NAME: DADA MOYINOLUWA GRACE

MATRIC NO; 17/MHS02/104

 **MANAGEMENT OF CARDIAC ARREST**

Cardiac arrest is the abrupt loss of heart function in a person who may or may not have been diagnosed with heart disease. It can come on suddenly, or in the wake of other symptoms. Cardiac arrest is often fatal, if appropriate steps aren’t taken immediately. Cardiac arrest usually results from an electrical disturbance in the heart. It's not the same as a heart attack. The main symptom is loss of consciousness and unresponsiveness. This medical emergency needs immediate CPR or use of a defibrillator. Hospital care includes drugs, an implantable device or other procedures.

If you have tried and failed to get the person to respond, and you think the person may be suffering cardiac arrest, here’s what to do:

* **Yell for help** Tell someone nearby to call 911 or any emergency response number. Ask that person or another bystander to bring you an AED (automated external defibrillator), if there’s one on hand. Tell them to hurry – time is of the essence. If you’re alone with an adult who has these signs of cardiac arrest, call 911 and get an AED (if one is available).
* Check breathing If the person isn’t breathing or is only gasping, administer CPR.
* Give CPR: Push hard and fast Push down at least two inches at a rate of 100 to 120 pushes a minute in the center of the chest, allowing the chest to come back up to its normal position after each push.
* Use an AED Use the automated external defibrillator as soon as it arrives. Turn it on and follow the prompts.

Keep pushing Continue administering CPR until the person starts to breathe or move, or until someone with more advanced training takes over, such as an EMS team member.

Management of cardiac arrest:

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

Remove tight clothes.

Strike a pre-cordial bow 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 dorstum/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 advice 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.