

## TYPES OF FIRST AID IN CASE OF INJURY

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**Abstract:**The author provides recommendations on the types of first aid for injuries: applying bandages to the head and chest, applying bandages to the nose, forehead, and nape of the neck, as well as to injuries in various parts of the abdomen and arms.

**Keywords:**Individual bandage, pad, simple bandage bag, applying bandage to the head and chest area, hairy part of the head.

The outer cover of the package is made of rubber-impregnated fabric, which fully ensures the sterility and good preservation of the dressing material. The package also contains a bandage. The presence of brief instructions on how to use it on the outer surface of the package cover makes the task much easier.

When applying the bandage, hold the package with your left hand and tear open the outer wrapper with your right hand using a special slit, then remove the inner wrapper.

First, the bandage is removed, then the paper wrapper is opened, and the bandage material is carefully and slowly applied, without touching the inner surface of the pads, that is, the side that will be placed on the wound. Individual dressing package (PPI) consists of two gauze cotton pads measuring 32x17.5 cm, a bandage 10 cm wide and 7 m long. One pad is sewn to the end of the bandage, and the other is in a position to slide freely along the bandage. The outer pads and bandage of the package are wrapped in sterilized, special parchment paper.

Only the side of the pads that is specially sewn with colored thread can be touched with the hand. The pads are placed one above the other on the wound, wrapped with a bandage, and then the end of the bandage is secured with a stapler.

When dressing a puncture wound, the non-slip part of the pad is placed over one wound opening and the sliding part over the other, and the pad is wrapped and secured with a bandage. The outer rubber sleeve of the package is used to apply airtight, hermetic bandages.

A regular bandage bag, unlike a personal bandage package, is wrapped on all sides with thick parchment paper. First aid bags with one and two pads are also wrapped with thick paper, a thin, sticky film. Durracha bandages are placed on the head and chest, shoulders, elbows, knees, ankles, and also in the groin.

Typically, a sterile bandage or wipe is placed over the wound surface, and the surface is secured with staples. In the absence or insufficiency of standard bandages, it is necessary to use the available tools and resources at hand. For this purpose, economical bandages applied according to the Mashtarafov method are especially convenient. These bandages are made from pieces of fabric (sheets, shirts, etc.) of various sizes, the three sides of which are cut to make strips.

A sterile bandage, napkin, or cotton is first applied to the wound surface, and then a piece of gauze with ties is tied over it. Adhesive plasters and adhesive plasters are usually applied to smaller wounds. After a sterile bandage, napkin, or cotton is applied to the wound surface, its surface is fixed to the skin with adhesive agents. Applying a bandage to the head and chest area. When the hairy part of the head is injured, a special bandage called a "chepes" is

applied. This bandage is called so because it looks like a light and warm headdress (peshnob) that women wear on their heads at night.

To do this, cut about 1 m of the bandage, place it on the head, with the middle of it covering the wound surface, on a sterile napkin, and pull the ends down vertically in front of the ear, pulling them taut. Then, the bandage is wrapped around the head, one after the other.

Each time, the bandage is pulled back from the place where it is tied, and is passed obliquely, sometimes to the nape of the neck, sometimes to the sides of the forehead (about 10 times), and finally, the hairy part of the head is wrapped. After that, the bandage is wrapped 2-3 times to strengthen the bandage. The ends of the knot are tied in a butterfly shape under the nape. If the injury is in the neck, throat or nape of the neck, a cross-shaped (crest-shaped) bandage is applied.

First, the head is wrapped in a bandage, then it is lowered above the left ear and then diagonally down the back of the neck. Then the bandage covers the front of the right side of the neck and returns to the nape of the neck. It passes above the right and left ears, and repeats the previous wrapping.

Finally, the bandage is wrapped around the head, strengthening the bandage. In cases of head injuries, a "saddle" bandage is applied. The bandage is wrapped around the forehead, then wrapped tightly, it is passed from the nape of the neck to the nape of the neck and the nape of the neck, passed over the top of the head and wrapped several times vertically, then the bandage passes under the nape of the neck and along the nape of the neck.

A straw-shaped bandage is applied to the nose, forehead and nape of the neck. A sterile napkin or bandage is placed under the bandage on the wound surface. To bandage an injured eye, first of all, the head should be turned upside down and a holding bandage should be applied. Then the bandage is passed under the right ear and brought to the left eye.

The bandages are passed over one eye in turn, and the head is wrapped around it a second time. The bandage placed on both eyes is done by joining the bandages placed on the left and right eyes. Tapes in the form of a cone or spiral (circular) are applied to the chest area. To apply a spiral bandage, a length of about 1.5 m is cut from the end of the bandage, placed on a healthy shoulder blade, and hung diagonally over the chest. Then, the bandage is slowly moved in a spiral (circular) position, winding from the bottom of the back of the chest to the top, and the end of the bandage is strengthened.

Applying a bandage to the chest area is done by first wrapping the bandage tightly around the chest 2-3 times from the bottom up, then moving it from the right shoulder to the left shoulder, then wrapping the bandage tightly around the chest from the bottom up, wrapping it again around the right shoulder, and finally, securing the end of the bandage with a knot.

In cases of a puncture wound in the chest (pneumothorax), it is extremely important to cover the wound surface, especially its opening, with the sterile inner surface of the rubber sleeve of an individual bandage package, and then apply sterile pads over it and bandage it firmly.

If a special cover is not available, an adhesive plaster can be skillfully used to cover the wound surface, especially its opening, and make it airtight. To do this, after covering the wound surface with an adhesive plaster, 3-4 layers of bandage or napkin, one layer of cotton should be placed on top of it and tied tightly.

In cases where there are wounds that have caused pneumothorax and are bleeding, it is not possible to apply a hermetic bandage using an adhesive plaster. In such cases, it is permissible to place an airtight material (plastic wrap, cellophane) over the wound, tightly wrap

it with cotton or gauze, put the injured person on a stretcher and immediately send him to the nearest medical facility in a semi-sitting position.

Applying bandages to wounds in the abdominal area and various parts of the arm. Among abdominal injuries, cases where the abdominal wall is pierced are very dangerous for a person's life. In such cases, internal organs, intestines, bladder, and intestines protrude from the abdominal cavity, causing massive bleeding, internal and external infections, and contamination of the wound surface with feces are medical, of course.

Therefore, it is absolutely not advisable to put the exposed and dirty internal organs and intestines back into the abdominal cavity! The wound around the protruding organs should be carefully wrapped with a sterile napkin or bandage, covered, and then, placing soft cotton between the napkin, gauze, and bandage, and gradually placing them in a ring on the wound surface and tying it.

A person with a puncture wound in the abdomen should never drink water. The only thing you can do is wet your lips with water-soaked gauze, bandages, or cotton. To apply a sterile dressing to the upper abdomen, the bandage is rolled up and out. If a spiral bandage is applied to the lower abdomen, it will slip off.

Therefore, it is advisable to apply a spike-shaped bandage to the abdomen and groin area. This bandage begins by wrapping the abdomen with a bandage, then the bandage is wrapped around the outer surface of the thigh and wraps the abdomen again.

In the case of a wound on the abdomen, it is covered with a sterile napkin, gauze, or bandage using adhesive tape or adhesive plaster. For wounds on various parts of the arm, circular, spike-shaped, and buttress bandages are usually applied.

Applying a circular bandage to a finger begins with wrapping the palm of the hand in a circular motion. Then, the bandage is directed from the middle of the palm towards the nail phalanx. It is wrapped in a spiral from the tip of the finger to the base, passed through the middle of the palm again, and the bandage is tied on the palm.

When the palm or back of the hand is injured, the bandage is applied in a spiral shape, starting with a wrap that is held over the palm, then the bandage is passed from the back of the hand to the palm, as shown. A spiral bandage is applied to the shoulder and forearm, in which the bandage is twisted and wrapped from the bottom up.

When the elbow joint is injured, the bandage is wrapped in a spiral shape, in which the bandage wraps are crossed at the elbow and wrapped around the shoulder.

When bandaging the shoulder joint, the bandage is first passed from the armpit on the healthy side to the chest (1) and from the outer surface of the injured shoulder to the chest above the armpit on the healthy side (3), and the bandage wraps are repeated until the entire joint is covered, then the end of the bandage is attached to the chest with a stapler.

Applying bandages to the perineum and leg areas. When the perineum area is injured, many of the small pelvic organs, blood vessels, and nerve endings, as well as the genitals, are also affected.

When the genitourinary system is injured, urine enters the wound, and when the rectum is injured, feces enter, spreading the infection. Severe injuries can lead to fractures of the pelvic bones and severe shock. Therefore, when providing assistance, it is necessary, first of all, to bandage the wound with sterile bandages, take measures against shock, and when transporting a person from one place to another, to immobilize the injured part (transport immobilization).

Typically, a T-shaped bandage is applied to the wound in the perineum or the wound is tied with a tourniquet. A sterile napkin is placed on the wound, a layer of soft cotton is placed on top, then a Tsimon bandage is wrapped around the waist. All bandage wraps that are brought up to the perineum are secured to this belt. When a tourniquet is used, its three ends are tied and tied. When applying a bandage to the heel area of the foot, the first wrap of the bandage starts at the bulge of the heel, then wraps alternately up and down. To strengthen the bandage, the bandage should be wrapped in a more oblique and figure-eight shape.

A figure-of-eight bandage is applied to the ankle joint. To do this, the first holding loop of the bandage is placed above the ankle, then passed down, towards the sole of the foot, wrapped around the foot, then the bandage is directed along the back surface of the foot up towards the ankle, and finally, it is returned towards the foot and ankle, the end of the bandage is wrapped one or two times above the ankle, and is strengthened.

When applying a bandage to the knee joint, first the kneecap is bandaged, then the bandage is crossed in the groin area, once directed downwards, once upwards. If the leg is partially severed as a result of an injury, the bleeding is first stopped by applying a tourniquet or twisting, then an anesthetic is injected subcutaneously, and the leg is bandaged. To do this, the wound surface is covered with a sterile gauze - cotton pad, and then a bandage is firmly tied around and along the entire length.

In general, when the leg is injured, if the wound is bandaged and the leg is immobilized, it is easier and less painful to move it from one place to another in vehicles. During the cold season, it is advisable to cover and wrap the injured leg with something warmer.

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