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CARDIOPULMONARY RESUSCITATION

Abstract: in this article we will talk about resuscitation in cardiac arrest. With sudden cardiac arrest and respiratory interruption, the vital activity of the body is disrupted, a state of clinical death develops. Emergency care and the beginning of resuscitation measures allow you to restore breathing, blood circulation, heartbeat and oxygenation of the body. First aid consists of checking consciousness, breathing, calling an ambulance, conducting cardiopulmonary resuscitation, consisting of indirect massage and artificial lung ventilation (ventilator).

Keywords: cardiac arrest, resuscitation.

Sudden cardiac death currently remains one of the most serious problems of cardiology. Admittedly, this problem is still too far from being solved. The frequency of sudden cardiac death depends on age, gender, the presence or absence of a history of cardiovascular diseases. In the United States, about 300,000 sudden cardiac deaths are recorded annually, which is 1 case per 1,000 population per year. Sudden cardiac death also kills several hundred thousand people annually, up to 2 cases per 1000 population [1]. There is no doubt that emergency care for people with cardiac arrest - with sudden cardiac death - remains an urgent problem not only in emergency medicine, but also in therapy and cardiology, in particular.

At the turn of the XX-XXI centuries, the world medical community, the world's leading resuscitators came to the conclusion that it was necessary to improve the results of resuscitation (revival) of patients with sudden cardiac arrest. Despite the widespread introduction of modern resuscitation methods at the end of the twentieth century, the expected significant increase in patient

survival was not obtained. According to a number of experts, this was the result of excessive enthusiasm for new pharmaceuticals, alternative resuscitation protocols and the lack of clear priorities in the protocols for reviving patients. It was noted that as a result, due to the change of priorities of the revival tactics, the time of indirect heart massage from the total time of cardiopulmonary resuscitation decreased from 83% to 30-55%. Because of this, at the turn of the century, a new view was formed on many previously published experimental and clinical studies. Despite the fact that there are various approaches to conducting indirect heart massage, various alternative and auxiliary options for benefits (for example, increasing chest compressions to 200 per minute or auxiliary compressions to the epigastric region), all experts agree on the need for timely and high-quality indirect heart massage. Indirect heart massage is the basis for the provision of resuscitation measures, both by trained medical personnel and untrained. In the context of modern recommendations, the emphasis is even more shifted towards indirect chest massage, the execution of the Hands-Only algorithm (CPR without ventilation) by untrained personnel is allowed. The need for artificial ventilation of the lungs is unconditionally emphasized in the case of primary respiratory arrest (for example, drowning or aspiration) or in the case of cardiopulmonary resuscitation by trained personnel.

The fact is that it is easier for an untrained resuscitator to perform cardiopulmonary resuscitation without ventilation, while there are practically no significant differences in survival after cardiac arrest associated with cardiac dysfunction: both in the case of performing CPR without lung ventilation, and in the case of CPR with chest compressions and lung ventilation. It is necessary to emphasize once again that the recommendations on CPR and emergency care, both in European and American, constantly emphasize the need for high-quality indirect heart massage. In the modern edition, this means that compression compressions should be performed with the proper frequency and depth of indentation with full chest expansion after compressions. At the same time, if

the recommendations of the ANA interpreted the proper frequency of chest compressions as "about 100 per minute", it definitely requires "performing compression compressions at least 100 per minute". The situation is similar with respect to the depth of chest compressions when performing indirect heart massage. If in the ANA recommendations the required compression depth was approximately 4-5 cm, then in the ANA recommendations the compression depth should be at least 5 cm. In all the recommendations of the last decades, when performing indirect heart massage, the need for the correct location of the resuscitator's hands, which should be located on the lower third of the sternum, 2 cm above the xiphoid process, is emphasized. Incorrect positioning of the hands can lead not only to complications (fracture of the ribs, xiphoid process), but also dramatically reduces the effectiveness of the SPR.

5 main symptoms will witness that a person's heart has stopped. These symptoms include:

1. Loss of consciousness. The patient stops responding to sounds and various kinds of stimuli;

2. Lack of pulse. You can check this on the carotid (or radial) artery. To do this, the index and middle fingers are applied to the neck a couple of centimeters from into prominent cartilage.

3. Respiratory arrest. It can be judged by the absence of characteristic chest movements;

4. Dilated pupils. To do this, you will need to lift the upper eyelid and shine a flashlight into your eyes. When the pupils are greatly dilated and do not respond to light, this is an alarming sign.

5. Skin with a bluish or light gray tint. This is especially characteristic of the facial area (cyanosis of the face, lips).

The main signs of clinical death are: lack of breathing and palpitation, loss of consciousness, dilation of pupils, lack of reaction to external stimuli. To

accurately determine the severity of the situation, it is necessary to determine the following indicators of the victim:

- check the pulse on the carotid arteries at the angle of the jaw;
- examine the chest, check for respiratory movements;
- check the victim's breathing, and what is very important - pay attention to the skin color - cyanosis appears when breathing stops. The consciousness check is carried out according to the following principle: to address the victim loudly.

Breath check: Tilt the victim's head back (holding the back of his head and chin) and open his mouth. Inspect it for the presence of foreign objects. If they are present, delete them. Check your breathing.

Stages of cardiopulmonary resuscitation:

1. It is necessary to lay the patient on a flat horizontal surface.
2. If possible, lift his legs
3. Release the chest from the clothes, unbutton the belt and other items of clothing, tighten the chest and stomach;
4. It is necessary to determine the area where the indirect heart massage will be performed. It is necessary to press on the chest 3-5 cm above the xiphoid process and strictly along the middle line. In men, this area can be determined by drawing a line along the nipples. Where this line intersects the breast and will be the desired point.
5. Indirect heart massage. Stand to the side of the victim. Place the base of the palm in the center of the chest, place the other hand on top of the first and interlace the fingers in the lock. Without bending your arms at the elbows, press on the sternum to a depth of 4-5 cm with the weight of your torso. The compression rate should be about 100 clicks per minute. After each pressing, the chest should be freed from compression. The beats should be sharp and rhythmic. Fingers should be raised!
6. After 30 compressions, it is necessary to switch to artificial ventilation. To do this, you need:

Gently tilt your head back, pull your chin up and examine the oral cavity for the presence of foreign bodies. After that, cover your mouth with a napkin or gauze. Next, hold your nose with two fingers and exhale vigorously into the victim's mouth, tightly wrapping his mouth with his lips. It is important to observe the rise of the chest. After two exhalations, we start the indirect heart massage again. Let's summarize the main rules:

- If one lifeguard provides assistance, then 2 breaths - 15 pressures.
- If two rescuers provide assistance, then 1 breath - 5 pressures.

If there is a third rescuer, he lifts the victim's legs for better blood flow to the heart.

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