

**МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
КАФЕДРА ІНОЗЕМНИХ МОВ
ЛІНГВІСТИЧНИЙ НАВЧАЛЬНО-МЕТОДИЧНИЙ
ЦЕНТР**

**МАТЕРІАЛИ
X ВСЕУКРАЇНСЬКОЇ НАУКОВО-ПРАКТИЧНОЇ
КОНФЕРЕНЦІЇ СТУДЕНТІВ, АСПІРАНТІВ ТА
ВИКЛАДАЧІВ
ЛІНГВІСТИЧНОГО НАВЧАЛЬНО-МЕТОДИЧНОГО
ЦЕНТРУ КАФЕДРИ ІНОЗЕМНИХ МОВ**

**“WITH FOREIGN LANGUAGES TO MUTUAL
UNDERSTANDING, BETTER TECHNOLOGIES AND
ECOLOGICALLY SAFER ENVIRONMENT”**

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SECTION 3 ADVANCEMENTS IN MEDICINE

DURATION OF PREHOSPITAL ASSISTANCE TO VICTIMS WITH TRAUMATIC INJURIES IN RURAL AREAS

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Emergency aid – one of the most important parts of a unified system of care to the population of our country.

We know that there is a direct correlation between the severity of traumatic injuries and timely arrival of medical personnel to the affected.

According to the Law of Ukraine "On emergency medical assistance" of the Cabinet of Ministers of Ukraine of 11.12.2012 № 1119 g., defined standards arrival of ambulance crews at the scene: in cities - up to 10 minutes in rural areas - up to 20 minutes after receipt of an appeal to fellow operative-dispatcher. Given the state of the road surface and weather conditions, these ratios may be exceeded, but no more than 10 minutes.

In traditional agricultural Sumy region, we decided to find out how to set limits performed emergency conditions in rural areas and eventually study to identify ways to further improve the system of providing pre-hospital care to victims of mechanical trauma.

The studies were conducted in compliance with ethical norms and the principles of the Helsinki Declaration, the Convention of the Council of Europe and the relevant laws of Ukraine on human rights. All calculations and data analysis were carried out on the criteria and requirements of evidence-based medicine, provisions and conclusions are within probabilities.

We reviewed the work circuit "Department emergency ambulance of the Bilopillya", which serves the city of regional importance and 53 villages. The urban population of 18200 people,

rural population – 9680 people (total – 27,880 people.). Radius service averages $17,7 + 1,01$ km, the distance to the most remote areas – 36 km. For 9 months of 2015 was carried out 46 visits to the villagers with traumatic injury.

As a result of the research we found that the average time from decision to call dispatcher arrival ambulances to affected the rural is – $21,87 + 0,95$ min., and the average length of prehospital period – $55,78 + 2,46$ min.

The share of calls that exceed standards set time – 15,22%.

Among the main reasons for delivery victim of traumatic injuries in hospitals with a delay exceeding the approved standards, we have identified:

- the distance to the victim – 4,35%;
- the poor state of the road surface – 4,35%;
- need for antishock measures (immobilization, analgesia, establishment of intravenous access) on the spot – 2,17%;
- bad weather conditions (ice, snow) or dark time of the day – 2,17%;
- other reasons – 2,17%.

Conclusion:

Disadvantages evacuation of injured and transport provision recorded in 15.22% of cases. Distance to the victim and the poor state of the road surface – one of the main reasons for delays in the arrival of coach ambulance.