

THE HISTORY OF THE DEVELOPMENT OF EMERGENCY MEDICAL CARE IN UZBEKISTAN

Ergasheva Mukhlisa Soattullayevna

Abstract: the history of the development, stages of medical and preventive activities and the activity of the emergency medical service in the Uzbek SSR in 1918-1999 was studied and analyzed. The condition and main indicators of medical and clinical care intended for the provision of emergency medical care and emergency medical care to the population have been determined.

Key words: medical prevention, first aid stations, first aid point, dispensary, hospital, ambulatory clinic, polyclinic, malaria, station, medical centers, health care.

In 1918, the first ambulance appeared in Tashkent, the capital of Uzbekistan. An ambulance station was established in the 2nd house on Mariinskaya Street, and it had 12 horses at its disposal. In 1926, the working emergency room of the hospital was transformed into an independent emergency medical station. In 1967, the department "03" of the Republican organizational and methodical service was established at the city emergency medical station, and in the future, the emergency medical institute similar to the research institute of the Ministry of Health of the Republic of Uzbekistan N.V. Sklifosovsky in Moscow and I.I. Janelidze planned to reorganize in St. Petersburg. In those years, the Tashkent emergency medical center was considered a large medical institution with 100 brigades that handled more than 500,000 calls per year. It included 12 substations with about 2,000 medical, nursing and other personnel located in different areas of the city. Despite the problems with the material and technical base, emergency medical care has been upgraded to a modern level. Ambulance stations and medical aviation played a major role in the organization of emergency medical care in the Republic of Uzbekistan.

Before the revolution, there were no ambulance stations in the territory of Uzbekistan as one of the forms of providing urgent care to patients. Initially, first aid stations were mainly staffed by paramedics, paramedic-midwife teams, and sometimes only nurses. However, with the increase in the number of doctors in the cities and villages of the republic, emergency medical stations began to be filled with doctors, and medical personnel began to carry out sanitary transport.

First aid stations were poorly equipped at first: a sanitary bag with immediately needed medicines and clothes had to be carried to the patient on foot, and only long distances were provided by horse, donkey or camel. By August 30, 1924, a two-horse cart appeared in Samarkand that could transport patients in a sitting or semi-sitting position. Later, ambulance stations began to be equipped with transport tires,

stretchers, and ambulances and ambulances were allocated as ambulance transport. In 1921, the emergency medical service in the city of Samarkand did not have an independent staff and was provided by the medical staff of medical institutions on duty, and the same staff visited the home. In 1922, for the first time in Samarkand, one bed was allocated to the ambulance staff. 1923

By April 1, an ambulance clinic was established and the first phaeton was delivered, and in 1924, the first Opel car. In 1922, a copy of the order signed by the People's Commissar of Health Gelfgot was obtained in order to widely promote the emergency medical service (everywhere), including the health service of the Samarkand region. The emergency command shows the following notes: “Emergency medicine is an organization that aims to provide medical care in urgent, emergency situations such as nausea, fainting, fainting, coma, convulsions, persistent shortness of breath, heart failure, difficulty swallowing, uncontrolled vomiting. Emergency medical care should be provided primarily by doctors, and in light cases by other medical personnel, for this, medical personnel should be on duty at emergency medical stations, and the station itself is connected to medical institutions and the police through a telephone network; necessary medicines, equipment with a separate small room (for example, operating room) for all types of emergency medical procedures, as well as sufficient number of bandages should be provided on call. Maximizing the number of emergency medical centers and their distribution should be carried out mainly in the working and poorest areas of the population, near factories and enterprises where workers' lives are at greatest risk. The principles of Soviet medicine - free and open to all - especially the poorest working class of the population, the unemployed, the insured and employees of state institutions, the homeless and disabled, families of the Red Army, students, children, people who are members of the Communist Union, young people, people who are not productively employed, a special fee should be established to pay for first aid and transportation of the patient to the hospital or transfer from one medical institution to another. Repair of ambulance stations should be covered by insurance. In order to ensure the transportation of patients to medical institutions, it is recommended to organize economical transportation in ambulances. On April 11, 1923, the Executive Bureau of the Samarkand District City Committee decided to open the 2nd Proletarian Hospital in the Jewish Quarter of Samarkand, and an ambulance service was opened there.

At the beginning of April 1924, in order to bring medical care closer to the population due to the fact that the city bed apparatus of the Samarkand regional health department was insufficient, and because of this there were cases of refusal to accept patients for inpatient treatment. care of the insured was established, from 2 doctors, one for the new city and one for the old city (the second one was offered a doctor who knows the local language) and to perform various technical manipulations (cups,

injections, etc.) consists of one doctor. In spite of sending many advertisements and placing them in all prominent places during the first two months, the doctors' home care business did not show well, but in the future this institution justified its vital activities in a great way. Both doctors made 53 visits in April, 88 in May and 61 in June, which by Moscow standards constitutes a doctor's full workload for home care. For Samarkand, taking into account its prevalence, according to the opinion of the regional health department, this norm should be reduced. In addition to outpatient and inpatient care, insured patients, like other citizens, also used emergency medical services, 1822 patients, including 345 insured persons, applied during the reporting period. In 1924, the city outpatient clinic and ambulance were located in a special building. Their central position was very valuable, especially for ambulances, so it was impossible to move them to another non-central location, especially when the necessary buildings were not available. Here on staff there were: 2 doctors, 2 doctors, 1 midwife, 3 grooms, that is, 8 people in total. The report on the activities of the regional health department in 1925 shows that by 1925, the area of the city of Samarkand was 14,818 per square meter/verst, the population was 71,456, and the city with its districts was 352,089 (Kattakurgan), Jizzakh, Khojent, Ura-Tube). With such a population, emergency medical care received 2325 house calls and 744 patients were admitted on the spot. By 1924, there were 4 emergency doctors, 1 midwife, 3 inpatients, a total of 8 staff units. By September 30, 1924, there were 10 outpatient clinics in factories, various institutions and cooperatives, which are called "institutional",

7 of which are served by doctors, and three by doctors. These dispensaries served as first aid and home health centers. Although the number of outpatient clinics in the city of Samarkand seems sufficient, each polyclinic has about 6,000 residents, which has led to overloading of some of them, especially the ambulance. In 1926, an ambulance was established in the "new" and "old" cities of Samarkand. In 1930-1934, there was an emergency medical aid institute under the Samarkand City Health Department in Samarkand. From 1935 to the present, it is called Samarkand city hospital. In 1936 academician I.P. after the opening of the independent Samarkand Medical Institute. Pavlova City Hospital was changed to Samarkand City Clinical Hospital and the first ambulance substation was established. Five general groups provided medical aid to the residents of the city. It is known that in the period from 1940 to 1972, the ambulance service was reorganized as an independent organization. According to the local budget plan for health care of Samarkand region, in 1941, 28.6% of ambulances were underfunded, and 42.6% of full-time medical positions were underfunded. In 1942, in order to fully cover the population of the city with an ambulance service, the regional health department planned to increase the service to 7 cars and leave 7 for medical positions. On May 30, 1944, the State Staff Commission under the Council of People's

Commissars of the USSR approved the staff of the Samarkand city ambulance station with a total salary of 33 units and an official salary of 4333 rubles. per month. In 1951, the Samarkand ambulance station did a lot of work with 3 vehicles. Composition of medical staff: doctors - 11 people, nurses - 16 people, junior medical staff - 8 people, others - 16 people. The service radius of the station is 15 to 20 km. The total number of appeals was 13892. Received calls - 9441. Rejections at the station made 6.5 percent, due to lack of transport - 0.5 percent, due to inconsistency of calls - 6 percent. Basically, the ambulance station made the calls in its own transport, which accounted for 99.5% of the calls, and in someone else's transport for 0.5%. 98% of these calls were answered within three minutes. This indicator was found to be quite good. And yet, in the reporting period of 1951, there were late calls (more than 15-30 minutes), which amounted to 2%. He explained that the reason for the delayed calls was that the wagons of the ambulance station became unusable and often broke down. In addition, cars with medical personnel were delayed for 15-30 minutes in the waiting rooms of the hospital.

We remind you that there was no doctor on duty in the emergency departments of the first city and republic hospitals, and the doctor who delivered the patient had to wait for a long time for the doctor called from the department to arrive. Ambulances in Samarkand hospitals were not working for up to 4 hours during the day, and up to 120 hours during the month. During 1951, the Ambulance Station hospitalized 42 percent of all patients served. 6.5% of outpatients were admitted to hospital, a total of 5554 people were admitted to hospital. 0.7% of them were diagnosed with poisoning, 12.5% of women in labor, 10% of sudden illnesses, etc. An analysis of the operation of the ambulance service showed that 42% of patients were transported to the hospital by the ambulance station, and the rest were treated on the spot, that is, patients who remained at home could be served by local doctors. It should be noted that on weekends, at night and in the afternoon, polyclinics and local doctors did not provide services to patients, and all of them turned to emergency services. In 1951, the ambulance station transported 1,647 new mothers. In order to improve the work of the emergency medical station in the future, it was proposed to involve the doctors of the clinic, because it was not possible to train personnel with a certain narrow specialty for the emergency medical service. The Samarkand city emergency medical station served not only the residents of Samarkand, but also about 80,000 residents of the rural area of Samarkand. Although the emergency medical service in Samarkand QFY was established only in 1965, for some reason it soon disintegrated.

In 1970, 18.5 round-the-clock brigades operated in the emergency medical station for the city of Samarkand and neighboring settlements of the rural district of Samarkand, of which 13.5 were medical lines, four specialized and one transport brigade. . As of January 1, 1970, the station had 360 registered employees, 76 of whom were doctors, 122 of whom were medical personnel. ta). In 1969, the number of appeals

was 87,759, of which 7,663 were accidents, 62,948 home illnesses, 12,653 patient transports, and 4,495 outpatients. As you can see, 75.5% of the appeals were related to diseases at home, 5.1% of patients received outpatient care at the station. Analysis shows that a large number of calls are being served late, with 7,477 such cases recorded in 1969, of which accidents accounted for 983 or 1.1% of the number served. During the next 4 years (1970-1974), the station became a specialized service, which included a thromboembolic group, two pediatric groups and a terminal care group. In 1969, councils of doctors and paramedics were established in the ambulance service, they met once a month, helped to improve the qualifications of doctors and paramedics, hold conferences, and improve sanitary and educational work. In the same year, a seminar on the organization of emergency medical care was held. In this regard, documentation has been significantly improved, the percentage of inconsistencies in the diagnoses of hospitalized patients has decreased. Each emergency physician-related death was reviewed in the councils, a review of how you were served by (selective) postcards, a pharmacy, a transfer service in the control room, a regional organiza- methodical office, help desk, was open from 8:00 to 17:00. From January 1969, radio telephones were switched to day and night operation, and then tape recording of calls was organized. Until 1972, the emergency medical station operated as an independent organization, and then as a department it was merged with the 400-bed city hospital No.

In 1973, the average daily workload of an emergency physician was as follows: line doctors - 14-16 calls, pediatrics brigade - 16-18 calls, resuscitation brigade - 6-8 calls, thromboembolism brigade 6-4 calls. In the first quarter of 1974, the following were carried out: by line doctors - 15-18 calls, by the children's brigade - 14-16 calls, by the resuscitation brigade - 8-12 calls, by the thromboembolism brigade - 6-7 calls. calls. From the presented data, it should be noted that the main burden fell on the doctors of the line and pediatric brigades, and they increased by 1.5-2 times the norm. If we take into account that the highest intensity of calls occurs in the autumn-winter period, the load was even greater during this period. All this is due to insufficient transport vehicles and lack of doctors according to current norms. A senior shift doctor, a dispatcher and a dressing room nurse were on duty at the station during each shift. In the dressing room, medical bags were collected, syringes and instruments were sterilized centrally. The benzidine test was performed according to the instructions, All vehicles are equipped with the necessary means of immobilization and positioning in the event of an accident. Specialized groups are equipped with the following devices: DPA-2 - portable breathing apparatus, RPA - hand-held portable apparatus, KI-3 - oxygen inhaler, AN-8 - nitrous oxide, for electric suction, surgical instruments and collection. blood transfusion and its substitutes, ECG apparatus. It should be noted that

no blood was transfused when the resuscitation team was called. This was caused by difficulties in blood collection and storage, as well as the absence of obstetric teams.

From December 16, 1972 to January 7, 1982, the ambulance service was again integrated and became part of the city medical association, which, in addition to the city ambulance station, included the city clinical hospital and clinic. This merger was carried out for the purpose of consolidating specialists, saving material resources and centralized management. After the merger, the supply of drugs to the ambulance station was carried out through the pharmacy of the city hospital, which significantly complicated the work of the ambulance. From May 1974, the emergency medical station began to receive medicines independently of the pharmacy department. In 1976, a model building for the Central Emergency Medical Center was built on Akmal Ikromov Street, designed for 75-100 thousand calls per year. There was also an insulated garage for ambulances, a repair room with three inspection pits, a workshop, a storage room and a car wash. Medical aid was provided by 16 line brigades. In January 1982, the emergency medical service was again transformed into an independent organization that existed until 1999. Since 1982, the Emergency Medical Center has become a non-classified organization, with more than one hundred thousand calls per year.

During its independent work, the Center had the following staff: 5 doctors; nurses - 199 people; junior medical staff - 121; other employees - 5. States are fully staffed. In 1982, 31 round-the-clock medical brigades worked at the Samarkand ambulance station: resuscitation - 1, children's resuscitation - 1, intensive therapy brigade - 1, cardiology - 2, children - 5, linear brigades - 17, maternity ward - 3, transport team - 1. Ambulances were equipped with the following equipment: electrocardiograph - 6 units, KI-3M - 34 units, AN-6 - 31 units, DP-2 - units. The center had 4 ventilators and 3 defibrillators.

The central station had eight "03" telephones, five landlines and a direct telephone connection with the police and dispatch substation. By 1983, the Samarkand ambulance station served 504,500 residents of Samarkand city and 80,000 residents of Samarkand region. In this regard, the radius of patient care was up to 40 km. An organizational-methodical cabinet was established at the emergency medical station, and control and methodological support was provided to the entire service of the Samarkand region. The chief surgeon of the regional health department was responsible for the operation of the ambulance service. In 1983, the total distance of ambulance transport was 1,631,050 km. The average daily mileage of one car is 112 km. The average time for 1 call was 44 minutes. Throughout the year, sanitary transport was used for sports events, serving conferences, accompanying delegations, delivering blood and consultants not only in the evening and at night, but also on weekends and holidays. The use of ambulance transport is regulated by doctors and dispatchers on

high shifts. All ambulances were equipped with 1-RTM-A-2-ChM and 50-RTM-A-2-ChM radio stations of the "Granit" type. The first substation was located on the street. Kommunisticheskaya, 92. In 1991, due to accidents, the first substation was moved to Lev Tolstoy Street, 61. By that time, there were 12 round-the-clock medical brigades. The second substation was established in 1986 on Pomologicheskaya street. In 1987, a psychiatry team was established for the first time in the central emergency department.

As for the ambulance service, it should be noted that before the beginning of the Great Patriotic War, 85% of all cities, villages and rural areas had an ambulance transport equipped with all the necessary items for providing qualified medical care to patients and for rapid medical evacuation. was to medical institutions. But in connection with the Second World War, ambulance transport was mobilized for the needs of the front, and the remaining significantly outdated machines were out of service during the war years. Since 1948, ambulance stations have been equipped with new "Moskvich", "Pobeda", "ZIM" ambulances. This, of course, increased the quality of medical care and, first of all, surgical emergency medical care. Immediately after the end of the war, medical aviation was also established, but even before the creation of medical aviation, there were cases of transporting the sick and wounded in passenger planes. Dr. Markovich describes several cases of displacement in 1924-1925. delivering medicines and medical personnel to Khorezm, evacuating the seriously wounded commander from Haji-Sut village to Termiz. Professor A.F. According to Keyser, the wounded man was transported by plane from Kolob to Kogon military hospital. Dr. Wexler flew the wounded man from Garm to Stalinabad. The first substation was located on the street. Kommunisticheskaya, 92. In 1991, due to accidents, the first substation was moved to Lev Tolstoy Street, 61. By that time, there were 12 round-the-clock medical brigades. The second substation was established in 1986 on Pomologicheskaya street. In 1987, a psychiatry team was established for the first time in the central emergency department. As for the ambulance service, it should be noted that before the beginning of the Great Patriotic War, 85% of all cities, villages and rural areas had an ambulance transport equipped with all the necessary items for providing qualified medical care to patients and for rapid medical evacuation. was to medical institutions. But in connection with the Second World War, ambulance transport was mobilized for the needs of the front, and the remaining significantly outdated machines were out of service during the war years. Since 1948, ambulance stations have been equipped with new "Moskvich", "Pobeda", "ZIM" ambulances. This, of course, increased the quality of medical care and, first of all, surgical emergency medical care. Immediately after the end of the war, medical aviation was also established, but even before the creation of medical aviation, there were cases of transporting the sick and wounded in passenger planes. Dr. Markovich describes several cases of displacement in 1924-1925. delivering medicines and medical

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In recent years, the global trend in the development of emergency care is aimed at strengthening the out-of-hospital phase of emergency care. This situation is expressed in the maximum convergence of everything. This situation is expressed not in the primary transportation of the patient to medical institutions, but in bringing the entire volume of medical care as close as possible to the scene of the accident. Accordingly, ambulance crews are equipped in such a way that at the location of the victim, without wasting time to transport the patient to the hospital, they begin the necessary resuscitation and diagnostic care, which is usually provided in the emergency department of the hospital.

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