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CARE OF PATIENTS IN THE TERMINAL CONDITION

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ABSTRACT: *This article provides information on the specifics of providing medical care to patients in terminal states. The primary task of medical workers is pain relief. But everyone knows that this is not the only thing you can do for the patient. It has been established that patients always have mental forces that require constant mental strain due to the need to solve new and new problems arising in the process of developing disorders associated with the terminal state.*
KEY WORDS: *terminal condition, emergency medical care, nursing.*

УХОД ЗА БОЛЬНЫМИ В ТЕРМИНАЛЬНОМ СОСТОЯНИИ

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АННОТАЦИЯ. *В данной статье представлена информация об особенностях оказания медицинской помощи пациентам в терминальных состояниях. Первоочередная задача медицинских работников - обезболивание. Но всем известно, что это не единственное, что можно сделать для пациента. Установлено, что среди пациентов всегда присутствуют психические силы, требующие постоянного психического напряжения из-за необходимости решения новых и новых проблем, возникающих в процессе развития расстройств, связанных с терминальным состоянием.*
КЛЮЧЕВЫЕ СЛОВА: *терминальное состояние, скорая медицинская помощь, сестринское дело.*

Recently, comprehensive studies of the processes occurring in the body during terminal states have been conducted from new theoretical positions. Since ancient times, humans have tried to fight illness and death. But the greatest protest in human consciousness is caused by premature death. A nurse's unique task is to assist a person in carrying out actions related to their health, recovery, or peaceful death, which they would have undertaken themselves, possessing the

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necessary strength, knowledge, and willpower. Virginia Henderson's words come to mind: "A nurse is the legs of the legless, the eyes of the blind, the support of a child, the source of knowledge and confidence for a young mother, the lips of those who are too weak or absorbed in themselves to speak" [2].

A nurse's work with patients in a terminal state involves significant psychological and physical stress. Therefore, a nurse working with the dying must be a kind of psychologist, teacher, mentor [3]. Terminal (from lat. terminalis - relating to the end, borderline) are pathological conditions based on increasing hypoxia of all tissues (primarily the brain), acidosis, and intoxication by metabolic disorders [3, 6].

Terminal states - are states between life and death, a critical level of vital activity disorder with a catastrophic drop in blood pressure, with profound disruption of gas exchange and metabolism. The classification of terminal states is widespread: predagonia, agony, clinical death [7]. In addition, terminal states include the state of a revived organism after resuscitation.

Death is a complex of disorders of homeostasis and the functions of the main life support systems (circulation and respiration), which cannot be compensated by the body's own forces, without medical assistance, and inevitably leads to death. The condition of a patient dying from an incurable disease is not considered terminal until blood circulation and gas exchange are ensured by the body's own forces [4].

During terminal states, severe disorders occur in the cardiovascular system, respiration, central nervous system, kidneys, liver, hormonal system, and metabolism. The most significant is the extinction of the functions of the central nervous system. Increasing hypoxia and subsequent anoxia in brain cells (primarily in the cells of the cerebral cortex) leads to destructive changes in them. In principle, these changes are reversible and, upon restoration of normal oxygen supply to tissues, do not lead to life-threatening conditions.

Terminal states include: severe shock (shock IV degree); extreme coma; collapse; pre-agonal state; terminal pause; agony; clinical death [3].

Terminal states go through 3 consecutively alternating stages: pre-agonal state; agonal state; clinical death. The terminal pause is not always present; therefore, it is not included in the classification, but it is worth considering [3].

Terminal states also include the state of a revived organism after resuscitation. The borderline, terminal nature of the condition after resuscitation is determined by 2 circumstances: the instability of all vital functions in the period immediately following the restoration of cardiac activity and gas exchange, associated with the complete disorganization of homeostasis maintenance systems during the dying period and their very gradual and

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insufficiently coordinated restoration after resuscitation; the possibility of developing new, post-resuscitation forms of pathological changes in the body. These circumstances create in the post-resuscitation period a complete dependence of the preservation of the body's viability on medical care, without which repeated death and the death of the resuscitated are inevitable [1, 4, 8].

Let's briefly describe the terminal states encountered in nursing practice.

The predagonal state is characterized by profound disorders of the central nervous system; it manifests as the victim's stagnation, low blood pressure, cyanosis, pallor, or "marmars" of the skin. Such a state can last for quite a long time, especially in conditions of medical care. Pulse and pressure are low or not detected at all. At this stage, a terminal pause often occurs. It manifests as a sudden, short-term sharp improvement in consciousness: the patient regains consciousness, may ask for a drink, the blood pressure and pulse return to normal. But all of this is the remnants of the body's compensatory capabilities, gathered together. The pause is short-term, lasting minutes, after which the next stage occurs [3].

Agony is the final stage of death, in which the main functions of the body as a whole - respiration, blood circulation, and the leading activity of the central nervous system - are still manifested. Agony is characterized by a general disruption of the body's functions, therefore, the provision of tissues with nutrients, but mainly with oxygen, is sharply reduced. Increasing hypoxia leads to the cessation of respiratory and circulatory functions, after which the organism transitions to the next stage - death. With powerful destructive effects on the body, the agonal period may be absent (as with the pre-agonal period) or last for a short time, with some types and mechanisms of death, it can stretch for several hours or even longer [3].

Biological death is the final stage of the organism's overall death, replacing clinical death. It is characterized by irreversible changes in the central nervous system, gradually spreading to other tissues [1, 3].

From the moment of clinical death, post-morbid (postmortem) changes in the human body begin to develop, which are due to the cessation of the body's functions as a biological system. They exist in parallel with ongoing life processes in individual tissues [1,4,7].

Signs of terminal states - absence of breathing, cessation of blood circulation, loss of consciousness (comas) [1, 3, 6].

The causes of terminal conditions can be injuries, burns, shock, myocardial infarction, acute heart rhythm disorders, significant blood loss, airway obstruction (asphyxia), electric shock, drowning, anaphylaxis (insect bites, drug administration), etc. [3].

The difference between clinical death (the reversible stage of death) and biological death (the irreversible stage of death) became a defining factor in the development of resuscitation - the science

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that studies the mechanisms of death and the revival of dying organisms. The term "reanimation" itself was first introduced in 1961 by V.A. Negovsky at the International Congress of Traumatologists in Budapest (anima-soul, re - reverse action); thus, "reanimation" is the forced return of soul to the body [2, 3].

The formation of resuscitation in the 60s and 70s is considered by many to be a sign of revolutionary changes in medicine. The latter are associated with overcoming the traditional criteria of human death - cessation of breathing and heartbeat - and reaching the level of accepting a new criterion - "brain death" [3].

The indication for carrying out resuscitation measures is the absence of independent breathing and heartbeat. The presence of independent breathing is determined by chest movements and hearing. Heartbeats are checked by listening (auscultation with the ear applied to the chest) and by checking the pulse on large vessels, more often - on carotid arteries [1, 3, 5].

What should a nurse do to provide first aid for terminal conditions? Restore airway patency, begin artificial lung ventilation, begin heart massage, or perform a precardiac stroke [1, 8].

If the terminal condition is confirmed, cardiopulmonary resuscitation should be initiated immediately.

It should be known that the need for artificial respiration arises when respiration is absent or impaired to such an extent that it threatens the patient's life. Artificial respiration is an urgent first aid measure for those who have drowned, strangled (asphyxia during hanging), electrocution, heat and sunstroke, and some poisonings. In the case of clinical death, i.e., in the absence of independent respiration and heartbeat, artificial respiration is performed simultaneously with cardiac massage. The duration of artificial respiration depends on the severity of respiratory disorders, and it should continue until fully independent respiration is restored. If clear signs of death appear, such as cadaveric spots, artificial respiration should be stopped [1, 8].

The best way to perform artificial respiration is, of course, to connect special devices to the patient's respiratory tract, which can inflate the patient with up to 1000-1500 ml of fresh air per breath. But such a device is not always at hand. Old methods of artificial respiration (Silvester, Schaeffer, etc.), based on various techniques for compressing the chest cavity, proved insufficiently effective, as, firstly, they do not ensure the release of the respiratory tract from a sunken tongue, and secondly, with their help, no more than 200-250 ml of air enters the lungs per breath [1, 8].

Currently, the most effective methods of artificial respiration are recognized as blowing from mouth to mouth and from mouth to nose.

Both methods are implemented when the patient is lying on

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their back; for children under 1 year, a low roll (folded blanket) is placed under their back or the upper part of the body is slightly raised with a hand placed under their back; the child's head is tilted back. It should be remembered that during resuscitation measures, inflating excessively large volumes of air can lead to severe consequences - rupture of lung tissue alveoli and air leakage into the pleural cavity. This is especially relevant in children's practice. The inflation rate should correspond to the age-related respiratory rate, which decreases with age [1, 8].

Cardiac massage is a method of restoring and artificially maintaining blood circulation in the body by rhythmically compressing the heart, facilitating the movement of blood from its cavities to the main vessels. It is used in cases of sudden cessation of cardiac activity [1,8].

Indications for cardiac massage are determined primarily by general indications for resuscitation, i.e., when there is at least a small chance to restore not only independent cardiac activity but also all other vital functions of the body. Cardiac massage is not indicated in cases of prolonged absence of blood circulation in the body (biological death) and the development of irreversible changes in organs that cannot be replaced subsequently by transplantation. It is not advisable to massage the heart if the patient has clearly incompatible injuries to organs (primarily the brain), with precise and predetermined terminal stages of oncological and some other incurable diseases.

Cardiac massage is not required when suddenly stopped blood circulation can be restored using electrical defibrillation in the first seconds of ventricular fibrillation. It is performed during monitoring of the patient's heart activity or by striking the patient's chest in the area of the heart projection in case of sudden and documented asystole on the cardioscope screen [1, 8].

There is a direct (open, transthoracic) cardiac massage, performed by 1 or 2 hands through a chest incision, and an indirect (closed, external) massage, performed by rhythmic compression of the chest and compression of the heart between the sternum and spine moving in the anterior-posterior direction [1, 8].

Contraindications for resuscitation are: terminal stage of incurable disease; malignant neoplasms with metastases; irreversible brain damage; oligofrenia in children [1, 8].

In practical work, one often encounters other variants of terminal states, which are the final phases of chronic current diseases and sometimes last quite a long time. Such conditions can be defined as the phases of a person's chronic diseases, in which a relentlessly progressive disorder of the main vital functions develops, which is insurmountable with the available means at the disposal of the doctor and inevitably leads to an increase in subjective burdensome sensations and

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suffering, and subsequently - to the death of the patient. Such states arise as a result of the depletion of the body's adaptive and compensatory reactions, marking the action of a chain reaction of progressive tissue breakdown, leading to the disintegration of systemic regulatory mechanisms and death [7].

Such patients require long-term professional care. At the same time, great importance is attached to psychological comfort. Currently, there are many studies on the psychology of terminal patients. A classic work in this field is the study of the condition of patients who learned about their fatal illness, conducted by E. Kübler-Ross and her colleagues. They became the authors of the well-known concept of "death as a stage of growth." Schematically, this concept is represented by 5 stages that a person goes through: rejection of a tragic fact; protest stage; requesting a postponement; reactive depression; accepting one's own death.

In conclusion, it should be noted that death is also individual, just like life. The primary task of medical personnel is pain relief. But everyone understands that this is not the only thing you can do for the patient. There are always patients who require constant mental strain due to the need to solve new and new problems arising in the process of progression of disorders associated with the terminal state.

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