

etc. have contributed to the increase in the number of people affected by chronic alcoholism, with liver, cardiovascular, cerebrovascular diseases, etc.

2. The clinical manifestations in most patients with chronic alcoholism included hepatomegaly, jaundice and signs of portal hypertension.

3. The pharmacotherapy of alcoholism included three stages: withdrawal therapy, detoxification and treatment of abstinence.

## **HYPOVOLEMIC SHOCK: CAUSES, EARLY SYMPTOMS, FIRST PRE-MEDICAL AID**

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**Introduction.** The term "hypovolemic shock" refers to a life-threatening circulatory failure caused by an imbalance between the supply and demand of cellular oxygen, which is caused by a decrease in the volume of blood circulating in the body. Blood loss in hypovolemic shock is one of the most common causes of death in combats. Knowledge of the main causes, early signs and algorithms for the provision of first pre-medical aid is quite relevant today in the context of a full-scale invasion of the Russian army on the territory of Ukraine. Indeed, according to statistics, among all wounded Ukrainian soldiers during the fighting, about 19-23% died of hypovolemic shock, the causes of which could have been eliminated if first aid had been provided within one hour of the injury. "Survive and help others survive" – this is the motto of providing first pre-medical aid in the modern realities of life. The difficulty of detecting hypovolemic shock is also in the fact that its early stages are characterized by subtle pathophysiological tissue damage, but the later stages are determined by multiorgan dysfunction of all organs, which requires the provision of qualified and specialized medical care.

**The aim** of the study of this topic is to study the causes of hypovolemic shock, to identify its early symptoms, to master the algorithm of providing first pre-medical aid.

**Materials and methods.** To implement the purpose of the study, a review of scientific literature, professional articles in scientific journals and recommendations for the provision of first aid in hypovolemic shock, approved by the Ministry of Health of Ukraine, was conducted. Information from the electronic database of medical and biological publications PubMed was also processed, analyzed and systematized. When writing the topic, theoretical research methods were used generalization and system analysis.

**Research results.** The most common causes of hypovolemia are dehydration (dehydration), bleeding, severe burns and side effects of drugs (for example, diuretics or vasodilators). Early signs of hypovolemic shock include thirst, irritability, pale skin and moist skin, low blood pressure, and rapid breathing. In the absence of medical care, the patient's condition worsens, and late signs develop: further sharp drop in blood pressure, severe tachycardia, fever, dizziness, loss of consciousness. First pre-medical aid to a victim with signs of hypovolemic shock begins with an initial examination, which is carried out according to an algorithm consisting of 5 stages, which are indicated by capital letters of the Latin alphabet: DR-C-ABC.

D – danger: inspection of the accident scene. Inspect the scene and find out if it is safe for you, what happened, how many people are injured, whether people nearby are able to help you. Immediately call an ambulance (phone 103). Wear latex gloves. Make a general impression of the victim, establish contact with him or her. If the scene is safe and you decide to approach the victim, carefully examine him, whether there is blood on the clothes, whether there are visible injuries, or foreign objects in the body; whether he moans, cries, calls for help, is silent.

R – response: determination of consciousness. If the victim does not show signs of consciousness (does not speak, does not cry, does not moan), gently shake him/her by the shoulders and ask: "Can you hear me?". In the absence of a reaction, unconsciousness is stated. In all cases where the cause of the emergency was an injury or the mechanism of injury is unknown to you, do not move the victim's body, conduct the examination in the position in which you found him!

C-ABC (Initial examination of the victim)

C – critical bleeding. You can suspect bleeding in the victim, taking into account the circumstances of the accident. Most often it is trauma, gunshot wounds, the use of bladed weapons. Massive bleeding most often occurs in case of damage to the main arteries. In this case, the injury is more likely to be localized on the neck, on the inner surface of the thigh or shoulder in the upper third (critical areas of the body). Therefore, consistently inspect these areas with simultaneous palpation with both hands. If there is critical bleeding, do not proceed to the next step of the protocol until you stop the critical bleeding!

A – airway patency. After controlling the critical bleeding, restore the victim's airway. If he is lying on his back and you have doubts about the patency (vomiting, blood clots) – remove foreign objects with a finger or napkin.

B – breathing. The next step is to determine if there is breathing in the position in which the victim is found. If the victim is unconscious, put your ear as close as possible to the victim's mouth and listen to the sound of exhaled air, feel its warmth and look out of the corner of your eye to see if the chest or anterior abdominal wall is moving. That is, be guided by the "hear – see – feel" technique.

C-call "103" – call for emergency medical assistance. Only after assessing the presence / absence of breathing, call the emergency medical assistance. This is due to the fact that the absence or presence of breathing are the main symptoms on the basis of which the dispatcher will decide on the priority of the call.

After that, if you notice signs of shock in the victim, you need to provide him with an anti-shock position:

- put the victim down;
- put under the feet a box, a roller of clothes so that the feet are at the level of his chin
- put clothes or a pillow under the head;
- cover the victim with a blanket.

If it is possible to provide intravenous access at the stage of premedical care, aggressive restoration of circulating blood volume with Ringer's lactate solution or saline is recommended for all patients with signs of shock, regardless of the cause of hypovolemia. First pre-medical aid is completed by transporting the victim to a medical institution for further treatment.

**Conclusions.** The algorithm of first pre-medical aid in hypovolemic shock should be known to everyone, because it is before the arrival of the emergency medical team that precious time often expires when it is possible to save lives or prevent deterioration of the victim's condition.