

ANTI-SHOCK THERAPY FOR HEAVY AVIATION

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Abstract. *Burn shock is a pathological condition that occurs in response to significant burns of the skin, mucous membranes, underlying tissues and leads to severe disorders in the body of the burned person, to the formation of a critical condition. One of the most important measures for burn disease in order to prevent burn shock and the consequences of this condition is the regulation and proper comprehensive anti-shock treatment, which is important for the speedy recovery and recovery of patients in the early stages of therapy. The duration of burn shock depends on many reasons (firstly, on the severity of the burn injury, the timeliness of the start of adequate infusion therapy) and is at least 12 hours, which distinguishes burn shock from other types of shock.*

Keywords: *results, novocaine blockades, oxygen therapy.*

Purpose of the study: To analyze the results of combined anti-shock treatment before hospitalization and early hospitalization in patients who suffered from thermal and combined thermal inhalation injuries.

Materials and methods: Note that the provision of assistance to patients of this kind is necessary as soon as possible. Thus, at the site of the incident, it is important to remove the effect of the thermal agent, moisten the burned area of the skin, correctly anesthetize with analgesics, neuroleptics, antihistamines, apply bandages and timely start invasive therapy. During transportation, anti-shock infusion injections of polyglucin, reopolyglucin, anesthesia, administration of cardiac glycoside, glucocorticosteroids, saline solutions, warming the patient, oxygen inhalation are mandatory.

Results: Express relief from burn shock consists of several stages.

- 1) Novocaine blockades, their action depends on the location of the burn, including bilateral vagosympathetic, perirenal case blockades.
- 2) Oxygen therapy is especially relevant in case of burns of the respiratory system.
- 3) The main component for antishock therapy is the Evans formula.
- 4) Analgesic and cordiotonic preparations, other pathogenetic agents.
- 5) Vitamin therapy - a complex of vitamins C, B.
- 6) Glucocorticotherapy hydrocortisone 125-250 mcg, prednisone 30-60 mcg.
- 7) Antibiotics - intravenous administration of kanamycin, gentamine, morphocycline.
- 8) After removing vomiting, it is recommended to drink alkaline liquids and a sparing diet.
- 9) Burned patients who have not received prophylactic vaccinations according to the 15,000 IU scheme are injected with anti-coagulant serum with toxoid.

All the victims were delivered by the brigades of Sanaviatsia. At the stage of hospitalization, anesthesia was performed in 94%, of which 42% received a narcotic analgesic. Inhalations and assisted ventilation of the lungs were performed in 3.8% of the victims, and 72% of the victims are required for admission to respiratory support with respiratory patency. Infusion therapy was performed only in 78% of patients.

Infusion along the passageway was carried out with the introduction of preparations of 0.9% sodium chloride solution, 5% glucose, K-Mg-aspartate, Mafusoli, etc. The average volume is 600 ml, the average time along the way, including loading and unloading the patient, was 55 minutes.

In the coincidence of diagnoses, the area of damage was 47.9% and the depth of damage was only 23.9%. 40% were diagnosed with thermal damage to the lungs and carbon dioxide poisoning.

An analysis of the case histories showed that in the prehospital stage there is a frequent underestimation of the severity of the condition of the victims; discrepancy in the diagnosis of the total area of skin burns; undiagnosed thermal damage to the respiratory tract and carbon dioxide poisoning, inadequate correction of gas exchange disorders; often the use of narcotic analgesics and drugs with a sedative effect, depressing consciousness and spontaneous breathing without proper monitoring of gas exchange, restoration of airway patency.

We studied the course of burn shocks in two groups of patients before and after the introduction of these organizational and therapeutic principles that were put into effect. In total, 480 patients from 2 to 80 years old were treated and they were diagnosed with a burn. In 225 patients who were started anti-shock therapy at the prehospital stage in full according to the scheme, the outcome and course of burn shocks were positive.

Conclusions. Before these principles were introduced, the mortality rate was 15.5%, and after their introduction - 3% in patients with extensive deep burns.

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