

THE NOTION OF REANIMATION, TERMINAL STATES AND CARDIOPULMONARY RESUSCITATION

The aim of this study was to investigate the notion of reanimation, terminal states and cardiopulmonary resuscitation and their relevance in the work of future medical specialists. On the basis of this research the recommendations for future medical specialists in coping these processes were given.

Life is a continuous process of exchange, which needs to be studied in a proper way every single moment especially taking into consideration the work of future medical specialists. Various pathological factors can disrupt this process, which is accompanied by disorders of body organs and systems. In that case a disease may develop. If in these cases the compensatory reactions of the organism are depleted or do not have time to react, there is a threat of its vital activity - the terminal state. First, it is needed to explain the notions that are given below.

The terminal state is a state that borders between life and death.

Reanimatology - the science of reviving the body, the prevention and treatment of terminal conditions.

Intensive therapy - treatment and support of human life.

For the life of a person it is necessary the oxygen to enter the body and carbon dioxide to be released.

Life interruption – death, may occur suddenly or predictably, as a natural consequence of old age or incurable illness. Terminal states

Transmission – livelihoods in a state of deep exhaustion (darkened consciousness, pale skin, AP is low, pulse is fast) can take several minutes, hours or even days.

Terminal pause – the patient loses consciousness (arterial pressure is low, pulse cannot be measured, stop of breathing, reflexes are absent) lasts a few seconds to 2-4 minutes.

Agony – the state of extinction of all life processes. It takes 20-40 seconds to 1-2 minutes.

Clinical death is a condition when all external manifestations of life disappear. The victim may experience it unexpectedly, without previous manifestations of dying. From 3 to 5 min.

Biological death is a non-reversible process in all organs and tissues of the body (corpulent stains, spin, low temperature) [4, p.10].

The main signs of clinical death:

- Stop breathing on their own
- Lack of pulse in the carotid arteries
- Enlargement of the pupils
- Absence of consciousness

Indications for CPR (cardiopulmonary resuscitation):

- ✓ Clinical death
- ✓ Biological death

Returning a patient to a full-fledged life from a state of clinical death is possible only with a qualified and successful complex of reanimation measures [3, p.2].

1 Stage. Renewable (elemental life support)

- A. ensuring the passage of the respiratory tract
- B. execution of artificial ventilation of lungs of mechanical ventilation
- C. underarm of artificial blood circulation

2 Stage. Medicinal therapy

3 Stage. Prolonged life support.

- A. an estimation of the patient's condition
- B. restoration of brain functions
- C. rehabilitation therapy.

Due to all these points, the issue of deontology in the department of intensive care and intensive care is extremely important [2, p.81].

In the work of the medical staff of the intensive care unit there are often problems of ethical and deontological nature, which is connected with the specifics of work in this field. Indeed, cases that occur in emergency medicine, in particular in resuscitation, are often unpredictable and often fatal. A well-known aphorism sounds "Live means to die." Already in the birth of life laid the genetic mechanism of death. The Latin proverb "Memento mori" (remember the death) has a profound philosophical meaning. Death always remains a kind of majestic and awe-inspiring mystery to a man - no matter how much people knew about it, no matter how much is read, heard or encountered, it can't be seen. Often, the cause of death is illness [1, p.9]. Physiological death in nature is rare, as a rule, doctors deal with pathological death. Tragedy for family and relatives carries the sudden death of a person at any age. In that case medical staff should be prepared for having tough times telling relatives about the condition of the patients.

Conclusions. Response time of emergency medical services contributes to the chance of survival following out-of-hospital CPR in patients with chronic health conditions. Situations that arise in quadrangles (the doctor-sister-patient-relatives of the patient) bear the imprint of drama associated with a real threat to human life. On the one hand, the mental and physical load that lies on the shoulders of the medical staff is high: they face the task of acting clearly and professionally in the maximum compressed segments of time. On the other hand, the relatives of the patient are under the burden of waiting for the death of their loved one, so it is justified to bring high requirements to medical personnel. In respect of each other, employees should remember that there is no special division of responsibility for action, misconduct for different categories of specialties (doctors and sisters), everyone is fully responsible for their actions (or without action) in accordance with their official duties. Attempts to shift the blame to another - the wrong path. Man is by nature mortal, and this is first tragic beginning.

REFERENCES

1. Abbo ED, Yuen TC, Buhrmester L, Geocadin R, Volandes AE, Siddique J, et al. Cardiopulmonary resuscitation outcomes in hospitalized community-dwelling individuals and nursing home residents based on activities of daily living. *J Am Geriatr Soc.* 2013 Jan;61(1):34-9.

2. Goodman C. Literature searching and evidence interpretation for assessing health care practices. SBU Report No. 119E. Stockholm, Sweden: Swedish Council on Technology Assessment in Health Care; 1996 1-81 p.
3. Guyatt GH, Oxman AD, Schunemann HJ, Tugwell P, Knottnerus A. GRADE guidelines: a new series of articles in the Journal of Clinical Epidemiology. *J Clin Epidemiol.* 2011 Apr;64(4):380- 2.
4. Menon PR, Ehlenbach WJ, Ford DW, Stapleton RD. Multiple in-hospital resuscitation efforts in the elderly. *Crit Care Med.* 2014;42(1):108-10.