

Документ подписан простой электронной подписью
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Assessment Tools

Outpatient therapy

Curriculum	31.05.01 General Medicine
Specialty	General Medicine
Form of education	Full-time
Designer Department	Internal diseases
Graduate Department	Internal diseases

9th Semester

Typical tasks for the test

Problem solving.

Identification of the main symptoms and syndromes based on clinical and paraclinical examination results.

1. Definition of a diagnostic hypothesis in the form of a presumptive diagnosis.
2. Differential diagnosis.
3. Formulation of a clinical diagnosis:
underlying disease;
complications of the underlying disease;
comorbidities;
complications of concomitant diseases;
functional state.
4. Plan of additional laboratory and instrumental examination methods.
5. Tactics of emergency and planned treatment measures: drug and non-drug.
6. Plan of dispensary observation of the patient.
7. Prognosis.
8. Will a certificate of incapacity be issued in this case?
9. From what day is a certificate of incapacity issued and for what period?
10. From what day of incapacity will the certificate of incapacity be paid?
11. Will the regular vacation be extended in this case or on the provided paid days off from work during a period of the year convenient for the administration?
12. What are the special features of registration of a certificate of incapacity for work in this case?

PROBLEM #1

When examining patient I., born June 15, 1967, at home, you determined a body temperature of 37.0°C, slight hyperemia of the pharyngeal walls, and hoarseness. The patient works as a teacher at BOU Secondary School #124.

PROBLEM #2

During his regular vacation from August 1 to August 28, while working in a garden plot, a commercial enterprise foreman injured the fingers of his right hand and was incapacitated from August 9 to August 20.

10th Semester

Typical tasks for the test

Problem solving

Identifying the main symptoms and syndromes based on clinical and paraclinical examination results.

1. Defining a diagnostic hypothesis in the form of a presumptive diagnosis.
2. Differential diagnosis.
3. Formulating a clinical diagnosis:
underlying disease;
complications of the underlying disease;
comorbidities;
complications of concomitant diseases;
functional state.
4. Plan of additional laboratory and instrumental examination methods.
5. Tactics of emergency and planned treatment measures: drug and non-drug.
6. Plan of dispensary observation of the patient.
7. Prognosis

PROBLEM #1

Patient F., 69 years old, complains of weakness, fatigue, unsteadiness of gait, weight loss of 12 kg, loss of appetite, which have gradually increased over four years and which he associates with psychoemotional stress due to the death of his wife five years ago.

Denies any chronic diseases. Has been smoking for 40 years.

The patient is undernourished. The skin is dry, pale, slight icterus of the sclera is determined, the tongue is clean, there are no teeth marks, moderate smoothing of the papillae of the tongue. In the lungs, breathing is harsh, there are no wheezing. RR - 17 per minute. Heart sounds are preserved, rhythmic, murmurs are not heard. HR - 72 per minute. BP - 135/80 mm Hg. The abdomen is soft, painless, the liver protrudes from under the edge of the costal arch by 2 cm along the midclavicular line, its edge is smooth, even, painless on palpation.

In blood tests: hemoglobin - 10.4 g / l, erythrocytes - 2.4 million, CI - 1.2, reticulocytes - 2 d, polysegmented neutrophils were detected, ESR - 7 mm / h, total bilirubin - 1.8 mg%, direct bilirubin - 0.2 mg%.

In urine and feces tests, no deviations from the norm

Typical questions for the test

1. Organization of outpatient and polyclinic therapeutic care in the Russian Federation.
2. Organization of the work of the city polyclinic and the district general practitioner.
3. Fundamentals of the legislation of the Russian Federation on the protection of the Health of citizens and the rights of patients when providing them with medical care.
4. The regulatory framework for organizing the work of polyclinic institutions in modern conditions. Legislative and legal aspects of the work of the district general practitioner.

5. Territorial program of state guarantees for providing citizens of the Khanty-Mansiysk Autonomous Okrug with free medical care.
6. The structure of a modern city polyclinic.
7. Contents of work, rights and responsibilities of the district general practitioner.
8. Basic documentation of the district general practitioner.
9. Issues of continuity in the work of the district general practitioner and specialists of a “narrow” profile, indications for referral for consultation. Deontology in the work of a polyclinic doctor.
10. Hospitalization of therapeutic patients. Indications, referral procedure.
11. Day care department (day hospital): organization of day hospital work, purpose, patient selection criteria. Rehabilitation department of the polyclinic.
12. Features of the work of a district therapist in the context of compulsory medical insurance.
13. Forms of primary medical documentation used in outpatient and polyclinic institutions and the procedure for maintaining them. Accounting and reporting documentation of a district therapist.
14. The procedure for storing, recording, prescribing, dispensing and using poisonous, narcotic and potent drugs. The procedure for issuing regular prescriptions and prescriptions for narcotic drugs.
15. Regulatory documents on the procedure for providing the population with drugs. Vital drugs.
16. The procedure for writing prescriptions by a district therapist to various categories of citizens. Preferential and free conditions for dispensing drugs to outpatients.
17. Primary prevention in the work of a district doctor. The concept of medical examination, the methodology of medical examination.
18. Medical observation groups. Formation of medical observation groups D1 and D2. Health-improving measures.
19. Secondary prevention in the work of a district doctor. Formation of a medical observation group DZ.
20. Organization of medical examination in a polyclinic. Medical examination of therapeutic patients: main contingents, procedure for working with them, documentation.
21. Outpatient work of a district therapist. Assessment of the quality and effectiveness of medical examination. Outpatient work indicators of outpatient institutions.
22. Organization and conduct of medical examinations of the population.
23. The procedure for conducting preliminary and periodic medical examinations of employees.
24. Organization of spa treatment for persons injured in industrial accidents and occupational diseases.
25. Medical indications and contraindications for referring patients to spa treatment. Resorts and sanatoriums of the Russian Federation.
26. The procedure for referring patients to spa treatment, documentation.
27. Types of temporary disability.
28. The regulatory framework for the examination of temporary disability.
29. Indications for referring patients to the Medical and Social Expertise Commission, documentation.
30. Functions of the attending physician for the examination of temporary disability
31. Structure, types and main functions of the Medical and Social Expertise Commission of a healthcare institution for the examination of temporary disability
32. Procedure for issuing documents certifying the temporary disability of citizens. Rules for issuing a certificate of incapacity for work (CSL) and its extension. Indications and rules for issuing a certificate of temporary disability.
33. Rational employment of patients based on the conclusion of the Medical and Social Expertise Commission
34. Control over the organization of the examination of temporary disability in a healthcare institution
35. Examination of temporary disability and the procedure for issuing CSL and a certificate of temporary disability in a hospital.
36. Disability associated with alcohol consumption and chronic alcoholism (procedure for issuing CSL).
37. VN for caring for a sick family member (procedure for issuing CSL).

38. Peculiarities of issuing sick leave certificates to non-residents and persons seeking medical care outside their place of permanent residence; when referring for treatment or consultation to another city or country.
39. Peculiarities of issuing sick leave certificates in case of seeking medical care on weekends and holidays, after the end of the working day, on the day of dismissal, during regular vacation, unpaid leave and leave to care for a child, in the evening and at night.
40. Long-term and frequently ill. Peculiarities of examination of the working capacity of this group of patients.
41. Examination of persistent disability of medical patients. Medical and social examination. Procedure for referring patients to medical and social examination (MSEC).
42. Disability groups and criteria for establishing them. Documents issued by the Medical and Social Expertise Commission after examining a patient.
43. Definition of prolonged subfebrile fever syndrome. Symptoms of a febrile state. Mechanisms of thermoregulation of the body. Mechanisms of fever development.
44. Classification of fever by duration, height and nature of the temperature curve. Diagnostic value of different types of fever curves.
45. Factors affecting the severity of the body's temperature reaction. Endogenous, exogenous pyrogens.
46. Non-specific inflammatory changes in laboratory parameters in diseases accompanied by fever.
47. Scheme of diagnostic search in a polyclinic for subfebrile fever.
48. List the groups of diseases (infectious and non-infectious) accompanied by febrile syndrome.
49. Prolonged subfebrile fever in diseases of the respiratory system. Clinical presentation, diagnostics, differential diagnostics, principles of treatment at the outpatient stage. Indications for hospitalization.
50. Prolonged subfebrile temperature in diseases of the cardiovascular system. Infective endocarditis. Myocarditis. Clinical presentation, diagnostics, differential diagnostics, principles of treatment at the outpatient stage. Indications for hospitalization.
51. Prolonged subfebrile temperature in diseases of the gastrointestinal tract. Fever combined with abdominal pain, with hepatosplenomegaly. Clinical presentation, diagnostics, differential diagnostics, principles of treatment at the outpatient stage. Indications for hospitalization.
52. Prolonged subfebrile temperature in diseases of the musculoskeletal system and diseases of connective tissue. Fever combined with lymphadenopathy, with skin manifestations, with joint-muscle syndrome (arthritis, arthralgia, myalgia, myositis).
53. Clinical presentation, diagnostics, differential diagnostics, principles of treatment at the outpatient stage. Indications for hospitalization.
54. Prolonged subfebrile temperature in diseases of the urinary system. Fever combined with urinary syndrome. Clinical presentation, diagnostics, differential diagnostics, principles of treatment at the outpatient stage. Indications for hospitalization.
55. Prolonged subfebrile temperature in infectious and parasitic diseases. Clinical presentation, diagnostics, differential diagnostics, principles of treatment at the outpatient stage. Indications for hospitalization.
56. Features of subfebrile temperature and fever in paraneoplastic processes
57. Blood diseases accompanied by fever. Fever combined with anemic syndrome. Clinical presentation, diagnostics, differential diagnostics. Principles of outpatient management of this category of patients.
58. Lymphoproliferative diseases as a cause of fever. Clinical presentation, diagnostics, differential diagnostics. Principles of outpatient management of this category of patients.
59. Clinical masks of tuberculosis. Clinical presentation, diagnostics, differential diagnostics. Principles of outpatient management of this category of patients.
60. Subfebrile condition of neuroendocrine genesis (NCD, hypothalamic syndrome, thyrotoxicosis, pathological menopause, etc.): possibilities of diagnostics and treatment in outpatient settings, indications for hospitalization

61. Tumor subfebrile condition (hypernephroma, hepatomas, cancer of the lung, pancreas, stomach, intestines, hemoblastoses, etc.): treatment and diagnostic tactics in outpatient settings.
62. Features of diagnostics, clinical presentation of focal and generalized infectious diseases accompanied by prolonged subfebrile condition (sinusitis, tonsillitis, osteomyelitis, paraproctitis, brucellosis, typhoid-paratyphoid diseases, bacterial endocarditis, etc.)
63. Toxic-immunoallergic fever (connective tissue diseases, non-rheumatic myocarditis, bronchial asthma, chronic urticaria, non-specific ulcerative colitis, chronic active hepatitis, thyroiditis, parasitosis, etc.): features of the course, diagnostics.
64. Isolated fever (thermoregulation disorders, simulation, malignant neoplasms, infections, hemoblastoses, HIV and other immunodeficiency states).
65. Features of the course of "childhood" infections in adults, their diagnostics, treatment tactics.
66. Antipyretics: characteristics, indications, contraindications, side effects.
67. Dispensary observation of patients with prolonged fever of various origins.
68. Expertise of working capacity in febrile conditions.
69. Relevance of the problem of acute respiratory viral infections, influenza. The concept of acute respiratory viral infections. Examples of formulating the diagnosis of acute respiratory viral infections. Classification of acute respiratory viral infections by etiology.
70. Clinical criteria for acute respiratory viral infections depending on the etiology, form of clinical course, prevalence of clinical syndrome (rhinitis, pharyngitis, laryngitis, acute bronchitis, influenza, parainfluenza, rhinovirus infection, adenovirus infection, RS infection, herpes infection, etc.) and the presence of complications. Principles of managing such patients at the outpatient stage. Indications for hospitalization.
71. Diagnostics, differential diagnostics of tonsillitis, exacerbation of chronic tonsillitis, influenza, acute respiratory viral infections, acute bronchitis, exacerbation of chronic bronchitis, pneumonia. Interpretation of laboratory and instrumental examination data (complete blood count, complete sputum analysis, biochemical tests, ECG, X-ray studies).
72. Principles of outpatient care for influenza, acute respiratory viral infections, acute bronchitis. Modern combination therapy for acute respiratory viral infections. Immunotherapy for acute respiratory viral infections. Etiopathogenetic therapy for acute respiratory viral infections. Non-drug therapy for acute respiratory viral infections. Characteristics of drugs for the prevention of acute respiratory viral infections.
73. Principles of nebulizer, mucolytic (for productive cough) therapy for patients with broncho-obstructive syndrome and acute respiratory viral infections. Indications for the use of antitussives (for dry cough), vasoconstrictor drops and other medications.
74. Complications of influenza, acute respiratory viral infections. Indications for hospitalization of patients with influenza and acute respiratory viral infections.
75. Measures of primary and secondary prevention of this category of diseases. Prevention of complications of ARVI. Criteria for recovery from ARVI.
76. Preventive work of a local therapist, dispensary observation of patients who have had influenza and other ARVI.
77. Laboratory and instrumental studies for early detection of complications of ARVI, influenza.
78. Tactics of treating ARVI in outpatient settings, taking into account specific clinical manifestations, features of the course and treatment of ARVI in the elderly, pregnant women at different stages of pregnancy.

79. Preventive measures for ARVI (organizational, epidemiological, sanitary and hygienic, medical).
80. Examination of disability and rehabilitation in ARVI.
81. Relevance of timely diagnosis and treatment of pneumonia.
82. Epidemiology of pneumonia, pleurisy. Risk factors for pneumonia, pleurisy. Etiology of pneumonia.
83. Diagnostic criteria for inflammatory consolidation syndrome of lung tissue and fluid accumulation syndrome in the pleural cavity
84. Classification of pneumonia and pleurisy.
85. Typical symptoms of pneumonia, pleurisy. Features of the clinical picture of pneumonia and pleurisy depending on the etiology.
86. Complications of acute pneumonia and pleurisy
87. Patient examination plan in accordance with standards and protocols for managing patients with pneumonia.
88. Algorithm for diagnostic search in pleurisy. Early diagnosis of pneumonia and pleurisy.
89. Evaluation of the prognosis of the disease and choice of treatment location using the PORT, CURB-65, CUB-65 scales.
90. Criteria for severe pneumonia, indications for hospitalization. Complications and outcomes of pneumonia, pleurisy.
91. Etiopathogenetic therapy of pneumonia in accordance with standards and protocols for patient management. Empirical approach to antibacterial treatment of pneumonia.
92. Choice of antibacterial therapy in outpatient settings. Treatment of pleurisy depending on the etiology.
93. Criteria for the effectiveness of antibacterial therapy, its duration. Principles of replacing an antibiotic if it is ineffective
94. Physiotherapy and exercise therapy for pneumonia
95. Protracted pneumonia. Criteria. Management tactics.
96. Features of the clinical picture and tactics of management of elderly patients.
97. Dispensary observation and rehabilitation of patients who have had pneumonia
98. Indications for spa treatment.
99. Examination of disability in patients with pneumonia and pleurisy.
100. Prevention of pneumonia and pleurisy.
101. Relevance of the problem. Incidence of COPD, bronchial asthma. Mortality from these diseases.
102. Classification of cough. Main causes of chronic cough.
103. Make an algorithm for examining patients with chronic cough in a polyclinic to verify the diagnosis and form of the disease.
110. Definition, clinical criteria of COPD.
111. Methods of examination in a polyclinic setting necessary for verification of the diagnosis of COPD
112. Algorithm for differential diagnosis of COPD with other diseases accompanied by broncho-obstruction (bronchial asthma, pulmonary tuberculosis, bronchogenic cancer, heart failure)
113. Spirometry classification of COPD
114. Use of questionnaires (mMRC, CAT, CCQ) to assess the severity of symptoms in patients with COPD
115. An integrated approach to assessing the severity of patients with COPD.
116. Principles of formulating the diagnosis of COPD
117. Principles of etiopathogenetic treatment of COPD. Main groups of drugs.
118. Tactics of managing patients with COPD in a stable condition. Selection of therapy in accordance with the clinical group of the patient with COPD (A, B, C, D)
119. Non-drug treatment of patients with COPD
120. Diagnostic criteria for exacerbation of COPD. Principles of choosing antibacterial drugs.
121. Tactics of managing patients with exacerbation of COPD. Indications for hospitalization.
122. Features of providing primary health care to elderly patients with COPD.

123. Primary and secondary prevention of patients with COPD, medical examination, spa treatment
124. Examination of working capacity in patients with COPD
125. Clinical criteria for bronchial asthma
126. Methods of examination in a polyclinic setting necessary for verification of the diagnosis of bronchial asthma.
127. Algorithm for differential diagnosis of asthma with other diseases accompanied by broncho-obstruction (COPD, tracheobronchial dyskinesia, pulmonary tuberculosis, bronchogenic cancer, cardiac asthma)
128. Classification of asthma by level of control, principles of diagnosis formulation.
129. Principles of etiopathogenetic treatment of asthma. Main groups of drugs.
130. Tactics of managing patients with asthma in a stable condition. Principles of step therapy.
131. Non-drug treatment of patients with asthma.
132. Diagnostic criteria and classification of asthma exacerbations.
133. Tactics of managing patients with asthma exacerbation. Criteria for treatment effectiveness.
134. Indications for hospitalization.
135. Primary and secondary prevention of patients with bronchial asthma, medical examination, spa treatment
136. Examination of working capacity in patients with bronchial asthma
137. Emergency care for asthmatic status, pneumothorax, anaphylactic shock.
138. Abdominal pain syndrome and dyspeptic syndrome.
139. Causes of abdominal pain: inflammatory, functional, obstructive, hemodynamic disorders, their main distinguishing features.
140. Contents of the concepts of gastric, intestinal and pancreatic dyspepsia. The role of disorders of the secretory and motor functions of the stomach, intestines and pancreas in the occurrence of dyspeptic disorders.
141. Diseases manifested by diarrhea, constipation, flatulence and abdominal pain or a combination thereof. Differential diagnosis of the main diseases. Research methods in the presence of dyspeptic disorders and abdominal pain: clinical, laboratory, radiological, endoscopic, ultrasound, cytomorphological. Differential diagnosis of acute gastritis, enteritis and colitis.
142. Viral infections occurring with diarrhea syndrome. Intestinal and foodborne toxic infections in the practice of a general practitioner. Differential diagnosis, examination methods and sanitary and epidemiological measures. Indications for hospitalization. Outpatient treatment. Disability assessment.
143. Functional disorders: functional non-ulcer dyspepsia syndrome and irritable bowel syndrome. Etiological factors. Main clinical symptoms.
156. Differential diagnostic examination plan to exclude organic lesions of the gastrointestinal tract and chronic inflammatory bowel diseases. Drug and non-drug therapy.
144. Indications and contraindications for spa treatment.
145. Acid-dependent organic diseases. Clinical forms (gastroesophageal reflux disease (GERD), peptic ulcers of the stomach and duodenum, associated and not associated with *Helicobacter pylori*, symptomatic gastropathy). Etiological factors. Main clinical symptoms.
146. Treatment of peptic ulcer, chronic gastritis associated with *H.pylori*, chronic autoimmune gastritis during an exacerbation in a day hospital setting. Drug and non-drug therapy. Indications for hospitalization.
147. Tactics of a polyclinic therapist in case of complications of gastric ulcer and duodenal ulcer (bleeding, pyloric stenosis, penetration). Eradication therapy and secondary prevention.
148. Indications and contraindications for spa treatment. Dispensary observation.
149. Disability examination, duration of temporary disability. Criteria for restoration of working capacity and indications for conducting a medical and social examination. Rational employment.
150. Chronic pancreatitis. Main clinical manifestations during remission and exacerbation.
151. Methods of examination of patients with chronic pancreatitis.

152. Treatment of patients with chronic pancreatitis during remission and exacerbation. Diet, drug and non-drug therapy. Indications for hospitalization.
 153. Examination of temporary disability, its duration. Labor forecast, rational employment of patients with chronic pancreatitis.
 154. Dispensary observation. Prevention. Indications and contraindications for spa treatment of patients with chronic pancreatitis.
 155. Definition of anemic syndrome.
 156. Etiology, classification, pathogenesis of IDA.
 157. Clinical presentation of IDA.
 158. Laboratory characteristics of anemic syndrome. Diagnostic criteria for IDA. Program for differential diagnostic examination of patients with anemic syndrome
 159. Treatment of IDA in outpatient settings. Main drugs and their mechanism of action. Prevention of relapses of IDA.
 160. Criteria for the effectiveness of treatment with iron-containing drugs.
 161. Methodology for prescribing oral iron-containing drugs.
 162. Side effects of iron-containing drugs.
 163. Indications for parenteral administration of iron preparations.
 164. Differential diagnostics of anemias in a polyclinic setting.
 165. Indications for hospitalization of patients with anemia.
 166. Examination of the working capacity of patients with anemia.
 167. Dispensary observation of patients with anemia.
 168. Etiology and pathogenesis of B12-deficiency anemia.
 169. Clinical presentation of B12-deficiency anemia.
 170. Diagnostic criteria for B12-deficiency anemia.
 171. Treatment of B12-deficiency anemia.
 172. Criteria for the effectiveness of treatment of B12-deficiency anemia.
 173. Features of management of elderly patients.
 174. Features of management of pregnant women with anemia.
 175. Nutritional features of patients with iron deficiency anemia (IDA).
 176. Indications for hospitalization of patients with anemia syndrome. Indications for blood transfusion.
 177. Procedure for the provision and approved standards of treatment of patients at the outpatient stage.
- Regulatory documents.

11th Semester

Typical tasks for the test

Problem solving

Identification of the main symptoms and syndromes based on clinical and paraclinical examination results.

Definition of a diagnostic hypothesis in the form of a presumptive diagnosis.

1. Differential diagnosis.
2. Formulation of a clinical diagnosis:
 - underlying disease;
 - complications of underlying disease;
 - comorbidities;
 - complications of associated diseases;
 - functional state.

Plan of additional laboratory and instrumental examination methods.
Tactics of emergency and planned treatment measures: medicinal and non-medicinal.
Plan for dispensary observation of the patient.
Forecast

PROBLEM #1

Patient S., 26, a turner, complains of intense cutting pain in the epigastrium radiating to the back. The pain occurs at 5 a.m., subsides after breakfast, but intensifies again after 2-2.5 hours. Vomiting of liquid gastric contents on an empty stomach is often observed, followed by a feeling of "soreness" on the teeth. He has been ill for 2 years. He was examined twice, treated in the gastroenterology department with a short-term improvement in his condition for 5-8 months.

History of infectious hepatitis at the age of 4, often suffers from acute respiratory viral infections. Father suffers from chronic gastritis.

Objectively: the condition is satisfactory. Height 176 cm, body weight 58 kg. The skin is moist, cold. Superficial soreness of the skin to the left of the I-III lumbar vertebrae. From the lungs and heart - data without peculiarities. The tongue is red, the sclera is subicteric. The abdomen is tense in the epigastrium under the xiphoid process, local tenderness is also determined here, Mendel's symptom is positive. The sections of the large intestine are painless. The edge of the liver protrudes by 2 cm, is slightly compacted, painless. Chauffard's zone is insensitive. The spleen is not enlarged.

Typical questions for the credit

1. What tests are recommended for an objective analysis of the condition of a woman planning a pregnancy.
2. What is pregnancy. What trimesters are distinguished during pregnancy. The concept of "term" of pregnancy.
3. Physiological changes in the body of a pregnant woman. Features characteristic of each system of the body.
4. Possible complaints during a normal pregnancy and their correction.
5. Diseases in which the onset of pregnancy is traditionally undesirable.
6. Basic conditions for maintaining pregnancy.
7. What determines the choice of drug therapy during pregnancy. Mechanisms of influence of drugs on the fetus.
8. How many critical periods of intrauterine development are distinguished. What are they.
9. Classification of the risk category of drugs. How many groups of drugs are distinguished. List the drugs included in each group.
10. The most common somatic pathology during pregnancy.
11. List the diseases included in the high-risk group for the development of intrauterine infection in pregnant women.
12. Influenza. Features of management and treatment of pregnant women.
13. Drugs acceptable and unacceptable in drug therapy of influenza in pregnant patients.
14. Prevention of influenza in pregnant women and in women planning their pregnancy.
15. Acute bronchitis. Chronic bronchitis. Features of management and treatment of pregnant women.
16. Drugs acceptable and unacceptable in drug therapy of acute and chronic bronchitis in pregnant patients.
17. Pneumonia during pregnancy. Features of therapy by trimester of pregnancy.
18. Bronchial asthma in pregnant women. Possible treatment regimens and relief of attacks.
19. Critical periods of pregnancy for exacerbation of CVD.

20. Hypertensive conditions that occur during pregnancy.
21. Features of management, treatment of pregnant women with arterial hypertension in a polyclinic setting.
22. In which case is treatment with antihypertensive drugs recommended.
23. Gestational hypertension. Features of management. Risk factors for fetal development. Management of pregnant women with preeclampsia in a polyclinic setting.
24. Arterial hypotension. Features of therapy in pregnant patients.
25. The main tasks of a polyclinic therapist when examining pregnant women with heart defects.
26. Management of pregnant women with various heart defects. The issue of maintaining pregnancy with heart defects. Recommendations for pregnant women with heart defects.
27. Cardiovascular diseases in which pregnancy is not indicated, and an existing pregnancy should be terminated early.
28. Varicose veins. Features of the management and treatment of pregnant women.
29. Gestational pyelonephritis and the causes that contribute to its occurrence. The most common times for detecting pyelonephritis during pregnancy.
30. Programs for managing patients with gestational pyelonephritis and asymptomatic bacteriuria.
30. Features of drug therapy for gestational pyelonephritis in pregnant women, taking into account trimesters.
32. Diabetes mellitus during pregnancy. The effect of diabetes on the mother and fetus. Indications for hospitalization and termination of pregnancy. Tactics of managing pregnant women with diabetes in a polyclinic setting.
33. Hyperthyroidism. Program for managing and treating pregnant women.
34. Hypothyroidism. Program for managing and treating pregnant women.
35. Iron deficiency anemia. Iron consumption during pregnancy. Impact of IDA on pregnancy. Treatment and prevention of IDA in pregnant women.
36. Gastritis. PUD and DU. Features of management and therapy depending on the acidity state.
37. Headache in pregnant women. Predisposing factors. General principles of treatment and recommendations for these patients.
38. Etiological factors, main pathogenetic mechanisms of diarrhea.
39. Differential diagnostics of large and small intestinal diarrhea.
40. Algorithm for differential diagnostics in acute and chronic diarrhea.
41. Possibilities of laboratory and instrumental diagnostic methods: (X-ray contrast examination of the intestine, stool examination, enzymes, endoscopic methods, intestinal mucosal biopsy).
42. Syndrome of gastric, intestinal dyspepsia. Diagnostics, differential diagnostics of dyspepsia in various gastrointestinal diseases.
43. Clinic of Crohn's disease, nonspecific ulcerative colitis (NUC). Principles of differential diagnostics of inflammatory bowel diseases with tumors of the gastrointestinal tract, non-ulcer enterocolitis, mono- and disaccharidase deficiency, celiac disease, infectious diseases, functional disorders.
44. Methods of examination for diagnosis of Crohn's disease, UC. Methods and ways of monitoring the course of the disease.
45. Principles of drug treatment of Crohn's disease, UC. Indications for hospitalization. Examination of temporary disability, its duration. Labor prognosis, rational employment. Dispensary observation. Prevention. Indications and contraindications for spa treatment.
46. Selection of rational programs and regimens of drug therapy for chronic diarrhea syndrome.
47. Etiology, pathogenesis of symptoms of malabsorption syndrome. Principles of diet construction, basics of treatment of patients with malabsorption syndrome.

48. Irritable bowel syndrome. Etiology, pathogenesis. Clinic. Diagnosis of irritable bowel syndrome, differential diagnosis with other diseases manifested by constipation (dilation of the colon, syndrome of overstretched colon, colon tumors, diverticulosis, diseases of the distal colon). Outpatient treatment. Dispensary examination. Indications for hospitalization. Clinical examination. EVN.
49. Intestinal dysbacteriosis. Etiology, pathogenesis. Clinic. Diagnostics. Differential diagnostics. Outpatient treatment. EVN.
50. Differential treatment of functional diseases of the gastrointestinal tract (GIT) during exacerbation and remission
51. 13. Chronic inflammatory bowel diseases. Chronic enteritis. Etiology, pathogenesis. Clinic. Diagnostics. Differential diagnostics. Outpatient treatment. Indications for hospitalization. Clinical examination. EVN. Indications and contraindications for spa treatment.
52. 14. Chronic inflammatory bowel diseases. Chronic colitis. Etiology, pathogenesis. Clinic. Diagnostics. Differential diagnostics. Outpatient treatment. Indications for hospitalization. Clinical examination. EVN. Indications and contraindications for spa treatment.
53. Outpatient tactics for managing patients with hepatobiliary tract diseases. Biliary dyskinesia Clinical picture of hyper- and hypokinetic biliary dyskinesia, the importance of laboratory and instrumental data in
54. diagnosing different forms.
55. Differentiated treatment of dyskinesia. Working capacity. Prevention.
56. Chronic acalculous cholecystitis Clinical symptoms of mild, moderate and severe chronic cholecystitis. Examination methods used to confirm the disease. Diet therapy. Drug and non-drug treatment methods. Spa treatment. Working capacity examination. Prevention. Dispensary observation.
57. Gallstone disease. Calculous cholecystitis. Prevention methods. The concept of pre-calculus conditions - dyskinesia. Methods for preventing the development and treatment of "pre-calculus conditions". Indications for consultation with a surgeon.
58. Acute and chronic hepatitis. Symptomatology, classification by course and etiologic sign. Diagnostic methods and tactics for managing patients with hepatitis. Differential diagnostics. Indications for hospitalization.
59. Outpatient treatment taking into account the etiologic factor. Efficiency criteria. Prevention of chronic hepatitis progression. The concept of "hepatotoxicity" of drugs when choosing therapy for comorbid conditions.
60. Disability assessment. Rehabilitation and medical examination of patients with chronic hepatitis. Indications and contraindications for spa treatment.
61. Name the causes of PHES.
62. The main clinical manifestations of PHES.
63. List the methods used in examining a patient with PHES.
64. Modern approaches to the treatment of PHES. Medical examination, rehabilitation. Sanatorium and resort treatment
65. Functional anatomy of the kidneys, structure of the nephron
66. Ultrastructural anatomy of the glomeruli of the kidneys
67. Physiology of glomerular filtration and its disorders. Determination of the glomerular filtration rate in clinical practice - clearance and calculation methods, their accuracy and applicability in the clinic. Glomerular filtration rate as an integrated indicator of renal function, normal and decreased SCF
68. Impaired renal tubular function, consequences of impaired reabsorption in various parts
69. Normal components of general urine analysis
70. Proteinuria and albuminuria, physiological norms, mechanisms of excess proteinuria and albuminuria
71. Pathological components of urinary sediment: cylindruria, hematuria, leukocyturia, crystalluria, bacteriuria
72. Differential diagnosis of isolated macro- and microhematuria

73. Differential diagnosis of leukocyturia and bacteriuria
74. The role of cylindruria in the differential diagnosis of kidney diseases
75. Definition of nephritic syndrome, diseases leading to nephritic syndrome.
76. Definition of nephrotic syndrome, diseases causing nephrotic syndrome.
77. Definition of urinary syndrome. What diseases does it occur with?
78. Differential diagnosis in a patient with a combination of nephritic and nephrotic syndrome elements
79. The role of immunological markers (autoantibodies, complement components, immune complexes) in the diagnosis and differential diagnosis of primary and secondary glomerulopathies
80. The role of kidney biopsy in the diagnosis and differential diagnosis of primary and secondary glomerulopathies
81. Acute kidney injury (acute renal failure) - classification, levels of development, diagnosis and differential diagnosis
82. Clinical picture and causes of renal colic
83. Principles of emergency care for renal colic at the outpatient stage and indications for hospitalization
84. Differential diagnosis of nephropathies in which the leading factor in the urinary syndrome is leukocyturia (pyelonephritis with urinary tract infection, with tubulointerstitial nephritis).
85. Acute pyelonephritis. Concept. Causes. Diagnostics. Treatment tactics. Indications for surgical treatment.
86. Chronic pyelonephritis: etiology, preventive measures in outpatient practice, classification, diagnostic criteria, clinical picture, features of the course and possible complications of the disease occurring in a typical form in different age groups, diagnostic capabilities of patient examination methods in outpatient settings, protocols and standards for diagnosis and treatment in primary health care, dispensary observation, rehabilitation.
87. Pyelonephritis in pregnant women and in the postpartum period. Causes. Features of the course and diagnosis of pyelonephritis in pregnant women, treatment, prevention.
88. Modern drugs for the treatment of urinary tract infections at the outpatient stage, monitoring of effectiveness.
89. Features of the management of elderly patients.
90. The concept of chronic kidney disease.
91. Chronic glomerulonephritis: etiology, preventive measures in outpatient practice, classification, diagnostic criteria, clinical picture, features of the course and possible complications of the disease, occurring in a typical form in different age groups, diagnostic capabilities of the methods of examining the patient in outpatient settings.
92. The procedure for providing and approved standards for the treatment of patients at the outpatient stage. Regulatory documents.
93. Dispensary observation of patients with chronic kidney disease.
94. Rehabilitation of patients with chronic disease.

12th term

Typical tasks for the test

Problem solving

Identification of the main symptoms and syndromes based on clinical and paraclinical examination results.

Determination of the diagnostic hypothesis in the form of a presumptive diagnosis.

Differential diagnosis.

Formulation of a clinical diagnosis:

underlying disease;

complications of the underlying disease;

concomitant diseases;
complications of concomitant diseases;
functional state.

Plan of additional laboratory and instrumental examination methods.
Tactics of emergency and planned treatment measures: drug and non-drug.
Plan of dispensary observation of the patient.
Prognosis

PROBLEM #1

A woman in labor M., 35 years old, a cook, developed severe chest pain during her first birth, severe dyspnea of a mixed nature, and lost consciousness.

Objectively: the general condition is severe, consciousness is absent, there is blue-purple cyanosis of the upper body. Breathing is shallow, up to 50 per 1 minute. On auscultation, breathing in the right half of the chest is sharply weakened, isolated dry wheezing, in the lower sections - silent fine bubbling rales. The jugular veins are swollen, the pulse is threadlike 100 per 1 minute. BP - 90/40 mm Hg. Heart sounds are muffled, splitting of the second tone over the pulmonary artery. The abdomen is enlarged, palpation is not available.

Task for the problem

1. Establish a preliminary diagnosis.
2. Make a plan for additional examination.
3. Conduct differential diagnostics.
4. Determine the treatment tactics.

Results of additional examination

Blood test: red. — $4.5 \times 10^{12}/l$, Hb — 135 g/l, ESR — 15 mm/hour, leukocytes — $9.5 \times 10^{12}/l$, p — 2%, s — 65%, e — 2%, m — 10%, l — 21%, protein — 80 g/l, albumins — 42%, alpha-1 — 8%, alpha-2 — 12%, beta — 18%, gamma — 20%, PTI — 105%, clotting time — 4 min., LDH — 4.2 $\mu\text{mol/h/l}$, LDH-1 — 25%, LDH-2 — 26%, LDH-3 — 30%, LDH-4 — 8%, LDH-5 — 11%. 1. Urinalysis: straw-yellow, acidic reaction, specific gravity - 1016, leukocytes - 1-2 in the field of view, epithelial cells - 1-2 in the field of view.

2. ECG - attached.
3. Chest X-ray - attached.

PROBLEM #2

Patient G., 27 years old, is on maternity leave. She was admitted to the hospital with complaints of edema (especially on the face), increased blood pressure to 180/100 mm Hg, the appearance of red urine, pain in the small joints of the hands, ankles, swelling of the above-mentioned joints, malaise, weakness, fever up to febrile numbers, dry cough, shortness of breath, blush on the cheeks.

History of the disease: Acute illness, 3 weeks ago, when the above complaints appeared. Self-treated with aspirin, with improvement.

This is the third pregnancy, 36 weeks. The first two pregnancies ended in miscarriages.

Objectively: the condition is moderate. There is erythema of the "butterfly" type on the skin of the face. The peripheral lymph nodes are not enlarged. The joints of the hands and ankles are enlarged in volume. Percussion of the lungs reveals dullness of the percussion sound on the anterior surface from the 4th rib on the right, on the lateral surface to the right of the 4th rib, on the posterior surface from the 6th rib, and weakening of vesicular breathing is also heard there. RR 24 per minute. Heart sounds are rhythmic, HR 98 per minute. BP 185/105 mm Hg. The abdomen is soft, painless in all areas. The percussion symptom is negative on both sides. Additional research methods:

OAK: ESR - 50 mm/hour, er. - $3.0 \cdot 10^{12}/l$, leu. - $2.8 \cdot 10^9/l$, reticulocytes 8%, Tr - $150 \cdot 10^9/l$. RW ++
OAM: urine density - 1030, b - 0.4 g/l, er. - 30 in the field of vision, cyl. - hial.++.

Daily protein loss: 4 g/l.

LE - cells: +.

Biochemical blood test: α_2 - 15%, cholesterol - 7.2 mmol/l, creatinine - 172 $\mu\text{mol/l}$

Task to the problem

1. Establish a preliminary diagnosis.
2. Make a plan for additional examination.
3. Conduct differential diagnostics.
4. Determine the treatment tactics.

12th semester

Typical questions for the exam

1. The main activities of a district general practitioner.
2. The main medical documents. Requirements for filling out an outpatient card.
3. Indications for hospitalization of patients. Continuity in the work of the clinic and hospital. Day hospital. Home hospital.
4. Primary prevention. Risk factors. Medical examination. Secondary prevention.
5. The national project "Health", its implementation. The contingent of special attention.
6. Subsidized drug provision. Rules for writing prescriptions.
7. Organization of examination of working capacity in health care institutions. The procedure for issuing and processing sick leave certificates for illnesses and injuries, for caring for a sick family member.
8. The procedure for referring citizens to medical and social examination. Registration of documentation for referral to the ITU (UF No. 088u-06, certificate of incapacity for work).
9. Rehabilitation of patients and disabled people in a polyclinic. The role of a local doctor in rehabilitation. Rehabilitation potential. Rehabilitation prognosis.
10. Individual rehabilitation program. Medical, professional, social rehabilitation.
11. Acute bronchitis. Clinical treatment, examination of temporary disability. Indications for employment. Primary and secondary prevention.
12. Community-acquired pneumonia. Criteria for the diagnosis of pneumonia (clinical, laboratory, radiological). Classification of pneumonia. Formulation of the diagnosis.
13. Differential diagnostics of pneumonia with acute respiratory viral infections, acute and chronic bronchitis, pulmonary tuberculosis, lung cancer.
14. Community-acquired pneumonia. Indication for hospitalization. Treatment in a polyclinic. The importance of organizing a home hospital.
15. Community-acquired pneumonia. The principle of choosing antibacterial therapy, assessing its effectiveness. Non-drug treatments.
16. Community-acquired pneumonia. Temporary disability, its optimal terms, factors affecting its duration. Recovery and restoration criteria. Employment.
17. Community-acquired pneumonia. Clinical examination. Prevention. SCL.
18. Features of the course and treatment of elderly and senile patients with pneumonia.
19. Broncho-obstructive syndrome. Mechanisms of its occurrence. Clinical signs of broncho-obstructive syndrome.
20. COPD. Definition, risk factors, classification, diagnosis formulation.
21. COPD. Diagnostic criteria, clinical forms (bronchitis, emphysematous).

22. Clinical, laboratory and instrumental methods for diagnosing COPD
23. COPD. Treatment during periods of exacerbation and in stable course.
24. COPD. Early symptoms of respiratory failure, pulmonary hypertension.
25. COPD. Indications for hospitalization.
26. COPD. Temporary disability, criteria for its duration. Indications for employment.
27. COPD. Indications for referral to the Medical and Social Expertise Commission and determination of a disability group.
28. COPD. Primary and secondary prevention. Sanatorium and resort treatment. Clinical examination.
29. Features of managing patients with COPD. elderly and senile age.
30. Bronchial asthma. Risk factors. Criteria for the diagnosis of bronchial asthma. Classification. Examination in a polyclinic to verify the diagnosis and form of the disease.
31. Treatment of bronchial asthma in the interictal period, relief of attacks in a polyclinic. Indications for hospitalization.
32. Bronchial asthma. Temporary disability, its causes in different forms. Criteria for the duration of temporary disability.
33. Bronchial asthma. Employment. Indications for referral to the Medical and Social Expertise. Tactics of a local therapist in case of suspected professional etiology of bronchial asthma.
34. Bronchial asthma. Medical examination. Secondary prevention. Sanatorium and resort treatment. Rehabilitation of patients with bronchial asthma.
35. Features of the management of elderly and senile patients with bronchial asthma.
36. Classification of arterial hypertension. Differential diagnostics in arterial hypertension syndrome (Vasorenal, nephrogenic, endocrine genesis, drug-induced arterial hypertension, vegetative-vascular dystonia, hypertension).
37. Hypertension. Classification. Lifestyle and risk factors. Risk stratification in patients with hypertension.
38. Hypertensive crises. Relief of hypertensive crisis at home and in the clinic. Indications for hospitalization.
39. Hypertension. Treatment. Non-drug treatment (diet, physical activity, weight loss)
40. Hypertension. Drug therapy. Basic principles of drug therapy. Main groups of antihypertensive drugs.
41. Secondary prevention of hypertension. Sanatorium and resort treatment. Medical examination.
42. Hypertension. Temporary disability, its causes and duration criteria depending on the stage. Criteria for restoration of working capacity. Labor prognosis and employment.
43. Hypertension. Indications for referral to the Medical and Social Expertise. Disability criteria of groups I, II, III in hypertension.
44. Features of the course and treatment of hypertension in the elderly.
45. Pain syndrome in the left half of the chest. Heart diseases accompanied by pain, their differential and diagnostic features. Extracardiac causes of chest pain.
46. Classification of ischemic heart disease.
47. Classification of angina pectoris by functional classes
48. Criteria for the diagnosis of coronary heart disease: clinical, instrumental, laboratory.
49. Treatment of coronary heart disease in a polyclinic setting, tactics for stopping angina attacks, treatment in the interictal period.
50. Sanatorium and resort treatment of coronary heart disease, angina pectoris.
51. Indications and contraindications for surgical treatment of angina pectoris.
52. Temporary disability due to angina pectoris, e.g. duration depending on the functional class. Employment. Indications for referral to medical and social examination (MSE).
53. Prevention of coronary heart disease, risk factors for coronary heart disease (non-modifiable, modifiable). Primary prevention of coronary heart disease. Riskometry according to the SCORE project.

54. Clinical examination of patients with coronary heart disease. Secondary prevention (lifestyle changes, impact on risk factors, use of drugs).
55. Early symptoms of myocardial infarction. Atypical forms of myocardial infarction onset.
56. Tactics of a polyclinic general practitioner in case of suspected myocardial infarction. Treatment measures before the arrival of the ambulance team and hospitalization.
57. Tactics for managing a patient with myocardial infarction after discharge from the hospital or rehabilitation department of a cardiology sanatorium.
58. Tasks of rehabilitation of patients with myocardial infarction at the outpatient stage. Types of rehabilitation.
59. Physical rehabilitation of patients with myocardial infarction at the outpatient stage. Rehabilitation methods.
60. Psychological rehabilitation of patients with myocardial infarction at the outpatient stage. Rehabilitation methods.
61. Drug rehabilitation of patients with myocardial infarction at the outpatient stage. 62. Indications for surgical treatment of patients with myocardial infarction.
63. Professional, social rehabilitation of patients with myocardial infarction at the outpatient stage.
64. Temporary disability, i.e. terms for small-focal, large-focal, transmural, uncomplicated, complicated myocardial infarction. Indications for referral to the Medical and Social Expertise.
65. Chronic heart failure (CHF). Definition, classification.
66. Myocarditis. Classification. Diagnostic criteria. Treatment.
67. Cardiomypathies. Classification. Diagnostic criteria. Main symptoms of each pathology variant.
68. Diagnosis of CHF. Differential diagnostics (CHF, CHF).
69. Treatment of chronic heart failure in an outpatient setting (non-drug, drug).
70. Emergency care for cardiac asthma and pulmonary edema
71. CHF. Indications for hospitalization. The role of day hospital and home hospital in treating the patient.
72. CHF. Temporary disability. Indications for employment.
73. CHF. Indications for referral to the Medical and Social Expertise, establishment of disability groups.
74. CHF. Prevention. Rehabilitation measures. Sanatorium and spa treatment.
75. CHF. Features of management and treatment of elderly patients.
76. Joint syndrome, differential diagnostics of inflammatory and non-inflammatory joint diseases.
77. Classification and diagnostic criteria of rheumatoid arthritis.
78. Classification and diagnostic criteria of osteoarthritis.
79. Classification and diagnostic criteria of gout.
80. Treatment of rheumatoid arthritis (non-drug, drug methods). Indications for hospitalization.
81. Rheumatoid arthritis. Examination of temporary and permanent loss of working capacity. Indications for referral to the Medical and Social Expertise.
82. Rheumatoid arthritis. Secondary prevention, medical examination.
83. Rheumatoid arthritis. Sanatorium and spa treatment.
84. Rheumatoid arthritis. Surgical methods of treatment.
85. Treatment of osteoarthritis (non-drug, drug and surgical methods). Indications for hospitalization
86. Osteoarthritis. Temporary disability examination. Indications for referral to the Medical and Social Expertise.
87. Osteoarthritis. Primary and secondary prevention, medical examination. Sanatorium and spa treatment.
88. Features of the management and treatment of elderly patients with osteoarthritis.
89. Abdominal pain syndrome and dyspeptic syndrome. Causes of abdominal pain: functional, inflammatory, obstructive, hemodynamic disorders, their main distinguishing features.
90. Functional dyspepsia. Classification. Diagnostic criteria. Treatment (non-drug, drug methods). Sanatorium and spa treatment.

91. Chronic gastritis. Classification. Diagnostic criteria. Treatment (non-drug, drug methods). Spa treatment.
92. Chronic duodenitis. Classification. Diagnostic criteria. Treatment (non-drug, drug methods). Spa treatment.
93. Diagnosis and treatment of *Helicobacter pylori* in outpatient settings.
94. Peptic ulcer of the stomach and duodenum. Classification. Diagnostic criteria.
95. Treatment of peptic ulcer. Drug and non-drug therapy.
96. Indications for hospitalization for peptic ulcer of the stomach and duodenum. Indications for surgical treatment.
97. Peptic ulcer of the stomach and duodenum. Examination of temporary disability, its causes and duration. Criteria for restoration of working capacity.
98. Gastric ulcer and duodenal ulcer. Indications for employment, referral to the Medical and Social Expertise Commission.
99. Gastric ulcer and duodenal ulcer. Sanatorium and spa treatment. Prevention. Medical examination.
100. Features of the course and treatment of patients with peptic ulcer of elderly and senile age.
101. Clinical presentation and diagnostics of biliary dyskinesia.
102. Differentiated treatment of biliary dyskinesia. Working capacity. Prevention.
103. Clinical presentation and diagnostics of chronic acalculous cholecystitis.
104. Chronic acalculous cholecystitis. Examination of working capacity. Sanatorium and spa treatment.
105. Chronic pancreatitis. Diagnostic criteria. Classification and formulation of the diagnosis. Differential diagnostics.
106. Chronic pancreatitis. Treatment. Non-drug and drug therapy of CP. Indications for hospitalization.
107. Chronic pancreatitis. Examination of temporary working capacity. Indications for referral to the Medical and Social Expertise.
108. Chronic pancreatitis. Clinical examination. Secondary prevention. Sanatorium and spa treatment.
109. Features of the management of elderly patients with chronic pancreatitis.
110. Irritable bowel syndrome. Definition. Etiology, pathogenesis.
111. Irritable bowel syndrome. Diagnostic criteria. Classification. Formulation of diagnosis.
112. Laboratory and instrumental diagnostics of IBS.
113. Irritable bowel syndrome. Differential diagnostics (bowel cancer, inflammatory bowel disease.)
114. Irritable bowel syndrome. Treatment. Non-drug treatment. Drug therapy. Psychotherapy. Therapy of dysbacteriosis.
115. Irritable bowel syndrome. Examination of temporary disability.
116. Irritable bowel syndrome. Prevention, medical examination. Sanatorium and resort treatment.
117. Constipation in the elderly. Causes, clinical picture, diagnostics, treatment.
118. Definition of the term "urinary syndrome". Types of urinary sediment disorders. Differential diagnostics of diseases manifested by proteinuria, hematuria, leukocyturia and bacteriuria.
119. Chronic pyelonephritis. Definition. Classification. Formulation of diagnosis.
120. Chronic pyelonephritis. Diagnostic criteria (clinical, laboratory, instrumental). Differential diagnostics.
121. Chronic pyelonephritis. Outpatient treatment. Indications for hospitalization.
122. Chronic pyelonephritis. Examination of working capacity. Indications for referral to the Medical and Social Expertise.
123. Chronic pyelonephritis. Primary and secondary prevention. Clinical examination. Sanatorium and spa treatment.
124. Acute glomerulonephritis. Classification. Diagnostic criteria. Differential diagnostics.

125. Acute glomerulonephritis. Primary and secondary prevention. Clinical examination.
126. Acute glomerulonephritis. Indications for hospitalization. Treatment after discharge from hospital. Diet. Drug therapy. Sanatorium and spa treatment.
127. Chronic glomerulonephritis. Classification. Diagnostic criteria and clinical forms of chronic glomerulonephritis. Outpatient treatment.
128. Chronic renal failure. Classification. Features of therapy in the development of chronic renal failure. Indications for referral to hemodialysis. Indications for referral to the Medical and Social Expertise.
129. Features of the course and treatment of chronic pyelonephritis and glomerulonephritis in the elderly.
130. Anemic syndrome. Definition. Classification of anemias.
131. Laboratory characteristics of anemic syndrome.
132. Outpatient examination plan for patients with anemic syndrome.
133. Diagnostic criteria for iron deficiency anemia (IDA).
134. Clinical signs of hemosiderosis. Causes of iron deficiency in the body.
135. Treatment of IDA. Monitoring the effectiveness of iron therapy, e. duration.
136. B12-deficiency anemia. Causes of vitamin B12 deficiency. Clinical manifestations of damage to the digestive and nervous systems.
137. B12-deficiency anemia. Changes in hematological parameters. Diagnostic criteria. Course. Prognosis. Treatment. Indications for hospitalization of patients with anemia.
138. Examination of working capacity in patients with anemia. Indications for referral to the Medical and Social Expertise.
139. Clinical examination of patients with anemia. Primary, secondary prevention. Sanatorium and resort treatment.
140. Peculiarities of anemic syndrome in elderly patients