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STUDY OF PALPATION AND PERCUSSION OF THE HEART IN SIMULATED CONDITIONS

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Resume: This article cites palpation and percussion of the heart ,its achamity, which states that palpation and percussion of the heart are performed in such an order. The methodology of this process and the sequence of execution are presented on the basis of the procedure on what skills students will acquire in the process of disembarkation to students. This was done on the basis of the basic law rules on how to perform this process in the work of a doctor to students. This allows students a great deal in accurately diagnosing heart disease.

Keywords: heart disease, right relative joint border of the heart, left relative joint sound of the heart, right border, left border.

Relevance. Heart disease (heart disease) is a group of pathologies related to the cardiovascular system, manifested by a violation of the normal functioning of the heart. Such diseases may have been caused by damage to the epicardium, pericardium, myocardium, endocardium, valve apparatus of the heart, and blood vessels.

Heart disease can take place for a long time in a latent form, without a clinical picture. In addition to various tumors, today it is one of the main causes of early death in developed countries.

Women may not recognize the symptoms of heart disease. This is because their symptoms can also occur with other diseases. Women also have other risk factors, such as depression, stress, and menopause.

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The continuous functioning of the circulatory system, consisting of the heart and blood vessels that perform the role of a pump, is a necessary condition for the normal functioning of the body.

According to the WHO, in 2016, there were 17.9 million deaths worldwide, representing 31% of all deaths. Of these, 85% had myocardial infarction and stroke. More than 75% of deaths were reported among men and women in countries with almost equal low and middle income.

Material and methods. Simulation training was carried out at the Andijan State Medical Institute simulation center using therapeutic simulators in simulation rooms designed for therapeutic directions. Palpation and percussion of the heart in the patient examination were used.

Purpose of scientific work. Teaching students palpation and percussion of the heart in simulation conditions, and through this, teaching them the skills of working with the patient.

Research results. In the studies of the conducted simulation, students were able to perform the following actions independently and apply it in practice in patients.

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Determination of the right relative articular border of the heart. One rib we go up (V to the rib). Plessimeter-the finger is inserted into the rib interval parallel to the collarbone. Percussive at slow intensity, depending on the sound choked from the sound of a clear lung with a small step. The mark is put by a plessimeter-a clear pulmonary sound of the finger (the collarbone is 1-1.5 cm outside the right bank).

Determination of the left relative articular sound boundary of the heart. First the heart peak trigger V rib spacing l.from medioclavicularis sinistra we find 1.5-2 cm inside. Then from it 2cm. percussion is performed starting from the lateral position. If it is not possible to identify the cardiac crest trigger, the percussion is percussed between the V rib from the axillaris anterior sinistrae, with the finger held parallel to the collarbone. With small steps, slow percussion is performed depending on the sound choked from the sound of a clear lung Sign plessimeter - by the clear pulmonary sound of the finger (l.mediaclavicularis sinistrae 1.5-2 cm inside).

Determination of the upper relative articular sound boundary of the heart. Finger-plessimeter l. pasternalis is placed 2cm out of sinistrae into the 2-fold range. The fine steps are gently percussed between the costal surface and the costal area, depending on the sound boxed from a clear lunge sound. The mark is put by a plessimeter - a clear pulmonary sound of the finger (3 upper edge of the ribs). Compliance with execution technique and sequence.

Determination of the right absolute calf sound limit of the heart. The right relative articular sound boundary where the finger-plessimeter is found is placed parallel to the IV rib interval, the collarbone. Gently percussion is performed from a choking sound with a small step, depending on the absolute choking sound. The mark is put by a plessimeter-a clear lunular sound (strangulated) of the finger (left edge of the collarbone).

Determination of the left mutlockian sound limit of the heart. The left relative joint where the finger-plessimeter is found is placed parallel to the sound border, the collarbone. Gently percussion is performed from a choking sound with a small step, depending on the absolute choking sound. The mark is put by a plessimeter-a clear pulmonary sound of the finger (strangulated) (1-1.5 cm inside the left mutlock throat border of the heart).

Determination of the upper mutlockian sound limit of the heart. The yukori where the finger-plessimeter is found is sung parallel to the relative bugic boundary, the covurga. From a bugicized sound with a tiny CADAM to a bugic sound, the Carbine is a slow percussion kilinac. The sign is sung by the plessimeter-the anic upka sound of the finger (bugicized) (yukori Kirra of 4 kovurga).

Anicization of the right border (aorta). Finger-plesimmeter l.the medioclavicularis dextrae buyicha is sung to the 2 kovurga orifice, parallel to the femur. Anik upka with a small CADAM is a slow percussion kilinab from sound to bugicized sound. The sign is sung by the plessimeter-the anic upka sound of the finger (1 cm from the ung Kirra of the thighbone).

Anicization of the left border (pulmonary arteries). Finger-plesimmeter l.medioclavicularis dextrae buyicha 2 is sung to the middle of the rib, parallel to the femur. Anik upka with a small CADAM is a slow percussion kilinab from sound to bugicized sound. The sign is sung by the plessimeter-the anic upka sound of the finger (1 cm from the left kkirra of the collarbone). The thickness of the 2 points found is ulchanadi (5-6 cm).

Anicization of heart width. IV-The ung absolute bugic border of the heart in the kovurga range and l. The median anterior Oriole is ulchanadi (becomes 3-4 cm). The left mutlock bugic

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boundary of the heart in the V-kovurga range and l. Mediana anterior Oriole ulchanadi (8-9 CM buladi). We anise the width of the heart by removing the found thighs (11-13 CM).

Anicization of the heart waist. The left shoulder bugimida 3 is attached to the left Kirra of the dream, where the percussion of the carbine diagonal ends. Anik upka with a small CADAM is a slow percussion kilinab from sound to bugicized sound. The sign is sung by the plessimeter-the anic upka sound of the finger (1 cm from the left Kirra of the lower bone). Aniclated 3 nucta: - left border of vascular tutami; heart waist and left relative bugic sound border are combined (UTMAs angle dressing buladi opened to the arrangement in the norm)

Conclusion. Students who used therapeutic simulators in simulation rooms for the therapeutic areas of the simulation center of the Andijan State Medical Institute were taught cardiac palpation and percussion in simulation conditions, through which they were endowed with the skills of working with the patient. This of course allows students to perform heart palpation and percussion without hesitation in the process of examining them in the conditions of working with the patient. These heart diseasesinierta will be of great help to diagnose.

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