**MATRIC NUMBER: 16/MHS01/214**

**ASSIGNMENT**

Read about Emergency Nursing and answer the following questions. Your submission must be typed (maximum of 4 pages) and uploaded as an attachment.

1. Management of cardiac arrest

2. Management of carbon monoxide poisoning

3. Management of epistaxis

4. Management of foreign body in the eye

**MANAGEMENT OF CARDIAC ARREST**

Cardiac arrest requires immediate action for patient’s survival. It is treated as an emergency which requires a rapid response.

1. Immediate cardiopulmonary resuscitation is done to restore flow of oxygenated blood to vital organs.
2. Loosen tight clothing around the chest and waist.
3. Place the patient in a flat surface and tilt the head to the back
4. Wipe off secretions from the upper respiratory tracts
5. If ambu bag is available, oxygen should be delivered 4-6 litres per minute
6. If no ambu bag; artificial respiration, mouth-to-mouth respiration to deliver oxygen to the alveoli of the lungs.
7. Start CPR immediately
8. If there is a defibrillator, deliver one shock before carrying out CPR.

**MANAGEMENT OF CARBON MONOXIDE POISONING**

**PRIMARY ASSESSMENT OF PATIENT WITH CARBONMOOXIDE POISONING**

Assess airway and breathing for

–If the carbon monoxide poisoning is due to smoke inhalation, stridor (indicative of laryngeal edema due to thermal injury) may be present.

-Respiratory depression may be present.

**PRIMARY INTERVENTIONS**

1. Provide 100% oxygen by tight-fitting mask
2. The elimination half-life of carboxyhemoglobin, in serum, for a person breathing room air is 5 hours 20 minutes
3. If the patient breathes 100% oxygen, the half-life is reduced to 80 minutes
4. 100% oxygen in a hyperbaric chamber will reduce the half-life to 23 minutes [treatment of choice
5. Intubate, if necessary, to protect the airway.

**GENERAL INTERVENTIONS**

History of exposure to carbon monoxide justifies immediate treatment.

GOALS: to reverse cerebral and myocardial hypoxia and hasten carbon monoxide elimination.

1. Give 100% oxygen at atmospheric or hyperbaric pressures to reverse hypoxia and accelerate elimination of carbon monoxide
2. Patients should receive hyperbaric oxygen for CNS or cardiovascular system dysfunction.
3. Use continuous ECG monitoring, treat dysrhythmias, and correct acid-base and electrolyte abnormalities.
4. Observe the patient constantly—psychoses, spastic paralysis, vision disturbances, and deterioration of personality may persist after resuscitation and may be symptoms of permanent CNS damage.

**MANAGEMENT OF EPISTAXIS**

1. Initial management includes compression of the nostrils (application of direct pressure to the septal area) and plugging of the affected nostril with gauze or cotton that has been soaked in a topical decongestant.
2. Direct pressure should be applied continuously for at least five minutes, and for up to 20 minutes.
3. Tilting the head forward prevents blood from pooling in the posterior pharynx, thereby avoiding nausea and airway obstruction.
4. Hemodynamic stability and airway patency should be confirmed.
5. Fluid resuscitation should be initiated if volume depletion is suspected.
6. Every attempt should be made to locate the source of bleeding that does not respond to simple compression and nasal plugging.
7. The examination should be performed in a well-lighted room, with the patient seated and clothing protected by a sheet or gown.

**MANAGEMENT OF FOREIGN BODY IN THE EYE**

Most of the time, a person can easily remove debris from the eye. It is possible, however, to scratch a cornea while attempting to get an object out. A scratched cornea can take several days to heal and may even require treatment. Therefore, it is vital to be careful and ask for help if necessary.

At first, people should try repeatedly blinking to get the debris out. If blinking does not help, they can try following these instructions:

1. Wash hands thoroughly with soap and clean water. Pat them dry to avoid spreading bacteria that could cause an eye infection.
2. Use a mirror to try to locate the object. The best way to do this is by looking up and down, then left and right.
3. Immerse the affected eye in a shallow container of sterile saline solution. Water is also suitable if saline is unavailable. While the eye is in the water, blink several times to flush out the foreign object. If the object remains stuck, gently pull the upper lid away from the eyeball to release it. Alternatively, running artificial tears, saline, or tap water over the eye while it is open may also flush debris away.
4. Once the object is no longer in the eye, use a clean cotton swab to wipe and dry the skin around the eye gently.