



**ORGANIZING THE ACTIVITIES OF “MOBILE BRIGADES” OF
SPECIALISTS TO PROVIDE MEDICAL CARE TO CHILDREN AND
ADOLESCENTS, INCLUDING RURAL RESIDENTS**

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ABSTRACT	KEY WORDS
<p>This article reveals questions about the organization of “mobile teams” of medical specialists to provide medical care to children and adolescents, including residents of rural areas, the article contains information about the purpose, objectives and basic principles of providing medical care to children in remote and hard-to-reach areas by mobile pediatric teams. The main directions of activity of mobile teams have been determined. An approximate equipment list is presented. The organizational forms of work of mobile teams with children, parents, the family of a sick child, and the involvement of parents in participating in medical work with their child are presented. The methodological recommendations are intended for health care managers, pediatricians and medical specialists.</p>	<p>Pediatrician; consulting; autonomy; specialists; medicine; health care; mobile teams; health care; medical specialists; healthcare.</p>

Introduction

During the period of large-scale socio-economic changes of the last decade, the Republic of Uzbekistan has implemented a wide range of measures aimed at protecting and improving the health of children. This made it possible to maintain basic guarantees for the livelihoods, growth and development of the younger generation, improving the quality and accessibility of medical care, education and social support. Unfortunately, the expansion of types and forms of medical, socio-economic support could not reverse the current negative dynamics of health indicators of the country's children's population. Adequate assessment of the conditions for the formation of public health, the changing level and structure of the need for medical care, its quality and accessibility, scientific justification for the organization of medical care make it possible to timely resolve issues of improving medical care to the population, including in primary health care settings. Currently, the dynamics of indicators characterizing the health status of children cannot be unambiguously defined as negative. A number of indicators continue to deteriorate, some have

stabilized, and for some parameters there has been a positive trend.

Over the past 5-6 years, annually about 40.4% of children are born sick or fall ill during the neonatal period, at least 10% of children are born premature and with low body weight. The overall morbidity rate for children in the first year has relatively stabilized, reaching in 2014 the level of 2545.4 per 1000 children who reached the age of 1 year in a given year. The overall prevalence of health and developmental disorders among children under 14 years of age increased by 31.2%, primary - by 34.8%. Among children of older adolescence (15-17 years), the increase in rates of general and primary morbidity is even more significant (by 46 and 50.7%, respectively).

Preserving, strengthening and restoring the health of children with health problems after birth, preventing the chronicization of functional disorders and disability are pressing problems of both society and the state as a whole, and the health care system.

The availability of high-quality medical care and the preservation of children's health are of particular importance, and given the remoteness of some settlements from medical organizations and their partial elimination at the municipal level, the ability of residents to receive highly qualified care using modern medical and diagnostic equipment becomes more limited. Therefore, the creation of mobile pediatric medical teams (hereinafter referred to as mobile teams) to work in remote areas is more than necessary and relevant.

In solving these issues, mobile teams equipped with all the necessary life support systems and appropriate medical equipment can be successfully used, which can be used in any climatic and geographical conditions, providing comfortable conditions for medical personnel and patients, and modern adequate diagnostic support.

Due to the geographical, socio-economic characteristics of the regions of Uzbekistan, children with chronic pathologies and disabled children do not always have access to medical care due to the absence or significant remoteness of such institutions. In this regard, the role of mobile teams to monitor the health of children with chronic pathologies and disabled children is increasing.

The creation of mobile pediatric teams is aimed at increasing the availability of medical care to the children's population in remote areas that do not have the necessary medical organizations, specialist doctors, etc. Increasing the availability of medical care to the children's population living in remote and hard-to-reach areas, meeting the needs of patients for high-quality, timely medical care assistance in the early diagnosis of health and developmental disorders, monitoring the growth and development of the child, correction of therapeutic and recreational measures. Improving the provision of medical care to children living in remote and hard-to-reach areas of the region. Increasing the accessibility and quality of services provided to the children's population, counseling children with chronic pathologies and disabled children. Maximum coverage of children with preventive examinations. Early detection of health and developmental disorders. As well as the implementation of priority projects in healthcare. Medical examination of children, including those in difficult life situations, is also an important task.

Mobile teams are planned to be used independently or as an additional diagnostic module in collaboration with the receiving medical organization. Mobile teams are used to expand the list of medical services provided and increase the capacity of a medical organization for medical examination of children and provision of primary health care (including primary specialized care).

Mobile pediatric teams equipped with the necessary medical equipment will also be provided with cars. Among the advantages of mobile teams are autonomy, high throughput, and rapid deployment

for full-fledged work. Mobile teams can provide a variety of medical care to the child population, even in the most inaccessible and remote places. Mobile teams provide the opportunity for children in small settlements to undergo tests, have a cardiogram, undergo an ultrasound examination and receive detailed advice from doctors of the highest qualifications. Also, the treatment and diagnostic capabilities of mobile teams can be used to provide primary health care to children, incl. in the event of emergencies of a natural or man-made nature. To provide assistance to families with disabled children and children with health problems, psychological and pedagogical specialists may be included in the teams. Mobile teams are organized mainly on the basis of regional (territorial, republican) children's hospitals. If necessary, specialists from other medical organizations (antenatal clinics, dispensaries, etc.) may be involved. In addition to on-site work, specialists can provide advisory assistance remotely using telecommunication technologies, consult medical documentation, and the results of instrumental studies.

It is important to make mobile teams independent (autonomous), and it is also important to have an additional diagnostic module to work on the basis of the receiving medical organization.

Mobile teams include medical specialists who travel with mobile diagnostic equipment.

Material and technical equipment and staffing allow us to carry out most laboratory and diagnostic studies:

- general blood analysis;
- general urine analysis;
- blood chemistry;
- glycosylated hemoglobin;
- immunocap;
- electrocardiogram;
- function of external respiration;
- electroencephalogram;
- arteriography;
- ECHO-cardiogram;
- ultrasound examination - general visualization and individual organs.

The departure of mobile teams is carried out using special portable equipment:

- device for studying the function of external respiration;
- arteriograph;
- portable screening system - cardiorespiratory monitoring;
- bullet oximeter;
- diagnostic spirometer;
- modular neurodiagnostic system;
- electrocardiograph 12-channel;
- diagnostic system for assessing the state of cardiorespiratory function and metabolism;
- express analyzer for determining hemoglobin, creatinine, glycated;
- automatic hematology analyzer;
- portable urine analyzer;
- portable analyzer for determining the level of glucose and cholesterol in capillary blood;
- portable analyzer of biochemical blood parameters;
- algorefractometer;

- portable diagnostic ultrasound system with accessories;
- computer psychometric battery;
- mobile treatment and prophylactic complex;
- plantographic computer complex;
- diagnostic center for otorhinophthalmoscopy;
- sterile vacuum systems for collecting venous blood.

Specialists who will be included in the mobile teams:

- pediatrician;
- otorhinolaryngologist;
- ophthalmologist;
- neurologist;
- pediatric surgeon;
- traumatologist-orthopedist;
- dermatologist-allergist;
- cardiologist;
- gastroenterologist;
- urologist-andrologist;
- pediatric endocrinologist;
- dermatovenerologist,
- pulmonologist;
- nephrologist;
- pediatric dentist;
- orthodontist;
- other specialists according to indications;

The list of specialists included in the mobile teams is determined taking into account regional characteristics, the level and structure of morbidity among the child population, the assigned tasks and the planned volume of medical care.

The material equipment of mobile teams is carried out from the current availability of medicines and medical equipment of the institution on the basis of which the mobile teams are formed. Medical equipment is subject to annual inspection for serviceability. In accordance with the equipment list, a reserve of medicines, medical equipment, medical instruments and medical and auxiliary items is created. Responsible persons for storage and compliance with deadlines for the sale of property are appointed by order of the chief physician of the regional (territorial, republican) children's hospital. Those responsible for creating a reserve carry out storage of medicines, checking the serviceability of medical equipment, carrying out preventive maintenance and repairs. Mobile teams can be specialized or multidisciplinary. The profile of the teams is determined by the health status of the child population of the specified areas, the availability of personnel, the environmental situation, etc. Mobile teams are staffed with the most experienced and highly qualified specialists in accordance with the established staff and the profile of the mobile team.

Mobile specialized teams are staffed depending on the real capabilities of the regional medical organization in the following medical specialties:

- pediatric;
- traumatological;

- children's surgical;
- infectious; ophthalmological;
- otorhinolaryngological;
- urological;
- laboratory diagnostic, etc.

Mobile teams are formed mainly on the basis of regional (territorial, republican, city) children's hospitals.

Conclusion. The creation of mobile pediatric teams will ensure a forecast of the health status of all age groups of the child population, regardless of place of residence, the availability and quality of medical care for children in remote and hard-to-reach areas, the organization of medical care, including medical examinations for children in difficult life situations, counseling on the preservation and strengthening of the health of children and families, including recommendations for correcting nutrition, physical activity, physical education and sports, sleep patterns, living conditions, study and recreation, and also providing methodological assistance to medical workers of municipal medical organizations.

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