

Date: 25<sup>th</sup> February-2026

**BOLALARDA ANAFILAKTIK SHOK VA TEZ YORDAM PROTOKOLLARI.**

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Qorako'l Abu li ibn Sino nomidagi Jamoat salomatligi texnikumi.

**Annotatsiya:** Anafilaktik shok — bu allergen ta'siridan so'ng tez rivojlanadigan, hayot uchun xavfli tizimli gipersensitivlik reaksiyasidir. Bolalarda nafas yo'llari torligi va gemodinamik beqarorlik sababli kasallik tez og'irlashadi. Ushbu maqolada anafilaktik shok patofiziologiyasi, klinik belgilar, differensial diagnostika hamda xalqaro tez yordam protokollari asosida davolash algoritmlari yoritiladi.

**Kalit so'zlar:** anafilaksiya, anafilaktik shok, adrenalin, bolalar reanimatsiyasi, tez yordam algoritmi.

### 1. Kirish

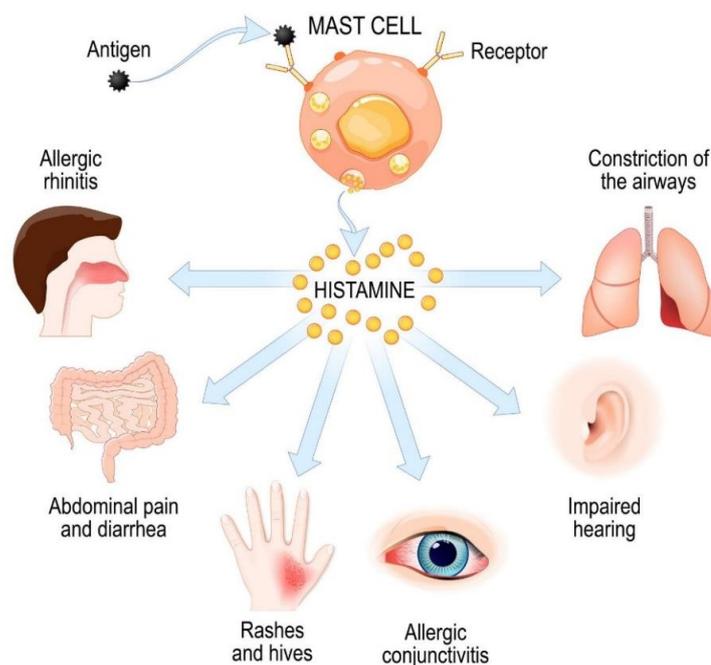
Anafilaksiya IgE vositachiligidagi yoki IgE-ga bog'liq bo'lmagan mexanizmlar orqali yuzaga keladigan o'tkir tizimli allergik reaksiyadir. World Health Organization ma'lumotlariga ko'ra, og'ir allergik reaksiyalar bolalar o'rtasida ortib bormoqda.

Eng ko'p uchraydigan sabablar:

- Oziq-ovqat allergenlari (yong'oq, tuxum, sut)
- Dori vositalari (antibiotiklar)
- Hasharot chaqishi
- Vaksinalar (kam hollarda)

### 2. Patofiziologiya

#### The mechanisms of allergy



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Anafilaksiyada:

1. Allergen IgE bilan bogʻlanadi
2. Mast hujayralar degranulyatsiyasi yuz beradi
3. Gistamin va boshqa mediatorlar ajraladi
4. Bronxospazm, vazodilatatsiya va kapillyar oʻtkazuvchanlik oshadi

Natijada:

- Nafas yoʻllari shishi
- Qon bosimi keskin pasayishi
- Koʻp aʼzoli yetishmovchilik

### **3. Klinik belgilari**

Bolalarda anafilaktik shok quyidagi tizimlarni zararlaydi:

**Teri belgilar:**

- Toʻsatdan toshma
- Qichishish
- Quincke shishi

**Nafas tizimi:**

- Hansirash
- Stridor
- Bronxospazm

**Yurak-qon tomir:**

- Gipotenziya
- Taxikardiya
- Hushdan ketish

### **4. Differensial diagnostika**

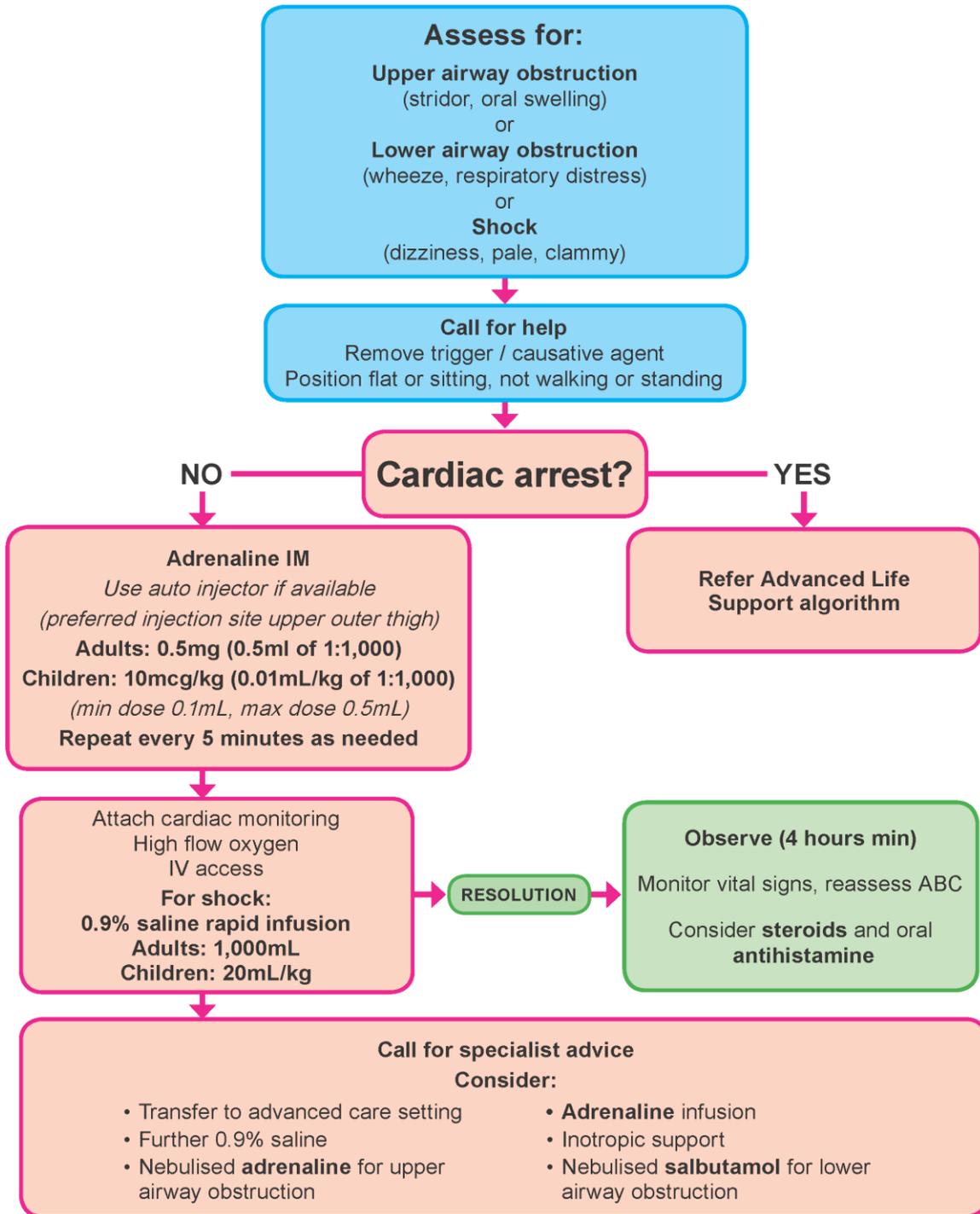
- Vazovagal sinkopa
- Bronxial astma xuruji
- Septik shok
- Epileptik tutqanoq

### **5. Tez yordam protokoli (Algoritm)**



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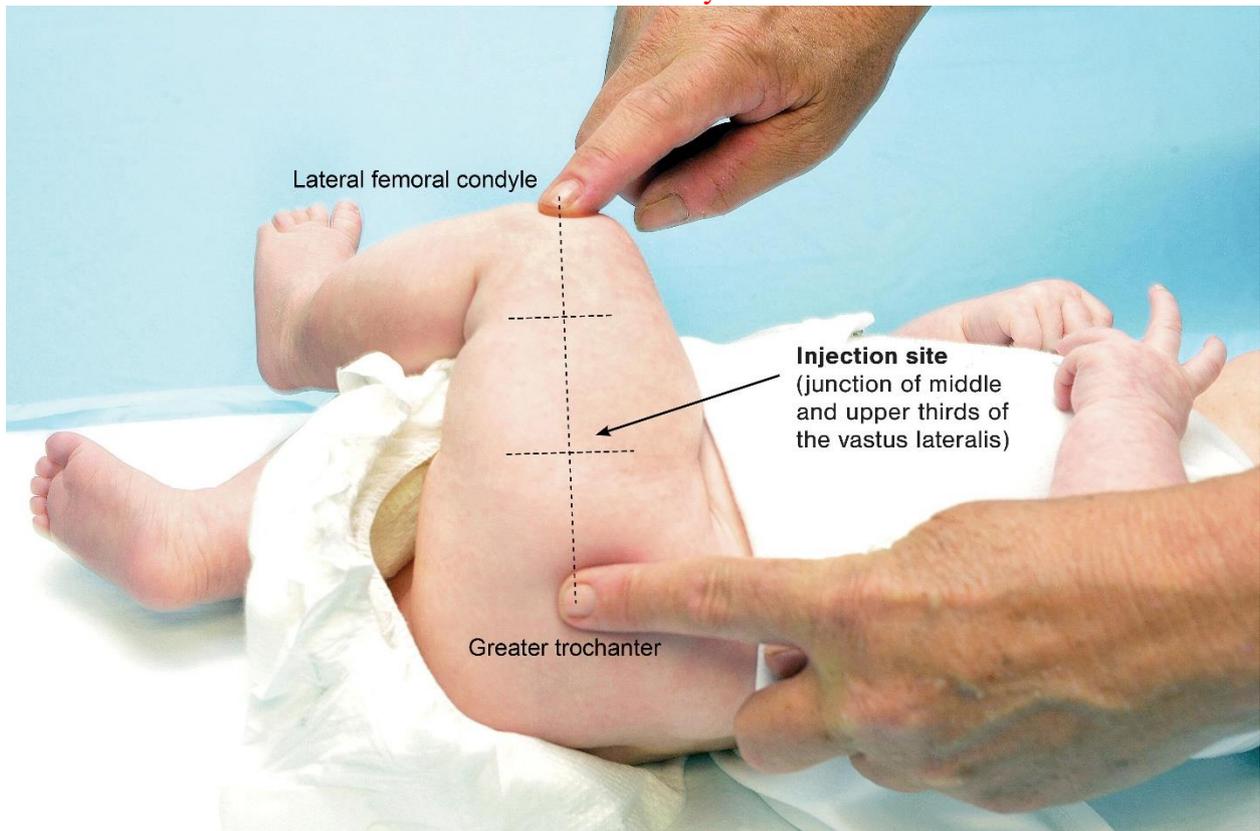
# Anaphylaxis



January 2019



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**1-qadam: Allergen ta'sirini to'xtatish**

- Dori yuborishni to'xtatish
- Hasharot ignasini olib tashlash

**2-qadam: Adrenalin yuborish (birinchi tanlov!)**

**Adrenalin (epinefrin)**

- 0.01 mg/kg (1:1000 eritma)
- Sonning old-yon qismiga mushak ichiga
- Maksimal doza: 0.3–0.5 mg
- 5–15 daqiqada takrorlash mumkin

**3-qadam: Nafas yo'llarini ta'minlash**

- Kislorod 100%
- Zarurat bo'lsa intubatsiya

**4-qadam: Infuzion terapiya**

- 0.9% NaCl 20 ml/kg bolus

**5-qadam: Qo'shimcha davo**

- Antigistaminlar
- GKS (Prednizolon yoki Deksametazon)
- Bronxodilatatorlar (Salbutamol)

**6. Zamonaviy xalqaro tavsiyalar**

- World Allergy Organization — adrenalin birinchi va asosiy davo vositasi.
- American Academy of Pediatrics — har doim IM adrenalin vena ichiga

berishdan ustun.



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- European Resuscitation Council — kechiktirilgan adrenalin o‘lim xavfini oshiradi.

### **7. Muhokama**

Eng ko‘p uchraydigan xato — adrenalinni kechiktirish yoki noto‘g‘ri dozalash. Bolalarda tez rivojlanadigan gipoksiya sababli erta aralashuv hayotiy ahamiyatga ega.

Anafilaksiya qaytalanish (bifazik reaksiya) ehtimoli 4–12 soat ichida kuzatilishi mumkin, shuning uchun bemor kamida 24 soat kuzatuvda bo‘lishi tavsiya etiladi.

### **8. Xulosa**

Bolalarda anafilaktik shok — tezkor tashxis va zudlik bilan adrenalin yuborishni talab qiladigan favqulodda holatdir. Tez yordam protokollariga qat‘iy rioya qilish o‘limni sezilarli kamaytiradi.

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