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RULES FOR CARCOREPULMONARY RESUSCITATION

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Annotation: Cardiopulmonary resuscitation (CPR), cardiopulmonary resuscitation is a set of emergency measures aimed at restoring the vital functions of the body and removing it from a state of clinical death. CPR includes 100-120 compressions of the chest to a depth of 5-6 cm per minute. The resuscitator can also perform artificial ventilation of the lungs (artificial respiration); for non-specialists, a simplified method is recommended, which includes only chest compressions. The compression to breath ratio for adults should be 30 to 2.

Keywords: resuscitation, resuscitation, artery, aorta, immobilization, massage

CPR usually does not restore the heart on its own. Its main goal is to restore partial flow of oxygenated blood to the brain and heart to delay tissue death. Defibrillation is necessary to restore normal heart rhythm. Start heart massage to the victim as soon as possible. At the same time, the presence of two of the three signs of clinical death - the absence of consciousness, breathing and pulse - is a sufficient indicator for its onset. The founder of CPR is the Austrian physician Peter Safar. Indications for CPR

•Lack of consciousness

•Respiratory failure•

Cyclic insufficiency (in such a situation, it is more effective to check the pulse in the carotid arteries).

If the resuscitator or resuscitator (the person performing resuscitation) does not detect a pulse in the carotid artery (or does not know how to detect it), then it should be assumed that there is no pulse, that is, circulatory arrest has occurred. According to the 2010 "Methodological recommendations for cardiopulmonary resuscitation" of the European Resuscitation Council, the only indications for the start of basic resuscitation are breathing and loss of consciousness.

Contraindications for CPR

•The presence of clear signs of biological death.

•Injuries incompatible with life•

Development of incurable diseases.

•Pleural damage.

Resuscitation measures performed in case of cardiac arrest are external cardiac massage and artificial respiration, which are performed simultaneously. During external cardiac massage, the lower 1|3rd part of the sternum is actively pressed with the palm of the hand. In this case, the heart is compressed between the sternum and the spine and a certain amount of blood is pumped out of the heart. This movement is repeated 50-70 times per minute and the procedure is performed with the patient lying on his back on a

large flat surface. External cardiac massage is determined by the following positive signs: - the appearance of vascular spasm in the carotid artery. - constriction of the pupils. - redness of the skin of the face, nails and lips. - the appearance of independent breathing movements. - the appearance of muscle tone. - indirect (closed) cardiac massage. The essence of this method is that as a result of compression of the heart between the sternum and the spine, blood is pumped into the large vessels of the large and small circulatory circles, thereby supporting blood circulation and the function of vital organs during anesthesia. The patient is placed on his back on a hard surface, the palm of one hand is placed on the lower 1/3 of the sternum, the other palm is placed on the first, the hands should be bent at the elbow joints, then the person providing assistance presses the chest in a quadrangular manner and moves it 3-5 cm in the direction of the spine, in this position he waits about 1.2 seconds, then, without taking his hands off the chest, he tries to quickly release them. Methods of artificial respiration.

Respiratory arrest may occur due to restoration of airway patency, spasm of the respiratory-vocal cords, aspiration of vomit into the airways, twisting of the intubation tube, tongue protrusion into the pharynx, etc. The airways may be completely or partially blocked. To restore airway patency in an unconscious person, it is necessary to perform the following actions quickly and consistently:

1) Lay the patient on his back on a hard surface.
2) Tilt his head back.
3) Push the lower jaw forward and up and open his mouth.
4) Clear the mouth and throat of mucus, etc.
5) Blow air into the patient's mouth and monitor chest excursion and exhalation.

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