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ЭЛЕКТРОМИОГРАФИЧЕСКОЕ ИССЛЕДОВАНИЕ У ПАЦИЕНТОВ С ДЕФЕКТАМИ НИЖНЕЙ ЧЕЛЮСТИ

ДИАГНОСТИЧЕСКОЕ ПРИМЕНЕНИЕ ДОПЛЕРОГРАФИЧЕСКОЙ ФЛУОМЕТРИИ В МУКО-ГИНГИВАЛЬНОЙ ХИРУРГИИ ПОЛОСТИ РТА

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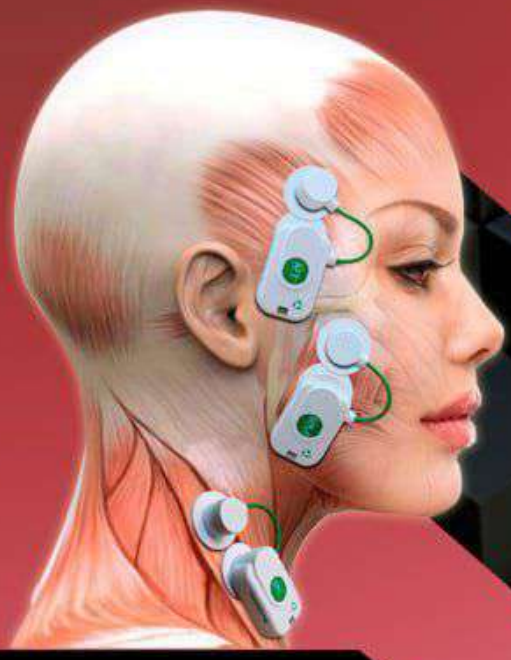

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THE ROLE OF THE NURSE IN THE REHABILITATION PROCESS OF DISABLED CHILDREN

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ABSTRACT

Today, disability is an important medical and social problem in Uzbekistan. In-depth study of the prevalence, causes, and delays of disabilities allows to develop comprehensive measures and measures to solve and reduce these problems. Among the causes of children's disabilities, diseases of the nervous system and sense organs are the first, mental diseases are the second, congenital anomalies are the third. Increasing the effectiveness of measures to ensure social guarantees for children with various developmental disabilities and in need of treatment and rehabilitation, creating an adaptive environment for their education, specialized educational institutions for children with disabilities (schools, boarding schools)) is important to optimize the differentiated branches.

Key words: social protection, nurse, work activity

NOGIRON BOLALARGA REABILITASIYA JARAYONIDA HAMSHIRANING ROLI

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ANNOTASIYA

Bugungi kunda O‘zbekistonda nogironlik muhim tibbiy-ijtimoiy muammo hisoblanadi. Nogironliklarning tarqalganligi, sabablari, kechikishini har tomonlama

chuqur o‘rganish ushbu muammolarni hal qilish, kamaytirish bo‘yicha kompleks chora - tadbirlar ishlab chiqish imkonini beradi. Bolalar nogironliklari sabablari ichida asab tizimi va sezgi azolari kasalliklari - birinchi, ruhiy kasalliklar – ikkinchi, tug‘ma anomaliyalar uchinchi o‘rinni egallaydi. Rivojlanishida turli nuqsonlari bo‘lgan hamda davolanishga va sog‘lomlashtirishga muxtoj bo‘lgan bolalarning ijtimoiy kafolatlarini taminlovchi chora-tadbirlar samaradorligini yanada oshirish, ularning talim-tarbiya olishlari uchun moslashuv muhitini yaratish, imkoniyati cheklangan bolalar uchun ixtisoslashtirilgan talim muassasalari (maktablar, maktab-internatlar)ning differensiyallashgan tarmoqlarini maqbullashtirish muhim ahamiyatga ega.

Kalit so‘zlar: ijtimoiy ximoya, hamshira, ish faoliyati

РОЛЬ МЕДСЕСТЕР В ПРОЦЕССЕ РЕАБИЛИТАЦІИ ДЕТЕЙ ИНВАЛИДОВ

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АННОТАЦИЯ

Сегодня инвалидность является важной медико-социальной проблемой в Узбекистане. Углубленное изучение распространенности, причин и задержек инвалидности позволяет разработать комплексные мероприятия и мероприятия по решению и уменьшению этих проблем. Среди причин детской инвалидности на первом месте стоят болезни нервной системы и органов чувств, на втором - психические заболевания, на третьем - врожденные аномалии. Важное значение для оптимизации дифференцированные ветви.

Ключевые слова: социальная защита, медсестра, трудовая деятельность.

Materials and methods. In the research, boarding house for disabled children (№2) and 40 nurses working there were selected. Mathematical, statistical, sociological (questionnaire) verification methods, methods of testing nurses' knowledge using the test method are used in the research. disability is a serious disease that affects family members in economic, social, emotional, behavioral and cognitive aspects. The prevalence of disability varies from country to country. In the United States, between 2.5% and 3% of children have mental disability, the same figure in the UK was 2% in children aged 7 to 14 years. In Turkey, the share of children with mental disabilities among persons with disabilities was as high as 29.2% [9].

Today, disability is an important medical and social problem in Uzbekistan. A comprehensive in - depth study of the prevalence, causes, delay of disabilities makes it possible to solve these problems, develop comprehensive measures to reduce them. Among the causes of children's disabilities are diseases of the nervous system and sensory organs - the first, mental disorders – the second, congenital anomalies occupy the third place [2,11].

To further increase the effectiveness of measures that provide social guarantees for children with various developmental disabilities and who are in need of treatment and recovery, to create an adaptation environment for their training, to optimize

differentiated networks of specialized educational institutions (schools, boarding schools)for children with disabilities [8,10].

According to the classification of the World Health Organization, it is divided into diseases, emotional disorders and behavioral disorders that began in childhood [12].

Intellectual deficiency is characterized by persistent disorders of all mental activity in general, as well as its uneven changes. Some mental processes are not clearly developed, while others are relatively intact. The primary defect of intellectual disability causes the occurrence of secondary and tertiary deviations in development [12,14].

The least protected and clearly problematic in legal and social relations in terms of the success of social integration are those in this category - intellectually disabled people [9].

Usually the reasons for the disability of children and the age-gender structures of disability are assessed. At the same time, in children with limited capabilities, in addition to the main disease that has become the cause of disability, often accompanied diseases of an acute or chronic nature occur, which negatively affect the quality of life of children, their physical and mental state. In organized communities (specialized boarding schools), the frequent occurrence of such diseases depends on the conditions of upbringing and education of children, as well as on the quality of their medical services [1].

Physical and mental development is recognized as one of the informative features of the state of health of the child, as well as one of the conditions of socio-hygienic living conditions, upbringing and education of children [4,7].

For children to grow, develop, play and learn normally, they need a safe and stable environment. There is a high risk of social isolation, neglect and violence against children with intellectual disabilities [3,12].

The legislation gives mentally retarded children the right to free trial and appropriate individual education and training within the framework of the school system from three to 18 years old. For children under three years of age, many countries have developed early intervention programs that begin to evaluate, recommend and initiate treatment. programs. Many day schools help teach mentally retarded children basic skills such as independent swimming and self-nutrition. Extracurricular activities and social programs are also important to help mentally retarded children and adolescents have self-esteem [11,16].

A study by an experimental group of children with intellectual disabilities showed that the need for communication was not formed in Time(100 %). Many children did not respond to their names; they behaved incorrectly (63 %); they did not form ways to assimilate social experience they did not act according to the gesture (75%), they do not have enough movement with toys (90 %)[12,13,14,].

Modern research shows that the number of children with partial developmental disabilities is increasing. If in the studies (mentally retarded) data were given about 5-15% of children. It should be noted that various endogenous exogenous factors affecting the constant growth of this category of children should be taken into account by medical personnel[16].

Current social policies and health policies encourage mentally retarded people to be kept in informal group homes rather than in their own homes or institutions. The nurse reveals not only personal reactions, but also changes in the mental state of people with disabilities. Often, in connection with the entry of disabled people into a psychoneurological boarding school, an exacerbation of the main disease, an exacerbation of hallucinatory races, delusions, the appearance of depression. The task of the nurse, who directly monitors the condition of the child, is to identify changes in their condition and notify this doctor. Medical measures taken by a doctor can help normalize the condition [5,12].

Families of disabled children often use the internet to inform them about their legal rights, treatments and services available to their families [4,6].

Carrying out such child support both at home and in an institution for orphans and children left without parental care requires significant resources and special knowledge[14].

The main task of the nurse is the medical rehabilitation of persons with disabilities, which drug to give (on the recommendation of a doctor) treatment, medical injections, bandages and emergency medical care, pharmacological therapy, organization of Health and rehabilitation: physiotherapy, hydrotherapy, massage, physical therapy, prevention (prevention of infectious and socially significant diseases [17].

According to the analysis of individual maps of children, the dynamics of morbidity of the same amount can be observed, taking into account their place of residence, gender and age. In the development of materials on children's diseases, a list of classes and the name of diseases was used in accordance with ICD-10. After statistical processing of a number of indicators, at this stage of the study, we were able to give an in-depth description of the incidence of children in individual schools, during the years of observation, depending on the gender and age of children. [16].

The literature provides various recommendations on the Prevention of disability and the early detection and care of disability. It is recommended that prospective parents want to have children under the age of 30; prevent complications of pregnancy and childbirth; the initial stage of mental illness is not clear in terms of symptoms, so any initial illnesses should be actively diagnosed and treated at an early stage to prevent them; To prevent the disability of minors, not only diagnosis and timely treatment of the underlying disease, but also the prevention and treatment of somatic, neurological disorders, mixed mental disorders, create special conditions for training and education[15].

The prevalence and nosological structure of childhood disability is dependent on the age of the child and has its own regional characteristics. In this regard, measures to reduce the disability of children and rehabilitation programs should be of a regional nature. The causes of childhood disability are studied in all countries of the world[6].

Depending on the time available to the specialist, different scales and techniques can be used. An important component of socialization for patients with mental retardation is correctional training, the formation of independent life skills to ensure the possibility of independent living in adulthood [15,17].

In conclusion, nursing care in children with disabilities is mainly aimed at rehabilitation, they carry out procedures on the recommendation of a doctor, thereby ensuring the optimization of the therapeutic and psychoprophylactic process of mentally retarded children and, of course, increasing their quality of life.

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СОВЕРШЕНСТВОВАНИЕ ПОСЛЕДИПЛОМНОГО ОБУЧЕНИЯ СРЕДНИХ МЕДИЦИНСКИХ РАБОТНИКОВ