**Case 1** Patient P., 50 years old, turned to the FAP paramedic with complaints of cough with yellowish sputum, shortness of breath when walking, fever.

From the anamnesis it is known that the patient works as a postman, the work is associated with frequent hypothermia. The cough has been troubling for more than 10 years, but the patient did not pay attention to it, since it appeared only in the morning, and there was little sputum. Subsequently, the amount of sputum increased. In spring and autumn, over the past five years, exacerbations of the disease occur, accompanied by an increase in body temperature to subfebrile numbers and an increase in the amount of sputum. Against the background of antibiotic therapy, the condition improved. A real deterioration in the last two days, when the cough intensified again with the discharge of a significant amount of sputum, the body temperature rose to 38.00 C.

Objectively: a state of moderate severity. The body temperature is 38.00 C, the skin is moist. The ribcage is barrel-shaped. Above the lungs, during percussion, a pulmonary sound with a boxed shade, during auscultation, weakened vesicular breathing is heard, dry humming rales over the entire surface of the lungs. NPV 24 per min. Heart sounds are muffled, rhythmic, heart rate 105 beats / min. BP 130/80 mm Hg. Art. The liver and spleen are not breathing enlarged. Diagnosis. Complications. Treatment

**Case 2** Patient B., 47 years old, turned to the FAP paramedic with complaints of general weakness, malaise, increased fatigue, decreased performance, increased body temperature, cough with secretion of mucopurulent sputum, increased shortness of breath.

The deterioration of the condition began 5 days ago. Exacerbations occur periodically, more often in winter and are associated with hypothermia. A cough in the morning with a moderate amount of mucous sputum has been troubling for more than 20 years. The patient has been smoking for 30 years.

Objectively: a state of moderate severity. The skin is moist, the body temperature is 37.80 C. The chest is barrel-shaped. Percussion sound over the lungs with a boxed tone. Weakened vesicular breathing, wet and dry rales are determined on both sides. NPV 24 per min. Heart sounds are muffled, rhythmic. Heart rate 100 beats / min., BP 120/80 mm Hg. Art. No abdominal pathology was revealed. FEV1 / FVC less than 70% of the due, FEV1 less than 50% of the due. What happened to the patient? Make a diagnosis. Prescribe treatment

**Case 3** The FAP paramedic was called to the patient V., 43 years old, who complains of daily attacks of suffocation, with difficulty exhaling. After an attack, a small amount of viscous mucous sputum is cough up.

Attacks disturb for 3 years, occur annually in the spring and summer, there is an allergic reaction in the form of urticaria to strawberries, citrus fruits.

Objectively: a state of moderate severity. Forced position - sitting, with support on hands. The skin is clean with a cyanotic shade. The rib cage is barrel-shaped, the participation of the auxiliary muscles in the act of breathing is noted, the NPV is 28 per minute. With lung percussion, a boxed sound is noted. Against the background of weakened vesicular breathing with prolonged exhalation, a large number of dry wheezing sounds are heard. Heart sounds are rhythmic, clear, heart rate 110 beats / min., BP 130/85 mm Hg. Art. No abdominal pathology was revealed.

The peak expiratory flow rate during peak flow is 70% of the expected value. Make a diagnosis. Prescribe treatment

**Case 4** Patient I., 46 years old, turned to the FAP paramedic with complaints of chills, cough with a small amount of sputum, heaviness in the right side of the chest, shortness of breath.

Has been ill for two weeks. He was treated with a diagnosis of acute bronchitis, condition without improvement. Dyspnea increased, body temperature rose to 38.50 C, chest pains on the right decreased. Has been smoking for 30 years. Works as a driver, associates the disease with hypothermia.

Objectively: a state of moderate severity. Body temperature 38.00 C. Forced crawling - half sitting. The skin is pale, moist. NPV 28 per min. When examining the chest, there is a lag in the right half during breathing, on palpation, the vocal tremor on the right is sharply weakened. With percussion to the right along the mid-axillary line from the 7th rib and further below to the spine, the percussion sound is dull. Breathing in this area is not audible. The left border of relative cardiac dullness is 1.0 cm outward from the midclavicular line. Muffled heart sounds, rhythmic, heart rate 110 beats / min., BP 100/60 mm Hg. Art. No abdominal pathology was revealed. Highlight Syndromes, make a diagnosis. Treatment

**Case 5** Patient K., 25 years old, turned to a paramedic with complaints of general weakness, decreased performance, fever, cough with mucous sputum, chest congestion. Ill for 5 days. At first, I was worried about a dry cough, a runny nose, body aches, an increased body temperature, after which phlegm began to separate, and chest congestion appeared. He associates his disease with hypothermia. Works as a bricklayer at a construction site.

Objectively: the temperature is 37.20 C. The general condition is satisfactory. The skin is clean. Percussion over the lungs is a clear pulmonary sound. Breathing hard, scattered dry rales on both sides. No abdominal pathology was revealed.

Symptoms, syndromes. Justify the diagnosis. Treatment

**Case 6** Patient G., 45 years old, turned to the FAP paramedic with complaints of general weakness, fever, cough with mucopurulent sputum, shortness of breath when walking.

He fell ill 10 days ago: a runny nose, a cough, a headache appeared, the temperature was 37.50 C for three days, he was treated independently with a slight positive dynamics. It got worse yesterday - the temperature rose again to 38.00 C. He has been smoking for 20 years.

Objectively: a state of moderate severity, body temperature 38.00 C. The skin is clean, hyperemia of the face. NPV 22 per min. On examination and palpation of the chest, no changes were found. With percussion on the right under the scapula, dullness of the percussion sound. On auscultation in this area, breathing is harder, sonorous moist fine-bubbling rales are heard. Muffled heart sounds, rhythmic, heart rate 100 beats / min. BP 130/80 mm Hg. Art. No abdominal pathology was revealed. Symptoms, syndromes. Justify the diagnosis. Treatment

**Case 7** Calling an emergency room doctor to a 7-year-old child for wheezing, coughing. From the anamnesis it is known that from the age of 3 there are frequent viral infections with broncho-obstructive syndrome. Two days ago, against the background of a viral infection, an attack of suffocation occurred, which was stopped by inhalation of berodual. On examination, at the moment, there is a pallor of the skin, blue under the eyes, physical activity is preserved, speech is not difficult. RR 21 per minute, exhalation is somewhat difficult. Dry rales are heard on auscultation throughout all pulmonary fields. Heart rate 93 per minute. Percussion sound with a boxed tint. Symptoms, syndromes. Justify the diagnosis. Treatment