expressed postanesthetic sleep was not observed. In addition, the phenomena of amnesia and cognitive impairment were not observed.

Conclusion. Safety of outpatient anesthesia depends on the quality of the technical and medical components of general anesthesia and the anesthetic readiness of the group to possible complications of general anesthesia – hypotension and respiratory depression.

Summary: the objective of this study was to analyze 260 anesthetic cares when transvaginal paracentesis of ovary. Advantages of general anesthesia with propofol (provive, India) were revealed as the most safe anesthetic at transvaginal paracentesis of ovary.

Key words: general anesthesia, propofol, transvaginal paracentesis of ovary.

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PRECLINICAI TECHNOLOGY FOR DOCTORS BY SPECIALITY ANESTHESIOLOGY-CRITICAL CARE MEDICINE

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Abstract Safety of the practice of a physician anesthesiologist-resuscitator is based on his training in the simulation center on the development of manipulative actions on the simulators of the latest generation with complete anatomical and physiological match to a living organism. It allows you to minimize the likelihood of iatrogenic complications for patients in critical condition.

Key words: anesthesiology-critical care medicine, simulation technology, reduction of iatrogenia.

Introduction. Modern physician anesthesiologist is not the one who conducts anesthesia during surgery, and those who "prosthetic" any vital function (respiration, circulation, homeostasis). And this is due to manipulative actions of the doctor. Their development is highly iatrogenic and, fortunately, that there are techniques that help to do these manipulations with minimal risk to patients. Skills in the structure of clinical experience to date is considered the basis for the qualifying characteristics of the doctor. In other words, professional qualifications of anesthesiologist-resuscitator of course implies that the consistency manipulation. Methods of teaching adopted in various institutions of post-diploma training of physicians, may differ from one another with regard to obtaining specialist skills. For the most part these differences relate to the elements of time methodical guidelines for using of simulation methods of training and various equipment of the educational institutions.

Material and methods. The appearance at the University last generation simulators robots within the simulation-equip created attestation center changes the whole system of training practitioner Anesthetist. For a simulation of the robot in some clinical scenarios, you need to write your story. In our opinion, if the briefing did not specify the anatomical and physiological features of the simulation of the robot, the students can then feel more confident in the treatment of a robot than a live patient. It is worth noting that technical progress will most likely allow you to create close to the original model of the simulator without noticeable sketchy in the manifestations of life with the perfect software. This can happen in the coming years, provided the demand of simulation teaching methods in medicine. Up to now the development of simulation models applicable in anesthesiology and critical care medicine, was developed in a conservative way. For almost four decades schematic mannequins certainly and successfully used and are used at all stages of training of specialists of different specialties, indicating the adequacy of their technological level the nature of use. In our Department, located in the departmental structure of the institution of postgraduate training of physicians, has always paid special attention to training of specialists in the treatment of critical conditions and equipment of the educational process. So, mannequins for resuscitation training firms "Ambu" and "Laerdal", used at the Department since the early 80's, and only now there were multi-robot simulators Gaumard company. The emergence of such robots with appropriate control shell can rightfully be described as an event of innovation, requires adequate correction of training programs.

To determine where simulation techniques in the structure of the renewed primary mastering manipulative skills, we found it necessary to determine the phasing of training, and then, with the equipment of each

stage. Traditionally in our profession the mastery of manual techniques consists of the 1st pre-clinical and 2 clinical stages. At the 1st stage, the student fulfills the necessary skills on phantoms and dummies 1st and 2nd level and postmortem material. At the 2nd stage, learners acquire the skills of professional activity in typical hospitals. Between the stages of succession is not smooth due to key differences in the objects of study. So, mannequins 1st and 2nd level do not have a complete anatomical and physiological compliance of a living organism and can not be used in a clinical scenario, and training section material has besides, deontological and organizational constraints. In addition, from such facilities is impossible to achieve a physiological response to the treatment. These deficiencies deprived of a clinical practicum, but when working with real patients increases dramatically the cost of possible erroneous actions of the learner and the learning process itself becomes situational when the curriculum is not determined by the training plan, as currently available pathology.

This feature of the training of doctors, first of all, Anesthetist, served as the basis for the development of robotic simulation systems, the historical roots of which go to the beginning of the 50s. Simulations in medicine, especially manipulative. We used the program of postgraduate training of doctors Anesthetist involves passing simulation courses, the main purpose of which is the formation of persistent general medical general medical and specialized skills and competencies.

Results of the study. Thus preclinical training has become more routine, which made it possible in the first months of training to enter into the program of the 1st phase of training with the inclusion of clinical scenarios that used to be technically feasible and is traditionally correlated with the clinical stage of training. Clinical scenarios in the shell program of robotic simulators give these systems the properties that distinguish them from previous generations schematic mannequins. Meet our teachers with a variety of electronic devices and software platforms allows the vast majority of students to accept and consider symptomatic mechanism inherent in even the best modern simulators. And yet, abstracting from quasitopological the nature of the reactions of the robot, it is possible to get at least a simplified but reasoned feedback to the trainees ' actions. Currently, a variety of clinical scenarios is enough for primary training doctors. We would like to update farmlibrary in the foreseeable future or were aligned with national standards of treatment, or end user have been granted more edit list applied medicine that will make robot simulators an important element of the certification training of qualified specialists.

Hardware expansion allows for full CPR on any clinical scenario of using "real" machines and mechanical ventilation and elektorokardiodefibrillyation. For testing individual skills in the training of anesthesiologists in our simulation-testing center you can use segment dummies. So, for testing elektorokardiodefibrillyation and puncture with Central venous catheterization exist torso-mannequins, and for training in epidural and spinal anesthesia purchased models of the lumbar spine. A variety of equipment urgent cluster training equipment in our simulation certification allows training in various established programs. Basically, it is the postgraduate training of doctors in anesthesiology and intensive care, but there is a possibility of training together with doctors of related specialties, and average medical personnel and paramedics. The curricula of doctors of other specialties was based on the most common occupational risks and are often formed on the basis of scenarios of cardiopulmonary resuscitation. Training session can take place on individual, team or group Protocol.

According to the established procedure passes the briefing and the debriefing, the appropriateness of which we had to make sure their experience. So, in groups of students residents 1-year reduction in the debriefing in favor of practical exercises to worsening of test results. In the training of doctors with considerable experience of practical work debriefing group discussion of errors of each expert on the material of the video recording of the workshop significantly reduced motivation for learning as a result of the exchange of views. The method of debriefing should be adapted to the categories of students.

Conclusion. Thus, a physician anesthesiologist specialist critical state of the sick person, taking the maximum responsibility for the fact that in difficult situations to maintain vital functions with minimal iatrogenic risk, which is not possible without mining manipulative actions on the latest generation of simulators with full anatomical physiological correspondence to a living organism. This will make the transition between preclinical and clinical stages of training anesthesiologist's smooth continuity and safe for patients.

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NEW APPROACHES TO THE REHABILITATION OF OFTEN AILING CHILDREN

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Ailing children – a special group of dispensary observation, which requires special attention and approach of the pediatrician, a group of children who, in the future, very quickly implement a chronic pathology as a rule, to there is already a genetic predisposition. Socio-economic instability in society, a change in the ordinary routine of life, changing value orientations contribute to the deterioration of family functioning and it is reflected in the number of children and occurrence of chronic diseases at an earlier age.

Unstable psychological climate in the family is the cause of many problems, including those related to the impairment of interaction adult-child.

Among these children is much more frequently chronic diseases of ENT-organs, respiratory system, vegetative-vascular dystonia, diseases of the gastrointestinal tract etc. in frequently ill children identified the lack of reserve opportunities of an organism, the intensity of the processes of the immune response that complicates the course of inflammatory process and making the necessary timely rehabilitation. FIC is often the early and preschool and younger school age. Assessment of the adaptation period usually is performed by the functional status of various systems using the General adaptation syndrome. At the same time, it is believed that display properties that reflect the character of nonspecific adaptation processes, protective and adaptive activity of the whole organism, has a WBC.

The aim of this work was to study the health of children of preschool age in the period of adaptation to preschool educational institutions and correction of violations.

Materials and methods. A comprehensive examination of children with frequent respiratory pathology, visiting preschool educational institution № 14 in the city of Blagoveshchensk (n=82),. In the dynamics of the state of children's health, laboratory data analysis, psychological testing of children and parents (mom) to determine the level of anxiety and the nature of family education. Statistical processing of the obtained data was carried out using "STATISTICA 6.0".

The results and discussion. When examining groups of children with frequent respiratory morbidity, marked psycho-emotional features, neurological reactions (irritability, tearfulness, phobias, anxiety, worry, anger, and other signs of regressive behavior), indicating adaptation. The duration of neurotic reactions was prolonged for several months, which hindered the adaptation to child care. More than 2/3 of children showed longer adaptation period (more than 6 months).. In the structure of complaints in children, this group was dominated by autonomic manifestations: headaches, irritability, cardialgia, fatigue, memory loss, obsessive sighs, reduced interest in learning. Of psycho-emotional features noted high proportion of children with severe personal and reactive anxiety.

The low level of reactivity indicates a violation in the activities of the neuro-immune-endocrine complex of the body, in the period of adaptation to preschool institution. Was identified a direct correlation between low reactivity and the frequency of exacerbations of chronic diseases, between stress at home, in preschools and frequency of respiratory diseases.

One of the factors that significantly affect the health of children, is the increased anxiety of the parents. Anxiety is among the most common the treatment of parents to a psychologist, while in recent years the number of such requests has increased substantially. But, unfortunately, parents rarely associate the anxiety and health status of the child. And the problem of occurrence of psychosomatic diseases directly related to high, not adequate level of anxiety. Among the many causes of child anxiety one of the main violations of the parental relation to the child, which lead to permanent psychological trauma of children. Mom, as a very important man in my life, unwittingly, creates sometimes a lot of prerequisites for the development of anxiety and fears in children.

Many pediatricians and psychologists have noted that certain personality traits of the mother (anxiety, neurotic) can cause serious irregularities in the mental development of the child. Inadequate, ambiguous attitude to the child by the mother, these authors largely associated with the personal characteristics of the mothers than with the child's illness. The surveyed mothers frequently ill preschoolers 4-6,5 years (n=65), marked by high trait anxiety (78%), which reflects the inner conflicts and tensions of the mother. As a rule, the disease is able to react to their own problems. The direct relationship between the severity of trait anxiety