Volume-16 June 2023

Website: www.ejird.journalspark.org ISSN (E): 2720-5746

NURSE CARE IN RESPIRATORY ORGAN DISEASES

Rakhmanova Mashkhura, Lecturer

Latipova Feruzakhon Lecturer, Fergana Medical Institute of Public Health, Uzbekistan, Fergana city

Annotation:

It is known that the respiratory system includes the nasal passages, hiccups, trachea, bronchi, lungs. The lungs will be surrounded on the outside by a thin elastic connective tissue - the pleura veil. The right lung is composed of three: upper, lower, middle; and the left lung is composed of two: upper and lower. The lungs are located in the chest. Between the right and left lungs are the stuttering, esophagus, blood vessels, the aisimon gland, nerve fibers, lymphatic vessels and nodes, and the heart. The lower surface of the lungs touches the diaphragm, a barrier between the chest and the abdomen.

The article provides information on nurse care in respiratory organ diseases.

Keywords: disease, respiratory organs, medical prevention, disease treatment, medical culture.

INTRODUCTION

Health (Health) — a condition in which any living organism itself and all its organs are able to fully fulfill its functions: defects, absence of diseases (a detailed definition of the concept of Health is given below). Disciplines that study health include dietology, pharmacology, biology, epidemiology, Psychology (Health Psychology, developmental psychology, experimental and Clinical Psychology, Social (social) psychology), psychiatry, pediatrics, medical sociology and medical anthropology, psychochemistry, defectology, etc.

The respiratory system includes the nasal cavity, hiccups, trachea, bronchi and lungs. In it, the air (respiratory) tract and the part of the breath consisting of lung tissue (nasal cavity, cartilage, trachea, bronchi) are distinguished, gas exchange occurs between air and blood contained in the pulmonary alveoli. The body receives oxygen through the lungs from the air it breathes and releases carbon dioxide. The air entering during breathing passes from the front of the oral cavity – the hard (hard palate) to the nasal cavity, separated by a soft (soft palate) curtain, before passing into the lungs.

MAIN PART

There are hairs on the outer edge of the nostrils, which prevent foreign bodies from getting into the nose. The air inhaled passes through the nasal cavity and descends into the larynx. Its (larynx) lower part consists of two: anterior – respiratory, posterior – digestive tubes. The upper part of the breathing tube is called a hiccup. On its walls there are several cross-jipsed, motile mountain tissue. The largest of them – the thyroid gland-is pushed on the front level of the hiccup, and it

Volume-16 June 2023

Website: www.ejird.journalspark.org ISSN (E): 2720-5746

is very light to find it in socks on the neck. At the front level of the hiccup, above the thyroid, is the hiccup, which blocks the entrance to the hiccup during meal reception. Inside the hiccups are two twisted – tone links with a mucous membrane, running from front to back. After passing through the roads above, air descends through the bronchi into the lungs.

Bronchitis.

Bronchitis is an inflammation of the mucous membrane of the walls of the bronchi, which is the most common disease among diseases of the respiratory system. Bronchitis is acute and chronic.

Acute bronchitis.

Acute bronchitis is usually accompanied by diseases of the upper respiratory tract rhinopharyngitis, laryngitis, tracheitis.

Causes: cold hardening, upper respiratory tract infections, smoking, drinking alcohol, exposure to allergens, ingestion of toxic substances into the respiratory tract.

Clinic. Body charor subfebrile, sometimes high, pain in the body, cough accompanied by difficult secreting mucus phlegm, chest pain, lack of air, hoarseness.

When we hear the lungs, severe breaths and dry wheezes are heard.

Care and treatment.

- 1. Bed mode when body harboring rises,
- 2. To ventilate the room where the patient is lying, to avoid elvizaks.
- 3. Calloric, hot foods (not boiling)
- 4. Drink warm milk mixed with honey several times a day (10sh spoon).
- 5. To dilute, soften and facilitate the separation of sputum, various decoctions, for example 1stakan milk, add 4 small garlic onion granules and drink the boiled decoction from 0.5 cups 3-4 times a day.
- 6. Ingalasia eucalyptus, ramashkali, chalfey soda, mustard on the chest (gorchichnik) is recommended as a distraction therapy.

According to the instructions of the doctor, antibiotics, sulfonamides, cough remedies, sputum transporters, preparations that increase immunity, vitamins, symptomatic treatment measures are taken.

Treatment in physiotherapeutic and sanatorium-resort conditions will prevent recurrence of the disease and the occurrence of complications.

Chronic bronchitis.

Chronic bronchitis is a long stretching diffuse inflammation of the bronchial mucosa that damages the walls of the bronchi to much deeper layers.

Causes: acute bronchitis, pneumonia, smoking, in some occupational workers (miner, spinner, Baker, Dyer, etc.K.) cold hardening, harmful vapors, gases, furnace infections of the upper respiratory tract, violation of the metabolism, hereditary factor.

Clinic. Cough accompanied by mucus purulent phlegm, general impotence, subfebrile fever, hoarseness, lack of air, rapid fatigue, profuse sweating, hoarseness, bruising of the lips.

Volume-16 June 2023

Website: www.ejird.journalspark.org ISSN (E): 2720-5746

Care and treatment.

- 1. Stop the effect of toxic substances on the bronchial mucosa.
- 2. Treatment in hospital conditions from time to time.
- 3. Antibiotics, sulfonamides, cough medicine, sputum transducers, immune boosters, vitamins, symptomatic treatment during an attack of the disease.

Treatment in physiotherapeutic and sanatorium-resort conditions during remission of the disease will prevent recurrence of the disease and the occurrence of complications.

Pneumonia

Pneumonia is an inflammatory disease of the lungs and develops under the influence of microorganisms. The disease is caused by pneumococci, staphylococci, influenza viruses, and other microorganisms. Zotiljam is divided into kiln and krupoz zotiljam.

Acute pneumonia usually develops as a complication of influenza, abdominal typhus, sepsis, or as a consequence of the ingress of foreign substances into the upper respiratory tract. In some cases, small bronchi in combination with lung tissue are damaged by ham, which is why it is called bronchopneumonia. As a result of the disease, small fragments of the lungs are damaged, the walls of the bronchi swell, blood is filled with veins.

Clinical signs of the disease: general malaise, fatigue, increased body level, sometimes nasal bleeding, headache, cough, sputum detachment, hoarseness, decreased appetite, wet wheezing, inflammatory foci on an X-ray, elevated ECHT in the blood, leukocytosis.

Care and treatment

- 1. Bed mode.
- 2. Timely replacement of sheets.
- 3. Calorie, vitamin-rich foods, drink plenty of fluids.
- 4. Distracting therapy.
- 5. According to the instructions of the doctor, cough remedies, antibiotics, various decoctions and decoctions.

In the case of crouposis pneumonia, a piece of the lungs becomes inflamed, to which pleura Ham can be added. Crouposis pneumonia often begins at once, the patient can observe the following symptoms; increased body level and colds, chest pain, weakness, headache, hangover, the patient is prone to lying on the affected lung side, lips bruise and froze the armpits of the feet, tachycardia, skin is hot and dry, the patient is thirsty a lot and sweats a lot.

Care and treatment.

- 1. Bed mode
- 2. Body harboring, pulse, control.
- 3. High-calorie, vitamin-rich, easily absorbed food products.
- 4. Wipe the skin on a clean damp towel, replacing the sheets and underwear in a timely manner. In folk medicine, juices made from onion, honey, figs, radish water are recommended.
- 5. According to the instructions of the doctor, antibiotics, pain relievers and body harm relievers, disintoxication therapy, cough remedies.

ISSN (E): 2720-5746

Volume-16 June 2023

Website: www.ejird.journalspark.org

In order for the disease to fully recover, physiotherapeutic procedures, curative physical education exercises are recommended.

BLOOD TUFTS AND BLEEDING FROM THE LUNGS

Blood clotting is the release of blood along with phlegm or a lump of blood mixed. The release of large amounts of blood with a cough is called pulmonary bleeding. Bleeding and bleeding from the lungs are relative concepts.

It is impossible to ignore what kind of blood clot is, because after it it can bleed in large quantities.

Reasons. Bleeding or bleeding from the lungs is observed when the lung tissue is sucked, the process passes into the pulmonary blood vessels, and the permeability and integrity of the vascular wall are disturbed.

Basically, more blood clots and bleeding from the lungs are detected in purulent diseases of the pulmonary silica and lungs, pulmonary abscess in ham bronchoectatic diseases.

Blood clotting is one of the clinical signs of pulmonary cancer. Blood mixed mucus phlegm or blood mixed cough can occur in acute pneumonia (mainly in viral-influenza pneumonia).

Clinical picture. The diagnosis of blood clots is not so difficult, it does not sleep when Hech, the patient is separated only if he is coughed up, it is foamy when bleeding from the lungs, the color of the blood is red, and it does not clot.

Treatment and care. Immediate emergency care is provided by ksrak, for which the patient is placed in a semi-seated position and it is recommended to speak less. It is necessary to ensure that the protruding blood is not swallowed again and does not pass to the healthy side of the lungs.

CONCLUSION

Of the drug substances, eufillin is injected into the vein, which causes a decrease in blood pressure within the framework of a small circulation. To achieve blood clotting, epsilon-aminocapronatic acid should be performed on a vein, vicasol between the muscle, to reduce coughing — codeine, bronchoscopy to determine the bleeding area.

If the blood does not stop as a result of treatment, immediately the patient is transferred to the surgical department and treated surgically.

References:

- 1. Salixodjaeva R.K. Hamshiralik ishi protokollari. Toshkent, 2009. 2 qism.
- 2. Umarova T.Yu. ba boshq. Hamshiralik ishi. Toshkent, 2003 y.
- 3. Qosimov E.Y. Hamshiralik ishi asoslari. Toshkent, 2003 y.