Federal state budgetary educational institute of the higher education

 «Orenburg state medical university» of Ministry of Health of the Russian Federation»

**INSTRUCTIONS**

**FOR THE INDEPENDENT WORK OF STUDENTS**

PATHOLOGICAL ANATOMY,

CLINICAL PATHOLOGICAL ANATOMY

majoring in (specialty)

31.05.01 medical faculty

(Code, name of training program (specialty))

It is part of the main professional educational program of higher education majoring in (specialty)

31.05.01 medical direction,

approved by the Academic Council of the FSBEI HE ORGMU of the Ministry of Health of Russia

protocol № 8 from «25» march 2016

Orenburg

1. **Explanatory note**

Independent work is a form of organization of the educational process that stimulates activity, independence, and the cognitive interest of students.

Independent work of students is an obligatory component of the educational process, since it ensures the consolidation of the acquired knowledge by acquiring the skills of comprehending and expanding their content, solving urgent problems of the formation of general cultural (universal), general professional and professional competencies, research activities, preparing for classes and passing the intermediate certification.

Independent work of students is a set of classroom and extracurricular activities and works that ensure the successful development of the educational program of higher education in accordance with the requirements of the Federal State Educational Standard. The form choice of organizing students' independent work is determined by the content of the discipline and the form of organization of training (lecture, seminar, practical lesson, etc.).

As a result of performing independent work in the discipline "Pathological anatomy, clinical pathological anatomy" the student: to master the knowledge about the main stages of development of medical anatomy, its significance for practical and theoretical medicine; methods of morphological research; anatomical and physiological, age-sex and structural and developmental features of the body; structural and functional foundations of general pathological processes, diseases and pathological processes, infectious diseases; Normative documents adopted in health care - laws of the Russian Federation, technical regulations, international and national standards, orders, recommendations, International Classification of Diseases 10 revision (ICD-10).

The student must understand the principles of classification of diseases, the nomenclature of anatomical names; concepts of etiology, pathogenesis, morphogenesis and pathomorphosis of certain diseases, infectious diseases; the value of the knowledge gained on human pathological anatomy for the subsequent study of clinical disciplines and in the professional activity of a doctor; features of the study of autopsy and biopsy material of patients and deaths from infectious diseases and especially dangerous infections.

The student must master the ability to work in a morphological laboratory with reagents, instruments and animals; use educational, scientific, popular science literature, the Internet for professional activities; working with magnifying equipment (microscopes, optical and simple loupes); describe the morphological changes of the studied micro- and macroscopic preparations in organs and tissues in various diseases; substantiate the nature of the pathological process and its clinical manifestations; explain the nature of deviations in the course of development, which can lead to the formation of variants of anomalies and defects; assess the nature of the tumor process and its clinical manifestations on the basis of macro- and microscopic changes in organs and tissues; correctly use anatomical instruments and equipment; determine the cause of death and formulate a pathological diagnosis; fill out a medical death certificate.

**2. Content of students' independent work.**

The content of tasks for independent work of students in discipline is presented in the fund of evaluation tools for current monitoring of progress and intermediate certification in the discipline, which is attached to the work program of the discipline, section 6 "Educational and methodological support for the discipline (module)", in the information system University.

The list of educational, educational and methodological, scientific literature and information resources for independent work is presented in the work program of the discipline, section 8 "List of basic and additional educational literature necessary for mastering the discipline (module)".

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | The theme of independent work | Form of independent work | Independent work control form*(in accordance with Section 4 of the Work Program)* | Form of contact work when monitoring the learning process |
| 1 | 2 | 3 | 4 | 5 |
| *Independent work within the entire discipline* |
| 1 |  | Abstract of lecture material | The answer to oral questions | Classroom work |
| 2 |  |  |  |  |
| … |  |  |  |  |
| *Independent work within the module* |
| 1 | Module "General pathological anatomy" | Preparation of an abstract, oral presentation | Preparation of an abstract, oral presentation | Extracurricular work |
| 2 | Module "Systemic pathological anatomy" | Preparation of an abstract, oral presentation Solving situational tasks | Preparation of an abstract, oral presentationSolving situational tasks | Classroom work Extracurricular work |
|  | Module "Pathological Anatomy of Infectious Diseases" | Preparation of an abstract, oral presentation Solving situational tasks | Preparation of an abstract, oral presentationSolving situational tasks | Classroom work Extracurricular work |
| … | Module "Clinical pathological anatomy" | Preparation of an abstract, oral presentation Solving situational tasks Registration of a detailed pathological and anatomical diagnosis and epicrisis,Familiarization with regulatory documents | Preparation of an abstract, oral presentationSolving situational tasks | Classroom work Extracurricular work |
| *Independent work within the framework of practical training**Module "General pathological anatomy"* |
| 1 | Topic 1 *“Pathological anatomy: content, tasks, objects of research. Research methods in pathological anatomy. Death, types of death, posthumous changes. Damage and death of cells and tissues. Necrosis and apoptosis. Metabolic disorders in cells and tissues. Parenchymal dystrophies. "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
| 2 | Topic 2 *“Disorders of metabolism in tissues. Endogenous and exogenous extracellular accumulations. Disorders of pigment metabolism. "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
| 3 | Topic 3 *“Disorders of blood and lymph circulation. Arterial and venous congestion. Ischemia. Shock. DIC syndrome. "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
| 4 | Topic 4 *“Exudative inflammation. Productive inflammation. Granulomatous diseases. "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
| … | Topic 5 *“Processes of adaptation. Regeneration. Immunopathological processes."* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 6 *“General about tumors. Epithelial benign tumors. Precancerous conditions and changes. Cancer, histological variants. Features of metastasis. Mesenchymal tumors. Clinical and morphological characteristics, features, types of sarcomas. Tumors with locally destructive growth."* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 7 *"Final lesson on lecture and theoretical material on the module" General pathological anatomy ".* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
| *Independent work within the framework of practical training*Module "Systemic pathological anatomy" |
|  | Topic 1 *“Anemias. Clinical and morphological forms. Tumors of the hematopoietic and lymphoid tissue. Acute and chronic leukemia. Lymphagranulomatosis. Non-Hodgkin lymphomas "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 2 *“Diseases of the cardiovascular system. Atherosclerosis. Hypertonic disease. Coronary heart disease. Cerebrovascular diseases "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 3 *“Diseases of the cardiovascular system. Cardiomyopathy. Rheumatic diseases. Congenital and acquired heart defects "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 4 *“Diseases of the lungs. Pneumonia. Chronic nonspecific lung disease. Tumors of the bronchopulmonary system "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 5 “Diseases of the gastrointestinal tract. Diseases of the esophagus. Gastritis. Peptic ulcer disease. Chronic colitis. Tumors of the stomach and colon " | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 6 *"Diseases of the liver, biliary tract and exocrine pancreas"* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 7 *“Diseases of the kidneys. Glomerular diseases. Tubulopathy "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 8 *“Diseases of the urinary system. Pyelonephritis. Bladder diseases. Diseases of the male reproductive system "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 9 *“Diseases of the female reproductive system. Pathology of the placenta and umbilical cord. Pathology of pregnancy and the postpartum period. Diseases of the perinatal period "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 10 *"Final lesson on lecture and theoretical material on the module" Systemic Pathological Anatomy "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
| *Independent work within the framework of practical training*Module "Pathological Anatomy of Infectious Diseases" |
|  | Topic 1 *“Tuberculosis. Sepsis "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 2 *“Intestinal infections. Quarantine infections "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 3 *“ARVI. Childhood infections. Intrauterine infections "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 4 *"Final lesson on lecture and theoretical material for the module" Pathological anatomy of infectious diseases "* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
| *Independent work within the framework of practical training*Module "Clinical pathological anatomy" |
|  | Topic 1 «*The organization of pathoanatomical service in Russia. Organizational structure pathology department hospitals. The conditions and procedure for conducting postmortem examination of a corpse. Registration of the protocol of autopsy*» | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 2 «*The role of iatrogenic disease in the course and outcome of the disease. The pathomorphosis of the disease. Medical-control commission (mcc) hospital and clinical-anatomical conference (cac). A study of biopsy, surgical material and placenta*» | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 3 «*Making the diagnosis in clinical medicine and pathology practice. The procedure for filling and issue of medical death certificate. Icd-10 in building a diagnosis and issue a medical death certificate»* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |
|  | Topic 4 *«Final lesson on lecture and theoretical material on the module" Clinical pathological anatomy»* | Working with lecture notes;work with educational material;Study of macro- and micropreparations. | Passing the test controlThe answer to oral questionsDiagnostics of macro- and micro-preparations. | Classroom work  |

**3. Methodical instructions for completing tasks for independent work in the discipline.**

 **Methodical instructions for students**

**on the formation of skills in lecture material note-taking**

1. The basis for the qualitative assimilation of the lecture material is the synopsis, but the synopsis is not so much a device for fixing the lecture content as a tool for its assimilation in the future. Therefore, think about what your outline should be so that you can solve the following tasks faster and more successfully:

a) to finalize the records in the future (clarify, enter new information);

b) to work on the content of the records - compare individual parts, highlight the main ideas, draw conclusions;

c) to reduce the time for finding the necessary material in the synopsis;

d) to reduce the time required for repetition of the studied and passed material, and increase the speed and accuracy of memorization.

To complete points "c" and "d", during the work on the abstract, it is advisable to make notes also with pencil:

Example 1

/-read one more time;

//-to outline the source;

?-unclear, requires clarification;

!-boldly;

S-is too difficult.

Example 2

= - it is important;

[ - make an extract;

[ ]- extracts are done;

! - it is very important;

? - need to look, not entirely clear;

 - basic definitions;

 - is of no interest

2. When taking notes, it is better to use large format notebooks - for convenience and freedom in the rational placement of notes on the sheet, as well as separate, lined sheets in a cage, which can be easily and quickly connected and disconnected.

3. Writing on one side of the sheet will allow, when working through the material, to lay out the necessary sheets on the table and, changing their order, bring together different parts of the course in time and space, which makes it easier to compare, establish connections, generalize the material.

4. With any method of taking notes, it is advisable to leave free space on the sheet for subsequent additions and notes. These are either wide margins or blank pages.

5. Lectures are recorded on the right page of each sheet in a spread, the left one remains blank. If you do not do this, then when preparing for the exams, additional, explanatory and other information will have to be entered between the lines, and the summary will turn into a text of little use for reading and assimilation.

6. When taking notes, the principle of distant note-taking operates, which allows separate blocks of information to be divided horizontally and vertically during recording: separate parts of the text are separated by distinct spaces - this is vertical division; horizontally, the material is divided into zones by fields: I - outlined text, II - own notes, questions, conventional signs, III - subsequent additions, information from other sources.

7. A great help in understanding the logic of the presented material is provided by rubrication, ie. numbering or designation of all its sections, subsections and smaller structures. At the same time, simultaneously with the note-taking, a text plan is drawn up. It is important that each new thought, aspect or part of the lecture is indicated by its own sign (number, letter) and separated from others.

8. The basic principle of note-taking is not to write everything, but in such a way as to preserve everything really important and the logic of the presentation of the material, which, if necessary, will allow to completely "expand" the note into the original text according to the formula "note + memory = original text".

9. In any text there are reference words, for example, helping to understand more important information (“in the end”, “as a result”, “in this way”, “summary”, “conclusion”, “summarizing all of the above”, etc. .) or signals of difference, i.e. words indicating the peculiarity, specificity of the object of consideration ("peculiarity", "characteristic feature", "specificity", "main difference", etc.). These words are usually followed by very important information. Pay attention to them.

10. If in the course of the lecture graphic modeling is proposed, then the reference scheme is written down large, freely, as crowding and small print make it difficult to understand.

11. Usually in a lecture there are several main ideas around which all the rest of the material is grouped. It is very important to highlight and clearly document these ideas.

12. In the lecture, the plan, sources, concepts, definitions, basic formulas, schemes, principles, methods, laws, hypotheses, estimates, conclusions are recorded in the most detail.

13. Each listener has his own cursive writing system, which is based on the following techniques: the words most frequently encountered in a given area are shortened the most; there are generally accepted abbreviations and abbreviations: "i.e", "etc.", "TE", etc .; mathematical signs are used: "+", "-", "=", ">". "<" and others; endings of adjective and participles are often omitted; words starting with a root are written without an ending ("soc.", "rev.", etc.) or without a middle ("q-ty")

14. The system of accentuation and designations helps to understand the material and quickly find the right one. During the lecture, there should be 2-3 colored pencils or felt-tip pens on the desk, with which arrows, wavy lines, frames, conventional icons on the auxiliary field circle, emphasize or indicate key aspects of the lectures.

For example, a straight line indicates an important thought, a wavy line indicates an incomprehensible thought, and a vertical line in the margin indicates a particularly important thought. The main point is underlined in red, the wording - in blue or black, green - the actual illustrative material.

15. The quality of the assimilation of the material depends on its active listening, therefore, externally show your attitude to one or another of its aspects: agreement, disagreement, bewilderment, question, etc. - this will allow the lecturer to better adapt the presented material to the audience.

16. An indicator of attention to educational information are questions to the lecturer. During the lecture, try to find and mark those aspects of the lecture that can become a "hook" for the question, and then in the next lectures, learn to formulate questions without being distracted from the perception of the content.

**Methodical instructions for students on preparation**

 **to practical training**

Practical training is a form of organization of the educational process, aimed at improving students' practical skills and abilities through group discussion of the topic, educational problem under the guidance of a teacher.

*When developing an oral response in a practical lesson, you can use the classic oratory scheme. This scheme is based on 5 stages:*

1. Selection of the necessary material for the content of the upcoming speech.

2. Drawing up a plan, dismembering the collected material in the necessary logical sequence.

3. "Verbal expression", literary processing of speech, saturation of its content.

4. Memorization of the text of the speech or its individual aspects (if necessary).

5. Making a speech with the appropriate intonation, facial expressions, gestures.

*Recommendations for building the composition of an oral response:*

1. The introduction should:

- to attract attention, arouse the interest of listeners to the problem, the subject of the answer;

- explain why your judgments about the subject (problem) are authoritative, meaningful;

- to establish contact with listeners by pointing to common views, previous experience.

2. The pre-notifications should:

- reveal the history of the problem (subject) of the speech;

- show its social, scientific or practical significance;

- to reveal previously known attempts to solve it.

3. In the process of argumentation it is necessary:

- to formulate the main point and give, if necessary for its clarification, additional information;

- to formulate an additional point, if necessary, accompanying it with additional information;

- to formulate a conclusion in general terms;

- to point out the disadvantages of alternative positions and the advantages of your position.

 4. In conclusion, it is advisable:

- summarize your position on the problem under discussion, your final conclusion and decision;

- justify what the consequences are if you abandon your approach to solving the problem.

*Recommendations for drawing up a detailed response plan*

*to theoretical questions of practical training*

1. When reading the studied material for the first time, divide it into the main semantic parts, highlight the main thoughts and conclusions.

2. When drawing up a detailed outline plan, formulate its points, subparagraphs, determine what exactly should be included in the outline for the disclosure of each of them.

3. The most essential aspects of the studied material (theses) consistently and briefly state in your own words or cite in the form of quotations.

4. In the synopsis include both key points and specific facts and examples, but not describe them in detail.

5. Write individual words and whole sentences in abbreviated form, write out only keywords, instead of citing, make only links to the pages of the cited work, use conventional symbols.

6. Arrange paragraphs in steps, use colored pencils, markers, felt-tip pens to highlight significant places.

**Methodical instructions for the study of micro- and macropreparations**

Independent work of students on the study of micro- and macro-preparations takes place outside of school hours during the academic semester, traditionally, the time for such work is the time interval from 16.30 to 18.30, when the scheduled classes have already ended and most of the classrooms are free. In addition, students can come to study at the department at another, more convenient time for them (subject to the availability of free classrooms). Students can visit the Museum of the Department of Pathological Anatomy to study macropreparations.

This form of student work at the department is provided with the following educational equipment (for each student for individual work):

-microscope,

- a set of micropreparations,

-set of tables,

-atlases,

-complex of methodological literature.

**Methodological instructions for preparing for the final lesson**

Preparation for the final lesson. The final lesson is assigned after the study of a certain section of the discipline and is a set of detailed oral answers of students to questions that they receive from the teacher in advance.

Algorithm for preparing for the control work:

- study of lecture notes revealing material, knowledge of which is verified by control work;

- repetition of educational material received in preparation for seminars, practical classes and during their conduct;

- study of additional literature, which specifies the content of the tested knowledge;

- drawing up in mental form answers to the questions posed in the control work;

- the formation of a psychological attitude for the successful completion of all tasks.

**Methodical instructions for the preparation of situational tasks**

Problem-situational tasks are a kind of practical task that involves solving an issue in a certain situation. Both the question and the situation itself can be problematic. In most cases, problem-situational tasks have a professional focus. They allow assessing the ability of students to apply the obtained theoretical knowledge in various situations. This type of independent work is aimed at developing thinking, creative skills, assimilation of knowledge gained in the course of an active search and independent problem solving.

The student must rely on the existing knowledge base. The solution of situational problems refers to a partial search method. The characteristics of the problem selected for the situational task and the methods of its solution are the starting point for assessing the quality of this type of work. The student needs to study the proposed characteristics of the problem conditions, choose the best option or resolution options. Explain in detail, consistently, correctly the course of its solution, with theoretical justifications.

**Methodological instructions for the preparation and execution of the abstract**

An abstract is an independent research work of a student to reveal the essence of the problem under study, to present various points of view and his own views on it. The abstract in sequence must contain all its structural elements: title page, content, introduction, main part, conclusion, list of sources used.

1. The title page of the abstract should reflect the name of the university, the name of the faculty and the department where this work is performed, the title of the abstract, the surname and group of the person who performed it, the surname and academic degree of the examiner.

2. In the table of contents, the titles of the points of the abstract are sequentially stated, the pages from which each point begins are indicated.

3. In the introduction, the essence of the problem under study is formulated, the choice of the topic is substantiated, its significance and relevance are determined, the purpose and objectives of the abstract are indicated, and the characteristics of the literature used are given.

4. Main part: each section demonstratively reveals a separate problem or one of its sides, is logically a continuation of the previous one; in the main part, tables, graphs, diagrams can be presented.

5. Conclusion: summarizes or gives a generalized conclusion on the topic of the abstract, offers recommendations.

The content of the abstract should be logical; the presentation of the material is problem-specific, and the text fully reflects the topic, meeting the following requirements:

- the relevance of the problem under consideration;

- the validity of the stated problems, questions, proposals;

- consistency, consistency and brevity of presentation;

- reflection of the opinion on the problem of the referee.

References in the text of the abstract to the sources used must be made in square brackets, indicating the source number according to the list of references given at the end of the work (for example: [2]). Through a dot after the number, the verbatim quotations of the author or pages of his texts are indicated (for example: [2. pp. 24-25]). The proper names of the authors in the text of the abstract and sources in a foreign language are given in the original language. Among the sources used, works published over the past 5-10 years should prevail.

The volume of the abstract as an integral part of pedagogical practice should be from 15 to 20 typewritten A4 pages. Font size "TimesNewRoman" 14 pt, line spacing, margins: right - 10 mm; top, left and bottom - 20 mm. Page numbering should be continuous, starting from the title page (no number is put on the title page).

The abstract is provided no later than 2 weeks before the end of the semester.

Abstracts written carelessly, or in which the requirements of 1-5 points are not met, are not accepted.

**Methodological instructions for the preparation of an oral report**

A report is a public message or document that contains information and reflects the essence of the issue or research in relation to a given situation.

*Algorithm for performing the task:*

1) clearly formulate the topic;

2) study and select the literature recommended on the topic, highlighting three sources of bibliographic information:

- primary (articles, dissertations, monographs, etc.);

- secondary (bibliography, abstract journals, signal information, plans, graph-diagrams, subject indexes, etc.);

- tertiary (reviews, compilation works, reference books, etc.);

3) write a plan that is fully consistent with the chosen topic and logically reveals it;

4) write a report, observing the following requirements:

- to the structure of the report - it should include: a short introduction justifying the urgency of the problem; main text; conclusion with brief conclusions on the problem under study; list of used literature;

- to the content of the report - general provisions should be explained with specific examples; not to retell individual chapters of a textbook or study guide, but to state your own considerations on the merits of the issues under consideration, to make your own suggestions;

5) arrange the work in accordance with the requirements.

**Methodological instructions for preparing a computer presentation**

Computer presentation: demonstration in a visual form of the main provisions of the report, the degree of mastering the content of the problem.

*Algorithm for preparing a computer presentation:*

1) preparation and agreement with the scientific supervisor of the text of the report;

2) development of the presentation structure;

3) creating a presentation in PowerPoint;

4) rehearsal of the report using the presentation.

Requirements for the design of a computer presentation:

- The presentation must fully comply with the text of your report. First of all, you need to compose the text of the report itself, and secondly, to create a presentation.

- The title slide should contain the topic of the report and the surname, name and patronymic of the speaker.

- The order of the slides should clearly correspond to the structure of your presentation. Do not plan to go back to previous slides or turn them forward during the presentation, this will complicate the process and may interfere with the course of your reasoning.

- Do not try to reflect the entire text of the report in the presentation! The slides should only show the main points of your talk.

- Slides should not be overloaded with graphic and text information, various animation effects.

- The text on the slides should not be too small (size 24-28).

- Sentences should be short, maximum 7 words. Each separate information should be in a separate sentence or on a separate slide.

- The theses of the report must be generally understandable.

- Spelling errors in the text of the presentation are not allowed!

- Illustrations (figures, graphs, tables) should have a clear, concise and expressive title.

- In the design of your presentation, adhere to the principle of "less is more"

- You should not use more than 3 different colors on one slide.

- Beware of light colors, they are difficult to see from a distance.

- The combination of background and text colors should be such that the text is easy to read. Best combination: white background, black text. It is recommended to use black or dark blue as the main font.

- It is better to use the same color scheme throughout the presentation, rather than different styles for each slide.

- Use only one type of font. Better to use a simple typeface instead of exotic and ornate fonts.

- On the final slide, as a rule, they thank you for your attention, provide information for contacts.

*Requirements for the text of the presentation:*

- do not write long;

- break text information into slides;

- use headings and subheadings;

- to improve readability, use: formatting, lists, font selection.

*Presentation background requirements:*

Recommended use: blue on white, black on yellow, green on white, black on white, white on blue, green on red, red on yellow, red on white, orange on black, black on red, orange on white, red on green.

*Requirements for presentation illustrations:*

- The more abstract the material, the more effective the illustration.

- What can be portrayed, it is better not to describe in words.

- To portray what is difficult or impossible to describe in words.

- Use animation as one of the most effective means of attracting and controlling the user's attention.

- Use video information that allows you to dynamically demonstrate information in real time, which is not available with traditional teaching.

- Remember that video information requires a lot of computing resources and significant costs for the delivery and reproduction of the image.

**Guidelines for filling out a death certificate**

MEDICAL CERTIFICATE OF DEATH. FORM NO. 106/У-08

(see Annex No. 1)

1. In accordance with Article 47 of the Civil Code and Article 3 of the Federal Law of November 15, 1997 No. 143-FZ "On Acts of Civil Status" (Collected Legislation of the Russian Federation, 1997, No. 47, Art. 5340; 2001 , No. 44, Art. 4149; 2002, No. 18, Art. 1724; 2003, No. 17, Art. 1553, No. 28, Art. 2889, No. 50, Art. 4855; 2004, No. 35, Art. 3607; 2005 , No. 1, Article 25; 2006, No. 1, Article 10, No. 31, Article 3420) (hereinafter - the Federal Law) cases of birth and death are subject to state registration.

2. Registration form No. 106 / u-08 "Medical death certificate" (hereinafter - the certificate) is intended to ensure state registration of death in the bodies carrying out state registration of acts of civil status (hereinafter - the registry office), and for state statistics static accounting.

*Rules for filling out a medical death certificate*

1. The certificate is filled in with blue or black ink or ballpoint pen, legibly, clearly, without abbreviations or corrections.

The corrected or strikethrough text is confirmed by the entry “to believe corrected”, the signature of the person filling out the certificate, and the round stamp of the healthcare facility. Making more than two corrections to the certificate is not allowed.

2. Filling in the certificate is made by entering the necessary information or underlining the appropriate designation.

3. All items of the certificate must be filled in. If it is impossible to fill in one or another paragraph of the certificate due to the lack of relevant information, a dash is put in it or the entry "unknown", "not established" is made.

4. When filling out the certificate, the full name of the healthcare facility, its address and OKPO code (or a special seal of the healthcare facility with these requisites is put).

Next, the date of issue of the certificate is indicated in the format "day, month, year" (for example, 05.08.

5. When filling out the certificate:

5.1. in clauses 1 - 3, 5, 6, 12, an entry is made on the basis of a document certifying the identity of the deceased (s) - a passport or a document that replaces it, in accordance with the current legislation of the Russian Federation.

5.2. in paragraph 2 the gender is indicated - male or female. Paragraph 3 indicates the date of birth (day, month, year; for example, 20.07.1961). If the date of birth is unknown, a dash is put in all subparagraphs. If only the year of birth is known (determined by a forensic expert), it is indicated in the corresponding position, and dashes are put in the rest. When using computer technologies to process the database, it is allowed to use the letters "XX" instead of unknown information (for example, "XX.XX.1985");

5.3. The date of death of the deceased (s) is entered into paragraph 4 of the primary medical documentation of the healthcare facility (date, month, year, for example, a check is placed in the paragraph;

in clause 5 "Place of permanent residence (registration) of the deceased (s)" information is entered in accordance with the registration mark made in the identity document.

in clause 6, the belonging of the settlement to an urban or rural area is indicated;

5.4. Clause 7 indicates the place of death, which may not coincide with the place of permanent residence (registration) of the deceased (s);

in clause 8, the belonging of the settlement in which the death occurred to an urban or rural area is indicated;

5.5. In paragraph 9, it is noted where the death occurred: at the scene of the accident, in an ambulance, in a hospital, at home or elsewhere;

5.6. Paragraph 10 specifies information about children who died at the age of 168 hours to 1 month: how the child was born - full-term (with a gestational age of 37-41 weeks), premature (with a gestational age of less than 37 full weeks) or post-term (42 full weeks or more);

in paragraph 11, information is recorded about children aged from 168 hours to 1 year:

- birth weight in grams (for example, 1050);

- what was the number of the mother's child (counting the dead and not counting the dead-born);

- the date of birth of the mother (day, month, year; for example: 20.11.1986) and her age (full years).

All information for filling out points 10 and 11 is taken from the corresponding primary medical records of the healthcare facility that monitored and treated the deceased child;

5.7. in clause 12 "Marital status" a record is made whether the deceased was in a registered marriage or not.

5.8. A document proving the identity of a foreign citizen in the Russian Federation is a document proving the identity of a foreign citizen, established by federal law or recognized in accordance with an international treaty of the Russian Federation as an identity document of a foreign citizen.

5.9. Clause 13 "Education" is filled in from the words of relatives (if they are absent, a dash is put or "unknown" is indicated):

- in the position of "professional": "higher" is marked by those who graduated from a higher educational institution - institute, academy, university, etc .; “Incomplete higher education” - those who have completed at least two courses of a higher educational institution and received a diploma of incomplete higher education, as well as those who have completed their studies in the amount of half or more than half of the period of study at a higher educational institution; “Secondary” - those who graduated from a specialized secondary educational institution: technical school, school, college, technical school-enterprise, etc .; “Primary” - those who graduated from an educational institution of primary vocational education (vocational school or lyceum, school of factory training, etc.);

- in the position "General": "secondary (complete)" is indicated for those who graduated from a secondary school, lyceum, gymnasium, etc. and received a certificate of secondary (complete) general education; “Basic” - those who graduated from the 9th grade of a general education institution, an incomplete secondary school, as well as students in the 10th - 11th grade of a secondary general education institution; "Primary" - those who graduated from the primary general education school, as well as students 4 – 9.

The rules for the selection of causes of death and the selection of the initial cause of death are set out in the instructions for coding morbidity and mortality (volume 2 of ICD-10).

*Procedure for issuing a medical certificate of perinatal death*

(see Annex No. 2)

Medical certificate for registration in the registry office is filled in at:

1) those born alive or dead with a body weight of 500 g or more (or, if the birth weight is unknown, a gestation period of 22 weeks or more or a body length of 25 cm or more), including newborns weighing less than 500 g with a gestation period of 28 weeks or more - with multiple births (No. 1687 amendment of 27 December 2011).);

2) newborns born with a body weight of 500 g to 999 g, if they have lived more than 168 hours after birth (7 full days of life).

The criteria for completing The medical certificate (stillbirths and live births, deaths in the first 168 hours of life) are:

a) body weight at birth is 500 g and over (amendment dated 2011.);

b) gestation period – 22 weeks or more (amendment of 2011).);

с) the length of the body from the top of the crown to the heels – 25 cm or more (amendment of 2011).

If the birth weight is unknown, the pregnancy period (22 weeks or more, the amendment of 2011) should be taken into account; if the weight and period of pregnancy are unknown, the length of the body (25 cm or more, the amendment of 2011) should be taken into account.

The medical certificate is issued in cases where there was antenatal death (fetal death during pregnancy, before childbirth) of one of the fetuses with multiple pregnancy in its early stages, and fetal weight less than 500 g, and childbirth occurred during pregnancy 22 weeks or more (amendment of 2011).

For a child born alive and died in the first 168 hours of life, fill in 2 certificates: a Medical birth certificate and a Medical certificate of perinatal death.

For each stillbirth, 1 Medical certificate shall be completed.

In multiple births, separate Medical certificates are filled in for each stillborn or born alive and died in the first 168 hours of life.

In the production of autopsies in centralized pathological departments filled extract from the Protocol (card) of the pathological study, which is transmitted to the medical organization, where there was a stillbirth or death of a child in the first 168 hours of life. The medical certificate is issued by this medical organization, and the section "causes of death" is filled in according to the conclusion of the pathologist.

*Procedure for filling in the Medical certificate of perinatal death*

 The medical certificate is filled in with blue or black ink or ballpoint pen, legible, clear, without abbreviations and corrections. It is allowed to fill in the form of A medical certificate, made by printing, using computer technology. The corrected or crossed-out text is confirmed by the record "corrected to believe", the signature of the person filling in the Medical certificate, and the seal of the medical organization or the private practitioner. No more than two corrections may be made to The medical certificate. Filling of the Medical certificate is made by entering the necessary information and underlining the appropriate symbols. All points of the Medical certificate are subject to filling. If the filling of a Medical certificate is not possible due to the lack of appropriate information, the account "unknown", "not set" or put a dash. When filling in the Medical certificate, the full name of the medical organization, its address and code are indicated. In case of completion of the Medical certificate of private doctor fits his surname, name, patronymic, address and number of the license for medical activities in the respective rows. Then the date of issue of the Medical certificate (date, month, year) is specified and its type is emphasized: "final", "preliminary", "instead of preliminary" or "instead of final". When filling in the Medical certificate "instead of preliminary" or "instead of final" the series and number of the earlier issued Medical certificate (preliminary or final) is in addition specified.

 When filling in the Medical certificate:

in paragraph 1 "the Birth of a dead fetus" indicates the date of the stillbirth - day, month, year, time - hour, minute (e.g., 20.07.2007; 14.30);

paragraph 2," the Child was born alive", indicates the date of birth of the living child and then the date of his death. This indicates the number, month, year, and hours, minutes of birth and death;

in paragraph 3, "Death occurred", a note is made in the position indicating when death occurred: before delivery (1), during delivery (2), after delivery (3) or during an unknown period (4);

in paragraphs 4 to 11 contain information on the mother of a stillborn or child of the deceased until 7 full days of life;

point 4 "the Surname, the name and the patronymic" is filled in completely according to the passport of mother or other document proving the identity of mother, and the surname, the name, the patronymic of the minor mother who has not reached age of fourteen years - on the basis of the birth certificate. If there is no information, a "unknown" entry is made»;

in point 5 "date of birth" the date, month, year - on the basis of the data containing in the document proving the identity of mother (for example, 20.07.1977) is specified.

If the date of birth of the mother is unknown, in all positions, paragraph 5, put a dash. If only the year of birth is known (determined by the forensic expert), it is indicated in the appropriate position, and the rest are dashes. If you use computer technologies for database processing allowed the use of the letters "XX" represent unknown information (e.g., "XX. XX. One thousand nine hundred eighty-five»);

in paragraph 6 "the Place of permanent residence (registration)" submitted data in accordance with the note of registration made in the identity document. In the absence of an identity document, the entry "unknown" is made.

in point 7 "District" indicate the belonging of the settlement to urban or rural areas;

paragraph 8, "Marital status", indicates whether or not a woman is married. In the absence of an identity document, the entry "unknown" is made.

In exceptional cases, to ensure the state registration in the registry office, if the mother has no documents confirming the identity, the doctor (paramedic, midwife) fills in paragraphs 4-8 of the Medical certificate and paragraphs 4-7 of the spine of the Medical certificate from the words of the mother, which should be marked "with the words of the mother" in the upper right corner, certified by the signature of the head of the medical organization or private physician and seal.

paragraph 9 "Education" is to be filled in according to the mother:

in the position "professional": "higher" it is noted graduated from a higher educational institution-Institute, Academy, University, etc.; "incomplete higher" - graduated from at least two courses of higher education and received a diploma of incomplete higher education, as well as those who have completed training in the amount of half or more than half of the period of study in a higher educational institution; "secondary" – graduated from a secondary special educational institution: College, College, College, enterprise, etc.; "primary" - graduated from an educational institution of primary vocational education (vocational school or Lyceum, factory training school, etc.).);

in the position "Total": "secondary (complete)" indicates those who graduated from secondary school, Lyceum, gymnasium, etc. and got the certificate of secondary (complete) General education; basic – graduated from the 9th grade of General education institutions, Junior high school, and the students of 10-11 grades of General secondary education institutions; "initial" – graduated from primary General education school, as well as students in grades 4-9 educational institutions;

paragraph 10 "Employment" is filled in according to the mother:

in the position " was occupied in the economy»:

the "managers and specialists of the highest level of qualification" include managers (representatives) of authorities and management at all levels, including heads of institutions, organizations and enterprises; specialists in the field of natural and technical Sciences, biological, agricultural Sciences, health, education (astronomer, chemist, mathematician, architect, engineer, designer, auditor, financial inspector, economist, etc.).

the "other specialists" include specialists of the average level of qualification of physical and engineering activities, health, education, in the field of financial, economic, administrative and social activities (winemaker, inspector, technician, master, laboratory technician, beekeeper, paramedic, nurse, etc.);

the "skilled workers" include workers engaged in the preparation of information, documentation, accounting and maintenance (typist, clerk, Secretary, timekeeper, accountant, passport officer, cashier, announcer, caretaker, etc.), service workers, housing and communal services, trade (flight attendant, usher, cook, nurse, nurse, hairdresser, photographer, fireman, police officer, kiosk, landscaper, etc.), agriculture, forestry, hunting, fish farming and fishing, including producing products for personal consumption (grower, a milkmaid, a sheep farmer, gamekeeper, sheep Shearer, fellers, fish breeder, fisherman, etc.), small industrial enterprises, art crafts, construction, transport, communication, Geology and exploration of mineral resources (exploder, Turner, carpenter, diver, tinsmith, blacksmith, fitter, Baker, etc.), operators, operatives, and machinists of plant and machinery.

the "unskilled workers" include unskilled workers in the service sector, housing and communal services, trade and related activities (street vendors, Shoe cleaners, domestic servants, apartment cleaners, workers engaged in the repair of buildings, window cleaners, order takers of service enterprises, etc.), unskilled workers employed in agriculture, manufacturing industry, transport (cattle Drover, apiary worker, digger, car washers, etc.), unskilled workers for all sectors of the economy (watchmen, watchmen, storekeepers, stackers, loaders, handymen, etc.);

"employed in the military service" includes all those whose positions, professions and occupations belong to the armed forces of the country;

in the position " was not occupied in the economy»:

"pensioners" include non-working persons receiving an employment (old age, disability, loss of breadwinner) or social pension;

"students and pupils" include students in educational institutions of primary, secondary and higher professional education; students in General educational institutions;

to" working in a personal subsidiary farm " include persons who have been employed in their subsidiary farm (including gardens, vegetable gardens, etc.) agricultural work and (or) the cultivation of livestock mainly for consumption in their economy;

the "unemployed" include persons seeking employment and registered with the employment service as unemployed;

"other" refers to persons (not employed in the economy) who are engaged in the household, and persons without a certain place of residence;

in point 11" which on the account of childbirth " data (taking into account stillbirths) which are taken from the corresponding medical documentation are included.

Paragraphs 12 to 20 provide information on a child who died before 7 full days of life or was stillborn from the relevant medical records;

in point 12 "the Surname of the child (fetus)" - the surname of the newborn (stillborn) child (fetus) is specified at the request of parents if parents have the same surname;

in point 13 "the place of death (stillbirth)" the name of the Republic (edge, area), the area, the city (village) where there was a death (stillbirth) is specified. If there is no information – is done record " is unknown»;

in point 14 "District" the belonging of the settlement to urban or rural areas is specified;

paragraph 15," Death (stillbirth) occurred(o)", States the position indicating where the death occurred: in a hospital, at home, elsewhere or unknown;

in paragraph 16, " Sex "is marked as" boy " or " girl»;

paragraph 17 " birth Weight of the child (fetus)" shall include the body weight in grams recorded at stillbirth or birth of the child.

In live births, the determination of body weight should be carried out in the first hour of life. The actual mass must be recorded with the degree of accuracy with which it was measured in grams (e.g. 3253);

item 18 "length of the body of the child (fetus) at birth" includes the length of the body from the top to the heels, measured in centimeters (for example, 52);

in paragraph 19 "a Stillbirth or a live birth has occurred" is marked in the first position, if the birth is a singleton, the second and third positions are dashes; in the case of a multiple birth in the first position is blank, filled in positions 2 and 3. For example, in the case of the birth of a child, the second of the triplets should be in the first position to put a dash in the second position to write " 2 "and in the third position to write" 3»;

paragraph 20 "of Which the account of the child born from the mother" is filled in, counting the dead and not counting the stillborn under the previous birth;

in point 21 "Death of the child (fetus) occurred" the mark in one of positions is made: from the disease, accident, murder or the sort of death is not established;

paragraph 22," the person who delivered the child", specifies whether the child was delivered by a doctor, a paramedic (midwife) or another person;

paragraph 23, "Causes of perinatal death", records both the causes of death of the fetus or newborn and the pathologies of the mother organism that have had an adverse effect on it.

The causes of perinatal death are recorded on the lines of subparagraphs (a) to (д). The lines of subparagraphs (a) and (б) indicate diseases or pathological conditions of a stillborn child or a child born alive and died in the first 168 hours of life. And one, the main disease, is written on the line of subparagraph (a), and the rest, if any, on the line of subparagraph (б). "Major" means the disease (condition) which, in the opinion of the person completing The medical certificate, contributed most to the cause of stillbirth or death of a child born alive and died in the first 168 hours of life. Such conditions as heart failure, asphyxia, anoxia, prematurity, characterizing the mechanism of death, should not be included in the line of subparagraph (a), unless they were the only known conditions of a child born dead or born alive and died before 7 full days of life.

 On the lines of subparagraphs (в) and (г), the mother's illness or condition should be recorded, which, in the opinion of the person completing The medical certificate, had any adverse effect on the child born dead or born alive and died before 7 full days of life. In this case, the most important disease (condition) should be recorded on the line of subparagraph "в", and others, if any, on the line of subparagraph г).

 The line of subparagraph (д) is intended to record other circumstances that contributed to the death, but which cannot be characterized as a disease or pathological condition of the fetus, child or mother, for example: external causes of injuries and poisoning, delivery in the absence of the person giving birth, the name of the operation or other medical intervention with the date, ill-treatment of the child.

 On the lines of subparagraphs a) and в) can be written only one disease (state) and, accordingly, one code. On the remaining lines can be written several diseases (conditions). Formulations of diseases and conditions should be written only in Russian and without abbreviations.

If you set the condition (status) of the mother or the condition of the placenta, which could have an adverse effect on stillbirths or live births that died up to 7 full days of life, it is not possible, it is recommended to record on the rows of sub-items в) and г) is "unknown", "unknown", and to encode using artificial code XXX.X on line of sub-paragraph в).

Coding of causes of perinatal death is carried out in accordance with the rules of ICD-10.

Each disease (condition) recorded in the lines of subparagraphs (a), (в) and (д) should be coded separately. The main disease (condition) of the mother, which had an impact on the stillborn or live-born and died in the first week of the child's life, recorded on the line of sub-item в), must be coded under one of the headings P00-P04; these headings can not be used to encode diseases (conditions), recorded on the line of sub-item a).

For coding diseases (States) stillborn, or born alive and dead to 7 full days of life of the child, recorded on the line of subparagraph a), in most cases, you need to use the heading P05-P96 (Perinatal condition) or Q00-Q99 "Congenital anomalies (malformations), deformities and chromosomal abnormalities", but you can use any other heading, except P00-P04 " fetal and newborn Lesions, due to maternal conditions, complications of pregnancy, childbirth and delivery».

To encode diseases (States) recorded on lines a) and в), use one code.

To encode the external causes of injuries and poisoning codes used XX class ICD-10, indicated on the line of subparagraph (д). Other circumstances recorded on this row, usually don't require encoding.

In case of death from injuries or poisoning, three codes shall be affixed: the first-by the nature of the injury of the stillborn or the child-on the line of subparagraph (a), the second-the code of the mother's main disease-on the line of subparagraph (в) and the third - the code of the external cause-on the line of subparagraph (д).

When filling in the item in the column "code on ICD-10" two codes should be specified: the first - the main disease of the stillborn or the disease of the child that led to his death, the second - the code of the main disease of the mother that had a damaging effect on the newborn (or stillborn), in accordance with the International statistical classification of diseases and health problems 10 revision (ICD-10).

In point 24 "the Reasons of perinatal death are established" it is specified:

a) who established the cause of the stillbirth or death of a child in 0-168 hours of life – a doctor, only who certified the death; the doctor-obstetrician-gynecologist who took birth, the doctor-neonatologist (a pediatrician) who treated the child; a physician-pathologist; medical examiner; a midwife or a paramedic;

b) on the basis of which the cause of perinatal death is established – only examination of the corpse; records in medical records; own previous observation or autopsy. Sub-paragraph "examination of the corpse" is recommended to be used only in exceptional cases, as to establish the cause of death only on the basis of external examination of the corpse, as a rule, it is impossible;

in point 25 the position, a surname, a name, a patronymic of the doctor (the paramedic, the midwife) who has filled in the Medical certificate is specified, and its signature is put.

The medical certificate is signed by the head of the medical organization or the private practitioner with indication of their surname, name, patronymic and is certified by the round seal;

in point 26 the mark (date, month, year, a surname, a name, a patronymic and the signature) the doctor responsible for check of Medical certificates is made.

*Procedure for filling the spine of the medical certificate of perinatal death*

In paragraphs 1-11 of the spine Medical certificate (hereinafter – Root) make records corresponding to the entries made in the relevant paragraphs of a Medical certificate. The spine is signed by the doctor (paramedic, midwife) who issued the Medical certificate. In point 12 of the Back the position, the surname, the name, the patronymic of the doctor (the paramedic, the midwife) who filled in the Medical certificate is specified and its signature is put. In paragraph 13 of the Spine "the registration of the stillbirth, the death" decree No. the record, the date, the name of the body the registry office and a surname, a name, a patronymic of the worker of the registry office that registered. In point 14 of the Back the surname, a name, a patronymic and the relation to the stillborn (died) child of the recipient of the Medical certificate (mother, the father, the grandmother, etc.) is specified. It also specifies the identity document of the recipient of the Medical certificate (series, number, issued by), the date of receipt and signature of the recipient. The roots of Medical certificates shall be stored at the place of their filling within 1 calendar year after the end of the year when the Medical certificate was issued, after which they shall be destroyed in accordance with the current instructions.

*Example.* Primeval at the age of 26, obstetric and gynecological history is not burdened. She received standard prenatal care starting from the 10th week of pregnancy. At 30-32 weeks of pregnancy, a delay in fetal development was clinically noted, confirmed at 34 weeks. In addition to asymptomatic bacteriuria, no obvious cause of this condition was found. For health reasons performed a cesarean section and extracted a live boy weighing 1600 g. the Placenta weighed 300 g and was described as infarcted. The child developed respiratory distress syndrome. The child died suddenly on the 3rd day. The autopsy revealed hyaline membranes in the pulmonary alveoli and massive hemorrhage in the lateral ventricles of the brain.

Causes of perinatal death:

а) Intraventricular hemorrhage

б) Respiratory distress syndrome; fetal growth retardation

в) Placental insufficiency

г) Bacteriuria during pregnancy

д) Caesarean section

*Coding of causes of death*

Each state recorded in points a), б), в) and г) should be coded separately. The mother's conditions affecting the newborn or the fetus, as recorded in paragraphs (в) and (г), should be coded under headings P00 to P04; these headings should not be used to encode the States recorded in paragraphs (a) and (б). The conditions of the fetus or newborn recorded in paragraph (a) can be coded under any heading other than POO-PO4, but in most cases the headings PO5-P96 (Perinatal conditions) or Q00-Q99 (Congenital anomalies) should be used. For coding of States in points a) and в) use only on one code, but in points б) and г) it is necessary to use so many codes how many States are reported. Paragraph (д) is intended to deal with the circumstances of individual cases of perinatal death, so usually the entry in this paragraph does not need coding. However, if it is necessary to carry out a statistical analysis of the circumstances recorded in paragraph (д) for a single reason, some suitable headings can be found in Classes XX and XXI.

**4. Criteria for evaluating the results of assignments for the independent work of students.**

The criteria for evaluating the completed tasks are presented in the fund of evaluation tools for monitoring progress and intermediate certification in the discipline, which is attached to the work program of the discipline, section 6 "Educational and methodological support for the discipline (module)", in the information system University.

***Annex No. 1***

**КОРЕШОК МЕДИЦИНСКОГО СВИДЕТЕЛЬСТВА О СМЕРТИ**

**К УЧЕТНОЙ ФОРМЕ № 106/У-08**

**СЕРИЯ \_\_\_\_\_\_\_\_\_\_ №\_\_\_\_\_\_\_\_\_**

Дата выдачи «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г.

**(окончательного, предварительного, взамен предварительного, взамен окончательного)**

**(*подчеркнуть*)**

**серия\_\_\_\_\_\_\_\_ №\_\_\_\_\_\_ «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_ г.**

**1.** Фамилия, имя, отчество умершего(ей)

**2.** Пол: мужской 1 , женский 2

**3.** Дата рождения : число\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, год\_\_\_\_\_\_\_\_\_\_\_

**4.** Дата смерти : число \_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_\_\_\_\_, время \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Место постоянного жительства (регистрации) умершего(ей) : республика , край, область
район \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ город \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ населеленный пункт

улица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ дом \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ кв.

**6.** Смерть наступила: на месте происшествия 1 , в машине скорой помощи 2 , в стационаре 3 , дома 4 , в другом месте 5

**Для детей, умерших в возрасте до 1 года:**

**7.** Дата рождения: число \_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_\_\_\_, число месяцев \_\_\_\_\_\_\_\_\_\_, дней жизни \_\_\_\_\_\_\_\_\_\_\_\_

**8.** Место рождения

**9.** Фамилия, имя, отчество матери

линия отреза

|  |  |  |
| --- | --- | --- |
| Министерство здравоохранения и социального развитияРоссийской Федерации  |  | Код формы по ОКУД \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Наименование медицинской организации \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_адрес \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Код по ОКПО \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Для врача, занимающегося частной практикой:номер лицензии на медицинскую деятельность \_\_\_\_\_\_\_\_\_\_\_\_адрес \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Медицинская документация Учетная форма № 106/у-08Утверждена приказом Минздравсоцразвития России от ««26» декабря 2008 г. №782н  |

[**МЕДИЦИНСКОЕ СВИДЕТЕЛЬСТВО О СМЕРТИ**](http://blanker.ru/doc/med-svidetelstvo-o-smerti)

 **СЕРИЯ \_\_\_\_\_\_\_\_\_\_\_\_ №\_\_\_\_\_\_**

Дата выдачи «\_\_\_\_\_"»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ г.

**(окончательное, предварительное, взамен предварительного, взамен окончательного (*подчеркнуть*)**

**серия \_\_\_\_\_\_\_\_\_\_№\_\_\_ «\_\_\_» \_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.**

**1.** Фамилия, имя, отчество умершего(ей)

**2.** Пол: мужской 1 , женский 2

**3.** Дата рождения : число \_\_\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_\_\_

**4.** Дата смерти : число \_\_\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_\_\_, время \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Место постоянного жительства (регистрации) умершего(ей) : республика , край, область
район \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ город \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ населенный пункт

улица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ дом \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ кв.

**6.** Местность: городская 1 , сельская 2

**7.** Место смерти: республика , край, область

район \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ город \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ населенный пункт

улица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ дом \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ кв.

**8.** Местность: городская 1 , сельская 2

**9.** Смерть наступила: на месте происшествия 1 , в машине скорой помощи 2 , в стационаре 3 , дома 4 , в другом месте 5 .

**10**. Для детей, умерших в возрасте от 168 час. до 1 месяца: доношенный (37-41 недель) 1 , недоношенный (менее 37 недель) 2 ,
 переношенный (42 недель и более) 3 .

**11.** Для детей, умерших в возрасте от 168 час. до 1 года:
 масса тела ребенка при рождении \_\_\_\_\_\_\_\_\_\_\_\_ грамм 1 , каким по счету был ребенок у матери (считая умерших и не считая мертворожденных) \_\_\_\_\_\_\_ 2 , дата рождения матери \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 , возраст матери (полных лет) \_\_\_\_\_\_\_\_\_\_\_ 4 ,
фамилия матери \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5 , имя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 , отчество \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7

**12.\*** Семейное положение: состоял(а) в зарегистрированном браке 1 , не состоял(а) в зарегистрированном браке 2 , неизвестно 3 .

**13.\*** Образование: *профессиональное*: высшее 1 , неполное высшее 2 , среднее 3 , начальное 4 ; *общее*: среднее (полное) 5 ,
основное 6 , начальное 7 ; не имеет начального образования 8 ; неизвестно 9 .

**14.\*** Занятость: *был(а) занят(а) в экономике*: руководители и специалисты высшего уровня квалификации 1 , прочие

специалисты 2 , квалифицированные рабочие 3 , неквалифицированные рабочие 4 , занятые на военной службе 5 ;

 *не был(а) занят(а) в экономике*: пенсионеры 6 , студенты и учащиеся 7 , работавшие в личном подсобном хозяйстве 8 ,

безработные 9 , прочие 10 .

**15.** Смерть произошла: от заболевания 1 ; *несчастного случая*: не связанного с производством 2 , связанного с производством 3 ; убийства 4 ; самоубийства 5 ; *в ходе действий:* военных 6 , террористических 7 ; род смерти не установлен 8 .

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**\*** В случае смерти детей, возраст которых указан а пунктах 10-11, пункты. 12 - 14 заполняются в отношении их матерей.

Reverse side

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| **10.** Причины смерти: | Приблизительный период времени между началом патологического процесса и смертью | Код по МКБ-10 |
| I. а)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| (болезнь или состояние, непосредственно приведшее к смерти) |  |  |
|  б)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| (патологическое состояние, которое привело к возникновению вышеуказанной причины) |  |  |
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 |
| (первоначальная причина смерти указывается последней) |  |  |
|  г) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |  |  | **.** |  |

 |
|  (внешняя причина при травмах и отравлениях) |  |  |
| II. Прочие важные состояния, способствовавшие смерти, но не связанные с болезнью или патологическим состоянием, приведшим к ней, включая употребление алкоголя, наркотических средств, психотропных и других токсических веществ, содержание их в крови, а также операции (название, дата)  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**11.** В случае смерти в результате ДТП: смерть наступила – в течение 30 суток 1 , из них в течение 7 суток 2 .

**12.** В случае смерти беременной (независимо от срока и локализации) 1 , в процессе родов (аборта) 2 , в течение 42 дней после окончания беременности, родов (аборта) 3 ; кроме того в течение 43-365 дней после окончания беременности, родов 4

**13.** Фамилия, имя, отчество врача (фельдшера, акушерки), заполнившего Медицинское свидетельство о смерти \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись

**14.** Фамилия, имя, отчество получателя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Документ, удостоверяющий личность получателя (серия, номер, кем выдан) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 «\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г Подпись получателя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16.** В случае смерти от несчастного случая, убийства, самоубийства, от военных и террористических действий, при неустановленном роде смерти - указать дату травмы (отравления): число \_\_\_\_ месяц \_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_ , время \_\_\_\_\_\_, а также место и обстоятельства, при которых произошла травма (отравление)

линия отреза

**17.** Причины смерти установлены: врачом, только установившим смерть 1 , лечащим врачом 2 , фельдшером (акушеркой) 3 , патологоанатомом 4 , судебно-медицинским экспертом 5 .

**18.** Я, врач (фельдшер, акушерка) ,

 (фамилия, имя, отчество)

должность \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

удостоверяю, что на основании: осмотра трупа 1 , записей в медицинской документации 2 , предшествующего наблюдения за больным(ой) 3 , вскрытия 4 мною определена последовательность патологических процессов (состояний), приведших к смерти, и установлены причины смерти.

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| **19.** Причины смерти: | Приблизительный период времени между началом патологического процесса и смертью | Код по МКБ-10 |
| I. а)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 |
| (болезнь или состояние, непосредственно приведшее к смерти) |  |  |
|  б)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 |
| (патологическое состояние, которое привело к возникновению вышеуказанной причины) |  |  |
|  в)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| (первоначальная причина смерти указывается последней) |  |  |
|  г) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 |
|  (внешняя причина при травмах и отравлениях) |  |  |
| II. Прочие важные состояния, способствовавшие смерти, но не связанные с болезнью или патологическим состоянием, приведшим к ней, включая употребление алкоголя, наркотических средств, психотропных и других токсических веществ, содержание их в крови, а также операции (название, дата)  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**20.** В случае смерти в результате ДТП: смерть наступила – в течение 30 суток 1 , из них в течение 7 суток 2 .

**21.** В случае смерти беременной (независимо от срока и локализации) 1 , в процессе родов (аборта) 2 , в течение 42 дней после окончания беременности, родов (аборта) 3 ; кроме того в течение 43-365 дней после окончания беременности, родов 4 .

**22.** Фамилия, имя, отчество врача (фельдшера, акушерки), заполнившего Медицинское свидетельство о смерти \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Руководитель медицинской организации,

частнопрактикующий врач (подчеркнуть) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись) (фамилия, имя, отчество)

 Печать

**23.** Свидетельство проверено врачом, ответственным за правильность заполнения медицинских свидетельств.

 «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись) (фамилия, имя, отчество врача)

***Annex No. 2***

**КОРЕШОК МЕДИЦИНСКОГО СВИДЕТЕЛЬСТВА О ПЕРИНАТАЛЬНОЙ СМЕРТИ**

 **К УЧЕТНОЙ ФОРМЕ №106-2/у -08**

 **СЕРИЯ \_\_\_\_\_\_\_\_\_\_ №\_\_\_\_\_\_**

Дата выдачи "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_г.

**(окончательного, предварительного, взамен предварительного, взамен окончательного (подчеркнуть)**

**серия\_\_\_\_\_\_ №\_\_\_\_ « » \_\_\_\_\_\_\_\_\_ 20\_\_\_ г.**

**1.** Роды мертвым плодом**:** число \_\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_, час. \_\_\_\_\_\_\_\_\_\_, мин. \_\_\_\_\_\_\_\_\_\_\_

**2.** Ребенок родился живым: число \_\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_, час. \_\_\_\_\_\_\_\_\_\_, мин. \_\_\_\_\_\_\_\_\_\_\_

и умер дата: число \_\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_, час. \_\_\_\_\_\_\_\_\_\_, мин. \_\_\_\_\_\_\_\_\_\_\_

**3.** Смерть наступила: 1 до начала родов, 2 во время родов, 3 после родов, 4 неизвестно

**4.** Фамилия, имя, отчество матери \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Дата рождения матери: число \_\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** Место постоянного жительства (регистрации) матери умершего (мертворожденного) ребенка:

республика, край, область \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ район \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

город **(**село) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ улица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ дом \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ кв. \_\_\_\_\_\_\_\_\_

**7.** Местность: городская 1 , сельская 2

**8.** Фамилия, имя, отчество умершего ребенка (фамилия плода)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9.** Пол: мальчик 1 ,девочка 2

**10.** Смерть (мертворождение) произошла: в стационаре 1 , дома 2 , в другом месте 3

линия отреза

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| Министерство здравоохранения и социального развития Российской Федерации |  | Код формы по ОКУД \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Медицинская документация  |
| Наименование медицинской организации \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_адрес \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Код по ОКПО\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Для врача, занимающегося частной практикой: номер лицензии на медицинскую деятельность \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_адрес\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Учетная форма №106-2/у-08Утверждена приказом Минздравсоцразвития Россииот ««26» декабря 2008 г. №782н  |

**[МЕДИЦИНСКОЕ СВИДЕТЕЛЬСТВО О ПЕРИНАТАЛЬНОЙ СМЕРТИ](http://blanker.ru/doc/med-svidetelstvo-o-perinatalnoi-smerti)**

**СЕРИЯ \_\_\_\_\_\_\_ №\_\_\_\_\_**

Дата выдачи «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

 **окончательное, предварительное, взамен предварительного, взамен окончательного (подчеркнуть)**

**серия\_\_\_\_\_\_ №\_\_\_\_ «\_\_\_ » \_\_\_\_\_\_\_\_\_ 20\_\_\_ г.**

**1.** Роды мертвым плодом: число\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_ , час. \_\_\_\_\_\_\_, мин. \_\_\_\_\_\_\_

**2.** Ребенок родился живым: число\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_\_ , час. \_\_\_\_\_\_\_, мин. \_\_\_\_\_\_\_

и умер - число\_\_\_\_\_\_, месяц \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, год \_\_\_\_\_\_ , час. \_\_\_\_\_\_\_, мин. \_\_\_\_\_\_\_

**3.** Смерть наступила: до начала родов 1 , во время родов 2 , после родов 3 , неизвестно 4

|  |  |
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| **Мать** | **Ребенок (плод)** |
| **4.** Фамилия, имя, отчество \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **5.** Дата рождения  матери  |  |  |  |  |  |  |  |  |  |  |
|  число месяц год |

**6.** Место постоянного жительства (регистрации): республика, край, область \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_район \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_город (село) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ улица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ дом\_\_\_\_\_\_ кв. \_\_\_\_\_\_**7.** Местность: городская 1 , сельская 2 **8.** Семейное положение: состоит в зарегистрированном браке 1 , не состоит в зарегистрированном браке 2 , неизвестно 3 **9.** Образование: *профессиональное*: высшее 1 , неполное высшее 2 , среднее 3 , начальное 4 ; *общее*: среднее (полное) 5 , основное 6 , начальное 7 ; не имеет начального образования 8 ; неизвестно 9 **10.** Занятость: *была занята в экономике*: руководители и специалисты высшего уровня квалификации 1 , прочие специалисты 2 , квалифицированные рабочие 3 , неквалифицированные рабочие 4 , занятые на военной службе 5 ; *не была занята в экономике*: пенсионеры 6 , студенты и учащиеся 7 , работавшие в личном подсобном хозяйстве 8 , безработные 9 , прочие 10 **11.** Которые по счету роды  | **12.** Фамилия ребенка ( плода) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**13**. Место смерти (мертворождения):республика, край, область \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_район \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_город (село) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**14.** Местность: городская 1 , сельская 2 .**15.** Смерть (мертворождение) произошла(о):  в стационаре 1 , дома 2 , в другом месте 3 , неизвестно 4 .**16.** Пол: мальчик 1 , девочка 2 **17.** Масса тела ребенка(плода) при рождении г**18.** Длина тела ребенка (плода) при рождении см**19.** Мертворождение или живорождение произошло:  при одноплодных родах при многоплодных родах: которыми по счету  число детей родившихся (живыми и мертвыми)  |
| Reverse side |
| **11.** Причины перинатальной смерти: | Код по МКБ-10 |
| а) основное заболевание или патологическое состояние плода или ребенка |  |  |  |  | . |  |  |
|  |  |  |  |  |  |  |  |
| б) другие заболевания или патологические состояния плода или ребенка |  |  |  |  | . |  |  |
|  |  |  |  |  |  |  |  |
| в) основное заболевание или патологическое состояние матери, оказавшее неблагоприятное  влияние на плод или ребенка |  |
|  |  |  |  | . |  |  |
|  |  |
| г) другие заболевания или патологические состояния матери, оказавшее неблагоприятное  влияние на плод или ребенка |  |
|  |  |  |  | . |  |  |
|  |  |  |  |  |  |  |  |
| д) другие обстоятельства, имевшие отношение к мертворождению, смерти  |  |  |  |  | . |  |  |
|  |  |  |  |  |  |  |  |

**12.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (должность врача (фельдшера, акушерки), (подпись) (фамилия, имя, отчество)

 заполнившего Медицинское свидетельство

 о перинатальной смерти)

**13.** Запись акта о мертворождении, смерти (нужное подчеркнуть) №\_\_\_\_\_\_\_\_\_\_\_\_\_\_ от «\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_ г., наименование органа ЗАГС \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, фамилия, имя, отчество работника органа ЗАГС \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14.** Получатель \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (фамилия, имя, отчество и отношение к мертворожденному (умершему ребенку)

Документ, удостоверяющий личность получателя (серия, номер, кем выдан) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

«\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись)

линия отреза

 **20.** Которым по счету ребенок был рожден у матери (считая умерших и не считая мертворожденных)

|  |
| --- |
| **21.** Смерть ребенка (плода) произошла: от заболевания 1 , несчастного случая 2 , убийства 3 , род смерти не установлен 4  |
| **22.** Лицо, принимавшее роды: врач 1 , фельдшер, акушерка 2 , другое 3  |

|  |  |
| --- | --- |
|  **23.** Причины перинатальной смерти: | Код по МКБ-10 |
| а) основное заболевание или патологическое состояние плода или ребенка |  |  |  |  | . |  |  |
|  |  |  |  |  |  |  |  |
| б) другие заболевания или патологические состояния плода или ребенка |  |  |  |  | . |  |  |
|  |  |  |  |  |  |  |  |
| в) основное заболевание или патологическое состояние матери, оказавшее неблагоприятное  влияние на плод или ребенка |  |
|  |  |  |  | . |  |  |
|  |  |
| г) другие заболевания или патологические состояния матери, оказавшее неблагоприятное  влияние на плод или ребенка |  |
|  |  |  |  | . |  |  |
|  |  |  |  |  |  |  |  |
| д) другие обстоятельства, имевшие отношение к мертворождению, смерти  |  |  |  |  | . |  |  |

**24.** Причины смерти установлены:
врачом, только удостоверившим смерть 1 , врачом-акушером-гинекологом, принимавшим роды 2 , врачом-неонатологом (педиатром), лечившим ребенка 3 , врачом-патологоанатомом 4 , судебно-медицинским экспертом 5 , акушеркой 6 , фельдшером 7
на основании: осмотра трупа 1 , записей в медицинской документации 2 , собственного предшествовавшего
наблюдения 3 , вскрытия 4 .

**25.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (должность врача (фельдшера, акушерки), (подпись) (фамилия, имя, отчество)

 заполнившего Медицинское свидетельство

 о перинатальной смерти)

Руководитель медицинской организации,

частнопрактикующий врач (подчеркнуть) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись) (фамилия, имя, отчество)

 Печать

 **26.** Свидетельство проверено врачом, ответственным за правильность заполнения медицинских свидетельств.

 «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (подпись) (фамилия, имя, отчество врача)