

## TREATING PATIENTS AND PROVIDING EMERGENCY MEDICAL AID

Abdullayeva Dilmura Akhmadullayevna

Faculty of Treatment, Department of Pediatrics, Assistant

**Abstract:** The clinical calling is one that is devoted to serving others through focusing on their wellbeing and prosperity during critical crossroads. As specialists, attendants, paramedics and other clinical staff, we have subscribed to treating patients and giving crisis clinical guide as required. This essential work accompanies extraordinary obligations that we should satisfy to the most elevated moral principles.

**Keywords:** Emergency conditions, first aid, technique, nations, infection, diseases.

**Introduction:** The clinical consideration systems of various countries all around the planet are facing reliably extending emergency division packing. In Canada, the amount of emergency division visits every year has created over an extended time and is screwed up concerning people improvement.

The creating weight of persevering disease and people developing, lacks of clinical consideration providers, a rising number of visits by patients with serious or complex illnesses, and high volumes of low-insight presentations (i.e., patients with a for the most part low prerequisite for critical clinical thought) are a piece of the related causes with this major overall clinical consideration issue.

Consequences of emergency division stuffing integrate extended tension among care providers, 6 extended length of center stay, extended brutality toward staff, extended danger of patient readmission, diminished patient satisfaction, extended possibility of medication blunders, and extended peril of mortality and constant shortcoming results.

One procedure proposed to help with moderating emergency division stuffing has been the new development and execution of treat and conveyance shows or approaches that outfit emergency clinical advantages staff with more noteworthy flexibility by the manner in which they give care to patients. Emergency clinical advantages personnel go probably as the essential asset for certain patients who access emergency clinical consideration organizations.

Their occupation is regularly to control speedy clinical thought followed by transportation of the patient to emergency divisions for extra assessment and treatment. Anyway, treat and conveyance or treat and insinuate shows enable emergency clinical advantages personnel to assess, treat, and delivery patients at the scene or to imply them directly to explicit, non-emergency clinical benefits.

While the objective of these methodologies isn't to divert all patients seen by emergency clinical advantages staff, these systems encourage individuals available to come in to work for ponder elective decisions for patients, when legitimate, particularly for patients with low-sharpness conditions like minor injury, hypoglycemia, minor epistaxis, and innocuous escalations of steady conditions or desolation problems.

At the point when people experience health related crises or wounds, it is urgent that prepared experts are there to survey what is happening rapidly and start overseeing care. As the specialists on call showing up on the scene, paramedics and crisis clinical professionals assume a significant part in balancing out patients and deciding the most fitting course of treatment.

Through intensive evaluations, these clinical staff should distinguish any perilous circumstances and promptly address them through intercessions like CPR, controlling dying, beginning intravenous lines or giving oxygen. Simultaneously, cautious documentation and correspondence is crucial for hand patients off to the crisis division with a full report of signs, side effects and treatment gave so far.

In the crisis division, specialists and medical caretakers' function as a planned group to additionally assess patients and decide the hidden reasons for their clinical issues. A definite history is gotten while at the same time performing actual tests, demonstrative tests and checking the patient's important bodily functions and reaction to starting medicines. Differential judgments are considered as more data opens up to precisely recognize the issue and foster a successful treatment plan. For those with basic, shaky circumstances, fast mediations and steady reassessment are critical to forestall further clinical decay while authoritative treatments are started.

The objective in all crisis clinical consideration is to initially settle the patient and address any impending threats to life or appendage. Be that as it may, our obligations don't end there. As parental figures, we are additionally liable for giving empathetic consideration, keeping patients very much educated regarding the arrangement and progress of their treatment, including relatives when proper, and guaranteeing safe advances to different degrees of care when the crisis has been settled. In circumstances with dubious results or unfortunate guesses, awareness and backing are particularly vital to lighten enduring however much as could be expected.

All through each phase of treatment, the prosperity of the patient should stay the first concern regardless of anything else. We have a commitment to rehearse proof-based medication, use the most state-of-the-art clinical rules and call upon expert counsels when required. Documentation, correspondence, informed assent and regard for patient independence are additionally major parts of guaranteeing moral and excellent consideration. While crises can be exceptionally upsetting conditions, we really must keep up with impressive skill, concentration and clear navigation consistently.

**Conclusion:** The work of treating patients and providing emergency aid is challenging yet profoundly meaningful. Through dedication to compassion, competence and integrity in all our medical duties, we uphold our responsibility to serve communities in their times of greatest vulnerability and need. It is a privilege to be able to make a difference in people's lives during medical crises, and we must honor that privilege through excellence in emergency medical practice.

#### REFERENCES:

1. Bond K, Ospina MB, Barrage S, et al. Recurrence, determinants and effect of congestion in crisis divisions in Canada: a public study. *Healthc Q*. 2007;10(4):32-40
2. Nippak PM, Isaac WW, Ikeda-Douglas CJ, Marion AM, VandenBroek M Is there a connection between crisis division and ongoing lengths of stay? *Can J Provincial Prescription*. 2014;19(1):12-20
3. Medley DB, Morris JE, Stone CK, Melody J, Delmas T, Thakrar K A relationship between inhabitation rates in the crisis division and paces of viciousness toward staff *J Emerg Drug*. 2012;43(4):736-744

4. Guttman A, Schull MJ, Vermeulen MJ, Stukel TA Relationship between holding up times and momentary mortality and medical clinic confirmation after takeoff from crisis division: populace-based partner study from Ontario, Canada BMJ. 2011;342: d2983 PubMed
5. Tekwani KL, Kerem Y, Mistry Cd, Sayger BM, Kulstad EB Crisis Office Swarming is Related with Diminished Fulfillment Scores in Patients Released from the Crisis Division West J Emerg Drug. 2013;14(1):11-15
6. Nurumbetova, S. (2022). VAIN Parts OF Reasonable Strict Assessment IN THE Examination OF Wrongdoings Connected with Restricted Strict MATERIALS. Science and Advancement, 1(6), 108-113.
7. Nurumbetova, S. (2023). Present day Open doors AND Possibilities FOR Improvement Master CRIMINALISTIC Action. Present day Science and Exploration, 2(9), 415-419.