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Assignment Title: Emergency Nursing

Course Title: Advanced Medical/ Surgical Nursing II

Course Code: NSC 408

Question

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

ANSWERS

Management of cardiac arrest:

Position patient in a recumbent state, on a flat hard surface tilt the head backwards.

Remove tight clothes.

Strike a pre-cordial blow with the fist on the patient's sternum.

Start resuscitation mouth to mouth and chest compression, ration one person. 15 compressions per 2 lung ventilations two persons: 4-5 compression / 1 ventilation.

Observe carotid pulse rate, skin color and return to normal respiration.

If in hospital, airway should be inserted.

Arrange for medical aid.

Management of carbonmonoxide poisoning:

Get the Person to Fresh Air.

Move the person away from carbon monoxide area.

If the person is unconscious, check for injuries before moving.

Turn off carbon monoxide source if you can do so safely.

Call medical aid center.

Begin CPR if necessary; If the person is unresponsive, not breathing, or not breathing normally:

Perform CPR for one minute before calling 911 if you are alone. Otherwise, have someone else call and begin CPR.

Continue CPR until the person begins breathing or emergency help arrives.

Follow up; Once at the hospital, the person is treated with 100% oxygen. Depending on the severity of the carbon monoxide exposure, oxygen is delivered in different ways.

Mild poisoning is treated with oxygen delivered by a mask.

Severe carbon monoxide poisoning may require placing the person in a full body, high pressure chamber to help force oxygen into the body.

Management of epistaxis:

Assess the site of bleeding from the nose.

Reassure patient and relative appropriately.

Sit victim down with the head forward to prevent swallowing and aspiration of blood.

Loosen tight clothing round the neck and chest.

Place the patient in well lit and ventilated area.

Instruct victim to breathe through the mouth and pinch the nose for 10 to 15 minutes.

Partially insert a small gauze pad into the nostril and apply digital pressure if bleeding continues.

Apply ice compress to dorsum/bridge of the nose.

Instruct victim not to speak/swallow/cough spit or sniff or blow the nose as any of these may disturb blood clot formation.

Gently clean the nostril to mop up dribble.

Where available adrenaline nasal pack is prepared and inserted to help constrict blood vessels.

Arrange for medical aid.

Management of foreign body in the eye:

Sit patient down, facing the light;

Provide reassurance and advise the patient not to rub the eye;

Stand behind the patient and gently tilt their head backwards;

Using the finger and thumb, separate the eyelids gently and examine the eye;

If a foreign body is seen on the conjunctiva, irrigate the eye with clean water;

If irrigation fails, lift the foreign body off using a moist swab or the damp corner of a clean handkerchief or similar. Using a sterile cotton-wool bud is advocated , but one may not be available;

If it is suspected that there is a foreign body underneath the upper eyelid, ask the casualty to gently pinch their eyebrow and pull the upper eyelid over the lower eyelid. If this fails to dislodge the foreign body, blinking under water may be successful;

If first-aid measures are unsuccessful; arrange for medical aid.