



Emergency Medical Care in Emergency Situations

Saodat Mardonova
Muzaffarovna

Department of Ecology and Geography at Bukhara State University
"Safety of Life Activities" Teacher

ABSTRACT

Medical support for rescue operations in emergency situations (ES) is a set of measures to preserve the life and health of the population and rescuers: medical evacuation measures (medical evacuation support), sanitary and anti-epidemic measures, measures of medical protection of the population and personnel involved in the liquidation of emergencies, supply of medical equipment.

Keywords:

Security, Situations, Tactical, character, worldview, deviant, aching behavior

The forms and methods of medical support are mainly determined by the specific conditions of the operational and medical-tactical situation, the nature and characteristics of the damaging factors of the source of emergencies. Medical evacuation support (LEO) is an important part of the medical support system in emergency situations and is a complex of consistently carried out, successive measures to provide medical care to the population in the lesions and at the stages of medical evacuation in combination with their transportation to medical institutions for subsequent treatment and rehabilitation.

Domestic and foreign experience shows that in areas of large-scale emergencies and military conflicts, as a rule, there is the destruction of medical prevention and sanitary-anti-epidemic institutions, the destruction of stocks of medical equipment and the failure of medical personnel. As a result, in the affected area it is often not possible to provide the victims with the necessary amount of emergency medical care and treatment in a timely manner until the final outcomes. Due to

the emerging shortage of human and material resources of local health care, there is an acute contradiction between the simultaneous appearance of mass sanitary losses and the lack of health care capacity to provide all victims with half-priced medical care.

As the most dramatic option in the disaster area, a situation arises when there is nowhere, no one and nothing to help the victims. The only way out of this critical situation is the introduction of pre-prepared mobile rescue teams into the emergency zone from the outside to provide emergency medical care on the spot and the evacuation of victims to medical institutions deployed in safe areas. At the same time, the distance between the focus of mass destruction and such hospitals can reach several tens, and sometimes hundreds of kilometers. Therefore, there is a need to provide the affected before evacuation and in the process of its implementation of medical care in an amount that ensures transportability in case of lesions accompanied by shock, bleeding, asphyxia, the biological effect of electric current, clinical and biological manifestations of death, methods of

protection against electric current[1]. etc. To solve this problem in peacetime emergencies and in wartime lesions, medical and evacuation support for the affected population is organized.

The basis of the organization of the LEO is the division of a single process of providing medical care to the affected population into its separate types, which are consistently provided to the victims at different stages of medical evacuation.

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In organizing THE LEO, the following basic principles are guided: (a) the maximum approximation of the forces and means of the medical service to the focus of mass sanitary losses, the maneuver of its forces and means, the volume of medical care; b) giving priority to the conduct of emergency medical care measures at the stages of medical evacuation; c) a common understanding of the pathogenesis of various forms of lesions by modern types of weapons and the principles of surgical and therapeutic work at all stages of medical evacuation; d) continuity and consistency in the provision of medical care at the stages of medical evacuation; e) the need to maintain brief and clear medical records, fixing the time, place, type of lesion and a list of medical measures performed at the stage[2].

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