populations.

2) Is the duration of the period between appearances known?
the first signs and development of a severe disease.

3) Does the diagnostic test have high sensitivity and
specificity for this disease and whether it is simple,
inexpensive, safe and acceptable.

4) Does clinical medicine have adequate
medical means of diagnosing this disease, effective,
safe and affordable treatment methods.

5) Is the necessary medical equipment available?

Tertiary prevention is rehabilitation (synonym "restoration"
health") - a complex of medical, psychological, pedagogical,
social activities aimed at eliminating or compensating
limitations of life activities, lost functions with the aim of possibly
more complete restoration of social and professional status,
prevention of relapses and chronicity of the disease.

The goal of tertiary prevention is to slow down the development of complications in an already existing disease.

Its purpose is to prevent physical insufficiency and
disability, to minimize the suffering caused by loss
full health, and help patients adapt to incurable
conditions. In clinical medicine, in many cases it is difficult to carry out
the line between tertiary prevention, treatment and rehabilitation.

Tertiary prevention includes:

1) training patients and their family members in knowledge and skills, associated with a specific disease or group of diseases;

2) conducting medical examination sick chronic diseases and disabilities, including dispensary medical examinations with the purpose of assessing the dynamics of health status and the course of diseases, implementation of permanent monitoring of them and conducting adequate treatment and rehabilitation measures;

3) conducting medical and psychological adaptation to change health situations, formation of correct perception and attitudes towards the changed capabilities and needs of the body;

4) implementation of state and economic events, medical and social nature, aimed at reducing the level of influence modifiable risk factors;

5) maintaining residual working capacity and the ability to adaptation in the social environment;

6) creation conditions For optimal provision life activities of the sick and disabled (for example, the production of medicinal nutrition, implementation of architectural planning solutions, creation appropriate conditions for persons with disabilities, etc.).

The local therapist is involved in all types and stages medical prevention:

1) Identifies and corrects the main risk factors development of chronic non-communicable diseases and timely diagnosis of chronic non-communicable diseases based on the implementation standards of outpatient medical care, if necessary, referral of patients for these purposes to medical departments (offices). prevention, health centers, medical assistance offices for refusal smoking, as well as to medical specialists in the profile of the identified factor risk, including in dispensaries and other specialized medical organizations;

2) Participates and is responsible for the organization and implementation medical examinations and preventive medical examinations of citizens, assigned to medical care in his area;

3) Organizes and carries out dispensary observation of patients NCDs, identification and referral of individuals at high risk of developing CVD and other chronic non-communicable diseases under the dispensary observation of the department's medical staff (office) of medical prevention, monitors the timeliness of passing citizens of their area undergoing medical examinations with other doctors-specialists;

4) Takes a major part in the development and implementation activities to inform and motivate the population of their area for maintaining a healthy lifestyle and preventing major chronic non-communicable diseases;

5) Carries out the prevention of out-of-hospital mortality by informing the population about the need to urgently seek medical attention. assistance in life-threatening conditions, diseases and their complications, as well as through individual and/or group training individuals at high risk of developing life-threatening conditions, and members of their families on first aid rules for these conditions.

6) Identifies, isolates, and hospitalizes infectious patients, fills out an emergency notification card (form 058/u). If the patient left at home - monitors treatment and implementation current disinfection.

7) Identifies contacts and provides medical monitoring for them during the period of maximum incubation.

8) Organizes laboratory research for the purpose of identification of carriers of bacteria, clarification of the routes of disease.

9) Organizes vaccinations: scheduled and epidemic indications.

10) Conducts sanitary and educational work in the outbreak area.

11) Carries out timely diagnostics and treatment
precancerous conditions against which cancer develops
(optional, obligate precancer), as well as early diagnosis
malignant neoplasms.

V. General medical examination of the population.

Modern screening systems for early detection of diseases
(equivalent to Russian medical examination) are currently being implemented in
many developed countries. On the recommendation of the World Organization
Healthcare screening programs should include not only
tests for early detection of diseases, but also tests for identifying factors
risk of chronic non-communicable diseases, which are the main
causes of death of the population. Taking into account the existing domestic and
foreign experience, based on the real capabilities of the state and
The existing healthcare system was supplemented in 2019
universal medical examination of the population, which made it possible to ensure
its stable functioning, without disrupting the daily routine
work of an outpatient clinic (unit)
direct participation and personal responsibility of the local doctor
(paramedic) for its results. By order of the Ministry of Health
Russian Federation dated March 13, 2019 N 124n, the developed system
Medical examinations have been put into effect throughout the country.

Preventive medical examination is carried out for the purpose of
early (timely) detection of conditions, diseases and factors
the risk of their development, non-medical use of narcotic drugs and
psychotropic substances, as well as for the purpose of determining health groups and
development of recommendations for patients.

Medical examination is a set of measures,
including a preventive medical examination and

additional survey methods conducted for the purpose of assessment health status (including the definition of health group and group dispensary observation) and carried out in relation to certain population groups in accordance with the legislation of the Russian Federation.

Medical activities carried out within the framework of this procedure, aimed at:

1) prevention and early detection (screening) of chronic non-communicable diseases (conditions) that are the main cause disability and premature mortality of the Russian population Federation (hereinafter referred to as chronic non-communicable diseases), factors risk of their development, including elevated blood pressure pressure, hypercholesterolemia, elevated blood glucose levels on an empty stomach, smoking tobacco, the risk of harmful alcohol consumption, poor nutrition, low physical activity, excess weight body weight or obesity (hereinafter referred to as risk factors), as well as the risk of consumption narcotic drugs and psychotropic substances without a doctor's prescription;

2) determination of the health group, necessary preventive measures, treatment, rehabilitation and health-improving activities for citizens with identified chronic non-communicable diseases and (or) risk factors for their development, as well as for healthy citizens;

3) conducting preventive counseling for citizens identified chronic non-communicable diseases and factors risk of their development;

4) determination of the group for dispensary observation of citizens with identified chronic non-communicable diseases and other diseases (conditions), including citizens with high and very high cardiovascular risk.

Preventive medical examination is carried out annually:

1) as an independent event;

2) as part of a medical examination;

3) as part of dispensary observation (during the first current year of dispensary appointment (examination, consultation).

Medical examination is carried out:

1) once every three years at the age of 18 to 39 years inclusive;

2) annually at the age of 40 years and older, as well as in relation to certain categories of citizens, including:

a) disabled veterans of the Great Patriotic War and disabled combat veterans actions, as well as participants in the Great Patriotic War, who became disabled due to a general illness, work-related injury or other reasons (except for persons whose disability arose as a result of their illegal actions);

b) persons awarded the badge "Resident of Besieged Leningrad" and recognized as disabled due to a general illness, work-related injury and other reasons (except for persons whose disability arose as a result of their illegal actions);

c) former juvenile prisoners of concentration camps, ghettos, and others places of forced detention created by the fascists and their allies during the Second World War, recognized as disabled due to general illness, industrial injury and other causes (except for persons whose disability arose as a result of their illegal actions);

d) working citizens who have not reached the age that gives the right to appointment of an old-age pension, including early, within five years before the onset of such an age and working citizens who are recipients of an old-age pension or a pension for length of service.

Chronic **non-communicable diseases (CNCDs)** which is the main cause of disability and premature mortality of the population of the Russian Federation includes diseases of the system circulatory disorders (primarily ischemic heart disease and cerebrovascular diseases), malignant neoplasms, diabetes mellitus, chronic lung diseases (especially chronic obstructive pulmonary disease), glaucoma. These diseases cause 75% of all disability and mortality in our country's population. Extremely It is important that all these diseases have a common structure of risk factors for them development, and most of them are amenable to correction. The concept risk factors became the scientific basis for prevention - irrefutably It has been proven that the prevalence of risk factors for the development of major NCDs among the population is directly related to the mortality rate from them. The experience of a large number of countries around the world has shown that the impact within 10 years aimed at reducing the prevalence of these factors risk factors cause a reduction in mortality from chronic non-communicable diseases by an average of 59%.

Medical examination is carried out subject to the following conditions:

1) The medical institution must have a license to carry out medical activities for certain types of work necessary for conducting a full medical examination,

2) Medical organizations, regardless of the organizational legal form, participating in the implementation of the state program guarantees of free medical care to citizens and territorial program of state guarantees of free

provision of medical care to citizens in terms of primary care
medical and sanitary care.

3) In the presence of informed voluntary consent
citizen or his legal representative. The citizen has the right to refuse
from conducting medical examinations in general or from individual types
medical interventions included in the scope of medical examination.

A citizen undergoes a medical examination at a medical organization,
through which he receives primary health care.

A set of documents prepared for each citizen.

- Medical record (registration form No. 025/u), approved by the pr.

Ministry of Health of Russia dated December 25, 2014 No. 834n;

- Registration card for medical examination (preventive medical

inspection), (registration form No. 131/u, approved by Regulation of the Ministry of Health of the Russian Federation dated March 6, 2015 No. 87n).

- Questionnaire (questionnaire) for the identification of chronic non-communicable diseases, risk factors for their development and

consumption of narcotic drugs and psychotropic substances without a prescription
doctor (filed into the patient's medical record).

Registration of citizens who have undergone a medical examination.

- Registration card for medical examinations (preventive medical
inspections) with monthly reporting of results. Reporting form No. 131/o
"Information on the medical examination of certain groups of the adult population"

approved by the Order of the Ministry of Health of Russia dated 05.03.2015 No. 87n.

The main **tasks of the general practitioner** during the procedure
medical examinations are:

1) involving the population assigned to the site in the passage
preventive medical examination and medical check-up,
informing citizens about their goals, the scope of the survey being conducted and

work schedule of the departments of the medical organization participating in conducting preventive medical examinations and medical check-ups, necessary preparatory measures, as well as increasing motivating citizens to undergo regular preventive examinations medical examination and medical check-up, including by conducting explanatory conversations at the family level;

2) an appointment (examination) based on the results of a preventive medical examination examination, the first stage of medical examination, including examination to identify visual and other localizations of oncological diseases, including examination of the skin, mucous membranes of the lips and oral cavity, palpation thyroid gland, lymph nodes, for the purpose of establishing a diagnosis diseases (conditions), definitions of health groups, groups dispensary observation, determination of medical indications for examinations (consultations) and research within the second stage medical examination, as well as an appointment (examination) based on the results of the second stage medical examination;

3) explanation to patients with risk factors for chronic diseases non-communicable diseases on measures to reduce them, and for patients with high and very high absolute cardiovascular risk, patients with ischemic heart disease, cerebrovascular diseases, chronic lower extremity ischemia atherosclerotic genesis, diseases characterized by increased blood pressure of the main symptoms of myocardial infarction and stroke, and also the rules of first aid for their development, vital importance timely (no later than 5 minutes from the onset of symptoms) call ambulance teams;

4) summing up the results of preventive medical examination and medical examination at the site;

5) informing citizens about the possibility of medical examination to detect HIV infection in accordance with Article 7 of Federal Law No. 38-FZ with the provision of addresses medical organizations in which it is possible to carry out voluntary, including anonymous testing to detect HIV infection.

The main tasks **of the medical department (office) prevention and health center** in organizing and conducting preventive medical examination and medical check-up are:

1) drawing up a plan for preventive medical care examination and medical examination in the current calendar year;

2) participation in informing the population located on medical care in a medical organization, on the implementation preventive medical examination and medical check-up, their purposes, and also in conducting explanatory work and motivating citizens to undergoing a preventive medical examination, medical check-up;

3) briefing of citizens who arrived for preventive medical examination, medical check-up, the procedure for passing them and sequence of examination;

4) performing appointments (examinations), medical examinations and other medical interventions included in the scope of preventive medical examination and medical check-up:

- questionnaires;
- calculation based on anthropometry (measurement of height, weight body, waist circumference) body mass index;
- measurement of blood pressure in peripheral arteries;
- determination of the level of total cholesterol in the blood;

- determination of fasting blood glucose levels;
- intraocular pressure measurements;
- determination of risk factors and other pathological conditions and diseases that increase the likelihood of developing chronic non-communicable diseases;
- determination of relative cardiovascular risk in citizens aged 18 to 39 years inclusive, and absolute cardiovascular vascular risk in citizens aged 40 to 64 years inclusive, not having cardiovascular diseases of atherosclerotic genesis, type 2 diabetes mellitus and chronic kidney disease;
- admission based on the results of preventive medical inspection;
- conducting a brief individual preventive consultations within the first stage of medical examination and in-depth preventive counseling as part of the second stage medical examination;

5) organization of medical research and other medical interventions included in the scope of preventive medical examination and medical check-up;

6) referral based on the results of preventive medical examination examination for an appointment with a general practitioner of citizens who, according to the results questionnaires, reception and research reveal health complaints and (or) pathological changes in the studied parameters that were not previously were or their severity increased;

7) explanation to patients with risk factors for chronic diseases non-communicable diseases measures to reduce them, and for patients with high and very high absolute cardiovascular risk, patients ischemic heart disease, cerebrovascular diseases,

chronic ischemia of the lower extremities of atherosclerotic genesis,
diseases characterized by high blood pressure,
the main symptoms of myocardial infarction and stroke, as well as the rules of first aid assistance in their development, the vital importance of timely (no later than 5 minutes from the onset of symptoms) call an ambulance team help;

8) formation of a set of documents, filling out the registration card medical examination;

9) filling out statistical reporting forms used in conducting preventive medical examinations and check-ups;

10) summing up the results of preventive medical examination and medical examination in a medical organization;

11) informing citizens about the possibility of medical examination to detect HIV infection in accordance with Article 7 of Federal Law No. 38-FZ with the provision of addresses medical organizations in which it is possible to carry out voluntary, including anonymous testing to detect HIV infection.

A preventive medical examination includes:

1) survey of citizens aged 18 years and older once a year purposes:

- collecting anamnesis, identifying an aggravated heredity, complaints, symptoms characteristic of the following non-infectious diseases and conditions: angina pectoris, past transient ischemic attack or acute cerebrovascular accident, chronic obstructive pulmonary disease, gastrointestinal diseases intestinal tract;

- determination of risk factors and other pathological conditions and diseases that increase the likelihood of developing chronic non-communicable diseases: smoking, risk of harmful consumption alcohol, the risk of drug and psychotropic drug use substances without a doctor's prescription, diet, physical activity;
- identifying the risk of falls in citizens aged 65 years and older, complaints typical of osteoporosis, depression, heart failure, uncorrected hearing and vision impairments;

2) calculation based on anthropometry (measurement of height, body weight, waist circumference) body mass index, for citizens aged 18 years and older than 1 time per year;

3) measurement of blood pressure in peripheral arteries for citizens aged 18 years and older once a year;

4) a study of the level of total cholesterol in the blood for citizens in aged 18 years and older once a year;

5) determination of fasting blood glucose levels for citizens in aged 18 years and older once a year;

6) determination of the relative cardiovascular risk in citizens aged 18 to 39 years inclusive, once a year;

7) determination of absolute cardiovascular risk in citizens in aged from 40 to 64 years inclusive, once a year;

8) fluorography of the lungs or radiography of the lungs for citizens in aged 18 years and older once every 2 years;

9) resting electrocardiography during the first pass
preventive medical examination, then at the age of 35 years and older
Once a year;

10) measurement of intraocular pressure during the first pass
preventive medical examination, then at the age of 40 years and older
Once a year;

11) examination by a paramedic (midwife) or obstetrician
by a gynecologist for women aged 18 to 39 years once a year;

12) admission (examination) based on the results of preventive medical examination, including examination to identify visual and other localizations oncological diseases, including examination of the skin,
mucous membranes of the lips and oral cavity, palpation of the thyroid gland,
lymph nodes, by a paramedic at a paramedic health center or
feldsher-midwife station, a general practitioner or a doctor
medical prevention department (office) of medical
prevention or health center.

The medical examination is carried out in two stages.

The first stage of medical examination (screening) is carried out for the purpose of identifying signs of chronic non-communicable diseases in citizens,
risk factors for their development, the risk of harmful alcohol consumption,
consumption of narcotic drugs and psychotropic substances without a prescription
doctor, determining the health group, as well as determining medical
indications for additional examinations and checkups
by specialist doctors to clarify the diagnosis of the disease (condition)
the second stage of the medical examination and includes:

1) for citizens aged **18 to 39 years** inclusive, once every 3 years:

a) conducting a full preventive medical examination volume;

b) conducting screening activities aimed at early detection of oncological diseases (see below);

c) conducting a brief individual preventive consultations in the department of medical prevention (center health) by a general practitioner;

d) an appointment with a general practitioner based on the results of the first stage medical examination, including examination to identify visual and other localization of oncological diseases, including examination of the skin integuments, mucous membranes of the lips and oral cavity, palpation of the thyroid gland, lymph nodes, in order to establish a diagnosis, determine the group health, dispensary observation groups, definitions of medical indications for examinations and surveys within the second stage medical examination;

2) for citizens aged **40 to 64 years** inclusive, once a year (for with the exception of appointments, medical examinations and other medical interventions included in the scope of the first stage of medical examination, with a different periodicity):

a) conducting a preventive medical examination in the amount of, specified in subparagraphs 1-10 of this procedure;

b) conducting screening activities aimed at early detection of oncological diseases (see below);

c) general blood test (hemoglobin, leukocytes, ESR);

d) conducting a brief individual preventive consultations in the department of medical prevention (center health);

d) an appointment with a general practitioner based on the results of the first stage medical examination, including examination to identify visual and other localization of oncological diseases, including examination of the skin integuments, mucous membranes of the lips and oral cavity, palpation of the thyroid gland, lymph nodes, in order to establish a diagnosis, determine the group health, dispensary observation groups, definitions of medical indications for examinations and surveys within the second stage medical examination;

3) for citizens aged **65 years and older,** once a year (except appointments, medical examinations and other medical interventions, included in the scope of the first stage of medical examination, with a different frequency):

a) conducting a preventive medical examination in the amount of, specified in subparagraphs 1-10 of this order;

b) conducting screening activities aimed at early detection of oncological diseases;

c) general blood test (hemoglobin, leukocytes, ESR);

d) conducting a brief individual preventive consultations in the department of medical prevention (center health);

d) an appointment with a general practitioner based on the results of the first stage medical examination, including examination to identify visual and other localization of oncological diseases, including examination of the skin integuments, mucous membranes of the lips and oral cavity, palpation of the thyroid gland,

lymph nodes, in order to establish a diagnosis, determine the group health, dispensary observation groups, definitions of medical indications for examinations and surveys within the second stage medical examination.

The second stage of the medical examination includes:

The second stage of the medical examination is carried out for the purpose of additional examination and clarification of the diagnosis of the disease (condition) and includes myself:

1) examination by a neurologist (in the presence of newly diagnosed indications or suspicions of a previously suffered acute disorder cerebral circulation for citizens who are not in this situation under dispensary observation, as well as in cases of detection results of a survey on motor function disorders, cognitive disorders and suspicions of depression in citizens aged 65 years and older, not under dispensary observation for this reason);

2) duplex scanning of the brachiocephalic arteries (for men in aged 45 to 72 years inclusive and women aged 54 to 72 years inclusive in the presence of a combination of three risk factors for development chronic non-communicable diseases: increased levels blood pressure, hypercholesterolemia, overweight or obesity, as well as by referral from a neurologist for the first time revealed indication or suspicion of a previously suffered acute cerebrovascular accident for citizens aged 65 to 90 years who are not under dispensary observation for this reason);

3) examination by a surgeon or urologist (for men in at the age of 45, 50, 55, 60 and 64 years with an increase in the level of prostate-specific antigen in the blood more than 4 ng/ml);

4) examination by a surgeon or proctologist, including conducting a rectoscopy (for citizens aged 40 to 75 years) including the identified pathological changes based on the results screening for malignant neoplasms of the colon intestines and rectum, with a burdened heredity for familial adenomatosis and (or) malignant neoplasms of the colon intestines and rectum, if other medical indications are identified based on the results of the questionnaire, as well as on the prescription of a general practitioner, a urologist, obstetrician-gynecologist in cases where symptoms are detected malignant neoplasms of the colon and rectum);

5) colonoscopy (for citizens in case of suspicion of malignant neoplasms of the colon as prescribed by a doctor-surgeon or proctologist);

6) esophagogastroduodenoscopy (for citizens in case of suspected malignant neoplasms of the esophagus, stomach and duodenum intestines as prescribed by a general practitioner);

7) chest X-ray, computed tomography of the lungs (for citizens in case of suspected malignant neoplasms of the lung as prescribed by a general practitioner);

8) spirometry (for citizens with suspected chronic bronchopulmonary disease, smoking citizens, identified by the results questionnaires, - as prescribed by a general practitioner);

9) examination by an obstetrician-gynecologist (for women aged 18 years and older with identified pathological changes based on the results screening for the detection of malignant neoplasms of the cervix, in aged from 40 to 75 years with identified pathological changes

results of screening activities aimed at early detection
malignant neoplasms of the mammary glands);

10) examination by an otolaryngologist (for citizens aged 65
years and older if there are medical indications based on the results
questionnaire or appointment with a general practitioner);

11) examination by an ophthalmologist (for citizens aged 40 years and over)
older, with increased intraocular pressure, and for citizens in
aged 65 years and older, with decreased visual acuity, not
amenable to spectacle correction, identified by the results
questionnaires);

12) conducting individual or group (schools for
patients) in-depth preventive counseling in the department
medical prevention (health center) for citizens:

a) with diagnosed ischemic heart disease, cerebrovascular
diseases, chronic lower extremity ischemia
atherosclerotic genesis or diseases characterized by
high blood pressure;

b) with the risk of harmful effects identified as a result of the questionnaire
alcohol consumption and/or drug consumption and
psychotropic substances without a doctor's prescription;

c) for all citizens aged 65 years and older for the purpose of correction
identified risk factors and (or) prevention of senile asthenia;

d) when identifying high relative, high and very high
absolute cardiovascular risk, and/or obesity, and/or
hypercholesterolemia with a total cholesterol level of 8 mmol/l or more, and
also established by the results of the survey that smoking is more than 20

cigarettes per day, the risk of harmful alcohol consumption and/or the risk non-medical use of narcotic drugs and psychotropic substances substances;

13) appointment with a general practitioner based on the results of the second stage medical examination, including establishing a diagnosis, determining the group health, determination of the group for dispensary observation (taking into account conclusions of medical specialists), referral of citizens if available medical indications for additional examination not included in the scope of the medical examination, including a referral for examination by a doctor-oncologist if there is a suspicion of oncological diseases in accordance with The procedure for providing medical care to the population according to the profile "Oncology", approved by the order of the Russian Ministry of Health dated November 15 2012 No. 915n, as well as to obtain specialized, including high-tech medical care at a health resort treatment.

List of screening activities and research methods, aimed at the early detection of oncological diseases

1. As part of a preventive medical examination or first The following are carried out at the stage of medical examination:

a) screening for malignant neoplasms of the cervix uterus (in women):

- at the age of 18 years and older - examination by a paramedic (midwife) or by an obstetrician-gynecologist once a year;
- aged 18 to 64 years inclusive - taking a smear from the cervix uterus, cytological examination of a smear from the cervix once every 3 years;

b) screening for the detection of malignant neoplasms of the mammary glands glands (in women):

- aged 40 to 75 years inclusive - mammography of both mammary glands in two projections with double reading of radiographs 1 once every 2 years;

c) screening for malignant neoplasms prostate gland (in men):

- at the age of 45, 50, 55, 60 and 64 years - determination of prostate-specific antigen in the blood;

d) screening for malignant neoplasms of the colon intestines and rectum:

- aged 40 to 64 years inclusive - stool test occult blood immunochemical qualitative or quantitative by the method once every 2 years;
- aged 65 to 75 years inclusive - stool test occult blood immunochemical qualitative or quantitative once a year method;

d) inspection to identify visual and other localizations oncological diseases, including examination of the skin, mucous membranes of the lips and oral cavity, palpation of the thyroid gland, lymph nodes;

e) screening for malignant neoplasms esophagus, stomach and duodenum:

- at the age of 45 years - esophagogastroduodenoscopy (if if necessary, it can be carried out using anesthesia

benefits, including in medical organizations providing
specialized medical care, in a day care setting
hospital).

2. At the second stage of medical examination for the purpose of additional examination and clarification of the diagnosis of the disease (condition), if any medical indications in accordance with clinical guidelines for appointment of a general practitioner, surgeon or proctologist are carried out:

a) research to detect malignant neoplasms easy:

- chest x-ray or CT scan of the lungs;

b) research to detect malignant neoplasms esophagus, stomach and duodenum:

- esophagogastroduodenoscopy (may be performed if necessary) carried out using anesthesia, including in medical organizations, providing specialized medical care, in a day hospital setting);

c) research to detect malignant neoplasms large intestine and rectum:

- rectoscopy;
- colonoscopy (can be performed with a doctor if necessary) the use of anesthetic assistance, including in medical organizations providing specialized medical care, in in day hospital conditions).

During a preventive medical examination and
the results of previously conducted medical examinations may be taken into account (not later than one year) medical examinations, medical check-ups,
confirmed by medical documents of the citizen, with the exception of
cases of detection of symptoms and syndromes of diseases in him,
indicating the presence of medical indications for re-examination
conducting research and other medical activities within the framework of
preventive medical examination and medical check-up.

If a citizen is found to have medical indications for
conducting examinations by specialist doctors, research and activities,
not included in the scope of the preventive medical examination and (or)
medical examinations, they are prescribed and carried out in accordance with
provisions of the procedures for the provision of medical care in the profile
identified or suspected disease, taking into account the standards
medical care, as well as on the basis of clinical guidelines.

If a citizen is diagnosed with the disease as a result of a preventive examination
medical examination of high relative, high and very high
absolute cardiovascular risk, and/or obesity, and/or
hypercholesterolemia with a total cholesterol level of 8 mmol/l or more, and
also establishing, based on the results of the survey, smoking more than 20 cigarettes
per day, the risk of harmful alcohol consumption and/or the risk of consumption
narcotic drugs and psychotropic substances without a doctor's prescription
citizen is heading on in-depth preventive
consultations outside the framework of a preventive medical examination.

Based on information about the citizen's preventive
medical examination and (or) medical check-up by a medical worker
department (office) of medical prevention or health center,
The medical examination registration card is filled out. The results of the appointments (examinations,

consultations) by medical workers, research and other
medical interventions included in the scope of preventive
medical examination and medical check-up are entered into the medical record
a patient receiving medical care on an outpatient basis, with
marked "Preventive medical examination" or "Dispensary examination".

To determine, based on the results of the medical examination, **the condition group** citizen's **health** and planning the tactics of his medical observation the following criteria are used:

Health **group I** - citizens who have not been diagnosed with diseases, there are no risk factors for the development of such diseases or the indicated risk factors are present with low or moderate absolute total cardiovascular risk and which do not require dispensary observation for other diseases.

Health **group II** - citizens who have not been diagnosed with chronic non-communicable diseases, but there are risk factors development of such diseases with high or very high absolute total cardiovascular risk, and which do not require dispensary observation for other diseases. Criteria The classification of people in health group II was expanded by the Letter of the Ministry of Health Russia from 13.11.2015 No. 17-9/10/2-6876. This group includes outside depending on age and level of social security, citizens with isolated Risk factors that increase cardiovascular risk: Obesity – BMI ÿ 30 kg/m2, Dyslipidemia TC ÿ 8 mmol/l, Intensive smoking ICT ÿ 20

Such citizens undergo correction of risk factors for development If necessary, medications are prescribed for chronic non-communicable diseases correction of the specified risk factors. These citizens are subject to dispensary observation by a doctor of the department of medical prevention,

except for patients with total cholesterol levels of 8 mmol/l or more,
which are subject to dispensary observation by a therapist.

Health status **group IIIa** - citizens with chronic non-communicable diseases or with suspected presence of these diseases, requiring additional examination.

Health status **group IIIb** - citizens who do not have chronic non-communicable diseases, but requiring the establishment of dispensary observation for *other* reasons diseases, as well as citizens suspected of having these diseases, requiring further examination.

Citizens with IIIa and IIIb health groups are subject to dispensary observation by a general practitioner, specialist doctors with conducting therapeutic, rehabilitation and preventive events.

If a citizen is diagnosed with chronic non-communicable diseases and any other disease, for which he needs observation, he should be referred to group IIIa.

The main indicator of the effectiveness of preventive medical examination and medical check-up is the coverage of citizens preventive medical inspection, medical examination accordingly in a medical organization.

Preventive medical examination and the first stage medical examinations are considered complete if they are completed within calendar year at least 85% of the volume of preventive medical examination and the first stage of medical examination, while It is mandatory for all citizens to conduct a survey and receive doctor of medical prevention of the medical department prevention or health center or paramedic, as well as conducting

mammography, fecal occult blood immunoassay
qualitative or quantitative method, examination by a paramedic
(midwife) or obstetrician-gynecologist, taking a smear from the cervix,
cytological examination of a smear from the cervix, determination of prostate-
specific antigen in the blood.

The second stage of the medical examination, regardless of
the frequency of their implementation are subject to payment in accordance with the methods
payment for medical care established by the territorial
program.

Diagnostic criteria for risk factors and others pathological conditions and diseases that increase the likelihood development of chronic non-communicable diseases

High blood pressure - systolic
blood pressure is equal to or higher than 140 mm Hg, diastolic
blood pressure is equal to or higher than 90 mmHg or the procedure is
antihypertensive therapy.

Dyslipidemia is a deviation from the norm of lipid metabolism parameters.
(OX 5 mmol/l and more; HDL in men less than 1.0 mmol/l, in women less than
1.2 mmol/l; LDL more than 3 mmol/l; TG more than 1.7 mmol/l) (coded according to
ICD-10 code E78).

Hyperglycemia - fasting plasma glucose level of 6.1 mmol/l and
more (coded according to ICD-10 code R73.9) or the presence of diabetes mellitus.

Tobacco smoking is the act of smoking at least one cigarette daily.
cigarettes or more (coded according to ICD-10 code Z72.0).

Unhealthy diet - excessive consumption of food, fats,
carbohydrates, consumption of table salt more than 5 grams per day,

insufficient consumption of fruits and vegetables (less than 400 grams or less 4 - 6 servings per day). Determined by survey (coded according to ICD-10 code Z72.4).

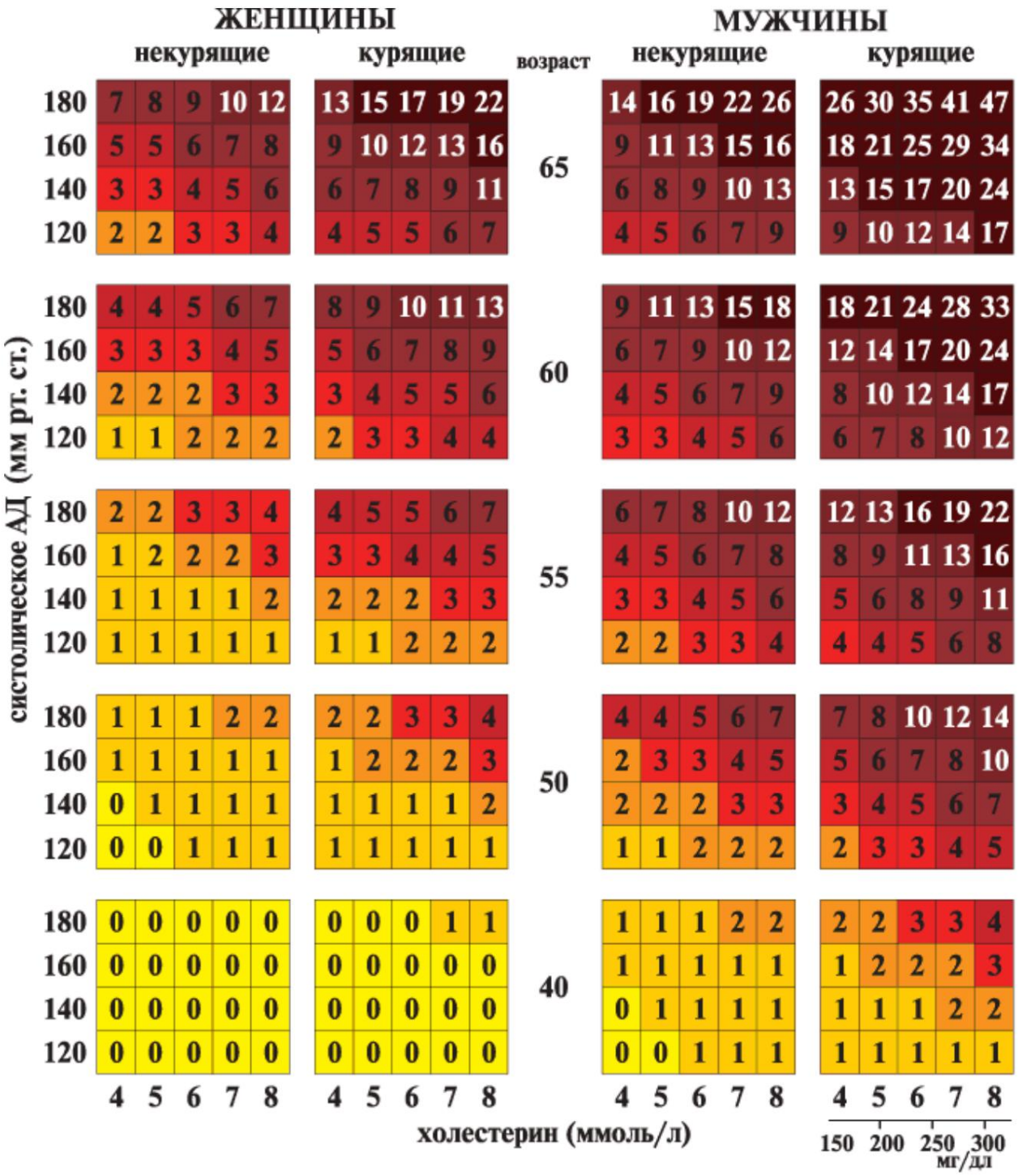
Overweight - body mass index of 25 - 29.9 kg/m2 or more (coded according to ICD-10 code R63.5). Obesity - body mass index 30 kg/m2 or more (coded according to ICD-10 code E66).

Low physical activity - walking at a moderate or fast pace pace less than 30 minutes a day (coded according to ICD-10 code Z72.3)

Risk of harmful alcohol consumption (coded according to ICD-10 code Z72.1) and the risk of consumption of narcotic drugs and psychotropic substances without a doctor's prescription (coded according to ICD-10 code Z72.2) are determined with using a survey (questionnaire).

The total relative cardiovascular risk is determined in citizens aged 21 to 39 years, the total absolute cardiovascular vascular risk is established in citizens aged 40 to 65 years the absence of identified diseases associated with the citizen atherosclerosis. In citizens over 65 years of age and in citizens with cardiovascular diseases, type 2 diabetes and chronic kidney disease, total absolute cardiovascular disease level vascular risk is very high and is not significant according to the total risk scale is calculated. To calculate the total risk of fatal CVD, 2 non-modifiable RFs (gender, age) and 3 modifiable ones are taken into account RF (smoking status, systolic blood pressure, total cholesterol).

Figure 1. SCORE scale of absolute cardiovascular risk.



Absolute cardiovascular risk is estimated as:

- low at a level less than 1%,
- average (moderate) – in the range from 1% to 5%
- high – from 5% to 10%,

• very high – 10% or more

The SCORE scale of absolute risk is ~~applied to ind~~ividuals *aged 40-65 years without proven CVD* caused by atherosclerosis (CHD, CVD, peripheral arterial disease), without type I diabetes with organ damage targets, type II diabetes, chronic kidney disease.

The absolute risk SCORE scale doe~~s not apply:~~

- in patients with proven CVD of atherosclerotic genesis;
- for citizens over 65 years of age (at the age of over 65 years there is high cardiovascular risk due to age factor);
- in citizens under 40 years of age (risk is assessed on a scale relative risk).

The overall cardiovascular risk may be higher than is determined on the SCORE scale in the following cases:

- in individuals with risk factors that affect the prognosis and do not included in the SCORE total risk scale (hyperglycemia – 3 times!, overweight/obesity, low physical activity, hereditary burden);
- in patients with dyslipidemia other than hypercholesterolemia, i.e. with total cholesterol below 5 mmol/l.

For persons under 40 years of age, not the absolute, but relative total cardiovascular risk according to the scale, shown in Figure 2. Assessment of relative cardiovascular risk may be useful in preventive counseling young people with low absolute but high relative total cardiovascular risk as a motivating factor for maintaining a healthy lifestyle. *Assessment of relative cardiovascular vascular risk is not used in determining the condition group health.* A person under 40 years of age without risk factors (non-smoker, with

normal blood pressure and total body fat levels
cholesterol in the blood - lower left corner of the table) has 12 times less
relative total cardiovascular risk compared with
a person with the indicated risk factors (upper right corner
tables).

Figure 2. Relative cardiovascular risk scale.

		Некурящие						Курящие				
АД сист., мм рт. ст.	180	3	3	4	5	6		6	7	8	10	12
	160	2	3	3	4	4		4	5	6	7	8
	140	1	2	2	2	3		3	3	4	5	6
	120	1	1	1	2	2		2	2	3	3	4
		4	5	6	7	8		4	5	6	7	8
		Концентрация общего холестерина в крови, ммоль/л										

Рис. 2. **Относительный суммарный СС риск для лиц моложе 40 лет (преобразование ммоль/л—мг/дл: 8 = 310, 7 = 270, 6 = 230, 5 = 190, 4 = 155).**

Preventive counseling - This process
informing and educating the patient to increase his/her adherence to
compliance with medical prescriptions and the formation of behavioral
skills that help reduce the risk of disease and complications
diseases, if present. These features fundamentally distinguish
the process of preventive counseling from sanitary methods
education. Preventive counseling should be *targeted*
character. That's why it is the district physicians, general practitioners
practitioners who know the lifestyle characteristics of their patients, their family
relationships, everyday problems can be most successful in
achieving the goals of preventive counseling. Achieving the goal
preventive counseling is facilitated by the principle of unity of three
components that are mandatory for in-depth and group
consulting:

- *informing the patient* about his or her risk factors NCDs, methods of self-monitoring, the need to follow recommendations to improve behavioral habits that influence the risk of disease and other medical prescriptions;
- *motivating the patient* and encouraging him to accept his aspects of active actions to give up bad habits and improve health lifestyle and compliance with other medical recommendations.
- *teaching the patient* practical skills using predominantly non-directive recommendations and active forms of them discussions with the patient, which is important when teaching adults.

Based on the results of preventive counseling, it is desirable, so that each patient receives a leaflet on a healthy lifestyle or correction of the risk factor identified in him.

Doctor-patient relationships during preventive care consulting

Of particular importance in preventive counseling are the relationship that develops between the doctor and the patient. The role of the doctor himself a person (patient) cannot be limited to simple submission according to medical prescriptions, he must become active and responsible participant in the preventive process.

Behavioral risk factors (bad habits - smoking, excessive alcohol consumption, poor nutrition, physical inactivity, etc.) the average person perceives as vital pleasures: good and tasty food, the opportunity to relax communication, relaxation, stress relief, etc. It is for this reason that Traditionally given advice on how to quit bad habits is often not lead to their implementation because they are aimed at “depriving one of pleasure.”

The patient must understand and accept the measure of responsibility for own health, to understand that his health is largely dependent on "in his hands." Only in this case will he begin to listen attentively to the doctor and act in conjunction with the doctor, following the recommendations prescribed by him and appointments. Forming a partnership between the doctor and the patient for disease prevention requires certain measures on the part of the doctor knowledge and skills.

Depending on the problem being discussed with the patient, counseling can be *directive* (providing ready-made imperative advice, recommendations) and *non-directive,* when advice and recommendations are given in the form of mutual discussion and choice. This is the basis effective preventive counseling that allows you not to not only to give the patient a clear, understandable explanation, but also to have an impact on patient attitude and motivation to improve behavioral habits and stereotypes.

The main factors in the formation of motivation in patients

Considering the limited time for consultation, it is necessary to apply "active listening" techniques, directing the conversation in the right direction, gradually taking on the role of leader. During the conversation it is necessary *to determine the patient's main expectations regarding his health problems* and life in general, which is the leading motivation for change in the field maintaining your health.

It is important to remember that *motivation can be external and internal.* A person exhibits “internal” motivation to complete a task if believes that he has a choice and he makes his own decision about accomplishing this task. If the content of the consultation contributes to satisfy these needs, the patient finds consultation useful. In the context of counseling, this manifests itself as a desire

participate in the implementation of the advice and recommendations of the consulting physician. *Intrinsic motivation refers to effective motivation.*

Motivation becomes “external” when the patient attributes external reasons (when someone or something forces you to act in an appropriate manner, that is, using the “carrot and stick” method). “Intrinsic” motivation is typical for people who are more educated, persistent, creative, with high self-esteem and a sense of well-being, and also with more active involvement in the surrounding environment. *External motivation refers to ineffective (less effective) motivation.*

When consulting, the basic *idea of character motivation* of the patient can be determined by receiving answers (understanding the answers from conversations or asking them directly) to three questions:

1. *Does the patient expect success* in achieving goals and decisions? problems changing your attitude towards your health?

2. Does he *consider* the task assigned to him *valuable for himself?*

3. *Why* does he want to complete the task?

Preventive counseling options

According to the form of implementation, the following options are distinguished: preventive counseling:

A) Brief preventive counseling

Brief preventive counseling is carried out as a mandatory component of medical examination and preventive care medical examination by a local doctor. Brief preventive The consultation is limited in time (no more than 10 minutes), therefore It is recommended that it be carried out according to a structured scheme (algorithm).

B) *In-depth preventive counseling*

In-depth preventive counseling as a mandatory
the medical examination component is carried out for individuals in health groups II and III
referral from the local doctor in the medical prevention office,
specially trained medical personnel (doctor, paramedic) also
has its own algorithm, more advanced than the short one
counseling. In-depth preventive counseling on
time longer than short (up to 45 minutes), perhaps
follow-up consultations to monitor and maintain implementation
medical advice.

B) *Group preventive counseling (patient school)*

Group preventive counseling (patient school) –
This is a special organizational form of group consulting
patients (a cycle of educational group sessions), carried out according to
certain principles, if observed, the probability
achieving a lasting positive effect increases, which is repeatedly
proven in prospective long-term controlled observations.

Group preventive counseling (patient school) as
the component of the second stage of the medical examination is carried out in a special
equipped office (auditorium) by a doctor (paramedic) of the department
(office) of medical prevention on the referral of the local doctor
for citizens assigned to health groups II and III. Group
preventive counseling includes several visits (classes),
each lasting approximately 60 minutes, conducted by a trained
by a medical worker according to specially developed and approved
training programs. Patient groups are formed according to relatively
homogeneous signs (with a similar course of diseases and/or with
risk factors for their development).

According to the theory of Prochaska J.O. formation of human behavior
Conventionally, several stages **of motivation formation** are distinguished and
behavioral changes to establish new habits that can
have varying durations (from minutes-hours to several years),
in this case, both progressive and regressive transitions are possible.

Stages of motivation formation and behavioral changes:

Lack of understanding of the problem. The patient does not know why exactly he needs it.
change habits, why the doctor advises taking it regularly
medications when you feel well and especially if you need to change
such a familiar and convenient way of life, from the patient's point of view, and
habits. *In such a situation, the doctor should focus on*
informing the patient, explaining the problem without going into great detail
specific advice (how and what to do).

Decision Making: The patient realized that his daily habits
are harmful to health, but the patient has hesitations in accepting them
solutions. *In this situation, the doctor's advice, supported by specific*
help, will be more successful. When consulting, it is important not only
conversation, but also approval, support, and the provision of specific
assistance and training in skills (how to quit smoking, eat, etc.).

Beginning of action. The patient decided to change his habits, to give up
unhealthy lifestyle, regularly taking medications, *etc.*
In consultations it is no longer necessary to explain and argue, it is important
not so much information as psychological support, discussion
positive examples from life ("everything is in our hands", etc.).

Failure of action. The patient was unable to adhere to the regimen for a long time.
time for new, healthier habits and/or maintain regularity
treatment (started smoking again, etc.). Relapse is possible, but not necessary.

any attitudes and any attitude towards the problem. *When consulting it requires skill, patience and repeated, non-directive explanation, support for the patient, as this stage is not easy for consulting.*

Basic principles for conducting patient schools:

1) **formation of a target group** of patients with relatively similar characteristics: for example, patients with uncomplicated disease arterial hypertension, ischemic heart disease; patients ischemic heart disease, myocardial infarction, acute coronary syndrome, patients with high risk of cardiovascular diseases without clinical symptoms of the disease, etc.

2) **a series of classes** is conducted for a selected target group in advance according to the drawn up plan and the agreed schedule; one of the main requirements – attendance of the entire cycle of classes;

3) the number of target group of patients should be **no more than 10-12 person;** control is necessary to ensure that patients visit all (or most) of the planned activities;

4) the organization of group counseling should be carried out in **specially equipped room** (table, chairs, demonstration materials, handouts, notebooks, etc.).

The training program is built from a cycle of structured lessons, each lasting about 60 minutes. A total of 3-5 sessions are ideal in a cycle. classes depending on the target group.

VI. Medical rehabilitation

Rehabilitation is the restoration of health and functionality the condition and performance of the body, impaired by diseases, injuries or physical, chemical and social factors.

Medical rehabilitation includes:

a) assessment (diagnosis) of the patient's clinical condition; factors risk implementation of rehabilitation measures; factors, limiting conducting rehabilitation events; functional reserves of the body; state of higher mental functions and emotional sphere; violations of everyday and professional skills; limitations of activity and participation in activities significant to the patient events of private and public life; environmental factors, influencing the outcome of the rehabilitation process;

b) formation of the goal of carrying out rehabilitation measures, formation of a rehabilitation program, comprehensive application medicinal and non-medicinal therapy, as well as means, adapting the environment to functional capabilities patient and (or) the patient's functional capabilities to the environment environment, including through the use of vehicles, prosthetics and orthotics;

c) assessment of the effectiveness of rehabilitation measures and prognosis.

Stages of rehabilitation programs and conditions of implementation

1. Inpatient program. Carried out in special rehabilitation departments. It is indicated for patients who need under constant supervision by medical professionals. This program is usually

more effective than others, since in hospital the patient is provided with everything types of rehabilitation.

2. Day hospital. Organization of rehabilitation in a day hospital setting. inpatient treatment means that the patient lives at home and is in the clinic only for the duration of treatment and rehabilitation measures.

3. Outpatient program. Implemented V departments rehabilitation therapy at outpatient clinics. The patient is in in the outpatient department only during rehabilitation procedures activities such as massage or therapeutic exercise.

4. Home program. When implementing this program, the patient All treatment and rehabilitation procedures are carried out at home. This The program has its advantages because the patient is trained necessary skills and abilities in a familiar home environment.

5. Rehabilitation centers. In them, patients participate in rehabilitation programs, take the necessary treatment procedures. Rehabilitation specialists provide the patient and members his family with the necessary information, give advice on the choice rehabilitation program, the possibility of its implementation in various conditions.

Usually, rehabilitation treatment begins in hospital and then continues at home. Restorative treatment It is necessary to start when the patient is still in bed. The correct position, turning in bed, regular passive movements in the joints limbs, breathing exercises will allow the patient to avoid such complications such as muscle weakness, muscle atrophy, bedsores, pneumonia, etc. During rehabilitation care, it is necessary to pay attention attention not only to the physical, but also to the emotional state.

As a result of illness or disability, a person may lose the ability
work, participate in public life. Change in life
situations can cause fear, anxiety, and lead to the development of depression.
Therefore, it is important to create an atmosphere of psychological support around the patient.
comfort. For restorative care, it is recommended to use
technical rehabilitation aids that help the patient with
walking, eating, bathing, going to the toilet: canes, walkers,
crutches, wheelchairs. Use of these devices
gives a person the ability to move and be independent from others.
To make eating easier, you can use special utensils.
(plates, cups), cutlery. There are also special
devices that make it easier for the patient to take a bath and go to the toilet.

Unbalanced loads, early or late implementation of technical
or other procedures may lead to overload of the musculoskeletal system
apparatus, significant morphofunctional changes, transition
recovery process in the chronic stage of injury, as well as to
re-injury.

In this regard, the need for restoration becomes obvious
impaired functions, taking into account the principles of balance and
dosage of the load, and most importantly, the complexity of treatment with careful
planning combinations of procedures.

Types of rehabilitation

1. Medical rehabilitation:

1) physical methods rehabilitation (electrotherapy,
electrical stimulation, laser therapy, barotherapy, balneotherapy);

2) mechanical methods rehabilitation (mechanotherapy,
kinesiotherapy);

3) massage;

4) traditional methods of treatment (acupuncture, herbal medicine, manual therapy, occupational therapy);

5) psychotherapy;

6) speech therapy assistance;

7) therapeutic exercise;

8) reconstructive surgery;

9) prosthetic and orthopedic care (prosthetics, orthotics, complex orthopedic shoes);

10) spa treatment;

11) technical means of rehabilitation;

12) information and advice on medical issues rehabilitation.

2. Social rehabilitation.

3. Social and everyday adaptation:

1) information and consultation on social issues household rehabilitation of the patient and his family members;

2) teaching the patient self-care;

3) adaptation training of the patient's family;

4) training the sick and disabled to use technical equipment rehabilitation means;

5) organization of the patient's life at home (adaptation of living space to needs of the sick and disabled);

6) provision of technical rehabilitation equipment (in the program The necessary measures for creating a household are indicated patient independence);

7) audiovisual equipment;

8) typhlotechnics;

9) technical means of rehabilitation.

4. Social and environmental rehabilitation:

1) conducting socio-psychological and psychological rehabilitation (psychotherapy, psychocorrection, psychological consulting);

2) providing psychological assistance to the family (training life skills, personal safety, social communication, social independence);

3) assistance in solving personal problems;

4) consulting on legal issues;

5) training in leisure and recreation skills.

5. Vocational rehabilitation program:

1) career guidance (career information, career counseling);

2) psychological correction;

3) training (retraining);

4) creation of a special workplace for a disabled person;

5) professional and industrial adaptation.

Specialists involved in rehabilitation:

1) medical specialists (neurologists, orthopedists, therapists, etc.). They help diagnose and treat diseases that limit
patients' life activities. These specialists solve problems
medical rehabilitation;

2) rehabilitation specialist;

3) rehabilitation nurse. Provides assistance to the patient,
provides care and educates the patient and his family members;

4) physiotherapy specialist;

5) specialist in therapeutic exercise;

6) specialists in visual, speech and hearing impairments;

7) psychologist;

8) psychotherapist;

9) social worker and other specialists.

In outpatient settings, general practitioners, district physicians, district pediatricians, general practitioners (family doctors), doctors-specialists determine the presence of medical indications and contraindications for medical rehabilitation of patients;
determine the stage of rehabilitation (second or third), determine
medical organizations for medical rehabilitation. And when
if limitations in working capacity are identified, refer for medical treatment

social assessment of patients to assess limitations
life activities caused by persistent functional disorders
the body and determining an individual rehabilitation program
disabled person.

Rehabilitation and habilitation of disabled people

Rehabilitation of disabled people - the system and process of full or partial restoration of the abilities of disabled people to everyday, social, professional and other activities. Rehabilitation of disabled people - a system and the process of developing the abilities of disabled people that were absent household, social, professional and other activities.
Rehabilitation and habilitation of disabled people are aimed at eliminating or the most complete possible compensation for life limitations
disabled persons for the purpose of their social adaptation, including their achievement material independence and integration into society.

Individual rehabilitation or habilitation program for a disabled person - a set of rehabilitation measures that are optimal for a disabled person, including individual types, forms, volumes, terms and procedures implementation of medical, professional and other rehabilitation measures aimed at restoration and compensation of impaired functions organism, formation, restoration, compensation of abilities
a disabled person to perform certain types of activities.

Federal agencies are responsible for developing this program.
ITU. ITU bureaus send extracts from the individual program rehabilitation or habilitation of a disabled person to the relevant authorities executive authorities, which are entrusted with carrying out events, provided for by the individual rehabilitation program or habilitation of a disabled person. Based on medical indications and contraindications the need to provide the disabled person with technical

rehabilitation means that provide compensation or elimination
persistent limitations in the life activities of a disabled person.

VII. **Sanatorium and resort treatment**

The procedure for medical selection and referral to sanatorium-spa treatment for adults (except for those with tuberculosis)

The attending physician determines the medical indications for sanatorium treatment.
spa treatment and the absence of contraindications for its implementation, in
first of all, for the use of natural climatic factors,
based on the Order of the Ministry of Health of the Russian Federation dated June 7, 2018
No. 321n "On approval of lists of medical indications and
contraindications for spa treatment", as well as analysis
objective condition of the patient, results of previous treatment
(outpatient, inpatient), laboratory data, functional,
X-ray and other studies.

Medical selection and referral for spa treatment
citizens entitled to receive state social assistance
in the form of a set of social services, carried out by the attending physician and medical
commission (VK) of the medical and preventive institution at the place
residence. The medical and preventive institution's medical commission, upon presentation
the attending physician and the head of the department issues a conclusion on
indications or contraindications for spa treatment
citizens entitled to receive state social
assistance in the form of a set of social services.

When deciding on the choice of a resort, in addition to illness,
in accordance with which the patient is recommended to undergo spa treatment
treatment, the presence of concomitant diseases and conditions should be taken into account

trips to the resort, contrasting climatic and geographical conditions, features of natural healing factors and other treatment conditions recommended resorts.

Patients who are indicated for spa treatment, but aggravated by concomitant diseases or with disorders age-related health conditions, in cases where travel to remote areas resorts can have a detrimental effect on overall health, you should send to nearby health resorts, organizations (SKO) of the required profile.

If there are medical indications and no contraindications for spa treatment the patient is given a certificate receiving a voucher in form No. 070/u-04 with a recommendation from a sanatorium-spa treatment, what the attending physician of the medical and preventive treatment the institution makes a corresponding entry in the medical record outpatient. The certificate for obtaining a referral is valid for 6 months. The shaded field of the certificate is filled in and marked with the letter "L" only to citizens entitled to receive a set of social services.

The information is of a preliminary informational nature and is presented to the patient along with an application for a voucher for spa treatment at the place where the voucher is provided, where and stored for three years.

Having received a voucher, the patient is obliged no earlier than 2 months before the start its validity period, go to the attending physician who issued him the certificate for obtaining a travel voucher for the purpose of carrying out the necessary additional examinations. If the profile of the SKO specified in the referral is in accordance with the previously this recommendation, the attending physician fills out and gives it to the patient a health resort card in accordance with form No. 072/u-04 of the established sample, signed by him and the head of the department. On the issuance of a spa treatment certificate

the attending physician makes an entry in the outpatient medical record sick.

Attending physicians, heads of departments and medical commissions preventive institutions should be guided by the following mandatory list of diagnostic tests and consultations specialists, the results of which must be reflected in the sanatorium-resort map:

a) clinical blood test and urine analysis;

b) electrocardiographic examination;

c) X-ray examination of the chest organs (fluorography);

d) in case of diseases of the digestive organs - their X-ray examination research (if since the last X-ray examination more than 6 months have passed) or ultrasound, endoscopy;

d) if necessary, additional studies are carried out: determination of residual nitrogen in the blood, examination of the fundus of the eye, gastric juice, liver, allergy tests, etc.;

e) when referring women for spa treatment due to any disease requires a conclusion from an obstetrician-gynecologist, and for pregnant women - additionally an exchange card;

g) a certificate-conclusion from a neuropsychiatric dispensary the presence of neuropsychiatric disorders in the patient's medical history;

c) in case of primary or concomitant diseases (urological, skin, blood, eyes, etc.) - the conclusion of the relevant specialists.

Chief physicians of medical and preventive institutions carry out control over the implementation of this Procedure and the organization of medical selection and referral of patients (adults and children) to sanatorium-resort treatment treatment.

Procedure for admission and discharge of patients

Upon arrival in the North Kazakhstan region, the patient presents a voucher and a sanatorium-a resort card, which is kept in the North Kazakhstan region for three years. In addition, the patient is advised to have a compulsory medical insurance policy with him insurance.

After the initial examination, the attending physician issues the patient with a medical certificate. a sanatorium book in which prescribed treatments are recorded procedures and other appointments. The patient presents it to the medical divisions of the SKO to record the treatment or examination carried out.

Upon completion of the course of spa treatment, the patient a return coupon for the spa card and a spa booklet are issued data on the treatment carried out in the North Caucasus region, its effectiveness, recommendations for a healthy lifestyle. Return coupon for sanatorium-the patient is obliged to submit a resort card to the treatment and preventive care facility the institution that issued the spa card or outpatient outpatient clinic at the patient's place of residence after completion of the course of follow-up treatment.

Return coupons for spa cards are filed in medical record of an outpatient and stored in the treatment preventive institution for three years.

Documents certifying temporary disability of citizens, caused by an acute illness, injury or exacerbation chronic diseases that arose during their stay on

spa treatment, as a rule, medical treatment is issued
preventive institutions at the patient's place of stay
in accordance with current regulatory legal documents.

The procedure for identifying and evacuating patients who
spa treatment is contraindicated

Staying in the North Caucasus region, which leads to a deterioration in the condition the patient's health, is considered contraindicated for him.

When determining contraindications to spa treatment
treatment, doctors of the medical and preventive institution and the SKO must be guided by the established in order contraindications that exclude the referral of patients to sanatorium-spa treatment, taking into account in each individual case not only the form and stage of the disease, but also the degree of danger of staying at a resort or in sanatoriums for him and for those around him.

Contraindications for referral and stay of the patient in the North Caucasian Region is established by the attending physician, and in conflict cases - by the medical commission preventive institution, North Kazakhstan region.

The attending physician or the medical commission of the medical and preventive institution, North Kazakhstan region defines:

- presence of contraindications for treatment;
- the possibility of leaving the patient in the SKO for treatment balneological, climatic, medicinal or other treatment;
- the need to transfer the patient to a hospital or transportation with the provision of an accompanying person at the place of residence;

- the need for assistance in purchasing travel passes

tickets, etc.

The period of identification of contraindications for the patient's stay in the SKO, As a rule, it should not exceed 5 days from the date of its receipt.

In case of contraindications for VK SKO in a patient
draws up a report on the contraindication of the patient to sanatorium-resort treatment treatment in 3 copies, one of which is sent to the governing body
healthcare of the constituent entity of the Russian Federation, the second - to the address medical and preventive institution that issued the spa and resort
map for analysis on VK, and the third copy of the act remains in the SKO.

Healthcare authorities of the constituent entities of the Russian Federation
The Federation annually conducts an analysis of the selection and referral of patients for spa treatment and, if necessary, take
appropriate measures.

List of medical contraindications for sanatorium-

spa treatment

1. Diseases in the acute and subacute stages, including acute infectious diseases until the end of the isolation period.
2. Sexually transmitted diseases.
3. Chronic diseases in the acute stage.
4. Carriage of infectious diseases.
5. Infectious diseases of the eyes and skin.
6. Parasitic diseases.
7. Diseases accompanied by persistent pain syndrome, requiring constant use of narcotic drugs and psychotropic substances substances included in Lists I and II of the List of Narcotic Drugs, psychotropic substances and their precursors subject to control in

Russian Federation, registered as medicinal

drugs.

8. Tuberculosis of any localization in the active stage (for

non-tuberculosis health resort organizations).

9. Neoplasms of unspecified nature (in the absence of

written confirmation in the patient's medical records that

that the patient (the patient's legal representative) has been warned about possible risks associated with complications of the disease in connection with the sanatorium-spa treatment).

10. Malignant neoplasms, requiring

antitumor treatment, including chemotherapy.

11. Epilepsy with ongoing seizures, including seizure-resistant

the treatment being carried out.

12. Epilepsy with remission of less than 6 months (for sanatorium-

resort organizations not of a neuropsychiatric profile).

13. Mental and behavioral disorders in a state

exacerbations or unstable remissions, including those that pose a danger

for the patient and others.

14. Mental and behavioral disorders caused by

use of psychoactive substances.

15. Cachexia of any origin.

16. Incurable progressive diseases and conditions,

requiring palliative care.

Test questions on the topic "Principles of organization and structure of the district medical service."

1) Structure of the therapeutic area

2) The main tasks of the clinic

3) The main tasks of a district therapist

4) Criteria for assessing the effectiveness of a general practitioner's work district police officer

5) Medical documentation of the outpatient department

6) Functions of the district therapist in preventive work

7) Principles of primary, secondary and tertiary prevention

Test questions on the topics "Medical examination, rehabilitation"

1) The concept, objectives and procedure for conducting general medical examinations population

2) The scope of examination at stages 1 and 2 of the medical examination.

3) Health groups: concept, definition criteria, features patient observations

4) Diagnostic criteria of risk factors, calculation of absolute and relative cardiovascular risk, interpretation of results

5) Preventive counseling: essence, issues patient motivation.

6) Features of conducting a brief and in-depth (individual and group) preventive counseling.

7) Rehabilitation: concept, stages, participants and types rehabilitation measures

8) Rehabilitation and habilitation of disabled people, development of IPRA

9) The procedure for medical selection and referral to sanatorium-spa treatment for adults

10) General contraindications that exclude the referral of patients to resorts and local sanatoriums

Test tasks on the topic "Principles of organization and structure district medical service" with sample answers

The proposed test tasks involve choosing one correct answer.

1) The functions of the clinic are:

a) therapeutic and diagnostic,

b) preventive,

c) rehabilitation,

d) expert,

d) all of the above.

2) The organization of the clinic's work is assessed based on the following indicators:

a) the structure of visits by specialty;

b) dynamics of visits; distribution of visits by type of request; by month, day of the week, hour of the day;

c) the volume of home assistance; the structure of home visits; activity home care doctors;

d) the ratio of initial and repeat home visits;

d) all of the above

3) The main sections of the clinic's work:

a) Preventive

b) Therapeutic and diagnostic

c) Anti-epidemic

d) Organizational and methodological

d) All of the above

4) The main sections of the clinic's work include:

a) social assistance

b) registration for spa treatment

c) provision of qualified assistance at home

d) rehabilitation

d) conducting a medical and social expert commission

5) Name the indicators you will use to evaluate efficiency of the local doctor:

a) Decrease in the number of visits

b) Reduction in the incidence rate (true)

c) Reducing the level of injuries

d) All of the above

d) None of the above

6)What is not included in the duties of a local general practitioner:

a) medical examination of healthy and sick people

b) organizing and conducting preventive measures among population of the area

c) referral of patients to specialized healthcare facilities

d) referring patients to dispensaries and spa treatment

d) patient care and rehabilitation carried out at home.

7) The main figures in the prevention system are:

a) Doctors of the medical prevention center

b) Specialists from Rospotrebnadzor centers

c) District doctors of the clinic

d) Doctors of the neuropsychiatric dispensary

d) Health center doctors

8) The clinic's doctors perform all the listed types works, except:

a) Diagnosis and treatment of diseases

b) Preventive work

c) Health education work

d) Activities under compulsory medical insurance on a commercial basis

d) Maintaining operational accounting documentation

9) What number of visits should be provided in at the clinic during the main shift:

a) 40%

b) 50%

c) 60%

d) 70%

d) 80%

10) What is not included in the duties of a local general practitioner:

a) provision of qualified assistance at a clinic appointment and at home

b) participation in the hospitalization of patients in clinics, during the day outpatient clinics,

c) conducting a medical and occupational examination,

d) conducting a medical and social examination,

d) sanitary-anti-epidemic and sanitary-educational Job.

11) The principle of providing outpatient and polyclinic care:

a) precinct-territorial

b) regional

c) district

d) inter-district

d) urban

12) Outpatient and polyclinic care at the enterprise turns out:

a) on a site-territorial basis

b) according to the workshop (production) principle

c) does not appear at all

d) by the level of qualification of employees

d) in the manner established by the employer

13) Outpatient and polyclinic care is organized according to the following principles, except:

a) Territorial-district

b) Brigadier

c) Departmental

d) Private

d) Workshop

14) Not included in the functions of the clinic's registry:

a) Registration of visitors for an appointment with a doctor

b) Receiving calls to visit patients at home

c) Ensuring an optimal flow of visitors

d) Massive referral of visitors to research

d) Sorting visitors according to areas

15) The clinic's operating mode and forms, staff workload should be determined at the level of:

a) Federal

b) Regional

c) Head of the institution

d) Departmental

d) District

Test assignments on the topic: "Medical examination. Rehabilitation"

1. The medical examination includes:

a) determination and individual assessment of health;

b) development and implementation of a set of necessary medical and social events;

c) dynamic monitoring of the health status of the population;

d) identification of individuals with risk factors that contribute to the emergence and development of diseases;

d) all of the above

2. What tests are not performed during a medical examination?

population:

a) general blood test;

b) determination of the level of total cholesterol and glucose in the blood;

c) fluorography of the chest organs;

d) gynecological examination for women;

d) general urine analysis.

3. Medical examination includes everything except:

a) medical examination of the population with the implementation of the established volume of laboratory and instrumental research methods;

b) further examination of those in need using modern diagnostic methods;

c) referral to the ITU bureau;

d) identification of individuals with risk factors that contribute to the emergence and development of diseases;

d) detection of diseases in the early stages.

4. Preventive medical examinations **population is carried out:**

a) annually

b) every 3 years;

c) every 5 years;

d) upon a written application from a citizen expressing his/her desire to undergo medical examination;

d) before referral for spa treatment.

5. What does the first stage of the medical examination include:

a) examination by a surgeon;

b) individual in-depth preventive counseling;

c) determination of the relative and absolute total cardiac vascular risk;

d) determination of the blood lipid spectrum;

d) ultrasound of the brachiocephalic arteries.

6. What does the second stage of the medical examination include:

a) in-depth group preventive counseling (school patient);

b) fluorography of the lungs;

c) measurement of intraocular pressure from 39 years of age and older;

d) stool test for occult blood at the age of 48 to 75 years;

d) ultrasound of the abdominal aorta (once at 69 or 75 years of age) - for men, ever smoked in their lives.

7. Chronic non-communicable diseases include:

a) ischemic heart disease

b) gastric ulcer and duodenal ulcer

c) rheumatoid arthritis

d) mitral valve prolapse

e) thyrotoxicosis

8. How many dispensary groups are there?

a) 1

b) 2

c) 3

d) 4

d) 5

9. The first dispensary group includes:

a) persons who have not been diagnosed with chronic non-infectious diseases diseases, but there are risk factors for the development of such diseases when high or very high absolute total cardiovascular risk;

b) practically healthy individuals with a history of acute disease;

c) persons with chronic non-communicable diseases or with suspected presence of these diseases, requiring additional examination;

d) practically healthy individuals with a history of chronic disease, but not having an exacerbation for several years;

d) persons who have not been diagnosed with any diseases and who have no factors risk of developing such diseases or the presence of the indicated risk factors with low or moderate absolute total cardiovascular risk.

10. The following belong to the II dispensary group:

a) persons who have not been diagnosed with chronic non-infectious diseases diseases, but there are risk factors for the development of such diseases when high or very high absolute total cardiovascular risk;

b) practically healthy individuals with a history of acute disease;

c) persons with suspected chronic non-communicable diseases , requiring further examination;

d) practically healthy individuals with a history of chronic disease, but not having an exacerbation for several years;

d) persons who have not been diagnosed with any diseases and who have no factors risk of developing such diseases or the presence of the indicated risk factors with low or moderate absolute total cardiovascular risk.

11. Chronic non-communicable diseases include:

a) iron deficiency anemia;

b) chronic obstructive pulmonary disease;

c) chronic calculous cholecystitis.

d) gout;

d) acute community-acquired pneumonia.

12. The following patients are not included in the III dispensary group:

a) persons with compensated course of the disease, rare exacerbations, short-term loss of ability to work;

b) persons who had 6 cases of illness during the year and 60 or more days of incapacity for work due to illness;

c) persons with decompensated course of the disease,

d) persons with persistent pathological changes leading to permanent loss of ability to work.

d) persons with subcompensated course of the disease, frequent and long-term loss of ability to work.

13. The main tasks of the general practitioner during the procedure medical examinations are:

a) briefing citizens who have arrived for a medical examination on the procedure for its implementation the passage, volume and sequence of the examination,

b) determination of the relative and absolute total cardiovascular vascular risk;

c) individual in-depth preventive counseling

d) survey, anthropometry, calculation of body mass index;

d) referral of patients for medical and social examination assessment of life activity limitations.

14. What documents are required to be filled out when medical examination:

a) individual outpatient card;

b) notification of a patient with a diagnosis established for the first time in his life;

c) sick leave;

d) an extract from the medical record of an outpatient or inpatient sick;

d) certificate of temporary disability of students.

15. Indicators of the effectiveness of medical examination for healthy people people, all except:

a) absence of diseases;

b) maintaining health;

c) reduction in the frequency and duration of diseases;

d) maintaining working capacity;

d) absence of risk factors.

16. Indicators of the effectiveness of medical examination for people with chronic diseases:

a) absence of diseases;

b) maintaining health;

c) reduction in the frequency and duration of diseases;

d) maintaining working capacity;

d) restoration of the function of an organ or organ system.

17. Medical rehabilitation includes:

a) treatment and preventive measures;

b) hygiene training and education of patients;

c) promotion of a healthy lifestyle;

d) restoration of health and ability to work;

d) all of the above

18. The main tasks of the hospital stage of medical rehabilitation are:

a) development of the most rational rehabilitation program measures to ensure its continuity in outpatient settings outpatient and sanatorium stages;

b) determination of an adequate therapeutic exercise regime;

c) development of dietary recommendations;

d) prevention and elimination of possible complications of diseases;

d) all of the above

19. The main tasks of the hospital stage of medical rehabilitation are:

a) achieving stable compensation for impaired functions organism;

b) preparing the patient for discharge;

c) psychotherapeutic assistance;

d) development of recommendations for further rehabilitation;

d) all of the above

20. The main principles of organizing medical rehabilitation of patients includes all the following except:

a) systematicity;

b) mass character;

c) efficiency;

d) stage-by-stage;

d) continuity;

24. At what stage of medical rehabilitation is carried out? Sanatorium-resort selection of patients:

a) hospital;

b) outpatient and polyclinic;

c) sanatorium;

d) reception area stage;

d) all of the above.

21. Who develops the rehabilitation program:

a) by the attending physician;

b) rehabilitation commission;

c) the patient;

d) the head of the sanatorium;

d) deputy chief physician for medical work.

22. The rehabilitation commission shall include all of the following except:

a) attending physician;

b) head of department;

c) specialists in therapeutic exercise;

d) the chief physician of the sanatorium;

d) specialists in functional diagnostics.

23. The rehabilitation commission shall include:

a) specialists in therapeutic exercise;

b) the head of the sanatorium;

c) a council of doctors;

d) massage therapist;

d) dietician.

24. Mandatory in health resort cards
the results of diagnostic studies and consultations are reflected
all specialists except:

a) clinical analysis of blood and urine;

b) ECG;

c) X-ray examination of the chest organs;

d) a gynecologist's report for women;

d) conclusion of a narcologist and psychiatrist.

25. Choose the correct combination of answers:

Medical rehabilitation is carried out:

1. Outpatient
2. Stationary
3. At home

Answer options:

a) 1,2,3

b) only 2

c) 1.2

d) only 1

d) 1.3

26. Medical examination is…

A) a set of measures including preventive medical examination and additional methods of examination carried out in for the purposes of assessing health status (including determining the health group and dispensary observation groups);

b) method of dynamic monitoring of health status population;

c) a set of sequential treatment and preventive measures events promoting healthy lifestyles;

d) a method of dynamic monitoring of the health status of the population, level of working capacity, social well-being;

d) periodic survey of the population and its active

health improvement.

35. The main stage in the rehabilitation system is:

a) outpatient-polyclinic stage of medical rehabilitation;

b) inpatient stage of medical rehabilitation;

c) the sanatorium stage of medical rehabilitation;

d) rehabilitation at home;

d) rehabilitation in a day hospital.

36. What document is issued to the patient to obtain a referral? if he has indications for spa treatment?

a) certificate for obtaining a travel voucher (u.f. 070);

b) health resort card (u.f.072);

c) control chart of dispensary observation (U.F. 30);

d) referral for inpatient treatment;

d) referral for medical and social examination (U.F. 88)

37. What document is issued to the patient if he has one? vouchers for spa treatment?

a) certificate for obtaining a travel voucher (u.f. 070);

b) health resort card (u.f.072);

c) control chart of dispensary observation (U.F. 30);

d) referral for inpatient treatment;

d) referral for medical and social examination (U.f. 88)

38. Health school is…

a) medical preventive technology based on
a combination of individual and group impacts on patients;

b) medical preventive technology aimed at
increasing the level of knowledge, increasing patient adherence to
treatment;

c) medical preventive technology based on
the totality of individual and group impact on patients and
aimed at increasing their level of knowledge, awareness and
practical skills for rational treatment of this or that
diseases, increasing patient adherence to treatment for
prevention of complications of the disease, improvement of prognosis and increase
quality of life;

d) a medical organization providing rational treatment
this or that disease;

d) a medical organization for the prevention of complications
disease, improve prognosis and enhance quality of life.

39. Stages of motivation formation in a patient: all except:

a) misunderstanding of the problem

b) decision making

c) adoption of an action algorithm

d) disruption of actions

d) beginning of action

40. Secondary prevention is…

a) a set of medical measures aimed at
timely detection and treatment of existing diseases;

b) medical preventive technology based on
a combination of individual and group impacts on patients;

c) a set of medical measures aimed at improving
prognosis and improvement of quality of life;

d) recommendations of a doctor ensuring rational treatment of that
or other disease;

d) a set of medical measures for increases
patient adherence to treatment.

41. The goal of secondary prevention is:

a) preventing the possibility of exacerbation or complication of the course
emerging diseases, slow down the progression of diseases;

b) development of an individual program for maintaining a healthy lifestyle;

c) teaching citizens hygiene skills and motivating them to
giving up bad habits;

d) training citizens in effective methods of disease prevention
taking into account age characteristics.

d) increasing patient adherence to treatment.

42. The possibility of developing cardiovascular complications in less than 1% in the next 10 years:

a) risk I or low risk group;

b) medium risk group;

c) high risk group;

d) risk IV;

d) there is no risk.

43. The possibility of developing cardiovascular complications in the next 10 years 1-5% relates to:

a) risk I or low risk group;

b) risk 2 or medium risk group;

c) risk 3 or high risk group;

d) risk IV;

d) there is no risk.

44. The possibility of developing cardiovascular complications in Over the next 10 years, 5-10% relates to:

a) risk I or low risk group;

b) risk 2 or medium risk group;

c) risk 3 or high risk group;

d) there is no risk;

d) risk IV.

Situational task

A 52-year-old man, an archaeologist, came to see a general practitioner for conducting additional examination after the second stage
medical examination. It is known from the anamnesis that there is a hereditary history of cardiovascular diseases burdened on the maternal side (hypertension since 50 years, stroke at 60 years). The patient has been smoking for about 30 years, up to 1.5 packs of cigarettes a day. Drinks alcohol – approximately 100 ml of strong drinks per week. A diet with excess content of animal fats and carbohydrates. For 9 months of the year, it leads sedentary lifestyle, and for 3 months - with large physical activity. Upon examination: condition is satisfactory. Height – 176 cm, weight – 101 kg (body mass index – 32.8 kg/m2). Waist circumference – 108 cm. Skin is clear, normal color. No xanthomas.
There is no peripheral edema. Breathing in the lungs is harsh, there are no wheezing. Sounds The heart sounds are muffled and rhythmic, with an accentuated second tone over the aorta. Blood pressure is 130/80 mm Hg. Hg. Heart rate - 70 beats per minute. The abdomen is soft, painless on palpation. all departments. The liver and spleen are not enlarged. Percussion in projection kidneys painlessly on both sides.

In the tests: total cholesterol - 5.8 mmol/l, TG - 4.1 mmol/l, TC-HDL - 0.9 mmol/l; LDL-C 3.22 mmol/l; fasting glucose - 6.2 mmol/l, glucose tolerance test: glucose after 2 hours 7.9 mmol/l, HbA1c 6.3%, creatinine – 63 ÿmol/l, SCF (according to the CKD-EPI formula) = 108 ml/min.

Questions:

1. Suggest the most likely diagnosis.

2. Justify your diagnosis.

3. Determine the patient's health group based on the results of the medical examination.

4. Develop and justify a plan for additional examination patient.

5. Determine the patient's treatment tactics and justify your choice.

6. Determine a follow-up plan.

Answer samples:

1. Obesity stage I, abdominal type. Dyslipidemia type IV. Impaired glucose tolerance

2. The diagnosis of metabolic syndrome is established on the basis of the presence of obesity, the degree of obesity is determined according to WHO criteria, BMI 32.8 kg/m2, waist circumference 108 cm. Dyslipidemia is determined by Fredrexon classification (increased TG levels, decreased levels HDL). Impaired glucose tolerance is defined on the basis of fasting and post-glucose hyperglycemia, as well as HbA1c levels.

3. Health group 2, since the patient has no established chronic non-communicable diseases, but there are risk factors development of such diseases. Despite the established average absolute total cardiovascular risk, the patient was diagnosed with isolated risk factors increasing cardiovascular risk: obesity – BMI 38 kg/m2 and intensive smoking ICT ÿ 20. In this case, the patient does not need dispensary observation for other diseases.

4. The patient is recommended to have an ECG; an echocardiogram to assess myocardial wall thickness, diastolic and systolic function; ultrasound examination of the brachiocephalic arteries for assessment

remodeling of the vascular wall, detection of atherosclerosis, stenosis. Conducting daily blood pressure monitoring.

5. The patient should be advised to take non-drug measures: adherence to a diet, sufficient physical activity. insufficient effectiveness of non-drug measures for the patient lipid-lowering therapy should be prescribed. First-line drugs are statins (atorvastatin, rosuvastatin). In case of insufficient the effectiveness of statins may be considered combination therapy with the use of absorption inhibitors cholesterol (ezetimibe), bile acid sequestrants (cholestyramine), nicotinic acid preparations (enduracin). Fibrates are prescribed in is not indicated as a drug of choice for this patient.

6. After 4-6 weeks of statin treatment, the tolerability and safety of treatment (repeat blood test for lipids, AST, ALT, CPK). If there are no side effects after 3, 6 months a repeat blood test for lipids, AST, ALT, and CPK should be performed Subsequently, control at least once a year: assessment of blood pressure, SCORE risk, AST, ALT, CPK, fasting blood glucose, HbA1c, creatinine, ECG. 1 time every 3 year ultrasound examination of the brachiocephalic arteries.

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