



OPTIMIZATION OF THE ORGANIZATION OF PREVENTIVE WORK OF THE PRIMARY CARE NURSING TEAM

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ABSTRACT

The procedure for providing patronage care to low-mobility and long-term immobilized patients is presented.

KEYWORDS

patronage, low mobility patient, long-term immobilization, elderly person.

INTRODUCTION

The reform of the healthcare system is somewhat shifting the emphasis in the provision of medical care towards the outpatient level, which is why the work of the patronage service seems especially relevant.

Older people have many chronic diseases, which leads to limited mobility. These patients are not provided with sufficient medical care. To meet their needs and the needs of their relatives for monitoring and receiving information from medical workers, it is necessary to create a service for low-mobility patients at clinics. But patronage monitoring of a patient with limited mobility is not standardized and is not included in the list of compulsory health insurance services.

MATERIALS AND METHODS

Despite the increasing attention to this problem, neither in the available literature nor among practicing clinicians there is a consensus on which patient should be considered long-term immobilized. When surveying outpatient doctors, about 80% of respondents were unable to answer the question of how they imagine a long-term immobilized patient [2].

RESULTS AND DISCUSSION

By systematically monitoring the health status of their patients, the nurse can fully predict its changes and provide the necessary medical care and care in a timely manner.

Carrying out patronage, the nurse, while performing her immediate duties, if necessary, also teaches the patient how to maintain physical activity, use crutches, a wheelchair, walkers, and teaches relatives or neighbors how to care for the patient. It also informs the patient's relatives about the peculiarities of mental changes in old age and helps to establish a psychological climate and friendly relationships in the family. In this regard, the nurse must not only have excellent professional knowledge and skills, but also have the ability to empathize, be tactful in any unusual situation and resistant to stress.

According to the assessment of the needs for medical care, only 45.2% of elderly patients required periodic medical supervision with annual medical examinations and a course of preventive rehabilitation, they did not require assistance from outsiders in housekeeping, and 32.3% required active medical supervision with periodic assistance from others to move outside the living quarters. 12.7% of patients required intensive short-term inpatient treatment followed by follow-up treatment in an outpatient clinic network (day hospitals, hospitals at home, rehabilitation departments of clinics) with the need for daily

partial household assistance. Treatment in a geriatric department for long-term stay of chronic patients, in nursing hospitals or hospitals at home with the organization of comprehensive ongoing household care is necessary for 9.8% of those examined.

Thus, it is clear that the majority of elderly and senile patients with reduced mobility require regular outpatient care provided at home, in particular preventive annual examinations. Specialized medical care is required for patients in this category to a much lesser extent. At the same time, medical care for such patients has significant features associated with the multiplicity of chronic pathologies against the background of age-related functional changes in the body, with a decrease in physical activity and high dependence on outside help [3].

Another problem of the patronage service is the lack of a unified database, a register of such patients; difficulties arise when filling out the relevant documentation and logs for managing patients with long-term immobilization; Such information is not available in the passports of therapeutic sites. Due to the lack of alertness of local therapists towards patients in this group, the quality of their observation is naturally low. According to A.L. Vertkina et al., if a local therapist patronizes a patient at home at least once every 3–6 months, the need for the patient to visit the clinic is significantly reduced – up to once a year, and in some cases – up to once every 5–7 years. Consequently, the work of the local therapist becomes planned, and the number of visits by emergency and ambulance teams is reduced by 20% [2, 3]. Modern domestic and foreign literature contains insufficient information about the specifics of the work of patronage services among low-mobility and long-term immobilized groups of the population. There is a need to create a patronage service in an outpatient setting with the involvement of dedicated specialists who will systematically monitor patients with limited ability or possibility of independent movement and (or) self-care caused by diseases, consequences of injuries or defects.

Having analyzed this problem, we can draw the following conclusions:

- the current social protection system is not able to fulfill its responsibilities efficiently and effectively; therefore, research in the field of finding ways to improve the quality of life of the elderly population, organization and development of geriatric care systems is extremely relevant;
- all older people need to be provided with certain types of outpatient care: from mandatory annual medical examinations to constant medical supervision with the organization of a hospital at home for seriously ill patients.

It should be recognized that the network of medical and social departments at territorial clinics is insufficiently developed, which should provide high-quality and cost-effective care for patients at home and reduce the burden on inpatient facilities.

CONCLUSION

The aging of the population calls for special attention to the need to establish special mechanisms to meet the needs of the elderly population regarding providing them with the necessary care, care and treatment. This determines a large workload, primarily for the nursing staff of clinics.

REFERENCES:

1. Electronic resource. United Nations, Department of Economic and Social Affairs, Population Division. World Population Ageing 2015. Access point: http://www.un.org/en/development/desa/population/publications/pdf/aging/WPA2015_Report.pdf.
2. Камилова, У. К., Аvezов, Д. К., Расулова, З. Д., & Джураева, Ш. А. (2009). Влияние карведилола на параметры перфузии миокарда у больных с постинфарктным ремоделированием левого желудочка. Кардиология, 49(2), 66-66.
3. Yusup o'g'li, M. I. (2024). OLIY TA'LIM MUASSALARIDA INKLYUZIV TA'LIMNI RIVOJLANTIRISH: MUAMMO VA YECHIMLAR. FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI, 5(1), 1-10.
4. Qizi, B. O. S., Qizi, X. D. A., & Yusupovich, M. I. (2022). IJTIMOIIY SIYOSAT: ROSSIYADA INKLYUZIV TA'LIM HAQIDA. FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI, 922-930.
5. Ganiev, B. S. (2020). Formation of entrepreneurial culture in the conditions of a new stage in the

development of society in Uzbekistan.

6. Ganiev, B. (2024). PREVALENCE, RISK FACTORS, PHARMACOEPIDEMIOLOGY AND INNOVATIONS PREVENTION OF BRONCHIAL ASTHMA.
7. Ganiev, B. S., & Ubaydullaeva, N. N. (2019). MEDICAL AND SOCIAL ASPECTS OF BRONCHIAL ASTHMA PREVENTION IN THE MODERN FORM OF PRIMARY HEALTH CARE ORGANIZATION IN UZBEKISTAN. Tashkent tibbiyot akademiyasi axborotnomasi, (5), 163-165.
8. Xoliyorova, S., Tilyabov, M., & Pardayev, U. (2024). EXPLAINING THE BASIC CONCEPTS OF CHEMISTRY TO 7TH GRADE STUDENTS IN GENERAL SCHOOLS BASED ON STEAM. Modern Science and Research, 3(2), 362-365.
9. Xayrullo o'g'li, U. B., & Tilyabov, M. U. (2023). NATURAL INDICATOR: USE OF RED CABBAGE JUICE AS AN INDICATOR IN FOOD, COSMETIC INDUSTRY AND EDUCATIONAL LABORATORIES. Educational Research in Universal Sciences, 2(13), 306-312.
10. Xayrullo og, P. U., & Umurzokovich, T. M. (2024). TETRAFOSFOR GEPTASULFID ASOSIDA BORADIGAN OKSIDLANISH-QAYTARILISH JARAYONINI TURLI XIL METODLAR YORDAMIDA REAKSIYA TENGLAMASINI TENGLASHTIRISH USULLARI. SO 'NGI ILMIY TADQIQOTLAR NAZARIYASI, 7(1), 347-350.
11. Xayrullo o'g'li, U. B., & Kosimova, X. R. (2024). REARRANGEMENT OF CARBOCATIONS DERIVED FROM ALCOHOLS. Innovative Development in Educational Activities, 3(1), 49-55.