

## **“Curation of the patient with chronic pancreatitis”**

### **1. Collection of complaints and anamnesis in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
  - Collect complains of the patient with chronic pancreatitis (pay attention of the peculiarities of pain and dyspeptic syndrome).
  - Collect anamnesis of the patient with chronic pancreatitis (pay attention on the nutrition character, smoking, stressful factors, taking the alcohol, heredity, frequency and seasonal of exacerbation).
5. Explanation of investigation results.
6. Conversation accomplishment.

### **2. Physical examination of patient**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
  - Perform examination of the patient and show the changes characterizing the chronic pancreatitis (to investigate the skin and mucous (pallor, dryness of skin), tongue (covered by white incrustation), superficial (local muscular defense) and deep palpation (pain during palpation in paraumbilical region, Shofar's zone).
7. Explanation of investigation results.
8. Conversation accomplishment.

### **3. Interpretation of results of laboratory and instrumental diagnostics**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
  - evaluate the ultrasound examination of the pancreas (enlargement of the gland, induration, infiltration, presence of the cysts and pseudocysts).
  - evaluate the biochemical blood test (amylase, alkaline phosphatase)
  - evaluate the results of urine diastaze
  - evaluate the coprogram results.
6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
7. Conversation accomplishment.

## **“Curation of the patient with chronic hepatitis”**

### **1. Collection of complaints and anamnesis in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
  - Collect complains of the patient with chronic hepatitis (pay attention on the peculiarities of pain, dyspeptic and astenovegetative syndrome).

- Collect anamnesis of patient with chronic hepatitis (pay attention on the nutrition character, smoking, stressful factors, taking the alcohol, heredity, transfusion of the blood).
5. Explanation of investigation results.
  6. Conversation accomplishment.

## 2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
  - Perform examination of the patient and show the changes characterizing the chronic hepatitis (to investigate of the skin and mucous (pallor and dryness of skin, jaundice, teleangioektazy, hemorrhages), tongue (covered by white or yellow incrustation), superficial(local muscular defense) and deep palpation (pain during palpation in left and right hypochondrias regions, size of the liver, characteristic of the liver lower border).
7. Explanation of investigation results.
8. Conversation accomplishment.

## 3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
  - evaluate the ultrasound examination of the liver (enlargement, induration, change of echostructure, presents of node, fibrose);
  - evaluate the gastroscopy results;
  - evaluate the results of biochemical blood test (ALT, AST, alkaline phosphatase, bilirubine unconjugated, conjugated, protein, creatinine, urea, Na, Ca, Cl, K).
  - evaluate the coprogram's results;
  - evaluate the serologic's results (virus antigenic marker).
6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
7. Conversation accomplishment.

## **“Curation of the patient with liver cirrhosis”.**

### 1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
  - Collect the complains of the patient with liver cirrhosis (pay attention on the peculiarities of pain, dyspeptic and astenovegetative syndrome).
  - Collect anamnesis of patient with liver cirrhosis (pay attention on the nutrition character, smoking, stressful factors, taking the alcohol and drugs, heredity, frequency and seasonal of exacerbation, the onset, duration of the disease, transfusion of the blood, gastroenteral bleeding).
5. Explanation of investigation results.

6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
  - Perform examination of the patient and show the changes which characterized liver cirrhosis (to investigate of the skin and mucous (pallor and dryness of skin, jaundice, teleangioektazy, hemorrhages), tongue (covered by white or yellow incrustation), edema on the legs, “caput medusae”, superficial (local muscular defense, presence of the free fluid in abdominal cavity) and deep palpation (pain during palpation in left and right hypochondrial region, liver size, spleen size).
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
  - evaluate the ultrasound examination of the liver(enlargement, induration, change of echostructure, presents of node, fibrose);
  - evaluate the gastroscopy results;
  - evaluate the results of biochemical blood test (ALT, AST, alkaline phosphatase, bilirubine, unconjugated, conjugated, protein, creatinine, urea, Na, Ca, Cl, K);
  - evaluate the coprogram's results;
  - evaluate the serologic's results (virus antigenic marker);
  - evaluate the computer tomography.
6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
7. Conversation accomplishment.

**Curation of the patient with peptic ulcer disease”**

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
  - Take the complaints of the patients with peptic ulcer disease (pay attention on pain and dyspeptic syndromes peculiarities)
  - Take the anamnesis of the patients with peptic ulcer disease (pay attention on the nutrition character, smoking, presents of stress, taking of NSAD, heredity, frequency and seasonality of exacerbation)
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.

2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
  - Perform the examination of the patients and show the changes, which characterize the peptic ulcer (to investigate of skin and mucosa membrane (pale, dryness) tongue (presents of white covering; atrophy of the papilla), superficial (mucous defense) and deep palpation (painless during palpation in epigastria region and pyloroduodenal area), to determinate of Mendelya's syndrome)
7. Explanation of investigation results.
8. Conversation accomplishment.

### 3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
  - evaluate of gastroscopy result (presents of ulceration of mucosa)
  - evaluate of digestive tract X-ray examination result (direct and indirect signs)
  - evaluate of IEA (determination of Hp antibody) (antibody's titer to Hp antigen)
  - evaluate the Gregersen test results
  - evaluate of pH-metry results (functional interval)
6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
7. Conversation accomplishment.

## **“Curation of the patient with anemia”**

### 1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
  - Collect complains of the patient with anemia (pay attention of the peculiarities of anemic and sideropenic syndrome).
  - Collect anamnesis of patient with anemia (pay attention on the nutrition character, smoking, presence of the bleeding in the past).
5. Explanation of investigation results.
6. Conversation accomplishment.

### 2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
  - Perform examination of the patient and show the changes which characterized the anemia (investigation of the skin and mucous (pallor and dryness of skin), tongue (covered by white incrustation, smoothing of the papilla), tachycardia, systolic murmur, dilatation of the heart border).

7. Explanation of investigation results.
8. Conversation accomplishment.

### 3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
  - evaluate the gastroscopy results (presents of gastritis, erosion, ulceration of the mucous);
  - evaluate the biochemical blood test results (iron and iron-connecting serum possibility);
  - evaluate the Gregersen test;
  - evaluate the pH-metry results (functional interval).
6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
7. Conversation accomplishment.

## **“Curation of the patient with the leukemia”**

### 1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
  - Collect the complain patient with leukemia (pay attention on peculiarities of anemic and prolipherative polyadenopathy, immunodeficiency syndrome and nevroleukemia).
  - Take the anamnesis in patients with leukemia (pay attention on the heredity presents contacts with toxic, chemical and others poisons substances).
5. Explanation of investigation results.
6. Conversation accomplishment.

### 2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
  - Exanimate the patient and show the changes charactering for leukemia (pallor and skin eruption, palpation of lymphatic nodes, liver and spleen present of sternalgia).
7. Explanation of investigation results.
8. Conversation accomplishment.

### 3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection

- to evaluate the general blood tests changes (Anemia, thrombocytopenia, blastemia, leukopenia common for acute leukemia. Leukocytosis, absolute lymphocytosis, Botkin- Gumprecht's shade common for chronic leukemia. Leukocytosis, presence of myelocytes, myeloblasts, basophilic and eosynophlic dissociation common for myeloid leukemia.)
  - to scow changes in myelogram (presents of blastemia, hypo-and hyperprolipheration of bone marrow, more than 30 % blasts as criterium of acute lekemia, leukocytosis amd more than 40 % lymphocytes as criteria of chronic lympholekemia, lekocytosis and proliferation of cells of myeloid rowto myeloblasts)
  - to evaluate of results of ultrasound examination of the liver and the spleen
6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
7. Conversation accomplishment.

### **“Curation of the patient with hypothyroidism”.**

#### **1. Collection of complaints and anamnesis in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
  - Take the complaints of the patients with hypothyroidism (pay attention on general weakness, fatigue, somnolence, worsening of memory, ear, difficulty of speech, constipations, sensitiveness to the cold, edema). Take the anamnesis in the patients with hypothyroidism: presence of infectious, infiltrative, autoimmune diseases, operative interferences or irradiation of thyroid gland).
5. Explanation of investigation results.
6. Conversation accomplishment.

#### **2. Physical examination of patient.**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explain to the patient examination that will be done and take his consent.
5. Find a contact with the patient and make an attempt to gain his/her trust.
6. Inform about the possibility of appearing of unpleasant feelings during the examination.
7. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
8. Perform the exanimation of the patients and show the changes, which characterize hypothyroidism (big face, peryorbytal swollen, large language with the imprints of teeth, skin is pale, icteric, dry (hyperkeratosis), cold, edema of skin, loss of hair, bradycardya, increased of heart borders in percussion, enlargement of liver)
9. Explanation of investigation results.
10. Conversation accomplishment.

#### **3. The interpretation of laboratory and instrumental methods results:**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection, taking into account norms:
  - a. TSH: 0,23-4,0
  - b. T<sub>4</sub> free: 10-35

- c. Ab to PO: less 30
- 6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
- 7. Conversation accomplishment.

### **“Curation of the patient with diabetes mellitus”.**

#### **1. Collection of complaints and anamnesis in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient and make an attempt to gain his/her trust.
  - Take the complaints of the patients with diabetes mellitus (pay attention on the presence of hyperglycemic syndrome, complaints which characterize micro-(angiopathy of lower extremities, nephropathy) and makroangiopathy (ischemic heart disease) and neuropathy (central, peripheral, visceral). From anamnesis: began, flowing of disease, presence of risk factors in general and depending on the type of diabetes.
5. Explanation of investigation results.
6. Conversation accomplishment.

#### **2. Physical examination of patient.**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explain to the patient examination that will be done and take his consent.
5. Find a contact with the patient and make an attempt to gain his/her trust.
6. Inform about the possibility of appearing of unpleasant feelings during the examination.
7. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
8. Perform the examination of the patients and show the changes, which characterize diabetes mellitus (pay attention to the skin, pulse, blood pressure, enlargement of liver, presence of peripheral edema, pulsation on peripheral arteries).
9. Explanation of investigation results.
10. Conversation accomplishment.

#### **3. The interpretation of laboratory and instrumental methods results:**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection.

### **Estimate the glucose level in the blood and interpretate glucostratant test**

Interpretation of laboratorial and instrumental results

- evaluate the glycemia level in the capillary blood (normal level 3,3 – 5,5). To estimate HbA1c level: good compensation <7 %, satisfactory 7-8 %, unsatisfactory >8 %.
- evaluate the results of the glucose tolerance test

Glucose tolerance test		
	Fasting glucose level in the capillary blood, mmol/l	The glucose level in the capillary blood in 2 hours after glucose load, mmol/l
Normal	3,3-5,5	<7,8

Impaired glucose tolerance	5,6-6,1	7,8-11,1
Diabetes mellitus	$\geq 6,1$	$\geq 11,1$
Impaired fast glucemia	5,6-6,1	$< 7,8$

6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
7. Conversation accomplishment.

### **“Curation of the patient with pulmonary insufficiency”**

#### **1. Collection of complaints and anamnesis in patients**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Collect the complains of the patient with pulmonary insufficiency (pay attention to the character of dyspnea, its frequency of arise, expression of cough; character of the sputum-moist cough, presence or absence of chest pain and palpitations). Take the anamnesis in the patients with pulmonary insufficiency (pay attention on frequent overcold and disposition to cold, smoking, present of harmful occupation, respiratory allergies).
5. Explanation of investigation results.
6. Explain the actions (hospitalization, making of certain tests which are planned to perform in the future).
7. Conversation accomplishment.

#### **2. Physical examination of patient.**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explain to the patient examination that will be done and take his consent.
5. Find a contact with the patient and make an attempt to gain his/her trust.
6. Inform about the possibility of appearing of unpleasant feelings during the examination.
7. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
8. Perform the examination of the patients and show the changes, which characterize pulmonary insufficiency (investigation of the skin and mucous (pallor skin, acrocyanosis), changes of the hand (Hippocratic fingers, nails like watch glass), change the chest-shape (barrel-shaped, taking part of intercostals muscles), comparative and topographic percussion of the lungs (finding, which confirm emphysema), comparative and topographic auscultation (finding of diffuse emphysematous changes), auscultation (respiratory sounds, which confirm bronchoobstructive, emphysematous changes), investigation of the cardiovascular system (dilation of the heard borders to the right, enlargement of the liver, appearance of the edemas as a syndrome of the heart failure)
9. Explanation of investigation results.
10. Conversation accomplishment.

#### **3. The interpretation of laboratory and instrumental methods results:**

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results. Indicate stage and type of pulmonary insufficiency according to the results of spirometry. Evaluation of spirometry results values which show the obstructive or restrictive type of ventilate disorders
5. Interpretation of the X-ray examination of the chest (fibrosis changes of lungs roots, increasing of - pneumatisation of the lung area)



6. Evaluate the X-ray examination of the chest (fibrosis changes of lungs roots, increasing of - pneumatisation of the lung area)
7. Evaluate the peakflowmethry results (dynamic of the OFV<sub>1</sub>)
8. Evaluate the micro- and macroscopic investigation of the sputum (character, consistency, cellular composition)
9. Indicate Doppler echocardiometry, which characterize cardiac changes due to chronic respiratory failure (the thickness of the cardiac walls and right chambers, myocardial contractility, diastolic filling, mean average pressure in pulmonary artery)
10. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
11. Conversation accomplishment.