



On approval of the Standard of pediatric surgical care in the Republic of Kazakhstan

Invalidated Unofficial translation

Order No. ҚР ДСМ -152 of the Minister of Healthcare of the Republic of Kazakhstan dated December 30, 2019. Registered with the Ministry of Justice of the Republic of Kazakhstan on January 5, 2020 under No. 19817. Abolished by the Order of the Minister of Health of the Republic of Kazakhstan dated May 15, 2023 No. 81

Unofficial translation

Footnote. Abolished by the Order of the Minister of Health of the Republic of Kazakhstan dated May 15, 2023 No. 81 (effective after ten calendar days after the date of its first official publication).

In accordance with subparagraph 6) of paragraph 1, Article 7 of the Code of the Republic of Kazakhstan dated September 18, 2009 "On public health and health care system" **I HEREBY ORDER:**

1. To approve the attached Standard of pediatric surgical care in the Republic of Kazakhstan.

2. In accordance with the procedure established by the legislation of the Republic of Kazakhstan, the Department for Organization of Medical Aid of the Ministry of Healthcare of the Republic of Kazakhstan, shall:

1) provide state registration of this order with the Ministry of Justice of the Republic of Kazakhstan;

2) post this order on the Internet resource of the Ministry of Healthcare of the Republic of Kazakhstan;

3) within ten working days after the state registration of this order, report to the Legal Department of the Ministry of Healthcare of the Republic of Kazakhstan on execution of the actions indicated in subparagraphs 1) and 2) of this paragraph.

3. Control over the execution of this order shall be assigned to the Vice-Minister of Healthcare of the Republic of Kazakhstan L.M.Aktayeva

4. This order shall take effect upon expiry of ten calendar days after the date of its first official publication.

*Minister of Healthcare
of the Republic of Kazakhstan*

Ye. Birtanov

Approved by
Order No. ҚР ДСМ-152
of the Minister of Healthcare
of the Republic of Kazakhstan
dated December 30, 2019

Standard of pediatric surgical care in the Republic of Kazakhstan

Chapter 1. General Provisions

1. The standard of pediatric surgical care in the Republic of Kazakhstan (hereinafter - the Standard) has been developed in accordance with subparagraph 6) of paragraph 1, Article 7 of the Code of the Republic of Kazakhstan dated September 18, 2009 "On public health and health care system" (hereinafter - the Code).

2. This Standard establishes the rules, general principles and characteristics for the organization of medical care for children and newborns with surgical pathology at the outpatient, inpatient, inpatient replacement levels, regardless of the form of ownership and departmental affiliation.

3. The following terms and definitions shall be used in this Standard:

1) specialized professional - a health worker with a higher medical education who holds a certificate in a certain field;

2) hospitalization bureau portal - a unified system of electronic registration, accounting, processing and storage of patient referrals for planned hospitalization within the guaranteed volume of free medical care;

3) child - a person under the age of eighteen (majority);

4) immediate medical care - medical care in case of sudden acute illnesses, injuries, a sharp deterioration in health, exacerbation of chronic diseases, without obvious signs of a threat to the patient's life;

5) emergency medical care (hereinafter -EMC) - a form of providing medical care in the event of diseases and conditions requiring emergency medical care to prevent significant harm to health and (or) eliminate a threat to life, and also if it is necessary to transport organs (parts of organs) for subsequent transplantation;

6) urgent medical care - medical care requiring urgent medical intervention to prevent significant harm to health or eliminate a threat to life in case of sudden acute diseases, injuries, a sharp deterioration in health, aggravation of chronic diseases.

7) guaranteed volume of free medical care (hereinafter - GVFMC) - the volume of medical care provided at the expense of budgetary funds according to the list determined by the Government of the Republic of Kazakhstan, citizens of the Republic of Kazakhstan, oralmans, as well as foreign nationals and stateless persons permanently residing in the territory of the Republic of Kazakhstan;

8) compulsory social health insurance (hereinafter -CSHI) - a set of legal, economic and organizational measures to provide health care to consumers of medical services at the expense of the social health insurance fund assets.

9) legal representatives of the child - parents (parent), adoptive parent (adoptive parents), guardian or trustee, foster parent (foster parents), foster caregiver and other

persons substituting for them, ensuring in accordance with the legislation of the Republic of Kazakhstan, care, education, upbringing, protection of the child's rights and interests;

10) regionalization - distribution of inpatient medical organizations by the possibility of providing specialized medical surgical care at three levels in accordance with the degree of surgical intervention risk, taking into account the distribution of human and material and technical resources, as well as the medical care consumption volume.

Chapter 2. General rules for providing pediatric surgical care

4. Pediatric surgical care to children shall be provided within the guaranteed volume of free medical care (GVFMC) and (or) in the compulsory social health insurance (CSHI) system.

The general rules for providing pediatric surgical care shall be: provision of pre-medical, qualified and specialized surgical care, high-tech medical services for children with surgical pathology.

5. Primary health care (PHC) for children with surgical disorders shall be provided by doctors specializing in Pediatrics, General Medicine, Medical Care, holding a specialist certificate in Pediatric Surgery (Neonatal Surgery) (hereinafter -pediatric surgeon) in accordance with Order No. 281 of the Minister healthcare and social development of the Republic of Kazakhstan dated April 28, 2015 "On approval of the Rules for providing primary health care and the Rules for attaching citizens to primary health care organizations" (registered in the Register of State Registration of Regulatory Legal Acts under No. 11268), and also in accordance with the list of guaranteed volume of free medical care approved by Resolution No. 2136 of the Government of the Republic of Kazakhstan dated December 15, 2009 "On approval of the list of guaranteed volume of free medical care."

6. Consultative and diagnostic assistance (hereinafter - CDA) for children with surgical diseases shall be provided in accordance with the Rules for providing CDA, approved by Order No. 626 of the Acting Minister of Healthcare and Social Development of the Republic of Kazakhstan dated July 28, 2015 "On approval of the Rules for the provision of consultative and diagnostic assistance "(Registered in the Register of State Registration of Regulatory Legal Acts under No. 11958).

7. Planned hospitalization shall be carried out through the hospitalization Bureau portal based on the clinical and laboratory indicators for complex therapy in a 24-hour hospital and in hospital-replacing conditions.

8. Inpatient care for children with surgical pathologies shall be carried out in accordance with Order No. 761 of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated September 29, 2015 "On approval of the Rules for

the provision of inpatient care" (registered in the Register of State Registration of Regulatory Legal Acts under No. 12204) (hereinafter - Order No. 761) and in accordance with clinical protocols (hereinafter - CP).

9. Urgent hospitalization of patients in case of emergency conditions requiring resuscitation measures shall be carried out in the nearest hospital.

10. High-tech medical services shall be provided by pediatric surgeons in accordance with Order No. 12 of the Minister of Healthcare of the Republic of Kazakhstan dated February 7, 2017 "On approval of the Rules for the provision of high-tech medical services" (registered in the Register of State Registration of Regulatory Legal Acts under No. 14868).

Chapter 3. General principles and characteristics of the activities of healthcare organizations providing medical care to children with surgical disorders

11. The general principles of the activities of healthcare organizations providing medical care to children with surgical disorders shall be:

1) measures for the prevention and early diagnosis of congenital malformations in the fetus (hereinafter - CMF) in the antenatal period, including participation in prenatal consultations on the prolongation or termination of pregnancy in women in case of suspected or verified congenital malformations in accordance with Order No. 704 of the Minister of Healthcare of the Republic Kazakhstan dated September 9, 2010 "On Approval of the Rules for Organization of Screening" (registered in the Register of State Registration of Regulatory Legal Acts under No. 6490) (hereinafter - Order No. 704);

2) diagnostics, treatment, prevention and follow-up of patients with malformations and surgical pathologies;

3) consultative assistance to children with a surgical pathology;

4) examinations and follow-up of children who have undergone surgery;

5) specialized rehabilitation of patients with surgical pathologies in order to restore impaired body functions, reduce disability;

6) consultative, diagnostic and therapeutic assistance in children's surgical disorders, in accordance with the identified nosology and approved clinical protocols, as well as further checkup and rehabilitation.

12. Pediatric surgical care shall be carried out in the following structural units of healthcare organizations:

1) pediatric surgery suite in healthcare organizations that provide outpatient care (district, city polyclinics, consultative and diagnostic center (at the city and regional level));

2) an outpatient surgery center (hereinafter -OSC) for inpatient care to children in healthcare organizations providing outpatient polyclinic (city polyclinic, consultative

and diagnostic center (at the city and regional level) and inpatient care (consultative and diagnostic department at multifield children's city and regional hospitals);

3) children's surgical beds in healthcare organizations that provide inpatient care on the basis of district hospitals;

4) neonatal surgical beds in healthcare organizations providing inpatient care at the city and regional levels (multifield children's hospitals, perinatal centers), republican healthcare organizations;

5) children's surgical department in healthcare organizations providing inpatient care at the city and regional levels (children's hospitals in the form of a multifield inpatient facility), scientific organizations in the field of healthcare, republican healthcare organizations;

6) a center (department) of newborn surgery in healthcare organizations providing inpatient care at the city and regional level (multifield children's hospitals, perinatal centers), scientific healthcare organizations, republican healthcare organizations.

13. Execution of medical documentation and maintenance of accounting and reporting documentation shall comply with Order No. 907 of the Acting Minister of Healthcare of the Republic of Kazakhstan dated November 23, 2010 "On approval of forms of primary medical documentation of health care organizations" (registered in the Register of State Registration of Regulatory Legal Acts under No. 6697) (hereinafter - Order No. 907).

14. Rehabilitation treatment and medical rehabilitation (including rehabilitation of children) for patients with children's surgical diseases shall be provided in accordance with the CP and standards of the medical care organization of the Republic of Kazakhstan for medical rehabilitation, in accordance with Order No. 98 of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated February 27, 2015 year "On approval of the Rules for rehabilitation treatment and medical rehabilitation, including children's medical rehabilitation" (registered in the Register of State Registration of Regulatory Legal Acts under No. 10678).

Paragraph 1. Provision of pediatric surgical care at outpatient-polyclinic level

15. Outpatient-polyclinic care for children with surgical disorders shall include PHC and CDA.

16. Primary diagnostics and outpatient care for children with surgical disorders shall be carried out in organizations providing primary health care.

17. Provision of surgical care at the outpatient-polyclinic level shall include measures for the prevention of surgical diseases and child injuries, diagnosis, treatment, medical rehabilitation, and formation of a healthy lifestyle.

18. Surgical assistance to children shall be performed by pediatric surgeons in the pediatric surgery suite (hereinafter- Suite), as well as in the OSC in the structure of

healthcare organizations providing outpatient care or in the structure of consultative-diagnostic departments of healthcare organizations providing inpatient care.

19. The OSC structure shall include: an examination room; a waiting room; patient wards, including single-bed (isolation wards); postoperative wards; operating room or operating unit (if necessary); wake-up ward (if necessary); dressing room; procedure room; dressing room (plaster room) and auxiliary rooms.

20. The OSC shall use the capabilities of the paraclinical department of the healthcare organization, where it is based (laboratory diagnostics, ultrasound diagnostics, endoscopy, radiological, bacteriological, histological examinations, specialist consultations and others).

21. The OSC shall provide specialized emergency and planned surgical care during working days in accordance with the labor legislation of the Republic of Kazakhstan;

22. Surgical care for children at the OSC level shall comprise:

1) CDA, medical assistance to children with congenital malformations and acquired diseases requiring surgical correction;

2) the use of minimally invasive surgical techniques in order to exclude complications and relapses of the disease;

3) emergency and immediate medical care in acute conditions and (or) surgical pathology requiring urgent medical intervention, in cases requiring medical care in inpatient conditions, referral of patients to surgical departments, where round-the-clock medical care is provided.

23. The pediatric surgeon of the surgery Suite shall perform:

1) CDA and medical treatment;

2) follow-up of children who have undergone surgical manipulations or surgical interventions for surgical pathology;

3) preventive examinations of children in the serviced area;

4) educative work with the population on the prevention and early diagnosis of children's surgical diseases and formation of a healthy lifestyle;

5) referral of children for inpatient medical care in the presence of medical indications;

6) referral of children for a medical and social examination for registration of disability.

24. Hospitalization in the OSC shall be provided by referral of a PHC or MO specialist with the results of laboratory, instrumental studies and consultations of specialized professionals.

25. In the OSC, children with the following diseases shall be subject to surgical intervention:

- 1) hernia of the anterior abdominal wall (inguinal, inguinal-scrotal, umbilical, abdominal line);
- 2) testicle hydrocele and funiculocele;
- 3) phimosis;
- 4) benign soft tissue small formations;
- 5) ingrown toenail.

26. Surgical interventions shall be made after obtained informed consent in the form of a written voluntary consent from a legal representative in accordance with Order No. 364 dated May 20, 2015 "On approval of the patient's written voluntary consent form for invasive interventions" (registered in the Register of State Registration of Regulatory Legal Acts under No. 11386), with detailed instructions on postoperative behavior and timely informing the surgeon about changes in the post-surgery health condition.

27. After taking the children in, the pediatric surgeon shall give legal representatives recommendations on preparation for the surgery and a list of examinations (tests) to be made, as well as an additional pediatrician's conclusion on the child's health and absence of contacts with infectious patients, valid for 3 days.

28. To determine the surgical and anesthetic risk, choose the method of anesthesia and conduct preoperative preparation, the patient shall be examined by an anesthesiologist-resuscitator (pediatrician), in accordance with Order No. 763 of the Minister of Health of the Republic of Kazakhstan dated October 16, 2017 "On approval of the Standard of organizing delivery of anesthetic and resuscitation care in the Republic of Kazakhstan"(registered in the Register of State Registration of Regulatory Legal Acts under No. 15953) (hereinafter - Order No. 763).

29. A child's stay in the OSC shall not exceed 8 hours, during which the whole range of medical and diagnostic measures shall be performed on him, including examination, surgery, postoperative examination and discharge.

30. The pediatric surgeon shall give legal representatives recommendations on caring for a child, an active lifestyle, limiting heavy physical exertion.

31. Re-examination shall be made on the 7th day after the operation.

Paragraph 2. Provision of inpatient pediatric surgical care

32. Provision of qualified, specialized medical care, as well as high-tech medical services with round-the-clock medical supervision shall be the indication for hospitalization.

33. A patient shall be admitted to a hospital:

- 1) in a planned order - by referral of PHC or MO specialists within the guaranteed volume of free medical care and (or) within compulsory health insurance system;
- 2) on emergency indications - regardless of the availability of a referral;

3) on a paid basis in accordance with the approved Order No. 304 of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated April 30, 2015 "On approval of the Rules and conditions for the provision of paid services in health care organizations and the Standard form of an agreement for the provision of paid services in health care organizations" (registered in the Register of State Registration of Regulatory Legal Acts under No. 11341).

34. Emergency medical care for children with surgical disorders at the pre-hospital stage shall be carried out by ambulance teams in accordance with Order No. 450 of the Minister of Healthcare of the Republic of Kazakhstan dated July 3, 2017 "On approval of the Rules for the provision of emergency medical care in the Republic of Kazakhstan" (registered in the Register of State Registration Regulatory Legal Acts under No. 15473) (hereinafter - Order No. 450):

35. Inpatient surgical care shall be carried out:

1) on neonatal surgical beds in the MO structure of the third regionalization level of perinatal care (perinatal centers) or neonatal beds in the structure of surgical departments of children's city, regional hospitals;

2) in the department (center) of newborn surgery in healthcare organizations providing inpatient care on the basis of city and regional perinatal centers, scientific healthcare organizations, a national healthcare holding, republican healthcare organizations.

36. At the district level, a pediatric surgeon shall provide qualified surgical care for acute surgical diseases and injuries, as well as routine treatment of the most common surgical diseases (herniotomy, phimosis).

37. At the city level, in multifield children's and regional hospitals, republican healthcare organizations, if surgical pathology is suspected or detected in children, the pediatric surgeon shall perform a full volume of general surgical care, in specialized departments, in accordance with the type of surgical care (departments of maxillofacial surgery, otorhinolaryngology, ophthalmology, traumatology, orthopedics, urology, cardiac surgery, neurosurgery).

38. Scientific organizations in healthcare shall provide specialized surgical care and high-tech medical services for children.

39. Planned admission to hospital via the Hospitalization Bureau portal shall be performed in the MO admission department, with the doctor filling out the medical documentation approved by Order No. 907, in the presence of medical indications after obtaining the written voluntary consent of the patient's legal representative for medical and diagnostic measures, invasive manipulations in accordance with Order No. 761.

40. When a patient is hospitalized, the doctor / nurse of the admission department shall carry out distribution on the Triage system in accordance with order No. 450.

41. When a patient is admitted to hospital, the legal representative of the patient and the healthcare organization shall conclude an Agreement in accordance with Order No. 418 of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated May 29, 2015 “On approval of a model agreement for the provision of medical care within the guaranteed volume of free medical care, concluded between the patient and the medical organization”(registered in the Register of State Registration of Regulatory Legal Acts under No. 11520).

42. When providing emergency medical care in the hospital’s admission department by the surgeon on duty:

1) an examination shall be carried out no later than 10 minutes from the moment of the patient’s admission, in case of life-threatening conditions of the patient - immediately;

2) the patient's general condition, objective status shall be assessed, urgent medical care shall be provided, additional laboratory and instrumental studies shall be determined to clarify the diagnosis, and a decision shall be made on the patient's hospitalization or outpatient treatment;

3) in cases of hospitalization of the patient in the relevant departments, a medical card shall be drawn up with a list of prescriptions, in which the general condition of the patient is assessed, also complaints, anamnesis of the disease and life, objective research data, revealed pathology, clinical assessment of laboratory and functional studies performed, preliminary diagnosis, diagnostic and therapeutic measures;

4) an interview shall be conducted with further receipt of the written voluntary consent of the legal representative of the patient (taking into account the patient’s present condition) for treatment and diagnostic measures;

5) if the patient declines medical care, a refusal shall be drawn up in accordance with Article 93 of the Code, excepting the cases provided for in Article 94 of the Code.

43. In the absence of legal representatives, the decision on the provision of medical care shall be made by a council of at least three specialists, and if it is impossible to convene a council - directly by a health worker with subsequent notification of the MO administration.

44. When hospitalized or transferred to the surgical department (or specialized unit in the profile, if any), the child shall be supervised by the doctor of this department until discharge from the hospital.

45. The scope of diagnostic and therapeutic measures for children with surgical diseases at various medical care stages shall be carried out in accordance with the CP.

46. In cases where the final diagnosis requires watchful waiting and the full scope of urgent medical and diagnostic measures, the patient shall be allowed to stay in the diagnostic ward of the hospital’s admission department from two hours to a day in accordance with the rules for providing inpatient care approved by Order No. 761. In

this period, the full scope of urgent medical and diagnostic measures shall be carried out.

47. The team of pediatric surgeons shall start operative intervention on urgency indications no later than two hours from the moment the patient comes to the hospital and the diagnosis is made.

48. The surgeon on duty, in agreement with the responsible doctor on duty at the hospital, shall appoint the start of the operation, and the responsible doctor on duty shall form a surgical team.

49. Before surgery, a doctor specializing in Anesthesiology and Resuscitation (Pediatric) shall examine the patient to assess the severity of the condition, determine the timing, place, duration of preoperative preparation, the risk of anesthetic support, and the choice of anesthesia method in accordance with Order No. 763.

50. In the process of surgical intervention, the surgeon shall sample biomaterial from the patient (if any) from abdominal and pleural cavities, abscess cavity and refer the biomaterial for bacteriological examination and determination of sensitivity to antibacterial drugs, for pathomorphological and histological examination.

51. The pediatric surgeon shall reflect the surgical intervention in the inpatient medical record in the form of a preoperative epicrisis, a protocol of the operation indicating the time of the beginning and end of the operation, referrals for histological examination of the biomaterial with description of the gross specimen.

52. After surgery under general anesthesia, the child shall be placed in the wake-up ward or in the intensive care unit under the supervision of a health worker (doctor, nurse, anesthetist).

53. At all medical care levels, in case of difficulty of diagnosing, failure of treatment, the deputy chief physician shall organize a consultation (examination of the patient by a specialist of a higher qualification or another profile) or a case conference (examination of a patient, with involvement of at least three specialists of higher qualifications, or another profile, with additional examination of the patient in order to establish a diagnosis, determine treatment strategy, prognosis of the disease, as well as resolve the need to transfer to another level), including a specialist of the republican scale. In the evening, at night, on weekends and holidays, the consultation or case conference shall be organized by the responsible doctor on duty at the hospital.

54. Transfer of patients with acute surgical pathology from non-core hospitals shall be made after preliminary examination and consultation by a pediatric surgeon and agreement with the administration (with the head of the surgery department, deputy chief physician for treatment and prophylactic work or chief physician) of the medical institution where to the child is transferred.

55. Refusal from medical care with an indication of the possible consequences shall be entered in medical documents and signed by a legal representative, as well as a health worker in accordance with Article 93 of the Code.

56. In case the legal representative does not agree to sign a refusal from medical care, an appropriate entry on it shall be made in the medical documentation and signed by the health worker.

In cases where the delay of the surgical intervention threatens the child's life, and it is not possible to obtain his legal representative's consent, the decision shall be made by the doctor or council of physicians, followed by informing the legal representative about the measures taken, the scope and methods of surgical intervention.

57. Surgical care for newborns shall be performed by a pediatric surgeon who has completed 216 hours of advanced training on neonatal surgical care (hereinafter - neonatal surgeon).

58. A neonatal surgeon shall take part in physicians' councils when deciding on the prolongation or termination of pregnancy in women, in case of confirmation of a congenital malformation of the fetus with a cytogenetic conclusion in accordance with Order No. 704.

59. In case of prolongation of pregnancy due to congenital malformations of the fetus requiring surgical treatment immediately after birth, pregnant women, women in labor and parturient women shall be referred for childbirth to the MO of the third regionalization level of perinatal care of the city and regional scale or republican health organizations.

60. In the event of birth of a child with congenital malformations, and absence of indication for surgery, the child shall be monitored by a neonatologist together with a neonatal surgeon (or pediatric surgeon) in the healthcare organization where the woman gave birth.

61. In the event of birth of a newborn with congenital malformations requiring surgical intervention or when an acute surgical pathology of the neonatal period is detected (retinopathy, hemodynamically significant ductus arteriosus, progressive hydrocephalus), medical assistance shall be provided by neonatologists prior to transfer to a specialized department (center) or a newborn surgery bed in this region.

62. In the event of birth of a child with concomitant malformations incompatible with life, the child shall be monitored by a neonatologist together with a neonatal surgeon (or pediatric surgeon) in the health care organization, where the woman gave birth in order to receive symptomatic and post-syndromic treatment.

63. Full-term and premature infants up to the post-conceptual age of 41 weeks plus (+) 28 days shall be subject to hospitalization in surgical beds, departments (centers) of perinatal care of the third regionalization level.

64. In the presence of indications for surgical intervention, the preparation of a newborn for surgery shall be carried out by a neonatal surgeon (in his absence, a pediatric surgeon) together with a doctor specializing in anesthesiology and resuscitation (perfusion, toxicology, neonatal resuscitation) (pediatric), and on the basis of the MO of third-level regionalization of perinatal care (city, regional) or organization of republican scale together with a neonatologist of the department of resuscitation and intensive care of newborns. Before the operation, a repeated examination by a doctor specializing in anesthesiology and resuscitation (perfusion, toxicology, neonatal resuscitation) (pediatric)" shall be required.

65. Surgical care for newborns in the department (center) of newborn surgery shall be carried out in an urgent and planned order from the neonatal period to full recovery or stabilization of the impaired body functions.

66. A specialized department (center) of neonatal surgery shall be arranged as a single isolated unit in the MO of third-level regionalization of inpatient surgical care (city, regional) or in the MO of third-level regionalization of perinatal care (perinatal centers) or organizations of republican scale.

67. The department (center) of newborn surgery shall carry out:

1) round-the-clock urgent and planned specialized neonatal surgical, intensive and resuscitation therapy in accordance with the diagnostic and treatment protocols;

2) measures to prevent and reduce incidence of nosocomial infections of newborns;

3) study and implementation in clinical practice of modern methods of diagnostics and treatment of congenital malformations in a newborn based on the principles of evidence-based medicine and scientific and technical achievements;

4) urgent on-site neonatological assistance by creating mobile neonatological medical teams with a neonatologist surgeon, supplied with cars with the required modern medical equipment, if necessary, using air ambulance for transporting newborns with congenital malformations and other pathologies subject to surgical treatment.

68. After completion of inpatient treatment, the patient shall be issued an extract from the inpatient's medical record with the results of the examination and treatment, recommendations for subsequent outpatient care strategy. Information about them (electronic statement) shall be directed to the PHC organization at their attachment place.

69. After discharge from the hospital, children shall be followed up by a pediatric surgeon at the attachment place.

70. Medical care for pediatric surgical diseases shall be provided in accordance with regionalization levels of the inpatient surgical care, depending on the severity of the disease and the medical care level, as well as the possibility of treating the patient at this level.

71. For regionalization of medical pediatric surgical care, local public health authorities of regions, cities of republican scale and the capital shall develop and, by the order of the senior official, approve their regionalization scheme, taking into account the geographical accessibility, human and material resources of the MO.

72. The first regionalization level shall include:

children's surgical beds in the structure of a specialized surgical department (combined with another somatic department) of multifield hospitals (district, central district, interdistrict hospitals);

children's surgical beds and (or) departments of multifield urban in-patient facilities in towns located in rural or remote areas.

73. At the first regionalization level, pediatric surgeons shall provide assistance according to vital indications - a basic complex of anti-shock and resuscitation therapy, surgical intervention for urgent surgical pathology of the abdominal organs, primary surgical treatment of wounds, minor operations, as well as treatment and nursing care of major surgical diseases requiring planned surgical intervention (in the presence of appropriate qualified personnel and the necessary equipment) in cases of:

umbilical ring and paraumbilical hernias;

inguinal hernia;

varicocele;

purulent-inflammatory diseases of integumentary tissues.

74. MOs of the second regionalization level of inpatient surgical care for children shall include MOs that provide specialized medical care and individual high-tech medical services, avail of highly qualified medical personnel who know modern methods of treating surgical patients, have modern medical and diagnostic equipment and medicines, round-the-clock surgical post, clinical, biochemical, bacteriological laboratory, intensive care unit.

75. Organizations of the second regionalization level of inpatient surgical care shall include surgical departments and centers of multifield hospitals (city, regional).

76. Surgical care for children shall be provided in general surgery departments or specialized departments (specializing in the profile: general surgery, purulent surgery, neurosurgery, traumatology and orthopedics (combustiology), urology, maxillofacial surgery, otolaryngology, ophthalmology, cardiac surgery).

77. When a patient is admitted to MO of second regionalization level of inpatient surgical care with a surgical disease that does not correspond to the extent of severity and in the absence of the possibility of treating the patient at this level, the risk of developing surgical complications shall be assessed, also the risk of transportation, urgent measures shall be taken to stabilize the patient's condition and prepare him for transfer to a higher-level MO with a call of a mobile ambulance team.

78. Specialists of MOs of second regionalization level of inpatient surgical care shall provide consultative and diagnostic assistance to the first level MOs.

79. Organizations of the third regionalization level of surgical care for children shall include MOs that provide high-tech medical services, up to unique operations, performed by highly qualified medical professionals, supplied with modern medical and diagnostic equipment and drugs, with a round-the-clock surgical post, clinical, biochemical, bacteriological laboratory, resuscitation and intensive care unit.

80. Organizations of the third regionalization level of inpatient surgical care shall include surgical departments of multifield hospitals of regional centers, cities of republican scale, republican healthcare organizations.

81. Specialists of MOs of the third regionalization level of inpatient surgical care for children, shall provide consultative-diagnostic, medical and organizational-methodological assistance to the second and first level MOs, perform the functions of coordinating the pediatric surgical service in the region, and also carry out trainings with medical staff of the first and second level MOs.

82. Telemedicine consultations and assigning of qualified specialists to provide medical care in the form of air ambulance shall be performed in accordance with Order No. 933 of the Minister of Healthcare of the Republic of Kazakhstan dated December 11, 2017 " On approval of the Rules for providing medical aid in the form of air ambulance" (registered in the Register of State Registration of Regulatory Legal Acts under No. 16245).

Paragraph 3. Provision of pediatric surgical care at hospital-replacing level

83. Hospital-replacing care for children with surgical diseases shall be provided in accordance with the Rules for providing hospital-replacing care, approved by Order No . 669 of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated August 17, 2015 "On approval of the Rules for providing hospital-replacing care" (registered in the Register of State Registration of Regulatory Legal Acts under No. 12106).

84. Hospital-replacing care for children with surgical diseases shall be provided within the GVFMC and (or) in the CSMI system and shall be carried out in a day hospital and / or a hospital at home on the referral of a PHC specialist or a medical organization with the results of laboratory, instrumental studies and consultations of specialized professionals.

85. Contraindications for hospital-replacing care shall be:

- 1) diseases requiring round-the-clock medical procedures and medical supervision;
- 2) infectious diseases during the epidemiological danger period;
- 3) diseases that pose a danger to others, in accordance with Order No. 367 of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated

May 21, 2015 "On approval of the list of socially significant diseases and diseases that pose a danger to others" (registered in the Register of State Registration of Regulatory Legal acts under No. 11512).

86. When providing hospital-replacing care in a day hospital and a home care, the doctor shall examine the patient, adjust the treatment, and, if necessary, prescribe additional laboratory, instrumental examinations and consultations of specialized professionals in keeping with the standards for providing medical care of specialized services and clinical diagnostic and treatment protocols.

87. The day hospital shall be intended for treatment measures for patients over 3 years old who do not require round-the-clock medical supervision:

1) when the condition worsens, requiring round-the-clock observation, the patient shall be hospitalized in an in-patient facility.

2) the duration of the patient's treatment in a day hospital shall last no more than 8 working days.

88. Indications for home care of the patients shall be organ dysfunctions that prevent the patient from visiting the day hospital on a daily basis when he is in need of hospital-replacing care, presence of orphan (rare) diseases in children associated with a high risk of infectious complications and requiring isolation during the period of seasonal viral diseases, to receive regular replacement enzyme and antibacterial therapy.

89. The home care shall last no less than 3 working days and in case of acute diseases no more than 5 working days, in case of exacerbation of chronic diseases no more than 8 working days.