

In order to avoid tuberculosis, the health system has developed preventive measures, namely the BCG vaccine, which is administered to children as early as the first five days. However, it does not protect against all forms of tuberculosis.

Treatment of patients with pulmonary tuberculosis should be comprehensive, individualized, timely and gradual. Effective treatment ensures the restoration of the health of the patient; maintaining or restoring performance; improvement of the epidemiological situation as a result of the elimination of the source of bacterial excretion and interruption of the infection transmission route. Today, TV is considered as one of the most serious threats to human health on a global scale, as a problem of an emergency nature.

An important problem is that TV suffers from a large number of the able-bodied population, which leads to its disability. Therefore, special rehabilitation programs have been developed for people that help a person at the medical and social level. These are individual programs of medical, social and labor rehabilitation and adaptation at the expense of the state budget, including the Fund for the Social Protection of the Disabled, and local budgets. Medical rehabilitation includes: specific therapy; surgery; hygienically guard mode; psychotherapeutic impact; balanced diet; physiotherapy; sanatorium treatment.

Social rehabilitation includes: occupational therapy and employment.

## **THE ROLE OF THE DENTIST IN THE TREATMENT OF EMERGENCY CONDITIONS IN TREATING YOUNG PATIENTS WITH TYPE 1 DIABETES MELLITUS**

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Diabetes mellitus is a disease based on the absolute insulin deficiency in the body, causing metabolic disorders, mainly carbohydrate.

Resistance to infection is sharply weakened in children with poorly controlled or decompensated diabetes mellitus, and slurred healing of wounds. There is a tendency in children with diabetes mellitus to the formation of erosions

and ulcers due to gross microcirculation disorders, gum bleeding. Thus, even outside emergency states, diabetes mellitus is a dental problem worthy of stubborn attention.

Symptoms:

- thirst, polyuria, dry mouth, general weakness, dryness and itching of the skin, decrease in its turgor, pyoderma, periodontal diseases, ulcerative-necrotic processes in the oral cavity (gingivitis, stomatitis);

- hyperglycemia, glucoseuria;

- other symptoms are due to secondary disorders of the function of organs (diseases of the nervous system, nephropathy, angioretinopathy).

Possible complications:

- the development of a diabetic coma because of stress increase the secretion of catecholamines or the purpose of adrenaline as part of solutions of local anesthetics;

- hypoglycemia caused by a reduced amount of carbohydrates during insulin therapy;

- a slow process of wound healing and the development of local infection because of decrease in the phagocytic activity of granulocytes;

- additional risk of related diseases.

Prevention of above-mentioned complications:

- to avoid creating stressful situations in children during treatment (a short time of waiting for admission, the use of adequate pain relief methods);

- to recommend taking the usually used antidiabetic drugs on the day of treatment;

- to recommend the patient not to refrain from eating before dental treatment;

- to conduct dental interventions in children in the morning, 1-2 hours after eating and introducing insulin, it is advisable to prescribe insulin after surgery in order to prevent hyperglycemia;

- it is recommended to use anaesthetic solutions without vasoconstrictor;

- to carry out antibiotic prophylaxis of infections (macrolides of the II generation, II generation penicillin) after dental operations.

Hyperglycemic coma is a complication of diabetes mellitus and may be the result of inadequate insulin therapy or increasing the need for insulin (injury, surgery, intercurrent infectious diseases).

The development of symptoms occurs slowly (from several hours to several days). The child is concerned about the general weakness, increased fatigue, lethargy, drowsiness, noise in the ears, a decrease in appetite, nausea, vague abdominal pain, thirst, and rapid urination. Then, shortness of breath, indomitable thirst. The child is indifferent to what is happening, answers the questions monosyllabic, sluggishly. The skin is dry, rough, dry lips, cracked, sometimes cyanotic. The tongue is raspberry, lined with brownish by plaque, along the edges of tongue there are tooth prints. Gradually, the child flows into a coma, in which consciousness is completely absent. There is noisy deep breathing, which is characterized by a deep breath and a short exhalation, and each breath is preceded by a certain pause (Kussmaul breathing). The pungent smell of acetone is determined in exhausted air. Body temperature is reduced, tendon reflexes disappear, the skin turgor is reduced.

Urgent care:

1. Call the ambulance.
2. Provide venous access, 0.9% sodium chloride solution of 500 ml (at least 1 litre per 1-2 hours). The substituting solutions of dextrane (reopoliglyukin) should not be used for this.

Hypoglycemic coma. It can develop with an overdose insulin, inadequate meal, increased physical activity, other pathological conditions (insulinoma, hypothyroidism, chronic adrenal failure).

The beginning of the attack is rapid, headache, hunger, sweating, pallor of the skin, increased tendon reflexes, tachycardia, trembling, visual impairment (diplopia), aggressive behaviour.

Urgent care:

1. To stop the attack of hypoglycemia, you need to give the patient sweet tea and a bun. Call the ambulance.

2. In the case of loss of consciousness, introduce a 40% solution of glucose (not more than 80–100 ml).

The establishment of an updated diagnosis and, moreover, the choice of methods of diabetes treatment is not the task of a dentist, but monitoring the adequacy of antidiabetic therapy, preventing the decompensation of diabetes mellitus are necessary for the successful treatment of dental diseases.

The final excretion of the child from coma and compensation of diabetes mellitus should be carried out in the conditions of a specialized endocrinological hospital, therefore, in parallel with the beginning of emergency measures in the dental office, it is necessary to call the ambulance.

## **THE ROLE OF THE PUBLIC HEALTH SYSTEM IN THE CONDITIONS OF A HUMANITARIAN DISASTER**

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For the third month in a row, Ukraine has been resisting Russia's full-scale armed aggression. Throughout the martial law, citizens of all over the world focus their efforts on helping Ukrainians, cooperating with volunteer organizations, supporting the Armed Forces and Ukraine's defense capabilities. However, the importation of humanitarian aid into Ukraine raises many procedural issues, especially for military and/or dual-use item.

The humanitarian catastrophe during the war causes mass human suffering, aggression, social disruption, high mortality and destruction. An effective solution to this problem requires the use of a wide range of emergency resources. Humanitarian disasters are responded to in accordance with the International Committee of the Red Cross (ICRC)/Red Crescent Code, which aims to prevent or alleviate human suffering from disaster or conflict, and the Sphere Humanitarian Charter, which defines the rights of people affected by armed conflict. Territorial