## NSC 408 Assignment

17/MHS02/099

(1) **management of cardiac arrest**

Sudden cardiac arrest requires immediate action for survival.

### **CPR;** Immediate CPR is crucial for treating sudden cardiac arrest. By maintaining a flow of oxygen-rich blood to the body's vital organs, CPR can provide a vital link until more-advanced emergency care is available.

###  Then, if the person isn't breathing normally, begin pushing hard and fast on the person's chest — at a rate of 100 to 120 compressions a minute, allowing the chest to fully rise between compressions. Do this until an automated external defibrillator (AED) becomes available or emergency personnel arrive.

### **Defibrillation;** Advanced care for ventricular fibrillation, a type of arrhythmia that can cause sudden cardiac arrest, generally includes delivery of an electrical shock through the chest wall to the heart. The procedure, called defibrillation, momentarily stops the heart and the chaotic rhythm. This often allows the normal heart rhythm to resume. This should be immediately followed by transferring to emergency room.

(2) **management of carbon monoxide poisoning**

* Promptly remove the patient from continued exposure and immediately institute oxygen therapy with a nonrebreather mask.
* Perform intubation for the comatose patient or, if necessary for airway protection, and provide 100% oxygen therapy.
* Institute cardiac monitoring. Pulse oximetry, although not useful in detecting
* carboxyhemoglobin (HbCO), is still important because a low saturation causes even greater apprehension in this setting.
* Give notification to the emergency department for comatose or unstable patients because rapid or direct transfer to a hyperbaric center may be indicated.
* If possible, obtain ambient carbon monoxide (CO) measurements from fire department or utility company personnel, when present.
* Early blood samples may provide much more accurate correlation between HbCO and clinical status; however, do not delay oxygen administration to acquire them.
* Obtain an estimate of exposure time, if possible
* Avoid exertion to limit tissue oxygen demand.

**(3) Management of epistaxis**

* Put on protective gear, including gown, gloves, and face shields. Quickly assess the ABCs (airway, breathing, and circulation) and support them as indicated. Reassure the patient.
* Have the patient sit upright with her head tilted forward, and instruct her to apply direct external digital pressure to the nares with her index finger and thumb.
* Ensure bedside suction is functioning properly. Provide an emesis basin and tissues. Tell her to spit blood into the basin if necessary.
* Assess for signs and symptoms of hemodynamic instability, including change in mental status, pallor, diaphoresis, hypotension, tachycardia, and tachypnea.
* If bleeding is significant, establish vascular access, place the patient on a cardiac monitor, and begin fluid resuscitation with a crystalloid solution, as prescribed. Obtain specimens for blood work, including complete blood cell count and coagulation profile, as prescribed.
* Obtain a focused health history, including previous nosebleeds, other bleeding episodes, easy bruising, and medication use, especially use of aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs), antiplatelet agents, warfarin, and herbal products.
* If bleeding persists, assist in preparing the epistaxis tray and a headlamp. Make sure lighting is adequate.

**(4) management of foreign body in the eyes**

* The doctor or nurse checks your vision.
* Once they find the foreign body, they gently remove it after numbing the eye with anaesthetic eye drops. If it is central or deep, they will arrange for you to see an ophthalmologist (specialist eye doctor) to have it removed.
* Your eye may be washed with saline (sterile salt water) to flush out any dust and dirt.
* X-rays may be done to check whether an object has entered your eyeball or orbit.
* Your eye may be patched to allow it to rest and any scratches to heal.
* You will be advised not drive until the eye patch is removed and your vision has returned to normal.
* Your doctor will want to see you again to check that your eye is healing and that your vision is all right. You should not miss this appointment. Even though you may feel better, your eye may not have fully healed. The follow-up is needed to make sure the treatment is working.
* If there are any serious problems, or a residual rust ring, you will be sent to an ophthalmologist.