MATRIC NO: 16/MHS02/035

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COURSE CODE: NSC 408

ASSIGNMENT

1. Management of cardiac arrest

Cardiac arrest is an abrupt cessation of effective cardiac pumping activity resulting in cessation of circulation

* Assess for the absence of spontaneous respiration and carotid pulse for 5 to 10 seconds
* Call for help
* Place patient on the back on a hard surface, or a board is placed behind the chest
* Start urgent cardio-pulmonary resuscitation (C.P.R)
* Follow Airways, Breathing, Circulation and defibrillation (ABCD) steps of C.P.R

**AIRWAY:** Extend the neck in order to maintain a clear airway and to prevent the tongue from falling back

* Look for any foreign material, liquid, or solids in the patient’s mouth
* Remove any debris, mucus or saliva obstructing the airway with a hooked index or middle finger
* Open the airway using the head-tilt/chin-tilt manoeurve or jaw thrust manoeurve
* Put guedal airway to maintain patency of the airway until time endotracheal intubations occurs

**BREATHING:** Assess for breathing and maintain an open airway. Place your ear over patient’s nose and mouth and look for chest to rise and fall. Listen for air moving in and out of the lungs, and feel the flow of air

* Maintain the head tilt-chin lift
* Use mouth-to-mouth method of artificial respiration
* Pinch the nostrils closed
* Form a seal with the mouth
* Give two, slow full ventilations (breaths) quickly
* Allow the patient to exhale between breaths
* In hospital or clinic, Ambu bag attached to an oxygen source is used as greater oxygen source is used as greater oxygen is delivered through this source
* Give 10 to 12 breathe per minute
* If unsuccessful at giving the breath or ventilation, reposition the patient’s head, check for foreign body or loose dentures clear the airway, and try again

**CIRCULATION:** Assess circulation; check for the absence of a pulse before beginning chest compressions on the patient

* Maintain an open airway and palpate for a carotid pulse for 5 to 10 seconds
* If there is a pulse, continue breathing resuscitation with 10 to 12 breath per minute
* If there is no pulse, start external chest compression immediately

**CHEST COMPRESSION**

* Place heel of hand over one third up the sternum from its tip (xiphoid process)
* Interlock hands and compress the chest
* The pressure should depress the sternum 2-4cm
* Maintain the ventilation and compression ratio at one rescuer one breath after every five compression
* Continue until arrival of the doctor
* Drugs use are IV infusion (isotonic normal saline) 5% dextrose at 20-40d/min)etc

1. Management of carbon monoxide poisoning

A potentially fatal condition caused by inhalation of carbon monoxide gas which competes favorably with oxygen for binding with hemoglobin and thus interferes with the transportation of oxygen and carbon dioxide by the blood

* **BREATHING PURE OXYGEN:** In the emergency room, you may breathe pure oxygen through a mask placed over your nose and mouth. This helps oxygen reach your organs and tissues. If you can't breathe on your own, a machine (ventilator) may do the breathing for you.
* **SPENDING TIME IN A PRESSURIZED OXYGEN CHAMBER:** In many cases, hyperbaric oxygen therapy is recommended. This therapy involves breathing pure oxygen in a chamber in which the air pressure is about two to three times higher than normal. This speeds the replacement of carbon monoxide with oxygen in your blood.

Hyperbaric oxygen therapy may be used in cases of severe carbon monoxide poisoning. It helps protect heart and brain tissue, which are particularly vulnerable to injury from carbon monoxide poisoning. Hyperbaric oxygen therapy may also be recommended for pregnant women because unborn babies are more susceptible to damage from carbon monoxide poisoning

1. Management of epistaxis

Bleeding from the nose.

* Relax.
* Place the patient upright and lean the body and head slightly forward. This will keep the blood from running down the throat, which can cause [nausea, vomiting](https://my.clevelandclinic.org/health/articles/nausea-and-vomiting), and [diarrhea](https://my.clevelandclinic.org/health/articles/diarrhea).
* Tell patient to breathe through your mouth.
* Use a tissue or damp washcloth to catch the blood.
* Use your thumb and index finger to pinch together the soft part of your nose. Make sure to pinch the soft part of the nose against the hard bony ridge that forms the bridge of the nose. Squeezing at or above the bony part of the nose will not put pressure where it can help stop the bleeding.
* Keep pinching the nose continuously for at least 5 minutes (timed by clock) before checking if the bleeding has stopped. If the nose is still bleeding, continue squeezing the nose for another 10 minutes.
* If you’d like, apply an ice pack to the bridge of your nose to further help constrict blood vessels (which will slow the bleeding) and provide comfort. This is not a necessary step, but you can try this if you want.
* After the bleeding stops, DO NOT bend over, strain and/or lift anything heavy. DO NOT blow or rub your nose for several days.

1. Management of foreign body in the eye

Removing a foreign object yourself could cause serious eye damage. Get immediate emergency treatment. If you have a foreign object embedded in your eye, or you’re helping someone with this problem, it’s important to get medical help immediately. To avoid further injury to the eye:

* Restrict eye movement.
* Bandage the eye using a clean cloth or [gauze](https://amzn.to/2NWPoQk).
* If the object is too large to allow for a bandage, cover the eye with a paper cup.
* Cover the uninjured eye. This will help prevent eye movement in the affected eye.